

***HEALTH AND  
MENTAL HYGIENE***



# **STATE OFFICE FOR THE AGING**

## **MISSION**

The New York State Office for the Aging is responsible for promoting, coordinating and administering State, Federal and local programs and services for 3.2 million New Yorkers aged 60 or older. The Office provides leadership and direction to 59 Area Agencies on Aging, as well as to numerous other local programs and providers that comprise the network of services to the aged.

## **ORGANIZATION AND STAFFING**

The State Office for the Aging is headed by a Director and is composed of three divisions: Executive, Finance and Administration and Local Program Operations. The Office will have a workforce of 135 positions during 2005-06, 129 funded within the agency, and an additional six funded by other State agencies. Approximately 39 percent of Office operations are funded by the General Fund and 61 percent are financed by Federal grants and other revenue sources.

## **FISCAL BACKGROUND AND BUDGET HIGHLIGHTS**

The 2005-06 Executive Budget recommends almost \$199 million in State and Federal funds for the operations of the Office and support for community-based services for the elderly. The Budget includes additional funding for the Expanded In-home Services for the Elderly Program (EISEP) and the Community Services for the Elderly (CSE) Program, while achieving cost efficiencies by initiating a host agency relationship with the Division of the Budget for the administration of training activities. Within the aging system, State support is used to match the Older Americans Act and other Federal funding and establish a service-delivery network that attracts a variety of other public and private contributions. When combined, this results in total network spending of over \$388 million, excluding the value of volunteer labor, which has been estimated at upwards of \$35 million.

## **PROGRAM HIGHLIGHTS**

The full array of programs offered through the Office for the Aging are aimed at keeping seniors independent as long as possible with the assistance of family and other informal caregivers, as well as through the limited use of formal support services. These community-based services help keep people healthy and in their homes and out of hospitals and nursing homes.

## **COMMUNITY BASED LONG TERM CARE SERVICES**

The 2005-06 Executive Recommendation expands the CSE Program by \$250,000 to \$16.6 million. CSE currently serves over 81,000 elderly statewide and supports a locally coordinated continuum of support services designed to assist the elderly, their families and informal caregivers. The goal of the program is to maximize independence and reduce unnecessary reliance on institutional care. Services available to seniors under this program include case management, nutrition/meals, housekeeping/chore services, personal care, home health aide services, adult day services, transportation, minor renovations or the purchase of equipment for congregate facilities and other individualized support services. CSE affords Area Agencies on Aging maximum flexibility in selecting which services to offer and/or expand. Strongly linked to local planning efforts, CSE provides a comprehensive array of services that will allow the State to continue to meet the changing needs of our growing elderly population.

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The 2005-06 Budget will double financing for EISEP, over the next two years. EISEP provides non-medical in-home services, case management, respite and ancillary services to the frail elderly, most of whom are low income but not eligible for Medicaid. Recipients are required to cost-share, based on their annual income level, for received EISEP program services. EISEP is expected to serve almost 36,000 persons in 2005-06, growing to approximately 51,000 persons in 2006-07.

### **NUTRITION SERVICES**

Through a combination of State tax dollars and Federal grants, the State annually provides over 23.7 million congregate and home-delivered meals as well as other nutritional services to non-institutionalized frail elderly clients. These seniors are at risk of malnutrition because they are no longer able to obtain an adequate diet without assistance. The Office receives \$41 million from Federal grants in support of congregate and home-delivered meals and another \$16 million to support the purchase of food. The State counterpart to these Federal programs, the Supplemental Nutrition Assistance Program (SNAP), provides another \$17 million.

### **ASSISTANCE TO CAREGIVERS**

Family members and other informal caregivers provide an estimated 80 percent of long-term care for older New Yorkers; sustaining this cost-effective, individualized support system for seniors is a key objective of the aging service system. The State Office for the Aging's 17 Caregiver Resource Centers assist caregivers through training programs, support groups, counseling and linkages to other community services. The \$12 million Federal Caregivers Program provides respite, training and counseling for caregivers, as well as other services that support an elderly person's ability to maximize their independence.

### **VOLUNTEER ADVOCACY**

The Long-Term Care Ombudsman Program (LTCOP) supports the statewide advocacy of more than 1,000 trained volunteers on the behalf of the approximately 166,000 residents of New York State's nursing homes and adult care facilities. Under this program, the State Office for the Aging and community agencies receive, investigate and resolve a wide range of concerns and complaints regarding conditions and treatment in long-term care facilities, with the goal of ensuring the quality of life for residents.

#### **ALL FUNDS APPROPRIATIONS (dollars)**

<b>Category</b>	<b>Available 2004-05</b>	<b>Appropriations Recommended 2005-06</b>	<b>Change</b>	<b>Reappropriations Recommended 2005-06</b>
State Operations	13,282,000	12,939,000	(343,000)	7,114,000
Aid To Localities	173,974,300	185,724,300	11,750,000	100,246,300
Capital Projects	0	0	0	0
<b>Total</b>	<b>187,256,300</b>	<b>198,663,300</b>	<b>11,407,000</b>	<b>107,360,300</b>

**ALL FUND TYPES  
PROJECTED LEVELS OF EMPLOYMENT BY PROGRAM  
FILLED ANNUAL SALARIED POSITIONS**

**Full-Time Equivalent Positions (FTE)**

<b>Program</b>	<b>2004-05</b>	<b>2005-06</b>	<b>FTE Change</b>
	<b>Estimated FTEs 03/31/05</b>	<b>Estimated FTEs 03/31/06</b>	
Administration and Grants Management			
General Fund	29	28	(1)
Special Revenue Funds - Federal	106	106	0
Special Revenue Funds - Other	1	1	0
Total	<u>136</u>	<u>135</u>	<u>(1)</u>

**STATE OPERATIONS  
ALL FUNDS FINANCIAL REQUIREMENTS BY FUND TYPE  
APPROPRIATIONS  
(dollars)**

<b>Fund Type</b>	<b>Available 2004-05</b>	<b>Recommended 2005-06</b>	<b>Change</b>
General Fund	2,320,000	2,289,000	(31,000)
Special Revenue Funds - Federal	10,562,000	10,250,000	(312,000)
Special Revenue Funds - Other	300,000	300,000	0
Enterprise Funds	100,000	100,000	0
Total	<u>13,282,000</u>	<u>12,939,000</u>	<u>(343,000)</u>

Adjustments:

Recommended Deficiency	
Aging, Office for the	
Special Revenue Funds - Other	(50,000)
Transfer(s) From	
Special Pay Bill	
General Fund	(79,000)
Special Revenue Funds - Federal	(312,000)
Appropriated 2004-05	<u>12,841,000</u>

**STATE OPERATIONS  
ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM  
APPROPRIATIONS  
(dollars)**

<b>Program</b>	<b>Available 2004-05</b>	<b>Recommended 2005-06</b>	<b>Change</b>
Administration and Grants Management			
General Fund	2,320,000	2,289,000	(31,000)
Special Revenue Funds - Federal	10,562,000	10,250,000	(312,000)
Special Revenue Funds - Other	300,000	300,000	0
Enterprise Funds	100,000	100,000	0
Total	<u>13,282,000</u>	<u>12,939,000</u>	<u>(343,000)</u>

**STATE OPERATIONS - GENERAL FUND  
SUMMARY OF PERSONAL SERVICE APPROPRIATIONS AND CHANGES  
2005-06 RECOMMENDED  
(dollars)**

<b>Program</b>	<b>Total</b>		<b>Personal Service Regular (Annual Salaried)</b>	
	<b>Amount</b>	<b>Change</b>	<b>Amount</b>	<b>Change</b>
Administration and Grants Management	1,983,000	(19,000)	1,969,500	(19,000)
Total	<u>1,983,000</u>	<u>(19,000)</u>	<u>1,969,500</u>	<u>(19,000)</u>

<b>Program</b>	<b>Holiday/Overtime Pay (Annual Salaried)</b>	
	<b>Amount</b>	<b>Change</b>
Administration and Grants Management	13,500	0
Total	<u>13,500</u>	<u>0</u>

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**STATE OPERATIONS - GENERAL FUND  
SUMMARY OF NONPERSONAL SERVICE AND MAINTENANCE UNDISTRIBUTED  
APPROPRIATIONS AND CHANGES  
2005-06 RECOMMENDED  
(dollars)**

<b>Program</b>	<b>Total</b>		<b>Supplies and Materials</b>	
	<b>Amount</b>	<b>Change</b>	<b>Amount</b>	<b>Change</b>
Administration and Grants Management	306,000	(12,000)	33,000	0
Total	306,000	(12,000)	33,000	0

  

<b>Program</b>	<b>Travel</b>		<b>Contractual Services</b>	
	<b>Amount</b>	<b>Change</b>	<b>Amount</b>	<b>Change</b>
Administration and Grants Management	56,000	(4,000)	210,000	(8,000)
Total	56,000	(4,000)	210,000	(8,000)

  

<b>Program</b>	<b>Equipment</b>	
	<b>Amount</b>	<b>Change</b>
Administration and Grants Management	7,000	0
Total	7,000	0

**STATE OPERATIONS - OTHER THAN GENERAL FUND  
SUMMARY OF APPROPRIATIONS AND CHANGES  
2005-06 RECOMMENDED  
(dollars)**

<b>Program</b>	<b>Total</b>		<b>Personal Service</b>	
	<b>Amount</b>	<b>Change</b>	<b>Amount</b>	<b>Change</b>
Administration and Grants Management	10,650,000	(312,000)	7,600,000	(314,000)
Total	10,650,000	(312,000)	7,600,000	(314,000)

  

<b>Program</b>	<b>Nonpersonal Service</b>		<b>Maintenance Undistributed</b>	
	<b>Amount</b>	<b>Change</b>	<b>Amount</b>	<b>Change</b>
Administration and Grants Management	2,650,000	2,000	400,000	0
Total	2,650,000	2,000	400,000	0

**AID TO LOCALITIES  
ALL FUNDS FINANCIAL REQUIREMENTS BY FUND TYPE  
APPROPRIATIONS  
(dollars)**

<b>Fund Type</b>	<b>Available 2004-05</b>	<b>Recommended 2005-06</b>	<b>Change</b>
General Fund	63,874,300	74,124,300	10,250,000
Special Revenue Funds - Federal	106,100,000	107,600,000	1,500,000
Special Revenue Funds - Other	4,000,000	4,000,000	0
Total	173,974,300	185,724,300	11,750,000

Adjustments:

Recommended Deficiency	
Aging, Office for the	
Special Revenue Funds - Other	(3,000,000)
Appropriated 2004-05	170,974,300

**AID TO LOCALITIES  
ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM  
APPROPRIATIONS  
(dollars)**

<b>Program</b>	<b>Available 2004-05</b>	<b>Recommended 2005-06</b>	<b>Change</b>
Community Services			
General Fund	63,874,300	74,124,300	10,250,000
Special Revenue Funds - Federal	106,100,000	107,600,000	1,500,000
Special Revenue Funds - Other	4,000,000	4,000,000	0
Total	173,974,300	185,724,300	11,750,000

# ***DEVELOPMENTAL DISABILITIES PLANNING COUNCIL***

## ***MISSION***

The New York State Developmental Disabilities Planning Council is fully funded under the Federal Developmental Disabilities Assistance and Bill of Rights Act. The Act, originally signed into law in 1975, authorizes the Council to prepare, implement and monitor a plan for improving the quality of life for people with developmental disabilities.

## ***ORGANIZATION AND STAFFING***

Located in Albany, the Council comprises 32 members who have been appointed by the Governor to three-year staggered terms. Federal law requires that at least 60 percent of the Council's membership be persons with developmental disabilities, parents or guardians of children with developmental disabilities and immediate relatives or guardians of adults with mentally impairing developmental disabilities who cannot advocate for themselves. Other required members represent State agencies, educational and training providers and local, public and private services agencies.

The Governor appoints the Chairperson of the Council from among the Council's members. In addition, a full-time staff of 18, under the leadership of an Executive Director, assists the Council in carrying out its mission.

## ***FISCAL BACKGROUND AND BUDGET HIGHLIGHTS***

Federal funds fully support all Council operations, including State staff and contracts with non-profit agencies to develop new services and service delivery methods. The contracts are monitored by the Council to ensure that Federal funds provided to the State are used to augment — rather than duplicate or replace — existing services for people with developmental disabilities.

The 2005-06 recommendation of \$4.6 million in Federal funds represents a slight decrease from 2004-05 and is based on the level of anticipated Federal Funding. The decrease is the result of technical adjustments made to 2004-05 appropriations to reflect collective bargaining agreements. This funding is sufficient to support the Council's role in coordinating information about persons with developmental disabilities and the services available to them, and in overseeing grant funds.

## ***PROGRAM HIGHLIGHTS***

Through its Council membership of State agency heads, including the Commissioner of the Office of Mental Retardation and Developmental Disabilities, the Council employs an interagency approach to advocate improved and enhanced services, supports and assistance for persons with developmental disabilities. Its activities include conducting quarterly meetings, preparing policy papers on issues affecting the disabled, providing training and technical assistance and developing a three-year State Plan. The Council works with persons with developmental disabilities, parents, service providers, advocacy groups and local and State government agencies to advocate for an enhanced system of community services, individualized supports and assistance that facilitates self-determination, independence, community inclusion and productivity.

# DEVELOPMENTAL DISABILITIES PLANNING

## ALL FUNDS APPROPRIATIONS (dollars)

Category	Available 2004-05	Appropriations Recommended 2005-06	Change	Reappropriations Recommended 2005-06
State Operations	4,617,000	4,560,000	(57,000)	5,713,000
Aid To Localities	0	0	0	0
Capital Projects	0	0	0	0
Total	<u>4,617,000</u>	<u>4,560,000</u>	<u>(57,000)</u>	<u>5,713,000</u>

## ALL FUND TYPES PROJECTED LEVELS OF EMPLOYMENT BY PROGRAM FILLED ANNUAL SALARIED POSITIONS

### Full-Time Equivalent Positions (FTE)

Program	2004-05 Estimated FTEs 03/31/05	2005-06 Estimated FTEs 03/31/06	FTE Change
Developmental Disabilities Planning			
Special Revenue Funds - Federal	18	18	0
Total	<u>18</u>	<u>18</u>	<u>0</u>

## STATE OPERATIONS ALL FUNDS FINANCIAL REQUIREMENTS BY FUND TYPE APPROPRIATIONS (dollars)

Fund Type	Available 2004-05	Recommended 2005-06	Change
Special Revenue Funds - Federal	4,607,000	4,550,000	(57,000)
Enterprise Funds	10,000	10,000	0
Total	<u>4,617,000</u>	<u>4,560,000</u>	<u>(57,000)</u>
Adjustments:			
Transfer(s) From			
Special Pay Bill			
Special Revenue Funds - Federal	(57,000)		
Appropriated 2004-05	<u>4,560,000</u>		

## STATE OPERATIONS ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM APPROPRIATIONS (dollars)

Program	Available 2004-05	Recommended 2005-06	Change
Developmental Disabilities Planning			
Special Revenue Funds - Federal	4,607,000	4,550,000	(57,000)
Enterprise Funds	10,000	10,000	0
Total	<u>4,617,000</u>	<u>4,560,000</u>	<u>(57,000)</u>

## STATE OPERATIONS - OTHER THAN GENERAL FUND SUMMARY OF APPROPRIATIONS AND CHANGES 2005-06 RECOMMENDED (dollars)

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Developmental Disabilities Planning	4,560,000	(57,000)	1,040,000	11,000
Total	<u>4,560,000</u>	<u>(57,000)</u>	<u>1,040,000</u>	<u>11,000</u>
Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Developmental Disabilities Planning	940,000	62,000	2,580,000	(130,000)
Total	<u>940,000</u>	<u>62,000</u>	<u>2,580,000</u>	<u>(130,000)</u>



# ***DEPARTMENT OF HEALTH***

## ***MISSION***

The Department of Health ensures that high quality appropriate health services are available to all New York State residents at a reasonable cost. Department functions and responsibilities include:

- Promoting and supervising public health activities throughout the State;
- Ensuring high quality medical care in a sound and cost effective manner for all residents;
- Reducing infectious diseases such as tuberculosis, measles, mumps and rubella and chronic disabling illnesses such as heart disease, cancer, stroke and respiratory diseases; and
- Directing a variety of health-related homeland security measures in conjunction with the Governor's Office of Public Security. As part of this mission, the Department works with the State's health care community to ensure appropriate readiness and response to potential public health threats.

