



HEALTH AND MENTAL HYGIENE

STATE OFFICE FOR THE AGING

MISSION

The New York State Office for the Aging (SOFA) is responsible for promoting, coordinating and administering State, Federal and local programs and services for 3.4 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 four divisions: Executive, Finance and Administration, Policy, Management and Public Information and Community Service. The Office will have a workforce of 127 positions in 2010-11, 121 funded within the Office, and an additional six funded by other State agencies. Approximately 47 percent of Office operations are funded by the General Fund and 53 percent are financed by Federal grants and other revenue sources.

BUDGET HIGHLIGHTS

The Executive Budget recommends **\$240 million All Funds** (\$113 million General Fund, \$127 million Other Funds) for the State Office for the Aging. This is an overall decrease of **\$7.8 million All Funds** (\$9.8 million General Fund decrease, \$2 million Other Funds increase) from the 2009-10 budget. This change reflects the elimination of certain lower priority programs, and administrative efficiencies offset by an increase in Federal funds associated with the American Reinvestment and Recovery Act of 2009. The Executive Budget recommends reducing the staffing level to **127 positions**, a decrease of two from the 2009-10 budget.

Major Executive Budget actions include the elimination of funding for the Congregate Services Initiative Program and the Patients' Rights Hotline and Advocacy Project, as well as reductions to State operations expenses. Year-to-year funding changes also reflect the discontinuation of funding for a number of one-time programs included in the 2009-10 budget.

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, in their homes and out of hospitals and nursing homes.

COMMUNITY BASED LONG TERM CARE SERVICES

The 2010-11 Executive Budget continues funding for the Office's community-based service programs, including Community Services for the Elderly (CSE), Naturally Occurring Retirement Communities (NORCs), Neighborhood NORCs, Respite services and operational funding for transportation providers. The budget also preserves core funding for Expanded In-home Services for the Elderly Program (EISEP). EISEP

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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 nearly 50,000 persons in 2010-11.

NUTRITION SERVICES

Through a combination of State tax dollars and Federal grants, the State annually provides over 25 million congregate and home-delivered meals, as well as other nutritional services primarily 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 2010-11 Executive Budget continues funding for the Supplemental Nutrition Assistance Program (SNAP), the State counterpoint to the Federal programs, at \$21 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 162,000 residents of New York State's nursing homes, adult care facilities and assisted living residences. Under the LTCOP, volunteers, working in collaboration with 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)

Category	Available 2009-10	Appropriations Recommended 2010-11	Change	Reappropriations Recommended 2010-11
State Operations	14,894,000	14,350,400	(543,600)	11,348,000
Aid To Localities	232,557,950	225,259,000	(7,298,950)	127,068,000
Capital Projects	0	0	0	0
Total	247,451,950	239,609,400	(7,842,550)	138,416,000

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

Full-Time Equivalent Positions (FTE)

Program	2009-10 Estimated FTEs 03/31/10	2010-11 Estimated FTEs 03/31/11	FTE Change
Administration and Grants Management			
General Fund	29	27	(2)
Special Revenue Funds - Federal	99	99	0
Special Revenue Funds - Other	1	1	0
Total	<u>129</u>	<u>127</u>	<u>(2)</u>

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

Fund Type	Available 2009-10	Recommended 2010-11	Change
General Fund	3,292,000	2,748,400	(543,600)
Special Revenue Funds - Federal	11,252,000	11,252,000	0
Special Revenue Funds - Other	250,000	250,000	0
Enterprise Funds	100,000	100,000	0
Total	<u>14,894,000</u>	<u>14,350,400</u>	<u>(543,600)</u>

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

Program	Available 2009-10	Recommended 2010-11	Change
Administration and Grants Management			
General Fund	3,292,000	2,748,400	(543,600)
Special Revenue Funds - Federal	11,252,000	11,252,000	0
Special Revenue Funds - Other	250,000	250,000	0
Enterprise Funds	100,000	100,000	0
Total	<u>14,894,000</u>	<u>14,350,400</u>	<u>(543,600)</u>

