

2010-11 Executive Budget
21-Day AMENDMENTS
February 9, 2010

**Amendments to Senate S6608; Assembly A9708
(Health and Mental Hygiene Article VII Bill)**

Part A, relating to implementing cost savings and various other changes in the Department of Health and the State Office for the Aging is amended to:

- Make a technical change to properly reflect the name reflex sympathetic dystrophy "syndrome".

Part B, relating to implementing cost savings and other changes in the Department of Health is amended to:

- Preserve workers compensation, volunteer firefighters, volunteer ambulance and comprehensive motor vehicle insurance reparation reimbursement rates, holding them harmless from proposed Medicaid rate reductions.
- Eliminate the proposal to reduce hospital indirect medical education (IME) reimbursement over three years and reinvest savings for obstetrical access and quality and increases to hospital rates. Funding for Doctors Across New York is preserved.
- Restore existing Indigent Care payment methodology without impacting proposed savings.
- Remove citizenship documentation requirement for the Child Health Plus program, consistent with most recent federal guidance.
- Make technical changes to the Interest Income Attestation and Medicaid Express Lane Eligibility language.

Part C, relating to implementing cost savings and other changes in the Department of Health is amended to:

- Clarify that the 12 hour cap on personal care services applies to individuals receiving Certified Home Health Agencies (CHHAs) services outside of the Managed Long Term Care Program, Long Term Home Health Care Program (LTHHCP), AIDS Home Care program or the Nursing Home Transition and Diversion Waiver Program.
- Expand the exemption that applies to individuals receiving Managed Long Term Care Program, LTHHCP, AIDS Home Care program, and the Nursing Home Transition and Diversion Waiver Program services to the Consumer Directed Personal Assistance Program.

Part O, relating to updating the Disproportionate Share Hospital (DSH) base year for DSH payments to Office of Mental Health (OMH) and Office of Alcoholism and Substance Abuse Services (OASAS) is added to:

- Update the base year to 2008 from 2000 resulting in \$3.5 million in State Aid savings.

Part P, relating to increased Medicaid payments to providers through managed care organizations is added to:

- Transfer funds from OMH to DOH to increase Medicaid payments for managed care organizations, to provide equivalent fees per an ambulatory patient group (APG) methodology. This language is intended to increase payments to managed care organizations to ensure the continued availability of clinic mental health services.