The Department of Health is also the principal State agency that interacts with the Federal and local governments, health care providers and program participants for the State's Medicaid program.

## ***ORGANIZATION AND STAFFING***

Under the direction of the Commissioner, who is appointed by the Governor, the Department of Health meets its responsibilities through the Office of Medicaid Management, the Office of Managed Care, the centers located in the Office of Public Health, and the Office of Health Systems Management. These entities provide policy and management direction to the Department's system of regional offices. Department staff located in regional offices conduct health facility surveillance, monitor public health, provide direct services and oversee county health department activities.

Additionally, the Department is responsible for five health care facilities that are engaged in advanced medical research and patient care, the Helen Hayes Hospital in West Haverstraw, and four nursing homes for the care of veterans and their dependents in Oxford, New York City, Batavia and Montrose. In early 1999, responsibility for the operations of the Roswell Park Cancer Institute was transferred to a public benefit corporation, the Roswell Park Cancer Institute Corporation, pursuant to an operating agreement between the Corporation and the Department. This has provided Roswell with the flexibility needed to compete more effectively in a changing health care environment.

In 2005-06, the Department of Health will have a workforce of nearly 6,000 positions, with 22 percent of those positions employed in the Department's health care facilities.

- Approximately 16 percent of these positions are paid exclusively by the General Fund;
- 13 percent are directly supported by fees;
- 56 percent are supported by third party, private patient care and Federal reimbursement; and
- The remaining 15 percent are directly funded by Federal grants.

## ***FISCAL BACKGROUND AND BUDGET HIGHLIGHTS***

### ***MEDICAID***

Without any new cost controlling measures, total Medicaid spending in New York would grow to approximately \$47 billion in 2005-06. The 2005-06 Medicaid Budget reflects a

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continued commitment to an effective and affordable delivery system that promotes high quality health care, protects patients, and ensures access to appropriate services to meet the health care needs of the State's most vulnerable residents.

Medicaid costs, which have been controlled in recent years, are now increasing at a rate that places an unaffordable burden on State and local governments. Accordingly, the 2005-06 Executive Budget provides significant fiscal relief to local governments by capping their share of Medicaid costs up to the amount they will have spent in 2005, as modified by a cost of living adjustment. This will lead to a full State takeover of local Medicaid costs effective January 1, 2008. To partially offset the cost of the State takeover local governments will have the option of remitting to the State sales tax revenues or the capped contribution. Additionally, the Budget recommends a series of actions to control Medicaid cost increases to keep the program affordable for State taxpayers while ensuring continued access to needed health care services for recipients. Taken together, these actions will begin to relieve the Medicaid burden upon local property taxpayers.

### ***Pharmacy***

Absent efforts to control growth, State Medicaid spending on pharmacy services will reach nearly \$1.2 billion in 2005-06. The 2005-06 Executive Budget recommends several measures to control these costs. These include: establishing a preferred drug program; authorizing prior approval of certain high risk / high cost drugs and increasing Medicaid co-payments for generics (\$0.50 to \$1.00) and brand name drugs (\$2.00 to \$3.00) for both fee for service Medicaid and individuals in Medicaid managed care.

### ***Acute Care***

The Health Care Reform Act (HCRA), originally enacted in 1996, serves as the statutory basis governing hospital financing. Under HCRA, most non-Medicaid payors negotiate rates with hospitals, encouraging competition in the health care industry. Medicaid rates are established consistent with governing HCRA statutes.

The 2005-06 Executive Budget recommends that the Health Care Reform Act, currently set to expire on June 30, 2005, be reauthorized for an additional two years. The recommendations for HCRA maximize available revenues; reduce costs where feasible; continue to provide hospitals and clinics with adequate funding; and ensure that high quality health care services are accessible and affordable for all New Yorkers.

State Medicaid spending for hospitals and clinics is expected to be approximately \$1.9 billion in 2005-06, which reflects a number of Budget recommendations to limit the growth in hospital and clinic costs. These include reconciling Graduate Medical Education (GME) payments and eliminating annual inflationary increases. In addition, the 2005-06 Executive Budget recommends re-establishing a 0.7 percent assessment on hospital revenues.

### ***Long Term Care***

State spending on nursing home and community-based care comprises more than half the General Fund Medicaid Budget — or an estimated \$4.5 billion in 2005-06. The 2005-06 Executive Budget recommends several initiatives that affect nursing homes including implementing a new regional reimbursement methodology; eliminating a rate enhancement for providers serving Medicare patients which is no longer necessary due to changes in Federal reimbursement policy; requiring providers to offset inflationary cost increases; increasing the reimbursable assessment to 6 percent; and other actions.

While progress continues to be made in implementing the provisions of the Long Term Care Integration and Finance Act of 1997, new actions are necessary to meet the future needs of the elderly and disabled. These include: additional funding for the Office for the Aging's Expanded In-home Services for the Elderly Program; creating the "Access to Home" program which would offer financial assistance to homeowners who undertake adaptation and accessibility work on dwellings occupied by low and moderate income persons with

disabilities; and enhancing certain home care rates to encourage care for the medically needy in community based settings. Also, the Budget recommends closing existing eligibility loopholes that allow individuals to not contribute to the cost of their care; holding Managed Long Term Care premiums at the current levels; and implementing measures to limit administrative costs in the Home Care and Long Term Home Health Care programs.

### ***Managed Care***

The 2005-06 Executive Budget reflects the continued mandatory enrollment of Medicaid recipients in managed care. Federal approval of New York's 1115 Managed Care waiver in July 1997 set the stage for mandatory enrollment to commence in October 1997. To date, New York City and 23 upstate counties — Albany, Broome, Cattaraugus, Chautauqua, Columbia, Erie, Genesee, Greene, Herkimer, Livingston, Monroe, Nassau, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Rensselaer, Rockland, Saratoga, Suffolk and Westchester — are operating mandatory managed care programs. The remainder of the State will continue to phase in managed care, subject to Federal approval, during 2005-06.

Managed care enrollment is projected to reach approximately 2 million by the end of 2004-05 and 2.2 million in 2005-06. When fully implemented, over three-quarters of all Medicaid recipients eligible for managed care are expected to be enrolled. The managed care program has facilitated an increased use of primary care, lower emergency room use, and fewer inpatient days for the Medicaid population.

The State's Medicaid managed care program — currently authorized through March 2006 — ensures that the neediest people receive high quality, accessible health care. Special Needs Plans, which began operation in May 2003, provide comprehensive services to individuals infected with HIV/AIDS. Medicaid managed care also incorporates a comprehensive set of consumer protections to ensure that all recipients obtain enrollment assistance and quality care, and understand their rights and responsibilities under managed care plans. The 2005-06 Executive Budget proposes to freeze Medicaid Managed Care premiums at the 2004-05 levels and to extend the Medicaid Managed Care program permanently.

### ***Medicaid Administration***

The Department of Health is responsible for overall management of the Medicaid program, including the State's interaction with Federal and local governments, health care providers and Medicaid recipients. Counties will continue their role in making Medicaid eligibility determinations and contracting with providers of Medicaid services. Payments to health care providers also continue to be made through the State's computerized Medicaid Management Information System (MMIS) that is operated by a private agency with oversight by State personnel. The Department has obtained management and development services for a Replacement Medicaid System (eMEDNY) that will replace both MMIS and the Electronic Medicaid Eligibility Verification System (EMEVS) with an integrated claims processing system. eMEDNY, which will begin full operation in March 2005, will provide updated technologies and bring New York State into compliance with new Federal reporting requirements. In addition, the new system will substantially enhance front-end detection of Medicaid fraud.

### ***CHILD HEALTH PLUS***

New York's Child Health Plus (CHP) program continues to set a national standard for children's health insurance coverage for children up to age 19. CHP was significantly expanded with passage of legislation under Governor Pataki's leadership in both 1996 and 1998, resulting in a dramatic increase in enrollment to over 450,000 children. Under Governor Pataki, the program has expanded to include comprehensive health benefits and increased

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eligibility to 250 percent of the Federal Poverty Level (FPL). When eligible Federal funds are combined with State HCRA moneys, CHP will provide comprehensive coverage to virtually all eligible children in the State. The 2005-06 Executive Budget proposes to freeze CHP premiums at 2004-05 levels and reauthorizes the program for two years through June 2007.

### **FAMILY HEALTH PLUS**

As authorized by HCRA 2000, the Family Health Plus program offers access to comprehensive health coverage for eligible low-income adults who do not have insurance through their employers, yet have incomes that do not qualify them for other publicly financed health programs. Under Family Health Plus, health coverage was expanded on October 1, 2001 to include families with incomes up to 133 percent of the gross FPL and on October 1, 2002 up to 150 percent of the FPL. For individuals without children, coverage is offered to those at 100 percent of the FPL. The Executive Budget recommends modifying the asset/resource test; requiring a 12-month waiting period for those who had group health coverage previously; prohibiting coverage for individuals employed by a large business or governmental entity; making the benefit package consistent with that offered through Healthy New York; capping marketing and enrollment funding; and eliminating facilitated enrollment funding.

### **OTHER PUBLIC HEALTH PROGRAMS**

Excluding Medicaid and HCRA program costs, General Fund appropriations finance 22 percent of the Department of Health's budget in 2005-06. Other revenue sources, including: 1) reimbursement for patient care provided at the Department's health care facilities; 2) regulatory fees and audit recoveries; 3) management fees for hospital and nursing home construction projects financed through bond proceeds; and 4) registration, testing and certification fees for various public health services, support 47 percent of the Department of Health's budget, including the Professional Medical Conduct Program, clinical and environmental laboratory certification activities, and health care facilities' operating costs. The remaining 31 percent is provided by Federal grants and Enterprise funds.

Capital Project appropriations preserve and maintain the Department's hospitals, nursing homes, and the three separate laboratory facilities in Albany County that constitute the Wadsworth Center for Laboratories and Research. The costs of projects at the health care facilities are funded from facility revenues and/or the General Fund.

This overall recommendation ensures that public health priorities are preserved. As such, the 2005-06 Executive Budget:

- Recommends \$250 million in new capital appropriations, or a total of \$1 billion over the next four years, for a Health Care System Improvement and Community Health Center Capital Grant Program. This program will support healthcare projects to upgrade information and healthcare technology, enhance the efficiency of facility operations and support facility improvement, reconfiguration and consolidation. Three quarters of this funding, or \$750 million, would be financed with bonds issued by the Dormitory Authority, with debt service supported by HCRA;
- Provides \$841 million for the Elderly Pharmaceutical Insurance Coverage program (EPIC) to ensure that more than 358,000 senior citizens receive crucial prescription insurance. The Executive Budget provides a series of measures that will reduce the cost of the EPIC program by \$40 million annually as a result of coordinating with the new Medicare Prescription Drug Program. EPIC fees will be waived for those individuals — reducing their costs and producing savings for EPIC. New York will continue to assist in covering prescription drug costs for more seniors than any other state in the nation;
- Provides \$260 million for the State share of Early Intervention (EI) costs and dramatically restructures this program serving infants and toddlers under the age of three who have developmental delays. The budget advances measures to improve insurance reimbursement for EI medical services provided to insured children and

- require parents earning above 250 percent of the Federal Poverty Level to pay monthly fees ranging from \$25 to \$215. Several additional measures are proposed to promote cost effectiveness, including modifying the home visit rate structure and providing counties with the authority to set rates;
- Includes \$231.5 million for the General Public Health Works program to reimburse counties and New York City for providing public health services such as childhood immunizations, primary health care, and control of communicable diseases such as tuberculosis and sexually transmitted diseases in 2005. Legislation accompanying the budget will create a grant program that will increase county flexibility as well as assist counties in managing their cash flow. The Budget includes a \$10 million reserve appropriation to address any public health emergencies at the discretion of the Commissioner of Health;
  - Sustains the State's commitment to fighting the AIDS epidemic by providing statewide spending of more than \$3.2 billion, a year-to-year increase of \$171.1 million, including \$104.3 million for the AIDS Institute. Emphasis will continue to be placed on prevention and specialized services which target resources to populations with the greatest risk of infection;
  - Includes \$78 million for the Roswell Park Cancer Institute Corporation;
  - Includes \$41 million, funded largely from HCRA, for an anti-smoking program, including counter advertising, community and school-based education programs, cancer mapping and strict enforcement of laws regulating the sale and use of tobacco products;
  - Supports the optional State supplementation of the Federal nutrition assistance program for women, infants and children (WIC) with \$45.7 million. New York continues to be one of only 13 states to augment Federal nutrition funds; and
  - Includes \$4.75 million to continue the State's ongoing commitment to improve the lives of adult home residents in New York. The Department, working with the Office of Mental Health, the Commission on Quality of Care for the Mentally Disabled and the State Office for the Aging, has undertaken a statewide effort to further expand the various initiatives already underway in adult homes, including: vocational and educational training, recreational activities, independent living skills, as well as the general maintenance and upkeep of the homes, which is critical to ensuring the health and safety of residents. Additionally, \$5.25 million is available in the Office of Mental Health for enhanced care coordination and more than 3,500 additional case management slots for mentally ill residents of adult homes.

## ***PROGRAM HIGHLIGHTS***

### ***MEDICAID***

Originally established in 1965 by the Federal government as a health insurance program for the poor, New York's Medicaid program costs are projected to total \$44.5 billion in 2004-05, and provide coverage to nearly 4 million New Yorkers. Cost containment and revenue maximization initiatives have resulted in the State's 2004-05 General Fund Medicaid spending being held to average annual increases of only 1.5 percent since 1994-95. In addition to the federally mandated services — inpatient and outpatient hospital care, nursing facility care, physician services, home health care, family planning, and laboratory and x-ray services — New York also provides almost all federally permissible optional services.

## **HEALTH**

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### **ACCESS TO HIGH QUALITY HEALTH CARE**

The Department develops and implements programs to ensure that residents of New York have access to high quality health care. Over the last several years, important legislation has been enacted that significantly enhances the availability of appropriate care to all New Yorkers including the following:

- The landmark Health Care Reform Act (HCRA) of 1996 deregulated inpatient hospital reimbursement and introduced a market-based system which allows commercial insurers, managed care entities and self-insured plans to establish rates of payment directly through negotiations with hospitals and without State intervention. HCRA 2000, enacted in 1999, re-affirmed the State's commitment to ensuring that the hospital system adapts to the changing health care environment. In addition, HCRA 2000 provided the necessary resources to expand the Child Health Plus program and initiated comprehensive new programs to expand access to health care for the uninsured, including Family Health Plus and Healthy New York;
- HCRA 2002 provided the necessary resources for a multi-year investment to attract, train and retain a high quality health care workforce in New York State and expanded Medicaid eligibility to working disabled individuals and to cover the cost of treatment for low income women diagnosed with breast or cervical cancer through the Center for Disease Control's National Screening Program;
- In 2003, HCRA was extended for two years, through June 2005. In addition, revenues were enhanced, through increases in health care surcharges and the dedication of additional Empire Conversion proceeds and Federal World Trade Center Funds, to maintain the financial stability of HCRA through the extension period;
- Pioneering consumer managed care legislation enacted in 1996 — the Managed Care Bill of Rights — ensured that consumers are appropriately informed about managed care choices and benefits, and guaranteed that providers can discuss all appropriate health care options; and
- Enhanced consumer protections were added in External Review legislation enacted in 1998, which provide health plan enrollees the opportunity to request an external appeal when coverage of health care services is denied on the grounds that the service is not medically necessary or that it is experimental or investigational.