**STATE OPERATIONS - GENERAL FUND
SUMMARY OF PERSONAL SERVICE APPROPRIATIONS AND CHANGES
2010-11 RECOMMENDED
(dollars)**

Program	Total		Personal Service Regular (Annual Salaried)	
	Amount	Change	Amount	Change
Administration and Grants Management	2,355,500	(455,500)	2,348,200	(454,800)
Total	<u>2,355,500</u>	<u>(455,500)</u>	<u>2,348,200</u>	<u>(454,800)</u>

Program	Holiday/Overtime Pay (Annual Salaried)	
	Amount	Change
Administration and Grants Management	7,300	(700)
Total	<u>7,300</u>	<u>(700)</u>

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**STATE OPERATIONS - GENERAL FUND
SUMMARY OF NONPERSONAL SERVICE AND MAINTENANCE UNDISTRIBUTED
APPROPRIATIONS AND CHANGES
2010-11 RECOMMENDED
(dollars)**

Program	Total		Supplies and Materials	
	Amount	Change	Amount	Change
Administration and Grants Management	392,900	(88,100)	48,300	(4,700)
Total	392,900	(88,100)	48,300	(4,700)

Program	Travel		Contractual Services	
	Amount	Change	Amount	Change
Administration and Grants Management	92,100	(8,900)	227,900	(72,100)
Total	92,100	(8,900)	227,900	(72,100)

Program	Equipment	
	Amount	Change
Administration and Grants Management	24,600	(2,400)
Total	24,600	(2,400)

**STATE OPERATIONS - OTHER THAN GENERAL FUND
SUMMARY OF APPROPRIATIONS AND CHANGES
2010-11 RECOMMENDED
(dollars)**

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Administration and Grants Management	11,602,000	0	8,337,000	0
Total	11,602,000	0	8,337,000	0

Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Administration and Grants Management	2,650,000	0	615,000	0
Total	2,650,000	0	615,000	0

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

Fund Type	Available 2009-10	Recommended 2010-11	Change
General Fund	119,592,950	110,294,000	(9,298,950)
Special Revenue Funds - Federal	111,985,000	113,985,000	2,000,000
Special Revenue Funds - Other	980,000	980,000	0
Total	232,557,950	225,259,000	(7,298,950)

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

Program	Available 2009-10	Recommended 2010-11	Change
Community Services			
General Fund	116,163,000	110,294,000	(5,869,000)
Special Revenue Funds - Federal	111,985,000	113,985,000	2,000,000
Special Revenue Funds - Other	980,000	980,000	0
Community Projects			
General Fund	3,429,950	0	(3,429,950)
Total	232,557,950	225,259,000	(7,298,950)

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 30 current 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 service 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.

BUDGET HIGHLIGHTS

The Executive Budget recommends **\$4.8 million All Funds** (all Federal funds) for the Council. This is an increase of \$200,000 from 2009-10 and is based on an anticipated increased level of Federal funding. 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.

Federal funds fully support all Council operations, including the recommended staffing of **18 FTEs**, which represents no change from 2009-10, 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.

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 people with developmental disabilities and their families, providing training and technical assistance and implementing its current five-year State Plan (FFY 2007 – FFY 2011). For 2010-11, the Council will continue to identify and fund new and innovative demonstration programs in support of its multi-year State Plan, including those aimed at increasing the

DEVELOPMENTAL DISABILITIES PLANNING

number of available employment opportunities, enhancing programmatic responsiveness to maximize the inclusion of children with developmental disabilities in education and early intervention, ensuring access to and expanding health and wellness programs, promoting choice in housing, and reducing obstacles in transportation to facilitate community integration. In support of these and other strategic objectives, 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.

