Part A, relating to implementing public health budget, is amended to:

• Conform language associated with the childhood lead prevention.

Part C, relating to the Health Care Improvement Act, is amended to:

• Modify statute to preserve prior year savings related to hospital reforms.

• Change dates related to hospital transition payments.

• Modify the maximum 2010-11 total hospital inpatient rate adjustments savings level from $225M to $278M and from $34M to $25M for certain psychiatric rate adjustments.

• Correct date when inpatient detox rate reform begins from 01/01/09 to 12/1/08.

• Modify the calculation of hospital outpatient upper payment limits (UPL) to address Federal requirements.

• Correct a reference for children’s eligibility for Medicaid associated with a gross income standard.

• Modify Medicaid eligibility requirements for pregnant women and children associated with a gross income standard.

• Add language to clarify that SFY 2009-10 Professional Education Pool (PEP) funding is on an annual basis.

• Modify statute for the Third Party Administrator Claims Fee to preserve revenue estimates.

• Maintain existing Medicaid eligibility levels, holding them constant outside of proposed reduction in SSI State supplement payments.

Part D, relating to the Long Term Care Reform Act, is amended to:

• Modify language to de-link Assisted Living Program rates from the nursing home rates and avoid unintended reduction associated with nursing home reform.

• Modify language to allow the conversion of an Adult Day Health Care (ADHC) from the budget based reimbursement rates to a cost based rate.

• Modify language to increase the nursing home upper payment limit (UPL) statutory cap from $150 million to $300 million.
• Discontinue worker recruitment and retention funding for the certified home health agencies that is no longer necessary due to the reimbursement reform.

**Part Q**, amends the Mental Hygiene Law relating to operating certificates for chemical dependence crisis services is added to:

• Clarify when hospitals providing detoxification (crisis) services would be required to receive OASAS certification by establishing utilization thresholds.

**Part R**, amending the Social Services Law relating to the Medicaid recertification process is added to:

• Streamline the Medicaid recertification process for individuals enrolled in OMRDD Care At Home and Home and Community Based Services Waiver programs.