The 2005-06 Executive Budget extends HCRA for two years until June 2007. In the context of this renewal a number of additional revenue sources are being designated to support increased program costs. Included are increases in health care surcharges and assessments and dedication of proceeds from any not-for-profit insurer to for profit status to HCRA. Furthermore, the Budget also proposes to reduce costs where feasible and eliminate certain HCRA programs which, when combined with the additional revenues, will ensure financing of HCRA programs through the June 2007 extension.

### **PUBLIC HEALTH**

Efforts such as education, research and disease prevention are aimed at improving the health of all New Yorkers. Particular focus is placed on nutrition, prenatal and perinatal care, child health, treatment and control of sexually-transmitted diseases and tuberculosis, childhood immunization, the health risks of environmental contaminants, drinking water purity and follow-up investigations of disease outbreak. In addition, the Department serves as primary liaison with local and county health departments to ensure the quality of public health services throughout New York State.

The Wadsworth Center for Laboratories and Research assists the Department in accomplishing its public health mission. Screening programs conducted by the Center annually report nearly three million test results to providers. These programs encompass such public health concerns as HIV, tuberculosis, environmental contamination and genetic disorders in newborns. In 2005-06, free newborn screenings will be expanded to include a total of 44 disorders, making New York State a national leader. Ongoing research, largely

funded by external grants, is carried out for public health problems such as AIDS, Lyme disease, cancer and the toxic effects of chemical substances and radiation. The Wadsworth Center regulates more than 700 environmental laboratories and more than 1,800 clinical laboratories and patient service centers to ensure testing quality, and the public's health and safety. In addition, the Wadsworth Center and DOH's Center for Community Health continue to play key roles in managing the State's preparation for response to bio-terrorism.

**A COMMITMENT TO AIDS RESEARCH AND PREVENTION**

The Department develops and funds HIV prevention and health care programs, educates the public and health care providers, formulates policy and directs regional and statewide HIV/AIDS planning. New York remains a leader in combating this complex epidemic by responding to changes in incidence with even greater attention to population-based programming, long-term care and policies designed to reduce discrimination and guarantee basic medical care and treatment for the uninsured. New York State will spend \$3.2 billion to combat HIV/AIDS next year.

**HEALTH SYSTEMS MANAGEMENT**

The Department ensures that quality health care is available to all New York residents by overseeing the services provided by hospitals, nursing homes, diagnostic and treatment centers and home care providers. The Department strives to ensure that limited health care dollars are prudently spent through its reimbursement rate methodologies, rate setting, and review and monitoring of health facility plans for construction and expansion. Federal reimbursement for surveillance and certification, and fees for overseeing facilities to ensure that bonded debt is repaid, help to offset program costs.

**ALL FUNDS  
APPROPRIATIONS  
(dollars)**

<b>Category</b>	<b>Available 2004-05</b>	<b>Appropriations Recommended 2005-06</b>	<b>Change</b>	<b>Reappropriations Recommended 2005-06</b>
State Operations	4,667,485,900	4,717,351,000	49,865,100	11,735,203,900
Aid To Localities	37,356,266,600	41,877,478,600	4,521,212,000	28,326,594,600
Capital Projects	97,600,000	326,600,000	229,000,000	224,091,000
Total	<u>42,121,352,500</u>	<u>46,921,429,600</u>	<u>4,800,077,100</u>	<u>40,285,889,500</u>

# HEALTH

**ALL FUND TYPES  
PROJECTED LEVELS OF EMPLOYMENT BY PROGRAM  
FILLED ANNUAL SALARIED POSITIONS**

**Full-Time Equivalent Positions (FTE)**

<b>Program</b>	<b>2004-05</b>	<b>2005-06</b>	<b>FTE Change</b>
	<b>Estimated FTEs 03/31/05</b>	<b>Estimated FTEs 03/31/06</b>	
Administration and Executive Direction			
General Fund	88	88	0
Special Revenue Funds - Federal	58	58	0
Special Revenue Funds - Other	249	249	0
AIDS Institute			
General Fund	164	164	0
Child Health Insurance			
Special Revenue Funds - Other	37	37	0
Community Health			
Special Revenue Funds - Federal	566	626	60
Special Revenue Funds - Other	78	78	0
Elderly Pharmaceutical Insurance Coverage			
Special Revenue Funds - Other	22	22	0
Environmental Health			
General Fund	99	99	0
Special Revenue Funds - Federal	113	113	0
Special Revenue Funds - Other	71	71	0
Capital Projects Funds - Other	70	70	0
Health Care Financing			
General Fund	56	56	0
Special Revenue Funds - Other	57	57	0
Health Care Standards and Surveillance			
General Fund	547	547	0
Special Revenue Funds - Other	248	263	15
Health Services			
Enterprise Funds	14	14	0
Institution Management			
Special Revenue Funds - Other	1,672	1,672	0
Laboratories and Research			
General Fund	374	374	0
Special Revenue Funds - Federal	81	81	0
Special Revenue Funds - Other	176	176	0
Managed Care			
General Fund	152	152	0
Medicaid Audit and Fraud Prevention			
General Fund	233	233	0
Special Revenue Funds - Federal	246	246	0
Special Revenue Funds - Other	32	32	0
Office of Medicaid Management			
General Fund	345	360	15
Special Revenue Funds - Federal	22	22	0
Special Revenue Funds - Other	2	2	0
<b>Total</b>	<b>5,872</b>	<b>5,962</b>	<b>90</b>



**STATE OPERATIONS**  
**ALL FUNDS FINANCIAL REQUIREMENTS BY FUND TYPE**  
**APPROPRIATIONS**  
(dollars)

<b>Fund Type</b>	<b>Available 2004-05</b>	<b>Recommended 2005-06</b>	<b>Change</b>
General Fund	178,082,000	184,565,000	6,483,000
Special Revenue Funds - Federal	4,053,289,700	4,054,898,000	1,608,300
Special Revenue Funds - Other	436,104,200	477,878,000	41,773,800
Enterprise Funds	10,000	10,000	0
Total	<u>4,667,485,900</u>	<u>4,717,351,000</u>	<u>49,865,100</u>
Adjustments:			
Transfer(s) From			
Health, Department of			
Special Revenue Funds - Other	(4,782,130)		
Special Pay Bill			
General Fund	(5,363,000)		
Special Revenue Funds - Federal	(3,717,700)		
Special Revenue Funds - Other	(7,538,200)		
Transfer(s) To			
Helen Hayes Hospital			
Special Revenue Funds - Other	1,800,370		
Montrose State Veterans Home			
Special Revenue Funds - Other	753,880		
New York City Veterans Home			
Special Revenue Funds - Other	831,050		
New York State Home for Veterans and Their Dependents			
Special Revenue Funds - Other	928,890		
Western New York Veterans Home			
Special Revenue Funds - Other	467,940		
Appropriated 2004-05	<u>4,650,867,000</u>		

# HEALTH

**STATE OPERATIONS**  
**ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM**  
**APPROPRIATIONS**  
(dollars)

<b>Program</b>	<b>Available 2004-05</b>	<b>Recommended 2005-06</b>	<b>Change</b>
Administration and Executive Direction			
General Fund	24,591,310	21,063,000	(3,528,310)
Special Revenue Funds - Federal	10,370,000	9,824,000	(546,000)
Special Revenue Funds - Other	33,116,450	32,901,000	(215,450)
AIDS Institute			
General Fund	15,653,180	16,238,000	584,820
Child Health Insurance			
Special Revenue Funds - Federal	53,000,000	58,300,000	5,300,000
Special Revenue Funds - Other	11,219,900	11,408,000	188,100
Community Health			
Special Revenue Funds - Federal	120,271,800	117,128,000	(3,143,800)
Special Revenue Funds - Other	6,910,200	7,064,000	153,800
Elderly Pharmaceutical Insurance Coverage			
Special Revenue Funds - Federal	0	34,000,000	34,000,000
Special Revenue Funds - Other	13,567,770	14,292,000	724,230
Environmental Health			
General Fund	8,902,760	9,287,000	384,240
Special Revenue Funds - Federal	27,777,000	15,678,000	(12,099,000)
Special Revenue Funds - Other	16,318,850	17,208,000	889,150
Health Care Financing			
General Fund	4,537,000	4,807,000	270,000
Special Revenue Funds - Other	7,484,000	9,084,000	1,600,000
Health Care Standards and Surveillance			
General Fund	51,376,660	53,806,000	2,429,340
Special Revenue Funds - Federal	0	300,000	300,000
Special Revenue Funds - Other	57,217,400	64,821,000	7,603,600
Institution Management			
Special Revenue Funds - Other	136,914,020	150,899,000	13,984,980
Enterprise Funds	10,000	10,000	0
Laboratories and Research			
General Fund	32,081,500	32,726,000	644,500
Special Revenue Funds - Federal	11,448,000	11,448,000	0
Special Revenue Funds - Other	32,333,610	44,179,000	11,845,390
Maintenance Undistributed			
General Fund	(112,162,000)	(108,962,000)	3,200,000
Special Revenue Funds - Other	108,962,000	108,962,000	0
Managed Care			
General Fund	14,272,000	14,841,000	569,000
Special Revenue Funds - Other	60,000	60,000	0
Medicaid Audit and Fraud Prevention			
General Fund	19,633,000	20,365,000	732,000
Special Revenue Funds - Federal	61,304,900	65,800,000	4,495,100
Special Revenue Funds - Other	4,500,000	4,500,000	0
Office of Medicaid Management			
General Fund	45,161,590	46,359,000	1,197,410
Special Revenue Funds - Federal	3,673,395,000	3,646,697,000	(26,698,000)
Special Revenue Funds - Other	7,500,000	12,500,000	5,000,000
Medicaid Management Information System			
General Fund	74,035,000	74,035,000	0
Special Revenue Funds - Federal	95,723,000	95,723,000	0
Total	<u>4,667,485,900</u>	<u>4,717,351,000</u>	<u>49,865,100</u>

**STATE OPERATIONS - GENERAL AND OFFSET FUNDS  
SUMMARY OF PERSONAL SERVICE APPROPRIATIONS AND CHANGES  
2005-06 RECOMMENDED  
(dollars)**

<b>Program</b>	<b>Total</b>		<b>Personal Service Regular (Annual Salaried)</b>	
	<b>Amount</b>	<b>Change</b>	<b>Amount</b>	<b>Change</b>
Administration and Executive Direction	7,463,000	(228,310)	7,038,000	(425,310)
AIDS Institute	10,357,000	584,820	10,357,000	584,820
Environmental Health	7,350,000	384,240	7,151,000	384,240
Health Care Financing	3,996,000	241,000	3,961,000	241,000
Health Care Standards and Surveillance	37,699,000	1,929,340	37,329,000	1,929,340
Laboratories and Research	23,000,000	569,500	22,679,000	569,500
Managed Care	10,510,000	569,000	10,510,000	569,000
Medicaid Audit and Fraud Prevention	15,529,000	732,000	15,529,000	732,000
Office of Medicaid Management	22,305,000	1,197,410	22,305,000	1,197,410
<b>Total</b>	<b>138,209,000</b>	<b>5,979,000</b>	<b>136,859,000</b>	<b>5,782,000</b>

  

<b>Program</b>	<b>Temporary Service (Nonannual Salaried)</b>		<b>Holiday/Overtime Pay (Annual Salaried)</b>	
	<b>Amount</b>	<b>Change</b>	<b>Amount</b>	<b>Change</b>
Administration and Executive Direction	225,000	100,000	200,000	97,000
AIDS Institute	0	0	0	0
Environmental Health	187,000	0	12,000	0
Health Care Financing	0	0	35,000	0
Health Care Standards and Surveillance	120,000	0	250,000	0
Laboratories and Research	64,000	0	257,000	0
Managed Care	0	0	0	0
Medicaid Audit and Fraud Prevention	0	0	0	0
Office of Medicaid Management	0	0	0	0
<b>Total</b>	<b>596,000</b>	<b>100,000</b>	<b>754,000</b>	<b>97,000</b>

# HEALTH

**STATE OPERATIONS - GENERAL AND OFFSET FUNDS  
SUMMARY OF NONPERSONAL SERVICE AND MAINTENANCE UNDISTRIBUTED  
APPROPRIATIONS AND CHANGES  
2005-06 RECOMMENDED  
(dollars)**

Program	Total		Supplies and Materials	
	Amount	Change	Amount	Change
Administration and Executive Direction	13,600,000	(3,300,000)	740,000	0
AIDS Institute	5,881,000	0	1,333,881	0
Environmental Health	1,937,000	0	159,000	0
Health Care Financing	811,000	29,000	12,000	0
Health Care Standards and Surveillance	16,107,000	500,000	279,500	0
Laboratories and Research	9,726,000	75,000	3,285,000	75,000
Managed Care	4,331,000	0	34,000	0
Medicaid Audit and Fraud Prevention	4,836,000	0	0	0
Office of Medicaid Management	24,054,000	0	0	0
Medicaid Management Information System	74,035,000	0	0	0
Total	155,318,000	(2,696,000)	5,843,381	75,000

Program	Travel		Contractual Services	
	Amount	Change	Amount	Change
Administration and Executive Direction	262,000	0	12,547,000	(3,146,000)
AIDS Institute	311,700	0	3,556,900	0
Environmental Health	415,000	0	1,223,000	0
Health Care Financing	38,300	0	722,000	0
Health Care Standards and Surveillance	1,247,300	0	13,887,700	6,600,000
Laboratories and Research	76,000	0	6,060,000	0
Managed Care	0	0	4,297,000	0
Medicaid Audit and Fraud Prevention	0	0	3,687,000	0
Office of Medicaid Management	0	0	4,000,000	0
Medicaid Management Information System	0	0	74,035,000	0
Total	2,350,300	0	124,015,600	3,454,000

Program	Equipment		Maintenance Undistributed	
	Amount	Change	Amount	Change
Administration and Executive Direction	51,000	(154,000)	0	0
AIDS Institute	228,519	0	450,000	0
Environmental Health	140,000	0	0	0
Health Care Financing	38,700	29,000	0	0
Health Care Standards and Surveillance	192,500	0	500,000	(6,100,000)
Laboratories and Research	305,000	0	0	0
Managed Care	0	0	0	0
Medicaid Audit and Fraud Prevention	0	0	1,149,000	0
Office of Medicaid Management	0	0	20,054,000	0
Medicaid Management Information System	0	0	0	0
Total	955,719	(125,000)	22,153,000	(6,100,000)

**STATE OPERATIONS - OTHER THAN GENERAL FUND AND OFFSET FUNDS  
SUMMARY OF APPROPRIATIONS AND CHANGES  
2005-06 RECOMMENDED  
(dollars)**