ALL FUNDS APPROPRIATIONS (dollars)

Category	Available 2009-10	Appropriations Recommended 2010-11	Change	Reappropriations Recommended 2010-11
State Operations	4,560,000	4,760,000	200,000	2,855,000
Aid To Localities	0	0	0	0
Capital Projects	0	0	0	0
Total	4,560,000	4,760,000	200,000	2,855,000

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

Full-Time Equivalent Positions (FTE)

Program	2009-10 Estimated FTEs 03/31/10	2010-11 Estimated FTEs 03/31/11	FTE Change
Developmental Disabilities Planning			
Special Revenue Funds - Federal	18	18	0
Total	18	18	0

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

Fund Type	Available 2009-10	Recommended 2010-11	Change
Special Revenue Funds - Federal	4,550,000	4,750,000	200,000
Enterprise Funds	10,000	10,000	0
Total	4,560,000	4,760,000	200,000

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

Program	Available 2009-10	Recommended 2010-11	Change
Developmental Disabilities Planning			
Special Revenue Funds - Federal	4,550,000	4,750,000	200,000
Enterprise Funds	10,000	10,000	0
Total	4,560,000	4,760,000	200,000

DEVELOPMENTAL DISABILITIES PLANNING

**STATE OPERATIONS - OTHER THAN GENERAL FUND
SUMMARY OF APPROPRIATIONS AND CHANGES
2010-11 RECOMMENDED
(dollars)**

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Developmental Disabilities Planning	4,760,000	200,000	1,165,000	35,000
Total	4,760,000	200,000	1,165,000	35,000

Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Developmental Disabilities Planning	983,000	64,000	2,612,000	101,000
Total	983,000	64,000	2,612,000	101,000

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 food and waterborne illnesses, hepatitis, HIV, meningitis, sexually transmitted infections, tuberculosis, vaccine-preventable diseases and chronic disabling illnesses such as heart disease, cancer, stroke and respiratory diseases; and
- Directing a variety of emergency preparedness initiatives in response to statewide and local epidemic outbreaks. 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. In addition, the Office of Health Insurance Programs is responsible for developing and implementing strategies to improve access to health insurance coverage for the uninsured and providing for an integrated approach to oversight and administration of the Medicaid program to strengthen coordination within the Department and among State agencies.

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 Health Insurance Programs, the Office of Long Term Care, the centers located in the Office of Public Health, and the Office of Health Systems Management. The Office of Health Insurance Programs is responsible for Medicaid, Family Health Plus, Child Health Plus, Elderly Pharmaceutical Insurance Coverage, and the AIDS Drug Assistance Program. The Office of Long Term Care oversees the integration of planning and program development for services related to long term care. The Office of Public Health and the Office of Health Systems Management are responsible for providing 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 patient care: the Helen Hayes Hospital in West Haverstraw, which offers specialty rehabilitation services, 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.

HEALTH

In 2010-11, the Department of Health will have a workforce of **5,479 positions**, with 28 percent of those positions employed in the Department's health care facilities.

- Approximately 16 percent of these positions are paid by the General Fund;
- 19 percent are directly supported by fees;
- 29 percent are supported by third party and private patient care reimbursement; and,
- The remaining 36 percent are directly funded by Federal grants.

BUDGET HIGHLIGHTS

MEDICAID

Without any new cost controlling measures, total Medicaid spending in New York would grow to \$53.2 billion in 2010-11. The 2010-11 Medicaid budget reflects a 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 represent the single largest spending area in the State's budget. Commensurate with the recent economic decline, Medicaid enrollment has increased in the current year and spending growth continues at a rate that places an unaffordable burden on the State and local governments. To help control and refocus Medicaid spending, the budget recommends a series of actions to limit Medicaid cost increases keeping the program affordable for State taxpayers while ensuring continued access to needed health care services for recipients. This budget continues efforts to control costs and furthers the fundamental retooling of New York's health care system by:

- Recommending a series of measures to control health care costs, and reforming Medicaid reimbursement for hospitals, nursing homes and home care;
- Including several pharmacy initiatives to ensure that the State maximizes manufacturer rebate revenues and Federal funding;
- Realizing efficiencies in Managed Care;
- Strengthening the integrity of the Medicaid Program by increasing penalties and implementing other fraud detection measures, while continuing to take steps to ensure access to health insurance coverage for low-income and disabled person
- Advancing measures to appropriately manage utilization of health services;
- Recommending several actions to insure that HCRA is fiscally sound; and,
- Reducing or eliminating lower priority programs.