<b>Program</b>	<b>Total</b>		<b>Personal Service</b>	
	<b>Amount</b>	<b>Change</b>	<b>Amount</b>	<b>Change</b>
Administration and Executive Direction	42,725,000	(761,450)	16,818,000	(387,060)
Child Health Insurance	69,708,000	5,488,100	2,428,000	78,450
Community Health	124,192,000	(2,990,000)	0	(1,566,900)
Elderly Pharmaceutical Insurance Coverage	48,292,000	34,724,230	1,400,000	66,220
Environmental Health	32,886,000	(11,209,850)	5,064,000	(4,150)
Health Care Financing	9,084,000	1,600,000	4,467,000	194,000
Health Care Standards and Surveillance	65,121,000	7,903,600	15,280,000	(1,188,290)
Institution Management	125,573,000	9,908,980	0	(3,091,790)
Laboratories and Research	55,627,000	11,845,390	9,420,000	255,420
Managed Care	60,000	0	0	0
Medicaid Audit and Fraud Prevention	70,300,000	4,495,100	0	(977,800)
Office of Medicaid Management	3,659,197,000	(21,698,000)	0	0
Medicaid Management Information System	95,723,000	0	0	0
<b>Total</b>	<b>4,398,488,000</b>	<b>39,306,100</b>	<b>54,877,000</b>	<b>(6,621,900)</b>

<b>Program</b>	<b>Nonpersonal Service</b>		<b>Maintenance Undistributed</b>	
	<b>Amount</b>	<b>Change</b>	<b>Amount</b>	<b>Change</b>
Administration and Executive Direction	14,892,000	1,824,610	11,015,000	(2,199,000)
Child Health Insurance	8,980,000	109,650	58,300,000	5,300,000
Community Health	0	(712,100)	124,192,000	(711,000)
Elderly Pharmaceutical Insurance Coverage	12,724,000	2,115,010	34,168,000	32,543,000
Environmental Health	10,744,000	745,300	17,078,000	(11,951,000)
Health Care Financing	4,617,000	1,406,000	0	0
Health Care Standards and Surveillance	24,096,000	1,441,890	25,745,000	7,650,000
Institution Management	0	(1,396,230)	125,573,000	14,397,000
Laboratories and Research	13,459,000	1,389,970	32,748,000	10,200,000
Managed Care	0	0	60,000	0
Medicaid Audit and Fraud Prevention	0	(444,100)	70,300,000	5,917,000
Office of Medicaid Management	0	0	3,659,197,000	(21,698,000)
Medicaid Management Information System	0	0	95,723,000	0
<b>Total</b>	<b>89,512,000</b>	<b>6,480,000</b>	<b>4,254,099,000</b>	<b>39,448,000</b>

**AID TO LOCALITIES  
ALL FUNDS FINANCIAL REQUIREMENTS BY FUND TYPE  
APPROPRIATIONS  
(dollars)**

<b>Fund Type</b>	<b>Available 2004-05</b>	<b>Recommended 2005-06</b>	<b>Change</b>
General Fund	7,517,604,600	8,023,096,600	505,492,000
Special Revenue Funds - Federal	24,231,498,000	24,923,568,000	692,070,000
Special Revenue Funds - Other	4,131,164,000	7,159,614,000	3,028,450,000
Fiduciary Funds	1,476,000,000	1,771,200,000	295,200,000
<b>Total</b>	<b>37,356,266,600</b>	<b>41,877,478,600</b>	<b>4,521,212,000</b>

Adjustments:	
Prior Year Deficiency	
Health, Department of	
Special Revenue Funds - Other	40,000,000
Recommended Deficiency	
Health, Department of	
Special Revenue Funds - Other	(27,000,000)
Transfer(s) From	
Temporary and Disability Assistance,	
Office of	
General Fund	(20,225,000)
Appropriated 2004-05	<u>37,349,041,600</u>

# HEALTH

## AID TO LOCALITIES ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM APPROPRIATIONS (dollars)

<b>Program</b>	<b>Available 2004-05</b>	<b>Recommended 2005-06</b>	<b>Change</b>
Administration and Executive Direction			
General Fund	602,000	602,000	0
AIDS Institute			
General Fund	787,600	787,600	0
Special Revenue Funds - Other	88,253,000	88,253,000	0
Child Health Insurance			
Special Revenue Funds - Federal	1,000,000,000	435,000,000	(565,000,000)
Special Revenue Funds - Other	435,000,000	435,000,000	0
Community Health			
General Fund	613,724,000	573,324,000	(40,400,000)
Special Revenue Funds - Federal	641,639,000	694,035,000	52,396,000
Special Revenue Funds - Other	59,823,000	70,373,000	10,550,000
Elderly Pharmaceutical Insurance Coverage			
Special Revenue Funds - Other	735,900,000	841,000,000	105,100,000
Environmental Health			
General Fund	6,000,000	6,000,000	0
Special Revenue Funds - Federal	3,206,000	3,206,000	0
Special Revenue Funds - Other	200,000	200,000	0
Health Care Reform Act			
Special Revenue Funds - Other	0	1,749,350,000	1,749,350,000
Health Care Standards and Surveillance			
General Fund	10,731,000	11,731,000	1,000,000
Special Revenue Funds - Federal	650,000	0	(650,000)
Special Revenue Funds - Other	6,000,000	2,750,000	(3,250,000)
Laboratories and Research			
General Fund	931,000	931,000	0
Special Revenue Funds - Federal	3,201,000	3,201,000	0
Maintenance Undistributed			
General Fund	(7,288,000)	(7,288,000)	0
Special Revenue Funds - Other	7,288,000	7,288,000	0
Office of Medicaid Management			
General Fund	8,458,000	8,458,000	0
Medical Assistance			
General Fund	6,767,809,000	7,306,201,000	538,392,000
Special Revenue Funds - Federal	22,101,002,000	23,306,326,000	1,205,324,000
Special Revenue Funds - Other	2,798,700,000	3,965,400,000	1,166,700,000
Fiduciary Funds	1,476,000,000	1,771,200,000	295,200,000
Medical Assistance Administration			
General Fund	115,850,000	122,350,000	6,500,000
Special Revenue Funds - Federal	481,800,000	481,800,000	0
Total	<u>37,356,266,600</u>	<u>41,877,478,600</u>	<u>4,521,212,000</u>

**CAPITAL PROJECTS  
ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM  
APPROPRIATIONS  
(dollars)**

<b>Comprehensive Construction Program</b>	<b>Available 2004-05</b>	<b>Recommended 2005-06</b>	<b>Change</b>	<b>Reappropriations 2005-06</b>
Design and Construction Supervision				
Capital Projects Fund	0	0	0	452,000
Health Care System Improvements				
Capital Projects Fund	0	65,000,000	65,000,000	0
Capital Projects Fund - Advances	0	185,000,000	185,000,000	0
Rehabilitation and Improvements				
Capital Projects Fund	0	0	0	465,000
Laboratories and Research				
Capital Projects Fund	4,000,000	4,000,000	0	12,688,000
Maintenance and Improvements of Existing Institutions				
Capital Projects Fund	7,600,000	7,600,000	0	31,693,000
New Institution Construction				
Capital Projects Fund - Advances	21,000,000	0	(21,000,000)	41,000,000
Water Resources				
Federal Capital Projects Fund	65,000,000	65,000,000	0	137,793,000
Total	<u>97,600,000</u>	<u>326,600,000</u>	<u>229,000,000</u>	<u>224,091,000</u>





# DEPARTMENT OF MENTAL HYGIENE

The Department of Mental Hygiene operates through three independent agencies — the Office of Mental Health, the Office of Mental Retardation and Developmental Disabilities and the Office of Alcoholism and Substance Abuse Services. All three agencies provide services directly to their clients through State-operated facilities and receive reimbursement for these services, primarily Medicaid. However, these patient revenues are pledged first to the payment of debt service on outstanding Mental Hygiene bonds.

This appropriation from the Patient Income Account may be distributed to any of the three agencies in order to access additional revenues made available through a decreased set-aside for debt service resulting from planned debt management actions.

**STATE OPERATIONS  
ALL FUNDS FINANCIAL REQUIREMENTS BY FUND TYPE  
APPROPRIATIONS  
(dollars)**

<b>Fund Type</b>	<b>Available 2004-05</b>	<b>Recommended 2005-06</b>	<b>Change</b>
General Fund	(200,000,000)	(150,000,000)	50,000,000
Special Revenue Funds - Other	200,000,000	150,000,000	(50,000,000)
Total	<u>0</u>	<u>0</u>	<u>0</u>

**STATE OPERATIONS  
ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM  
APPROPRIATIONS  
(dollars)**

<b>Program</b>	<b>Available 2004-05</b>	<b>Recommended 2005-06</b>	<b>Change</b>
Mental Hygiene			
General Fund	(200,000,000)	(150,000,000)	50,000,000
Special Revenue Funds - Other	200,000,000	150,000,000	(50,000,000)
Total	<u>0</u>	<u>0</u>	<u>0</u>



# **OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES**

## **MISSION**

The Office of Alcoholism and Substance Abuse Services (OASAS) is responsible for licensing and evaluating service providers, and for implementing and advocating policies and programs for the prevention, early intervention and treatment of alcoholism and substance abuse. In conjunction with local governments, providers and communities, the Office works to ensure that a full range of necessary and cost-effective prevention and treatment services is available statewide.

## **ORGANIZATION AND STAFFING**

The Office of Alcoholism and Substance Abuse Services is headed by a Commissioner, responsible for the development and management of the State's policy on chemical dependence. The Office exercises these responsibilities directly as a provider of treatment services through a statewide system of 13 Addiction Treatment Centers (ATCs), through the regulation and oversight of chemical dependence prevention and treatment services, and as a conduit for Federal and State financial assistance. The Office also furthers State policy goals in areas that include criminal justice, health care and public assistance by coordinating chemical dependence resources and strategies in collaboration with other State agencies.

In 2005-06, OASAS will have a workforce of 956, of which nearly 60 percent provide an array of clinical treatment services through the ATCs.

## **FISCAL BACKGROUND AND BUDGET HIGHLIGHTS**

The 2005-06 Executive Budget recommends \$524.5 million in State and other resources for OASAS to continue agency and community operations. This funding is supplemented by Federal and State resources budgeted in other State agencies, and by the contributions of local governments, voluntary agencies and other sources. Overall, the recommended budget is sufficient to ensure the full operation of the 13 State-operated ATCs, as well as the maintenance of health and safety standards in voluntary facilities.

The 2005-06 Executive Budget includes \$8.5 million in new funding to improve existing residential chemical dependence services. These funds will be used by OASAS to provide targeted funding enhancements for not-for-profit providers in an effort to improve the recruitment and retention of qualified direct care treatment staff, address demonstrated and significant increases in employee health insurance and general liability insurance costs, as well as maintain treatment opportunities for the working poor.

OASAS will continue to review and manage prevention services funding to ensure that actual program spending supports, to the maximum extent possible, the provision of evidence-based direct programming efforts and activities. Ongoing efforts in this area have identified an ability to reduce OASAS contract funding for school-based prevention services provided by the New York City Department of Education by \$3.1 million during 2005-06 without impacting the provision of evidence-based direct prevention services to children in the City's public schools.

Furthermore, OASAS will achieve administrative and other operational efficiencies by reducing funding to local chemical dependency prevention and treatment services providers whose performance is not meeting established standards, as determined through OASAS' annual performance measurement, review and evaluation processes. In addition, efficiencies will be achieved by reducing funding to those provider agencies that deliver less critical and less cost effective services, or whose agency administration and overhead costs are higher than system-wide and regional averages. Overall, these actions will generate \$4.5 million in State savings during 2005-06.

## **ALCOHOLISM AND SUBSTANCE ABUSE SERVICES**

In addition, as part of the 2005-06 Budget Recommendations, OASAS will continue to:

- Implement the recently approved community-based detoxification and intensive case management initiatives, which will improve patient care and outcomes while reducing costs;
- Develop a new residential treatment model for adolescents;
- Further strengthen the State's Compulsive Gambling Education and Treatment Program with an additional \$1.0 million in funding;
- Maximize non-General Fund revenue sources to minimize State taxpayer support; and
- Apply structural and procedural changes to maximize the use of existing resources.

### **PROGRAM HIGHLIGHTS**

Heading the largest chemical dependence service system in the nation, OASAS administers a comprehensive array of prevention and treatment services for New Yorkers. This is accomplished through a highly qualified network of State, local government and voluntary agencies and school districts. In accordance with Federal and State statute, OASAS licenses and regulates program providers, ensures that fiscal resources are appropriately spent, and assists local programs in providing the highest quality services.

Approximately 267,000 patients are served annually in New York State's licensed chemical dependence treatment and rehabilitation system, which consists of approximately 1,200 community-based agencies. OASAS also provides funding to approximately 300 prevention providers who utilize science-based, outcome-oriented programs focusing on such risk factors as family conflict, permissive attitudes towards alcohol and substance abuse, and lack of commitment to school, which research shows are predictive of adolescent problem behaviors like alcohol and substance abuse, delinquency, teen pregnancy, school drop-out and violence. While reducing these risk factors, prevention programs also focus on nurturing healthy beliefs and clear standards within community and family, since combining both activities is crucial to reducing the prevalence of problem behaviors like alcohol and substance abuse.

#### **ALL FUNDS APPROPRIATIONS (dollars)**

<b>Category</b>	<b>Available 2004-05</b>	<b>Appropriations Recommended 2005-06</b>	<b>Change</b>	<b>Reappropriations Recommended 2005-06</b>
State Operations	78,769,000	77,734,000	(1,035,000)	4,233,000
Aid To Localities	397,951,000	408,151,000	10,200,000	143,318,000
Capital Projects	36,930,000	38,650,000	1,720,000	147,069,000
Total	<u>513,650,000</u>	<u>524,535,000</u>	<u>10,885,000</u>	<u>294,620,000</u>

# ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

## ALL FUND TYPES PROJECTED LEVELS OF EMPLOYMENT BY PROGRAM FILLED ANNUAL SALARIED POSITIONS

Full-Time Equivalent Positions (FTE)			
Program	2004-05 Estimated FTEs 03/31/05	2005-06 Estimated FTEs 03/31/06	FTE Change
Executive Direction			
General Fund	322	319	(3)
Special Revenue Funds - Federal	69	70	1
Special Revenue Funds - Other	12	12	0
Capital-Administration			
Capital Projects Funds - Other	8	8	0
Institutional Services			
General Fund	531	531	0
Special Revenue Funds - Federal	16	16	0
Total	958	956	(2)

## STATE OPERATIONS ALL FUNDS FINANCIAL REQUIREMENTS BY FUND TYPE APPROPRIATIONS (dollars)

Fund Type	Available 2004-05	Recommended 2005-06	Change
General Fund	48,706,000	46,681,000	(2,025,000)
Special Revenue Funds - Federal	6,599,000	6,221,000	(378,000)
Special Revenue Funds - Other	23,464,000	24,832,000	1,368,000
Total	78,769,000	77,734,000	(1,035,000)

Adjustments:			
Transfer(s) From			
Special Pay Bill			
General Fund	(1,923,000)		
Special Revenue Funds - Federal	(232,000)		
Special Revenue Funds - Other	(32,000)		
Appropriated 2004-05	76,582,000		

## STATE OPERATIONS ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM APPROPRIATIONS (dollars)

Program	Available 2004-05	Recommended 2005-06	Change
Executive Direction			
General Fund	22,563,000	22,056,000	(507,000)
Special Revenue Funds - Federal	5,399,000	5,021,000	(378,000)
Special Revenue Funds - Other	9,864,000	9,232,000	(632,000)
Institutional Services			
General Fund	26,143,000	24,625,000	(1,518,000)
Special Revenue Funds - Federal	1,200,000	1,200,000	0
Special Revenue Funds - Other	13,600,000	15,600,000	2,000,000
Total	78,769,000	77,734,000	(1,035,000)

# ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

## STATE OPERATIONS - GENERAL AND OFFSET FUNDS SUMMARY OF PERSONAL SERVICE APPROPRIATIONS AND CHANGES 2005-06 RECOMMENDED (dollars)

Program	Total		Personal Service Regular (Annual Salaried)	
	Amount	Change	Amount	Change
Executive Direction	22,114,000	509,000	21,934,000	509,000
Institutional Services	30,648,000	(22,000)	29,787,000	(22,000)
Total	52,762,000	487,000	51,721,000	487,000

Program	Temporary Service (Nonannual Salaried)		Holiday/Overtime Pay (Annual Salaried)	
	Amount	Change	Amount	Change
Executive Direction	112,000	0	68,000	0
Institutional Services	454,000	0	407,000	0
Total	566,000	0	475,000	0

## STATE OPERATIONS - GENERAL AND OFFSET FUNDS SUMMARY OF NONPERSONAL SERVICE AND MAINTENANCE UNDISTRIBUTED APPROPRIATIONS AND CHANGES 2005-06 RECOMMENDED (dollars)

Program	Total		Supplies and Materials	
	Amount	Change	Amount	Change
Executive Direction	7,842,000	(1,616,000)	502,000	(50,000)
Institutional Services	9,577,000	504,000	3,288,000	150,000
Total	17,419,000	(1,112,000)	3,790,000	100,000

Program	Travel		Contractual Services	
	Amount	Change	Amount	Change
Executive Direction	590,000	(66,000)	6,725,000	(1,500,000)
Institutional Services	259,000	2,000	5,668,000	350,000
Total	849,000	(64,000)	12,393,000	(1,150,000)

Program	Equipment	
	Amount	Change
Executive Direction	25,000	0
Institutional Services	362,000	2,000
Total	387,000	2,000

## STATE OPERATIONS - OTHER THAN GENERAL FUND AND OFFSET FUNDS SUMMARY OF APPROPRIATIONS AND CHANGES 2005-06 RECOMMENDED (dollars)

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Executive Direction	6,353,000	(410,000)	3,365,000	385,000
Institutional Services	1,200,000	0	865,000	0
Total	7,553,000	(410,000)	4,230,000	385,000

Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Executive Direction	1,261,000	(803,000)	1,727,000	8,000
Institutional Services	335,000	0	0	0
Total	1,596,000	(803,000)	1,727,000	8,000

# ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

## AID TO LOCALITIES ALL FUNDS FINANCIAL REQUIREMENTS BY FUND TYPE APPROPRIATIONS (dollars)

Fund Type	Available 2004-05	Recommended 2005-06	Change
General Fund	244,200,000	256,300,000	12,100,000
Special Revenue Funds - Federal	147,211,000	145,311,000	(1,900,000)
Special Revenue Funds - Other	6,540,000	6,540,000	0
Total	<u>397,951,000</u>	<u>408,151,000</u>	<u>10,200,000</u>

## AID TO LOCALITIES ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM APPROPRIATIONS (dollars)

Program	Available 2004-05	Recommended 2005-06	Change
Community Treatment Services Program			
General Fund	196,800,000	209,800,000	13,000,000
Special Revenue Funds - Federal	102,750,000	102,185,000	(565,000)
Prevention and Program Support			
General Fund	47,400,000	46,500,000	(900,000)
Special Revenue Funds - Federal	44,461,000	43,126,000	(1,335,000)
Special Revenue Funds - Other	6,540,000	6,540,000	0
Total	<u>397,951,000</u>	<u>408,151,000</u>	<u>10,200,000</u>

## CAPITAL PROJECTS ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM APPROPRIATIONS (dollars)

Comprehensive Construction Program	Available 2004-05*	Recommended 2005-06	Change	Reappropriations 2005-06
Design and Construction Supervision				
Capital Projects Fund	1,500,000	1,500,000	0	1,500,000
MH Capital Improvements - Authority Bonds	500,000	500,000	0	0
Administration				
Capital Projects Fund	1,120,000	1,140,000	20,000	0
Community Alcoholism and Substance Abuse Facilities				
Capital Projects Fund	5,310,000	5,310,000	0	18,753,000
MH Capital Improvements - Authority Bonds	26,250,000	26,250,000	0	111,186,000
Institutional Services Program				
Capital Projects Fund	500,000	500,000	0	2,460,000
MH Capital Improvements - Authority Bonds	1,000,000	2,700,000	1,700,000	13,170,000
Non-Bondable				
Capital Projects Fund	750,000	750,000	0	0
Total	<u>36,930,000</u>	<u>38,650,000</u>	<u>1,720,000</u>	<u>147,069,000</u>

\*Includes transfers from Special Pay Bill - State Operations. See the table for Special Pay Bill in the Miscellaneous section for details.





# **OFFICE OF MENTAL HEALTH**

## **MISSION**

The Office of Mental Health's (OMH) mission is to promote hope and recovery for people with psychiatric disabilities. It is responsible for planning and operating an integrated system of mental health care that serves adults with serious and persistent mental illness and children with serious emotional disturbances.

## **ORGANIZATION AND STAFFING**

The Office of Mental Health is headed by a Commissioner who is appointed by the Governor. New York's public mental health system consists of programs that are operated by the Office of Mental Health, as well as community programs certified and funded by the State, but operated by local governments, not-for-profit and proprietary providers. OMH regulates and licenses approximately 2,500 programs across the State. The combined system serves both adults who have serious and persistent mental illness and children with serious emotional disturbances who have experienced substantial problems in functioning.

OMH currently operates 28 facilities across the State, including 17 Adult Psychiatric Centers and six Children's Psychiatric Centers. In addition, OMH operates three Forensic Psychiatric Centers that serve individuals with histories in the criminal justice system and two Research Institutes. OMH will have a workforce of 16,735 for 2005-06, most of whom work directly with patients. The remainder comprises supervisors of direct care and clinical workers, administrative support and management personnel.

## **FISCAL BACKGROUND AND BUDGET HIGHLIGHTS**

The 2005-06 Executive Budget provides funds totaling \$2.36 billion for the Office of Mental Health from General Fund, Federal and third-party resources, an increase of \$195 million or 9 percent compared to 2004-05.

Budget recommendations for the Office of Mental Health will strengthen community mental health care and accountability and provide the highest quality inpatient care for people requiring such services.

Over the past ten years, the Office of Mental Health has strengthened community services while achieving greater efficiencies in the operation of its inpatient programs. The Agency has closed four psychiatric centers as well as unneeded State-operated inpatient beds at other facilities; consolidated adult inpatient care at three campuses onto one campus on Long Island; and fundamentally restructured State-operated outpatient services. Simultaneously, it has significantly expanded community housing, case management and other community services and supports for individuals with mental illness. As a result, more than two-thirds of every dollar devoted to mental health services is now spent on community mental health care.

The recommended Budget for 2005-06 will continue this focus on community care by closing unnecessary institutional capacity and providing full funding for a number of multi-year initiatives to expand community-based services. These include the Enhanced Community Services Program; Kendra's Law, with its assisted outpatient treatment and psychiatric medication grant programs; and the New York/New York II agreement and other housing development.

The Budget also continues \$7 million in appropriations to significantly expand mental health treatment capacity and clinical staffing for prisoners with serious and persistent mental illness. This funding supports a range of new and expanded treatment services based upon a statewide review of the forensic program. The Office of Mental Health is working with the

## ***MENTAL HEALTH***

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Department of Correctional Services to establish a new Behavioral Health Unit program model; almost triple the number of beds for the Special Treatment Program; expand bed capacity for the Intermediate Care Program; and improve access to clinical staff for mental health services.

In addition, the Office of Mental Health is collaborating with the Office of Children and Family Services (OCFS) to expand home and community based waiver opportunities for children in foster care or at risk of institutional placement. The 2005-06 Executive Budget for OCFS includes \$2.3 million in new State funding for open-ended 65 percent child welfare prevention reimbursement to be combined with local resources to support a demonstration project creating 245 new waiver slots.

Since 1994-95, the Office of Mental Health has also aggressively streamlined its administrative functions at all levels of the organization — Central Office, Field Offices, facility cabinets, clinical management and outpatient services. This effort has enabled it to eliminate over 700 administrative positions with a recurring annual savings of more than \$38 million. OMH has also redesigned local programs for greater efficiency, maximization of Federal Medicaid reimbursement and more effective service delivery. To achieve necessary savings in 2005-06, OMH will:

- Reduce spending on unnecessary inpatient capacity;
- Institute tighter controls on staffing by eliminating funded vacancies that are no longer essential;
- Limit non-personal services expenses through contract reviews and renewals and strict controls on travel, equipment and other purchases, and shifting costs to external grants;
- Achieve local funding efficiencies through the elimination of unnecessary spending and reimbursement mechanisms, including specialty rates for certain hospital-based mental health outpatient programs; and
- Continue to implement initiatives to maximize Federal Medicaid reimbursement.

Furthermore, OMH will achieve \$3.9 million in full annual savings by reducing or eliminating funding to local mental health providers that are underperforming, delivering less cost effective services, or whose agency administration and overhead costs are higher than system-wide averages. While the severe fiscal constraints facing New York require efficiencies in all areas of government, the 2005-06 recommendations also recognizes the need for targeted investments to strengthen the voluntary operated community mental health system. The Governor's Budget includes \$6.5 million in State funding to increase the stipends for Supported Housing beds and another \$6 million for freestanding Article 31 mental health clinic programs to provide for workforce enhancements and improve the quality of care for children and adults. These enhancements complement the \$9.1 million provided in 2004-05 to strengthen the Community Residence model.

## ***COMMUNITY REINVESTMENT***

The Executive Budget for 2005-06 recommends that the Middletown Psychiatric Center be closed on April 1, 2006 and that necessary inpatient capacity be consolidated at the Rockland Psychiatric Center. This measure will achieve significant operating efficiencies and capital construction savings while focusing on continued investment in community-based mental health services. All of the facility closure savings achieved through elimination of unnecessary administrative, support and overhead costs will be reinvested to expand State-operated community services in Middletown's catchment area. Furthermore, reemployment opportunities for affected employees will also be pursued at 17 other State-agency run facilities located in and around the Middletown area.

The 2005-06 Budget continues support for adult and children's community-based services that have been initiated under the Community Mental Health Reinvestment Act and incorporates this funding into the adult and children's programs. Community Reinvestment was designed in the early 1990's as a way to redirect resources from State-operated facilities

into community-based services. These resources support community mental health services that are determined through a local planning process and encompass a wide variety of new and expanded programs for children and adults, including outpatient clinics, community support programs and residential beds.

Resources derived from Community Reinvestment have been supplemented over the years through the Governor's Enhanced Community Services Program, New York/New York II, Kendra's Law and other initiatives. Among the highest priorities is to expand community housing and strengthen the State's extensive system of community-based services by supporting its basic infrastructure and workforce.

The Governor's Budget fully annualizes the \$9.6 million in reinvestment funding advanced in 2004-05 for adults and children under the Community Mental Health Support and Workforce Reinvestment program. Part of this funding is being used to support the opening of 600 supported housing beds for priority populations such as individuals leaving State facilities and adult homes, and for the homeless mentally ill. In addition, the Budget reaffirms the Governor's commitment to provide services to children in appropriate settings. Accordingly, all of the savings associated with children's inpatient bed closures are reinvested into an array of evidence-based services for children. As a result, as many as four times the number of children previously served in institutional settings will be served while living at home with their families.

### **ASSISTED OUTPATIENT TREATMENT**

The 2005-06 Budget includes appropriations of \$32 million for the Assisted Outpatient Treatment program ("Kendra's Law") enacted in 1999-2000. The program provides court ordered assisted outpatient treatment for certain people with mental illness who, based on their treatment history and present circumstances, are unlikely to manage safely in the community without supervision. The appropriations support case management and other services aimed at keeping clients in a treatment program and on any required psychiatric medication. The appropriations also cover psychiatric medication to individuals being discharged from State psychiatric centers, community hospitals, prisons and jails while their Medicaid eligibility is being determined.

### **ENHANCED COMMUNITY SERVICES**

Appropriations of \$86.4 million are provided for the Enhanced Community Services Program proposed by Governor Pataki in 2000-01. The program is supported by Health Care Reform Act (HCRA) revenues and, when combined with other funding sources, provides \$125 million for a wide variety of services, which strengthen the community mental health service system for children and adults. The program has significantly expanded case management, housing, family support, family-based treatment and other services. Moreover, the Enhanced Community Services Program has fostered more effective systems for managing resources to best serve the clients by establishing new Single Points of Entry at the local level. This improves the assignment of case management and housing opportunities to the most needy clients.

In addition, the Enhanced Community Services Program includes new HCRA appropriations to implement the eating disorders legislation enacted by the Governor in 2004 and funding to support the ongoing expansion of case management for 3,500 adult home residents. These enhancements are part of the Governor's initiatives to improve the quality of life and safety for adult home residents in New York.

### **COMMUNITY HOUSING**

The 2005-06 Budget provides operational and capital funding for local programs to maintain the existing residential system and continue the development of community beds previously authorized through New York/New York II and other housing initiatives. The Governor's Budget continues the development of 2,000 additional community residential

## ***MENTAL HEALTH***

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beds with a new \$75 million capital appropriation to support the State's contribution towards the second phase of 1,000 beds. When fully operational, these 2,000 beds will require approximately \$50 million in additional ongoing support. Including this commitment to expand residential capacity, the Budget supports 27,000 beds currently operating and 1,600 new community beds from prior-year initiatives that are expected to open by the end of 2005-06, as well as another 2,500 in other stages of planning and development.

The Governor's Budget also redirects savings from Local Assistance efficiencies and maximizing Federal Medicaid reimbursement to provide \$6.5 million in State funding on a full annual basis to increase the stipends paid to community providers for the operation of Supported Housing beds. These resources will strengthen the program for about 10,100 beds currently operating and enable community residential programs to address the support needs of priority populations.

### ***CAPITAL PROJECTS***

OMH's Capital Budget includes new appropriations of \$263.8 million for preservation and maintenance of inpatient and community facilities and development of new community beds. Capital spending from new appropriations and re-appropriations will support facility projects that will increase health and safety, preserve and maintain the physical plant consistent with the Office of Mental Health's facility maintenance program and comply with accreditation standards. Capital spending is also provided for local programs to maintain the existing residential system and to continue development of community beds previously authorized.

### ***PROGRAM HIGHLIGHTS***

New York State will continue to rank number one in the nation in per capita spending on State and local programs for the mentally ill.

- State-operated facilities provide inpatient, outpatient and community support programs throughout the State that serve adults, children and forensic populations. State-operated psychiatric centers provide inpatient services to approximately 11,000 adults and children annually, while almost 45,000 individuals are served through various outpatient and support programs.
- While inpatients vary greatly in age, level of disability and length of hospitalization, a range of treatment and rehabilitative services is offered as patients progress from admission to discharge. In addition, OMH provides specialized services for physically disabled, aggressive and assaultive, and multi-diagnosed patients, as well as patients who have criminal histories.
- The Office operates an array of community-based programs located throughout the State. These programs, staffed with State employees, provide supportive services to enable individuals with mental illness to avoid long-term inpatient stays. State-operated community-based services currently include community residential facilities and residential care centers for adults and children, outpatient programs, intensive case management positions and a variety of supportive employment, work-for-pay, crisis and other community support programs.
- OMH operates two research units supported by State tax dollars and Federal and other grants, which include the OMH New York Psychiatric Institute in Manhattan and the OMH Nathan S. Kline Institute, located on the grounds of Rockland Psychiatric Center. These facilities conduct research in children and adult clinical treatment, basic biomedical and neurological sciences and health services for the mentally ill.
- OMH also funds a wide range of community services provided by local governments and private organizations. These include emergency services such as Comprehensive Psychiatric Emergency Programs; outpatient services such as mental health clinics, day treatment programs, personalized recovery oriented services and community support programs such as Intensive and Supportive Case Management, residential programs and consumer-run self-help and self-operated

## MENTAL HEALTH

programs. Overall, State Aid and Medicaid (budgeted largely in the Department of Health) will provide about \$2 billion for not-for-profit and county-operated community mental health programs through a network of approximately 2,500 programs serving over 600,000 persons a year.