Acute Care

The Health Care Reform Act (HCRA) serves as the statutory basis governing hospital financing. Under HCRA, most non-Medicaid payers negotiate rates with hospitals, encouraging competition in the health care industry. The Executive Budget recommends a series of revenue actions to ensure that HCRA is financially balanced, including:

- **Syrup Excise Tax.** An excise tax on beverage syrups and soft drinks is proposed at a tax rate of \$7.68 per gallon for beverage syrups or simple syrups and \$1.28 per gallon for bottled or powdered soft drinks. Currently one in four New York adults is obese and another 35 percent are overweight. Medical research

demonstrates that price increases discourage individuals, especially children and teenagers, from consumption and help fight obesity rates. The budget reflects \$450 million in revenue to HCRA in 2010-11 from this proposal that would be used to offset health care spending.

- **Increase Cigarette Tax.** The tax on cigarettes is increased by \$1 – from \$2.75 per pack to \$3.75 per pack – and the proceeds directed to HCRA and used to offset health care spending. This increase would generate \$200 million in 2010-11, and result in New York having the highest cigarette tax in the nation and would result in a combined State and local tax of \$5.25 per pack in New York City.
- **Extend Surcharges to Certain Physician Services.** Surcharges currently imposed on hospital and outpatient radiation treatment and ambulatory surgery will be extended to physicians' offices that perform the same procedures, producing \$25 million for HCRA in 2010-11.

Absent efforts to control growth, State Medicaid spending on acute care services will reach \$2.9 billion in 2010-11. The budget continues to rationalize reimbursement methodologies, promote increased transparency and accountability in how funding is utilized and makes needed investments. The budget reflects net State savings of \$245 million in the acute care area through the following actions:

- **Reduce and Restructure Indigent Care Reimbursement.** Total payments to hospitals will be reduced and determined solely based on the costs of services provided to the uninsured, discontinuing the practice of making payments almost exclusively based on a hospitals accounting of bad debts. A portion of funding is reserved to transition facilities to this new payment methodology. Net State savings of \$68 million in 2010-11 is achieved after reflecting the cost of new Federal Disproportionate Share audit requirements.
- **Increase Hospital Assessment on Inpatient Services.** The Executive Budget increases the assessment on hospital inpatient services to 0.75 percent. This action will generate \$130 million of State savings in 2010-11.
- **Limit Payments for Preventable Conditions.** Consistent with reform efforts, the State will establish quality benchmarks to reduce the level of unnecessary treatments for preventable conditions. Hospitals that perform below these standards will receive reduced reimbursement to encourage improved quality of care. This action will generate \$20 million of State savings in 2010-11.
- **Reinvest Indirect Medical Education (IME) Payments.** The current hospital reimbursement methodology overpays for (IME) and under reimburses for other necessary services. Over a three-year period, IME payments will be reduced to better reflect actual costs and these funds will be reinvested in hospital rates to cover the costs of other services. In addition, a portion of these funds will be used to improve access to quality obstetrical care and increase loans to attract physicians to practice in New York, through the Doctors Across New York Program.

Long Term Care

State spending on nursing home and community-based care comprises more than half the General Fund Medicaid budget – or an estimated \$6.2 billion in 2010-11. The Executive Budget reflects net State savings of \$520 million through the following actions:

- **Limit Personal Care Utilization.** The Executive Budget caps fee-for-service reimbursement for personal care services at 12 hours per day. Medicaid recipients requiring personal care services in excess of this cap will be redirected to other community-based settings where their care can be more appropriately managed. This action will generate \$30 million of State savings in 2010-11, after reflecting the increased cost for other service settings
- **Increase Provider Assessments.** The Executive Budget increases the nursing home assessment by 1 percent, from 6 percent to 7 percent. This increase will not be Medicaid reimbursable. In addition, the assessment for home care and personal care providers will be increased from 0.35 percent to 0.7 percent. These actions will generate \$85 million of State savings in 2010-11.
- **Nursing Home Reimbursement Reform.** The Executive Budget extends rebasing – the planned update of cost-based rates from 1983 to 2002 – through February 28, 2011 and implements a new regional pricing model on March 1, 2011.