In all mental health settings, the fundamental goal of OMH is to maximize access to quality mental health care for every single New Yorker. This includes bridging the gap between science and service and focusing on accountability for results, best practices and coordination of care.

### ALL FUNDS APPROPRIATIONS (dollars)

Category	Available 2004-05	Appropriations Recommended 2005-06	Change	Reappropriations Recommended 2005-06
State Operations	1,164,576,300	1,203,536,000	38,959,700	1,272,000
Aid To Localities	863,125,000	894,793,000	31,668,000	36,546,000
Capital Projects	138,795,000	263,814,000	125,019,000	534,003,000
Total	<u>2,166,496,300</u>	<u>2,362,143,000</u>	<u>195,646,700</u>	<u>571,821,000</u>

### ALL FUND TYPES PROJECTED LEVELS OF EMPLOYMENT BY PROGRAM FILLED ANNUAL SALARIED POSITIONS

#### Full-Time Equivalent Positions (FTE)

Program	2004-05 Estimated FTEs 03/31/05	2005-06 Estimated FTEs 03/31/06	FTE Change
Administration and Finance			
General Fund	534	542	8
Special Revenue Funds - Federal	14	14	0
Enterprise Funds	20	20	0
Internal Service Funds	24	24	0
Adult Services			
General Fund	11,275	11,275	0
Capital Planning			
Capital Projects Funds - Other	41	41	0
Children and Youth Services			
General Fund	1,965	1,985	20
Forensic Services			
General Fund	1,943	1,943	0
Maintenance Undistributed			
Special Revenue Funds - Other	397	397	0
Research			
General Fund	467	467	0
Special Revenue Funds - Other	27	27	0
Total	<u>16,707</u>	<u>16,735</u>	<u>28</u>

# MENTAL HEALTH

**STATE OPERATIONS  
ALL FUNDS FINANCIAL REQUIREMENTS BY FUND TYPE  
APPROPRIATIONS  
(dollars)**

<b>Fund Type</b>	<b>Available 2004-05</b>	<b>Recommended 2005-06</b>	<b>Change</b>
General Fund	640,146,000	587,210,000	(52,936,000)
Special Revenue Funds - Federal	1,272,000	1,272,000	0
Special Revenue Funds - Other	512,325,000	604,196,000	91,871,000
Enterprise Funds	8,367,000	8,349,000	(18,000)
Internal Service Funds	2,466,300	2,509,000	42,700
<b>Total</b>	<b>1,164,576,300</b>	<b>1,203,536,000</b>	<b>38,959,700</b>

Adjustments:

Transfer(s) From			
Special Pay Bill			
General Fund	(36,231,000)		
Enterprise Funds	(18,000)		
Internal Service Funds	(51,300)		
Appropriated 2004-05	<u>1,128,276,000</u>		

**STATE OPERATIONS  
ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM  
APPROPRIATIONS  
(dollars)**

<b>Program</b>	<b>Available 2004-05</b>	<b>Recommended 2005-06</b>	<b>Change</b>
Administration and Finance			
General Fund	55,421,000	58,382,000	2,961,000
Special Revenue Funds - Federal	1,272,000	1,272,000	0
Special Revenue Funds - Other	1,870,000	1,870,000	0
Enterprise Funds	8,367,000	8,349,000	(18,000)
Internal Service Funds	2,466,300	2,509,000	42,700
Adult Services			
General Fund	778,009,000	805,378,000	27,369,000
Children and Youth Services			
General Fund	123,759,000	127,165,000	3,406,000
Enhanced Community Services			
General Fund	19,600,000	19,600,000	0
Forensic Services			
General Fund	126,152,000	129,975,000	3,823,000
Maintenance Undistributed			
General Fund	(504,330,000)	(595,201,000)	(90,871,000)
Special Revenue Funds - Other	504,330,000	595,201,000	90,871,000
Research			
General Fund	41,535,000	41,911,000	376,000
Special Revenue Funds - Other	6,125,000	7,125,000	1,000,000
<b>Total</b>	<b>1,164,576,300</b>	<b>1,203,536,000</b>	<b>38,959,700</b>

# MENTAL HEALTH

**STATE OPERATIONS - GENERAL AND OFFSET FUNDS  
SUMMARY OF PERSONAL SERVICE APPROPRIATIONS AND CHANGES  
2005-06 RECOMMENDED  
(dollars)**

Program	Total		Personal Service Regular (Annual Salaried)	
	Amount	Change	Amount	Change
Administration and Finance	39,189,000	2,180,000	37,776,000	2,139,000
Adult Services	654,409,000	16,994,000	604,910,000	11,537,000
Children and Youth Services	113,870,000	2,952,000	105,401,000	2,693,000
Forensic Services	119,132,000	3,433,000	109,694,000	2,434,000
Research	37,568,000	1,176,000	36,971,000	1,158,000
Total	964,168,000	26,735,000	894,752,000	19,961,000

Program	Temporary Service (Nonannual Salaried)		Holiday/Overtime Pay (Annual Salaried)	
	Amount	Change	Amount	Change
Administration and Finance	1,080,000	29,000	333,000	12,000
Adult Services	15,823,000	316,000	33,676,000	5,141,000
Children and Youth Services	3,529,000	95,000	4,940,000	164,000
Forensic Services	3,380,000	89,000	6,058,000	910,000
Research	55,000	1,000	542,000	17,000
Total	23,867,000	530,000	45,549,000	6,244,000

**STATE OPERATIONS - GENERAL AND OFFSET FUNDS  
SUMMARY OF NONPERSONAL SERVICE AND MAINTENANCE UNDISTRIBUTED  
APPROPRIATIONS AND CHANGES  
2005-06 RECOMMENDED  
(dollars)**

Program	Total		Supplies and Materials	
	Amount	Change	Amount	Change
Administration and Finance	19,193,000	781,000	989,000	167,000
Adult Services	150,969,000	10,375,000	74,552,000	5,550,000
Children and Youth Services	13,295,000	454,000	6,693,000	428,000
Enhanced Community Services	19,600,000	0	0	0
Forensic Services	10,843,000	390,000	6,754,000	390,000
Research	4,343,000	(800,000)	2,342,000	(570,000)
Total	218,243,000	11,200,000	91,330,000	5,965,000

Program	Travel		Contractual Services	
	Amount	Change	Amount	Change
Administration and Finance	1,289,000	0	15,115,000	614,000
Adult Services	2,775,000	0	68,050,000	4,825,000
Children and Youth Services	509,000	0	5,552,000	26,000
Enhanced Community Services	0	0	0	0
Forensic Services	622,000	0	3,268,000	0
Research	65,000	(10,000)	1,881,000	(210,000)
Total	5,260,000	(10,000)	93,866,000	5,255,000

Program	Equipment		Maintenance Undistributed	
	Amount	Change	Amount	Change
Administration and Finance	1,800,000	0	0	0
Adult Services	2,427,000	0	3,165,000	0
Children and Youth Services	541,000	0	0	0
Enhanced Community Services	0	0	19,600,000	0
Forensic Services	199,000	0	0	0
Research	55,000	(10,000)	0	0
Total	5,022,000	(10,000)	22,765,000	0

# MENTAL HEALTH

**STATE OPERATIONS - OTHER THAN GENERAL FUND AND OFFSET FUNDS  
SUMMARY OF APPROPRIATIONS AND CHANGES  
2005-06 RECOMMENDED  
(dollars)**

<b>Program</b>	<b>Total</b>		<b>Personal Service</b>	
	<b>Amount</b>	<b>Change</b>	<b>Amount</b>	<b>Change</b>
Administration and Finance	14,000,000	24,700	4,379,000	(12,300)
Research	7,125,000	1,000,000	1,915,000	0
Total	21,125,000	1,024,700	6,294,000	(12,300)

<b>Program</b>	<b>Nonpersonal Service</b>		<b>Maintenance Undistributed</b>	
	<b>Amount</b>	<b>Change</b>	<b>Amount</b>	<b>Change</b>
Administration and Finance	8,321,000	37,000	1,300,000	0
Research	5,210,000	1,000,000	0	0
Total	13,531,000	1,037,000	1,300,000	0

**AID TO LOCALITIES  
ALL FUNDS FINANCIAL REQUIREMENTS BY FUND TYPE  
APPROPRIATIONS  
(dollars)**

<b>Fund Type</b>	<b>Available 2004-05</b>	<b>Recommended 2005-06</b>	<b>Change</b>
General Fund	746,961,000	773,924,000	26,963,000
Special Revenue Funds - Federal	41,129,000	40,584,000	(545,000)
Special Revenue Funds - Other	75,035,000	80,285,000	5,250,000
Total	863,125,000	894,793,000	31,668,000

**AID TO LOCALITIES  
ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM  
APPROPRIATIONS  
(dollars)**

<b>Program</b>	<b>Available 2004-05</b>	<b>Recommended 2005-06</b>	<b>Change</b>
Adult Services			
General Fund	590,021,000	609,468,000	19,447,000
Special Revenue Funds - Federal	33,294,000	32,749,000	(545,000)
Special Revenue Funds - Other	7,735,000	7,735,000	0
Children and Youth Services			
General Fund	152,140,000	154,856,000	2,716,000
Special Revenue Funds - Federal	7,835,000	7,835,000	0
Enhanced Community Services			
Special Revenue Funds - Other	67,300,000	72,550,000	5,250,000
Community Support and Workforce Reinvestment			
General Fund	4,800,000	9,600,000	4,800,000
Total	863,125,000	894,793,000	31,668,000



# MENTAL HEALTH

## CAPITAL PROJECTS ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM APPROPRIATIONS (dollars)

<b>Comprehensive Construction Program</b>	<b>Available 2004-05*</b>	<b>Recommended 2005-06</b>	<b>Change</b>	<b>Reappropriations 2005-06</b>
Design and Construction Supervision				
Capital Projects Fund	2,000,000	2,000,000	0	2,000,000
MH Capital Improvements - Authority Bonds	8,000,000	8,000,000	0	8,300,000
Executive Direction				
Capital Projects Fund	0	0	0	3,325,000
MH Capital Improvements - Authority Bonds	3,591,000	3,591,000	0	5,046,000
Community Mental Health Facilities				
Capital Projects Fund	6,000,000	6,000,000	0	30,506,000
MH Capital Improvements - Authority Bonds	5,494,000	80,513,000	75,019,000	146,045,000
Maintenance and Improvements of Existing Facilities				
Capital Projects Fund	34,010,000	34,010,000	0	44,406,000
MH Capital Improvements - Authority Bonds	78,700,000	128,700,000	50,000,000	286,375,000
Non-Bondable				
Capital Projects Fund	1,000,000	1,000,000	0	8,000,000
Total	<u>138,795,000</u>	<u>263,814,000</u>	<u>125,019,000</u>	<u>534,003,000</u>

\*Includes transfers from Special Pay Bill - State Operations. See the table for Special Pay Bill in the Miscellaneous section for details.



# **OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES**

## **MISSION**

The Office of Mental Retardation and Developmental Disabilities (OMRDD) serves and supports individuals and families of individuals with developmental disabilities. OMRDD works with local governments and non-profit providers to oversee a comprehensive system for delivery of services to people who have developmental disabilities. Both institutional and community-based services are delivered through a network of community programs operated by non-profit providers, State Developmental Centers and numerous State-operated programs based in the community.

## **ORGANIZATION AND STAFFING**

Under the direction of a Commissioner appointed by the Governor, OMRDD currently operates through district offices, called Developmental Disabilities Services Offices (DDSO). Its Central Office oversees and supports operations of the district offices.

OMRDD will have a workforce of 22,841 for 2005-06, most of whom work directly with consumers of services. The remainder comprises supervisors of direct care workers, clinicians, administrative support and management personnel.

By the end of 2005-06, OMRDD will operate some 500 developmental center beds, along with 1,194 special unit beds. From 1995 to the end of the 2005-06 fiscal year, the State will have moved nearly 3,700 people from institutional care into more appropriate community settings.

## **FISCAL BACKGROUND AND BUDGET HIGHLIGHTS**

Total funding of more than \$3.1 billion supports a comprehensive system of care serving more than 135,000 persons with disabilities and their families, reflecting the Governor's ongoing commitment to serving the needs of persons with developmental disabilities. The Executive Budget recommendations for 2005-06 preserve essential direct care and maintain the quality of services for consumers in both non-profit and OMRDD-operated programs, despite the need to implement cost-savings measures in the face of the State's fiscal difficulties. Under these recommendations:

- OMRDD's Central Coordination and Support Program will receive \$67.9 million to provide policy direction and technical support to the entire service system;
- OMRDD's Community Services Program will receive more than \$2.4 billion to fund hundreds of State-operated residential and day programs and such ancillary services as clinics and transportation networks, as well as to support local governments and a network of more than 600 non-profit agencies;
- OMRDD's Institutional Services Program will receive total funding of \$451.8 million to support residential care and habilitative services for people in developmental centers and special treatment units;
- OMRDD's Research in Mental Retardation Program will receive \$16.4 million in State funds to conduct basic and clinical research into the causes, treatment and prevention of mental retardation and related developmental disabilities; and
- OMRDD's new capital appropriations will total approximately \$136.3 million for the maintenance of existing institutional settings, community residential and day program sites, as well as the development and renovation of residential and day programming sites and other expanded bed capacity.

## **MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES**

The 2005-06 Executive Budget fully funds the Governor's nationally acclaimed initiative known as New York State-Creating Alternatives in Residential Environments and Services (NYS-CARES), thereby maintaining his commitment to serve those developmentally disabled New Yorkers on waiting lists for residential services. Over 9,100 persons have already left the waiting list for homes in the community, far exceeding the original NYS-CARES goal established in 1998. During this time, OMRDD has continually worked with families to review the waiting list and verify their needs. OMRDD has also instituted a survey designed by consumers, families and other stakeholders, which is used to evaluate consumer satisfaction and the success of residential placements under NYS-CARES, and to identify areas in need of improvement. As a result of this collaboration and the success of the original initiative, the Governor introduced NYS-CARES II in 2003-04 designed to develop additional services to meet families' articulated needs, including: an additional 1,900 new out-of-home residential opportunities beyond the almost 4,900 new beds committed to in 1998; another 600 new opportunities for in-home services; 370 new opportunities for day services; and additional funding for family support services to help individuals stay with their families as long as possible. Under the NYS-CARES II initiative, nearly 1,500 consumers from the waiting list will have received an out-of-home placement by March 31, 2005. By the end of the decade, OMRDD will have developed a total of 6,800 new residential beds under NYS-CARES which, when coupled with the more than 37,000 funded community beds already in the system, will provide ample placement opportunities to individuals on the residential waiting list.

The 2005-06 Executive Budget also supports the Governor's New York State – Options for People Through Services (NYS-OPTS) initiative. NYS-OPTS represents a system of services that will afford individuals with developmental disabilities with the greatest flexibility and array of choices about their own care in a manner that maximizes available funds and efficiently manages operations. Predicated upon an organized health care delivery system model, the NYS-OPTS program is focused on system and fiscal reform of the primarily Medicaid-funded system. NYS-OPTS and its guiding principles of partnership, inclusion, flexibility of services and customer satisfaction have been developed by major system stakeholders including: people currently receiving services, family members, advocates, providers, State staff and local government representatives.

In addition, the 2005-06 Executive Budget supports access to existing, out-of-home, site-based respite and recreation services for eligible at-risk children who live in certain foster family boarding homes and kinship foster homes.

The effort to place individuals residing in institutional settings into more appropriate community settings will also continue in 2005-06. An additional 106 individuals will leave institutions for care in their own communities, and new admissions will be limited to emergency situations involving persons with special needs and those entering special treatment units. Projections are that by the end of 2005-06, there will be approximately 500 people statewide living in developmental centers. OMRDD remains committed to deinstitutionalization for individuals with developmental disabilities who can be appropriately cared for in community settings.

The 2005-06 Executive Budget supports additional residential capacity through the development of 30 new State-operated community beds to accommodate individuals with severe behavioral issues, affording them the opportunity to move from an institutional setting to the most integrated and least restrictive setting possible. To provide more integrated services for individuals with developmental disabilities living in secure and other units with intensive behavioral services, this budget provides 61 new direct support positions for DDSOs with intensive behavioral services on campus.

OMRDD continues to improve the efficiency and cost-effectiveness of its operations and the network of non-profit providers it supports. In 2005-06, the Agency will achieve efficiencies by:

- Emphasizing use of less costly services, when appropriate;
- Aggressively pursuing non-General Fund financial support for all programs;
- Maximizing use of existing service capacity;
- Utilizing internal controls on billing procedures;

## **MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES**

- Diligently reviewing eligibility for services;
- Streamlining and updating, as appropriate, non-profit provider funding to realize efficiencies, while at the same time providing resources to stabilize the non-profit workforce;
- Maintaining strict controls on hiring in administrative positions in both the DDSOs and Central Office;
- Providing more efficient employee and provider training, including working in partnership with voluntary providers to identify unmet staff training needs in the service system and to engage in collaborative training efforts;
- Limiting non-personal service expenditures, especially non-essential categories such as travel and new equipment purchases; and
- Further reducing overtime expenditures.

Another key OMRDD activity in 2005-06 will be to implement the recommendations of the Governor's Task Force on the Institute for Basic Research (IBR), including, but not limited to, the establishment of a Research Advisory Board comprising nationally renowned research scientists to improve oversight of research activities, a review of billing practices and procedures to improve collection rates for the clinical services provided at IBR, and exploration of other options to maximize non-State revenues for IBR.

Recommendations elsewhere in this Budget support the transfer of the State's Vocational and Educational Services to Individuals with Disabilities (VESID) Program from the State Education Department (SED) to the Department of Labor (DOL). Under this reconfiguration, OMRDD will assume responsibility for the intensive phase of supported employment services to individuals with developmental disabilities. The transfer will streamline access to services, reduce administrative costs and simplify programmatic and fiscal reporting requirements.

Infrastructure throughout the State and not-for-profit systems will be maintained through new capital appropriations of \$136.3 million and reappropriations of \$226.8 million. Capital appropriations for institutional projects will focus on the need to reinvest resources into preserving and maintaining long-term facilities, mostly for a core population of consumers who have severe behavioral treatment needs and/or have been involved with the criminal justice system.

Capital projects in the community reflect a continued investment to maintain both State and voluntary not-for-profit community-based sites, and to develop State-operated residential placements for individuals in institutional settings and on the NYS-CARES waiting list. While minimal bonded appropriations are required to address funding needs for small providers that cannot obtain alternative financing, the vast majority of voluntary not-for-profit capital development needs for NYS-CARES and other program expansion initiatives will continue to be met primarily through the use of non-State revenue such as Federal Housing and Urban Development (HUD) grants and private financing.

In total, these recommendations — through the combination of both new and existing services — will support an estimated 6,500 new placements in the community during 2005-06. This reflects nearly 1,400 people newly-placed in residential settings and 5,100 new service opportunities in non-residential programs. Community placements will be targeted for people in developmental centers and for mandated populations, as well as people on community waiting lists. Services to individuals and families have also been preserved within family support services.

### ***PROGRAM HIGHLIGHTS***

OMRDD serves more than 135,000 New Yorkers with developmental disabilities, which include primarily mental retardation, epilepsy, cerebral palsy, neurological impairments and autism. In recent years, New York has made great strides in improving its methods of delivering services to this vulnerable population, moving more people from institutions to the community than any other state in the nation. In addition, New York continues to place greater emphasis on consumer choice and satisfaction.

## **MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES**

Under a 1991 Federal Medicaid waiver, individuals with developmental disabilities have the opportunity to receive individualized services in less restrictive settings. With the aid of trained service coordinators, consumers choose the services they need and receive them in appropriate settings. New York commits more resources to its Home and Community Based Services (HCBS) Waiver program than any state in the nation, investing almost three times as much as the next highest state offering services under a waiver. The HCBS Waiver also promotes smaller, more natural home environments. Home size has continued to decrease, thereby supporting individualized, quality services. In 1994-95, 49 percent of the homes in the community were six beds or less. Today, 63 percent of the homes in the community are six beds or less; nearly two-thirds of these are four beds or less.

Maintaining a statewide system of services, delivered through both the State and non-profit providers, OMRDD:

- Provides approximately 37,000 persons with certified residential services;
- Provides almost 63,000 persons with community day services; and
- Assists in the care of approximately 61,000 persons with developmental disabilities who are living in their own homes.

An overview of these services is provided below.

### ***RESIDENTIAL SERVICES***

Residential services are offered through a continuum of programs in both community and institutional settings. The alternative that provides the most intensive services in a community setting is the Intermediate Care Facility for the Developmentally Disabled (ICF/DD). These facilities — some 7,200 beds operated statewide by both State and not-for-profit providers — are appropriate for individuals requiring 24-hour care. A typical community ICF/DD has 10 to 12 beds.

The most common residential placement for persons under the waiver is in Individual Residential Alternatives (IRAs) — homes, typically for four to eight consumers, operated by either the State or not-for-profit providers in the community. This budget supports nearly 23,000 IRA beds and accompanying service coordination. Other community living arrangements include Community Residences and Family Care homes, which serve almost 5,000 people.

In addition to these community-based programs, OMRDD operates 10 campuses across the State. Some 1,700 people will be served in these settings by the end of 2005-06, of which 70 percent will be receiving specialized services. OMRDD remains committed to providing community residential opportunities for all those in State institutions who can receive appropriate care in the community. Currently, New York serves more persons in community residential settings than any other state, with the exception of California.

### ***DAY SERVICES***

OMRDD supports an array of day services for persons with developmental disabilities, which also vary depending on the needs of the consumer. The major programs include:

- Day treatment which provides diagnostic, treatment and rehabilitative services;
- Day habilitation, a smaller more individualized service for persons under the Federal Medicaid waiver for home and community based services;
- Supported employment, which provides the opportunity for individuals to work in competitive positions, usually in integrated settings in the private sector;
- Sheltered workshops, which provide basic, non-competitive work opportunities; and
- Day training, which develops the knowledge and skills that enable persons with developmental disabilities to improve their personal, social, and vocational skills and to function independently.

# **MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES**

## **SUPPORT FOR CONSUMERS LIVING IN THEIR OWN HOMES**

OMRDD services also support families and individuals in their own homes. The Family Support Services program assists families in caring for approximately 50,000 persons with developmental disabilities, enabling these individuals to remain at home. Services offered include respite, crisis intervention, case management, recreation, information and referral and home care.

The Individualized Support Services program provides services to nearly 1,500 disabled individuals who live independently. In addition, more than 9,200 individuals living in their own homes receive residential habilitation under the Federal Medicaid waiver.

The Care at Home program provides a third alternative, designed to preserve family settings for persons under 18 years of age with developmental disabilities, who are medically frail. This program allows the parents of young persons with severe disabilities to maintain the child at home, regardless of family income level, thereby preventing more costly out-of-home placements.

### **ALL FUNDS APPROPRIATIONS (dollars)**

<u>Category</u>	<u>Available 2004-05</u>	<u>Appropriations Recommended 2005-06</u>	<u>Change</u>	<u>Reappropriations Recommended 2005-06</u>
State Operations	1,304,621,700	1,356,624,000	52,002,300	230,000
Aid To Localities	1,546,841,000	1,622,384,000	75,543,000	45,000
Capital Projects	89,136,000	136,280,000	47,144,000	226,799,000
Total	<u>2,940,598,700</u>	<u>3,115,288,000</u>	<u>174,689,300</u>	<u>227,074,000</u>

### **ALL FUND TYPES PROJECTED LEVELS OF EMPLOYMENT BY PROGRAM FILLED ANNUAL SALARIED POSITIONS**

#### Full-Time Equivalent Positions (FTE)

<u>Program</u>	<u>2004-05 Estimated FTEs 03/31/05</u>	<u>2005-06 Estimated FTEs 03/31/06</u>	<u>FTE Change</u>
Central Coordination and Support			
General Fund	824	824	0
Community Services			
General Fund	16,165	16,165	0
Institutional Services			
General Fund	5,611	5,672	61
Research in Mental Retardation			
General Fund	180	180	0
Total	<u>22,780</u>	<u>22,841</u>	<u>61</u>

# MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

## STATE OPERATIONS ALL FUNDS FINANCIAL REQUIREMENTS BY FUND TYPE APPROPRIATIONS (dollars)

Fund Type	Available 2004-05	Recommended 2005-06	Change
General Fund	175,026,000	507,221,000	332,195,000
Special Revenue Funds - Federal	230,000	230,000	0
Special Revenue Funds - Other	1,126,854,000	846,649,000	(280,205,000)
Enterprise Funds	2,361,700	2,374,000	12,300
Internal Service Funds	150,000	150,000	0
Total	<u>1,304,621,700</u>	<u>1,356,624,000</u>	<u>52,002,300</u>
Adjustments:			
Transfer(s) From			
Special Pay Bill			
General Fund	(41,014,000)		
Enterprise Funds	(11,700)		
Appropriated 2004-05	<u>1,263,596,000</u>		

## STATE OPERATIONS ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM APPROPRIATIONS (dollars)

Program	Available 2004-05	Recommended 2005-06	Change
Central Coordination and Support			
General Fund	60,605,000	67,502,000	6,897,000
Special Revenue Funds - Federal	230,000	230,000	0
Internal Service Funds	150,000	150,000	0
Community Services			
General Fund	801,364,000	820,589,000	19,225,000
Institutional Services			
General Fund	423,166,000	448,918,000	25,752,000
Special Revenue Funds - Other	504,000	504,000	0
Enterprise Funds	2,361,700	2,374,000	12,300
Maintenance Undistributed			
General Fund	(1,126,300,000)	(846,095,000)	280,205,000
Special Revenue Funds - Other	1,126,300,000	846,095,000	(280,205,000)
Research in Mental Retardation			
General Fund	16,191,000	16,307,000	116,000
Special Revenue Funds - Other	50,000	50,000	0
Total	<u>1,304,621,700</u>	<u>1,356,624,000</u>	<u>52,002,300</u>

## STATE OPERATIONS - GENERAL AND OFFSET FUNDS SUMMARY OF PERSONAL SERVICE APPROPRIATIONS AND CHANGES 2005-06 RECOMMENDED (dollars)

Program	Total		Personal Service Regular (Annual Salaried)	
	Amount	Change	Amount	Change
Central Coordination and Support	48,732,000	3,397,000	46,429,000	3,377,000
Community Services	702,401,000	12,420,000	684,437,000	12,102,000
Institutional Services	263,114,000	4,295,000	253,020,000	4,130,000
Research in Mental Retardation	14,391,000	116,000	13,958,000	113,000
Total	<u>1,028,638,000</u>	<u>20,228,000</u>	<u>997,844,000</u>	<u>19,722,000</u>

Program	Temporary Service (Nonannual Salaried)		Holiday/Overtime Pay (Annual Salaried)	
	Amount	Change	Amount	Change
Central Coordination and Support	2,048,000	18,000	255,000	2,000
Community Services	5,270,000	93,000	12,694,000	225,000
Institutional Services	1,966,000	32,000	8,128,000	133,000
Research in Mental Retardation	262,000	2,000	171,000	1,000
Total	<u>9,546,000</u>	<u>145,000</u>	<u>21,248,000</u>	<u>361,000</u>



# MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

## STATE OPERATIONS - GENERAL AND OFFSET FUNDS SUMMARY OF NONPERSONAL SERVICE AND MAINTENANCE UNDISTRIBUTED APPROPRIATIONS AND CHANGES 2005-06 RECOMMENDED (dollars)

Program	Total		Supplies and Materials	
	Amount	Change	Amount	Change
Central Coordination and Support	18,770,000	3,500,000	525,000	98,000
Community Services	118,188,000	6,805,000	42,849,000	2,374,000
Institutional Services	185,804,000	21,457,000	30,100,000	4,784,000
Research in Mental Retardation	1,916,000	0	719,000	0
Total	324,678,000	31,762,000	74,193,000	7,256,000

Program	Travel		Contractual Services	
	Amount	Change	Amount	Change
Central Coordination and Support	1,181,000	220,000	15,516,000	2,893,000
Community Services	7,053,000	391,000	53,750,000	2,979,000
Institutional Services	2,049,000	326,000	35,333,000	5,614,000
Research in Mental Retardation	57,000	0	871,000	0
Total	10,340,000	937,000	105,470,000	11,486,000

Program	Equipment		Maintenance Undistributed	
	Amount	Change	Amount	Change
Central Coordination and Support	1,548,000	289,000	0	0
Community Services	6,232,000	345,000	8,304,000	716,000
Institutional Services	3,580,000	569,000	114,742,000	10,164,000
Research in Mental Retardation	269,000	0	0	0
Total	11,629,000	1,203,000	123,046,000	10,880,000

## STATE OPERATIONS - OTHER THAN GENERAL FUND AND OFFSET FUNDS SUMMARY OF APPROPRIATIONS AND CHANGES 2005-06 RECOMMENDED (dollars)

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Central Coordination and Support	380,000	0	0	0
Institutional Services	2,878,000	12,300	282,000	0
Research in Mental Retardation	50,000	0	0	0
Total	3,308,000	12,300	282,000	0

Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Central Coordination and Support	0	0	380,000	0
Institutional Services	2,596,000	12,300	0	0
Research in Mental Retardation	50,000	0	0	0
Total	2,646,000	12,300	380,000	0

## AID TO LOCALITIES ALL FUNDS FINANCIAL REQUIREMENTS BY FUND TYPE APPROPRIATIONS (dollars)

Fund Type	Available	Recommended	Change
	2004-05	2005-06	
General Fund	709,146,000	409,689,000	(299,457,000)
Special Revenue Funds - Other	837,695,000	1,212,695,000	375,000,000
Total	1,546,841,000	1,622,384,000	75,543,000

# MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

## AID TO LOCALITIES ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM APPROPRIATIONS (dollars)

Program	Available 2004-05	Recommended 2005-06	Change
Community Services			
General Fund	709,146,000	409,689,000	(299,457,000)
Special Revenue Funds - Other	837,695,000	1,212,695,000	375,000,000
Total	<u>1,546,841,000</u>	<u>1,622,384,000</u>	<u>75,543,000</u>

## CAPITAL PROJECTS ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM APPROPRIATIONS (dollars)

Comprehensive Construction Program	Available 2004-05	Recommended 2005-06	Change	Reappropriations 2005-06
Design and Construction Supervision				
Capital Projects Fund	2,000,000	2,000,000	0	0
MH Capital Improvements - Authority Bonds	3,000,000	3,000,000	0	0
Voluntary-Operated Community Facilities				
Capital Projects Fund	15,083,000	20,800,000	5,717,000	3,478,000
MH Capital Improvements - Authority Bonds	5,002,000	5,152,000	150,000	17,422,000
State-Operated Community Services Program				
Capital Projects Fund	13,973,000	16,438,000	2,465,000	10,760,000
MH Capital Improvements - Authority Bonds	5,000,000	5,000,000	0	18,690,000
Institutional Services Program				
Capital Projects Fund	17,808,000	16,019,000	(1,789,000)	49,009,000
MH Capital Improvements - Authority Bonds	26,270,000	66,871,000	40,601,000	126,440,000
Non-Bondable				
Capital Projects Fund	1,000,000	1,000,000	0	1,000,000
Total	<u>89,136,000</u>	<u>136,280,000</u>	<u>47,144,000</u>	<u>226,799,000</u>

# **COMMISSION ON QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES**

## **MISSION**

The Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD) reflects the proposed merger of the former Office of Advocate for Persons with Disabilities (APD) and the former Commission on Quality of Care for the Mentally Disabled (CQC). The new entity recognizes that both APD's and CQC's missions focused, in large part, on outreach, information and referral and advocacy services, and that a combined agency would unify and enhance the qualities and purposes of both, thereby strengthening advocacy for all persons with disabilities.

The new Commission builds on the success of last year's "host agency" initiative which consolidated certain aspects of APD's administrative and support functions under CQC, including human resources, procurement services and grants management. The new agency will more efficiently and effectively serve New Yorkers with disabilities. Importantly, as a result of this merger, the recommended Budget for 2005-06 incorporates new Federal revenues to support advocacy for individuals with disabilities as some of APD's 100 percent taxpayer-funded activities will be eligible for Federal reimbursement in the new Commission.

The mission of the Commission on Quality of Care and Advocacy for Persons with Disabilities essentially reflects the former responsibilities of the stand-alone agencies, namely:

- To promote the inclusion of persons with disabilities in all aspects of community life. Accordingly, the new entity will ensure that persons with disabilities are afforded the opportunity to exercise the full range of rights and responsibilities accorded to all residents of New York State.
- To play an active role in developing innovative opportunities and supports that respond to the needs of New Yorkers with disabilities.
- To provide oversight of the Department of Mental Hygiene that collectively spends more than \$5 billion annually.

With respect to Department of Mental Hygiene oversight, the new entity will continue to:

- Monitor conditions of care for people with mental disabilities in State institutions, licensed residential facilities, and outpatient programs;
- Report to the Governor and Legislature on how the laws and policies established to protect the rights of people with mental disabilities are being implemented; and
- Make recommendations to improve quality of care.

## **ORGANIZATION AND STAFFING**

The Commission on Quality of Care and Advocacy for Persons with Disabilities will be comprised of a full-time chairman and two unsalaried members, each appointed by the Governor and confirmed by the Senate to serve staggered five-year terms. During 2005-06, the combined agency will continue to have a workforce of 105 positions funded by the General Fund, Federal grants and other Federal revenues related to oversight of Medicaid programs.

## **FISCAL BACKGROUND AND BUDGET HIGHLIGHTS**

The new Commission's State Operations appropriation is supported by the General Fund (27 percent), Federal grants (46 percent) and other funding, primarily receipts from the Medicaid program related to program oversight activities (27 percent). The State operations recommendation expands the new Commission's ability to disseminate comprehensive information on services and programs available to persons with disabilities and to collaborate

## **QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES**

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with other agencies, businesses and organizations to increase the effectiveness of public and private sector services. In order to increase employment opportunities for individuals with disabilities, the Commission will utilize \$2.6 million in Federal funds advanced in 2004-05 to create a revolving loan fund to assist individuals with disabilities to purchase equipment that will enable them to telework from home or other remote locations.

The Aid to Localities appropriations support:

- Private, non-profit service provider agencies that provide advocacy services to residents of adult homes and adult care facilities; and
- Non-profit Community Dispute Resolution Centers, which provide support services for the Surrogate Decision Making Committee program.

The Executive Budget recommendation of \$15.9 million fully supports existing program and service levels that were funded under the separate agencies prior to merger. In addition, the new Commission results in a more fully aligned and strengthened agency that can more effectively serve persons with disabilities through its eligibility on a full annual basis for approximately \$320,000 in new Federal reimbursement for certain functions formerly performed by APD at 100 percent taxpayer cost. A major focus in 2005-06 will center on streamlining administrative efforts, including consolidating such activities as hotlines and other clearing-house type activities.

### **PROGRAM HIGHLIGHTS**

#### **TECHNOLOGY SERVICES TO PERSONS WITH DISABILITIES**

The new Commission will continue to operate a statewide clearinghouse through which individuals can access information and obtain referrals to a variety of disability-related services. Key components of the system are a statewide telephone hotline (800-522-4369) and a website ([www.advoc4disabled.state.ny.us](http://www.advoc4disabled.state.ny.us)). It is anticipated that more than 116,000 individuals will utilize these services in 2005-06.

The new Commission's federally funded Technology-Related Assistance for Individuals with Disabilities (TRAID) Project supports a statewide system that helps New Yorkers with disabilities access technology devices and services to strengthen their ability to participate in the mainstream workplace and community. This program is coordinated through an Interagency Partnership on Assistive Technology and 12 Regional TRAIID Centers at 15 sites. During 2004, the Regional TRAIID Centers provided awareness training, device demonstrations, information, education and referrals to over 24,800 persons with disabilities. TRAIID activities will be complemented by the Commission's \$2.6 million Federal grant to assist consumers with disabilities to purchase technology that will enable them to work from home.

The Commission's Disability and Business Technical Assistance Center grant funding will continue to be used to provide comprehensive education, public awareness, and technical assistance programs which promote increased voluntary compliance with the Americans with Disabilities Act (ADA). Training activities for 2005-06 will continue to focus on accessibility requirements for local code enforcement personnel, architects, and engineers, in addition to customizing technical assistance for individuals, employers, and State agencies.

#### **OVERSIGHT OF SERVICE DELIVERY IN THE MENTAL HYGIENE AREA**

The new Commission will continue to provide independent oversight and review of State- and voluntary-operated programs serving individuals with mental illness, developmental disabilities, and alcohol and substance abuse problems. Most importantly, it investigates complaints including allegations of patient abuse or mistreatment in facilities operated or licensed by these agencies.

# **QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES**

## **PROTECTION AND ADVOCACY**

Using State staff and contracts with non-profit agencies, Federal funding provides statewide protection and advocacy services for individuals with disabilities through the following programs: Protection and Advocacy for the Developmentally Disabled; Client Assistance; Protection and Advocacy for Individuals with Mental Illness; Protection and Advocacy of Individual Rights; Protection and Advocacy for Beneficiaries of Social Security; Protection and Advocacy for Assistive Technology; Protection and Advocacy for Traumatic Brain Injury; and Protection and Advocacy Help America Vote Act. These programs assist the Commission in strengthening the non-profit contract network by providing individuals with severe disabilities with protection and advocacy services under Federal law.

## **ADULT HOMES**

The new Commission will continue to contract with local non-profit organizations to provide advocacy services to residents of adult homes who have received services through the mental hygiene system. These services focus on protecting and promoting residents' rights. The Commission's dedicated team will continue to work collaboratively with the Department of Health and the Office of Mental Health to conduct programmatic and fiscal investigations into the quality of care provided to individuals living in adult homes. The Commission's efforts have been expanded to assist in the implementation of the new State initiatives already underway to improve the quality of life and safety of adult home residents. This includes the reallocation of existing Commission to create an Adult Homes Death Investigations Team.

## **SURROGATE DECISION MAKING COMMITTEE**

The Surrogate Decision Making Committee (SDMC) program reviews recommendations for medical services on behalf of individuals receiving mental hygiene residential services who have neither a legal guardian nor the ability to make decisions for themselves. Volunteer teams comprised of medical, legal and health care professionals and advocates work via local dispute resolution centers located throughout the State to represent these individuals. The 2005-06 Executive Budget provides \$123,000 in new funding to support continued growth in the SDMC caseload.

### **ALL FUNDS APPROPRIATIONS (dollars)**

<b>Category</b>	<b>Available 2004-05</b>	<b>Appropriations Recommended 2005-06</b>	<b>Change</b>	<b>Reappropriations Recommended 2005-06</b>
State Operations	18,679,000	15,157,000	(3,522,000)	13,937,000
Aid To Localities	588,000	711,000	123,000	0
Capital Projects	0	0	0	0
Total	<u>19,267,000</u>	<u>15,868,000</u>	<u>(3,399,000)</u>	<u>13,937,000</u>

# QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES

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## ALL FUND TYPES PROJECTED LEVELS OF EMPLOYMENT BY PROGRAM FILLED ANNUAL SALARIED POSITIONS

Full-Time Equivalent Positions (FTE)			
Program	2004-05 Estimated FTEs 03/31/05	2005-06 Estimated FTEs 03/31/06	FTE Change
Administration			
General Fund	34	46	12
Special Revenue Funds - Federal	0	2	2
Special Revenue Funds - Other	30	31	1
Client Assistance			
Special Revenue Funds - Federal	2	2	0
Protection and Advocacy for Beneficiaries of Social Security			
Special Revenue Funds - Federal	1	1	0
Protection and Advocacy for the Developmentally Disabled			
Special Revenue Funds - Federal	9	9	0
Protection and Advocacy for Individual Rights			
Special Revenue Funds - Federal	3	3	0
Protection and Advocacy for the Mentally Ill			
Special Revenue Funds - Federal	11	11	0
Total	90	105	15

## STATE OPERATIONS ALL FUNDS FINANCIAL REQUIREMENTS BY FUND TYPE APPROPRIATIONS (dollars)

Fund Type	Available 2004-05	Recommended 2005-06	Change
General Fund	3,751,000	4,012,000	261,000
Special Revenue Funds - Federal	11,400,000	7,249,000	(4,151,000)
Special Revenue Funds - Other	3,483,000	3,851,000	368,000
Enterprise Funds	45,000	45,000	0
Total	18,679,000	15,157,000	(3,522,000)

Adjustments:

Transfer(s) From

Advocate for Persons with Disabilities, Office of	
General Fund	(860,000)
Special Revenue Funds - Federal	(3,066,000)
Special Revenue Funds - Other	(364,000)
Enterprise Funds	(25,000)
Special Pay Bill	
General Fund	(81,000)
Special Revenue Funds - Federal	(75,000)
Special Revenue Funds - Other	(98,000)
Appropriated 2004-05	14,110,000

# QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES

## STATE OPERATIONS ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM APPROPRIATIONS (dollars)

Program	Available 2004-05	Recommended 2005-06	Change
Administration			
General Fund	3,751,000	4,012,000	261,000
Special Revenue Funds - Federal	3,366,000	760,000	(2,606,000)
Special Revenue Funds - Other	3,483,000	3,851,000	368,000
Enterprise Funds	45,000	45,000	0
Client Assistance			
Special Revenue Funds - Federal	1,017,000	745,000	(272,000)
Protection and Advocacy for Beneficiaries of Social Security			
Special Revenue Funds - Federal	406,000	326,000	(80,000)
Protection and Advocacy for the Developmentally Disabled			
Special Revenue Funds - Federal	2,646,000	2,149,000	(497,000)
Protection and Advocacy Help America Vote Act			
Special Revenue Funds - Federal	37,000	200,000	163,000
Protection and Advocacy for Individual Rights			
Special Revenue Funds - Federal	1,480,000	1,025,000	(455,000)
Protection and Advocacy for the Mentally Ill			
Special Revenue Funds - Federal	2,104,000	1,702,000	(402,000)
Protection and Advocacy for Persons with Traumatic Brain Injury			
Special Revenue Funds - Federal	85,000	90,000	5,000
Technology Related Protection and Advocacy			
Special Revenue Funds - Federal	259,000	252,000	(7,000)
Total	<u>18,679,000</u>	<u>15,157,000</u>	<u>(3,522,000)</u>

## STATE OPERATIONS - GENERAL FUND SUMMARY OF PERSONAL SERVICE APPROPRIATIONS AND CHANGES 2005-06 RECOMMENDED (dollars)

Program	Total		Personal Service Regular (Annual Salaried)	
	Amount	Change	Amount	Change
Administration	3,066,000	111,000	3,066,000	111,000
Total	<u>3,066,000</u>	<u>111,000</u>	<u>3,066,000</u>	<u>111,000</u>

## STATE OPERATIONS - GENERAL FUND SUMMARY OF NONPERSONAL SERVICE AND MAINTENANCE UNDISTRIBUTED APPROPRIATIONS AND CHANGES 2005-06 RECOMMENDED (dollars)

Program	Total		Supplies and Materials	
	Amount	Change	Amount	Change
Administration	946,000	150,000	205,000	150,000
Total	<u>946,000</u>	<u>150,000</u>	<u>205,000</u>	<u>150,000</u>

Program	Travel		Contractual Services	
	Amount	Change	Amount	Change
Administration	157,000	0	557,000	0
Total	<u>157,000</u>	<u>0</u>	<u>557,000</u>	<u>0</u>

Program	Equipment	
	Amount	Change
Administration	27,000	0
Total	<u>27,000</u>	<u>0</u>

# QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES

## STATE OPERATIONS - OTHER THAN GENERAL FUND SUMMARY OF APPROPRIATIONS AND CHANGES 2005-06 RECOMMENDED (dollars)

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Administration	4,656,000	(2,238,000)	2,077,000	196,000
Client Assistance	745,000	(272,000)	130,000	(1,000)
Protection and Advocacy for Beneficiaries of Social Security	326,000	(80,000)	60,000	2,000
Protection and Advocacy for the Developmentally Disabled	2,149,000	(497,000)	416,000	(4,000)
Protection and Advocacy Help America Vote Act	200,000	163,000	0	0
Protection and Advocacy for Individual Rights	1,025,000	(455,000)	150,000	(4,000)
Protection and Advocacy for the Mentally Ill	1,702,000	(402,000)	606,000	15,000
Protection and Advocacy for Persons with Traumatic Brain Injury	90,000	5,000	0	0
Technology Related Protection and Advocacy	252,000	(7,000)	0	0
<b>Total</b>	<b>11,145,000</b>	<b>(3,783,000)</b>	<b>3,439,000</b>	<b>204,000</b>

Program	Nonpersonal Service		Maintenance	Undistributed
	Amount	Change	Amount	Change
Administration	1,408,000	(2,459,000)	1,171,000	25,000
Client Assistance	615,000	(271,000)	0	0
Protection and Advocacy for Beneficiaries of Social Security	266,000	(82,000)	0	0
Protection and Advocacy for the Developmentally Disabled	1,733,000	(493,000)	0	0
Protection and Advocacy Help America Vote Act	200,000	163,000	0	0
Protection and Advocacy for Individual Rights	875,000	(451,000)	0	0
Protection and Advocacy for the Mentally Ill	1,096,000	(417,000)	0	0
Protection and Advocacy for Persons with Traumatic Brain Injury	90,000	5,000	0	0
Technology Related Protection and Advocacy	0	0	252,000	(7,000)
<b>Total</b>	<b>6,283,000</b>	<b>(4,005,000)</b>	<b>1,423,000</b>	<b>18,000</b>

## AID TO LOCALITIES ALL FUNDS FINANCIAL REQUIREMENTS BY FUND TYPE APPROPRIATIONS (dollars)

Fund Type	Available	Recommended	Change
	2004-05	2005-06	
General Fund	170,000	293,000	123,000
Special Revenue Funds - Other	418,000	418,000	0
<b>Total</b>	<b>588,000</b>	<b>711,000</b>	<b>123,000</b>

## AID TO LOCALITIES ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM APPROPRIATIONS (dollars)

Program	Available	Recommended	Change
	2004-05	2005-06	
Adult Homes			
General Fund	170,000	170,000	0
Surrogate Decision Making			
General Fund	0	123,000	123,000
Special Revenue Funds - Other	418,000	418,000	0
<b>Total</b>	<b>588,000</b>	<b>711,000</b>	<b>123,000</b>