Pharmacy

Absent efforts to control growth, State Medicaid spending on pharmacy services will reach \$1.7 billion in 2010-11. The budget includes a number of recommendations to control the growth of pharmacy costs. Major budget actions include:

- **Increase Supplemental Rebate Collections.** The Executive Budget will eliminate the Preferred Drug Program exemption for anti-depressants, atypical anti-psychotics, anti-retrovirals used in the treatment of HIV/AIDS and anti-rejection drugs in order to collect supplemental rebates on these classes of drugs. However, for these drug classes, prior authorization will not be required. In addition, rebate collections will be enhanced by: reducing the time period required for Pharmacy and Therapeutic Committee recommendations to be considered final from 30 days to 5 days; expanding the list of physician administered drugs; and, dedicating additional resources to conduct rebate dispute resolution activities. These actions will generate \$7 million of State savings in 2010-11.
- **Discontinue Medicare Part D Drug Wrap.** Medicaid coverage for anti-depressants, atypical anti-psychotics, anti-retroviral and anti-rejection drugs for dual eligible enrollees is discontinued, as these drugs are already covered through Medicare Part D. This action will generate \$4 million of State savings in 2010-11.

Managed Care

The State's Medicaid managed care program – currently authorized through March 2012 – ensures that the neediest people receive high quality, accessible health care. In addition, the program has Special Needs Plans which 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. To date, New York City and 57 counties are operating managed care programs. New York City and 37 of these counties currently require mandatory

enrollment. Managed care enrollment is projected to reach approximately 2.7 million by the end of 2009-10 and 3.1 million in 2010-11. The Executive Budget recommendations will generate savings of \$61 million in 2010-11 by reducing premiums for Managed Care and Family Health Plus plans by 1.7 percent.

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 are made through the State's computerized payment system – commonly known as eMedNY – that is operated by a private company with oversight by State personnel. The new eMedNY Medicaid System replaced both the Medicaid Management Information System (MMIS) and the Electronic Medicaid Eligibility Verification System (EMEVs) with an integrated claims processing system. The new system provides updated technologies and brings New York State into compliance with new Federal reporting requirements. In addition, eMedNY is being used to substantially enhance front-end detection of Medicaid fraud.

CHILD HEALTH PLUS

New York's Child Health Plus (CHPlus) program continues to set a national standard for children's health insurance coverage for children up to age 19. Federal funds combined with State HCRA moneys allow CHPlus to provide comprehensive health insurance benefits for nearly 400,000 children. The Executive Budget includes funding to expand coverage for medically necessary orthodontia services, in conformance with requirements of the Federal Child Health Insurance Program Reauthorization Act of 2009.

FAMILY HEALTH PLUS

The Family Health Plus (FHP) 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 is provided to families with incomes up to 150 percent of the Federal Poverty Level (FPL). For individuals without children, coverage is offered to those at 100 percent of the FPL. FHP provides comprehensive health insurance benefits to approximately 383,000 adults utilizing matching Federal funds to finance the program. This budget continues implementation of the Family Health Plus Buy-In Program, which began in April 2008 and gives employers the option to "buy-in" to Family Health Plus coverage for their employees. The State shares in the cost for employees that would have been eligible for Family Health Plus coverage.

OTHER PUBLIC HEALTH PROGRAMS

In 2010-11, General Fund appropriations will finance 18 percent of the Department of Health's total budget of \$5.5 billion, after excluding Medicaid and HCRA program costs. Other revenue sources – including: reimbursement for patient care provided at the Department's health care facilities; regulatory fees and audit recoveries; management fees for hospital and nursing home construction projects financed through bond proceeds; and registration, testing and certification fees for various public health services – support 34 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 48 percent is provided by Federal grants and Enterprise funds.

Capital Project appropriations promote the efficient operation of healthcare facilities statewide and 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 the General Fund, HCRA and/or facility revenues.

This overall recommendation ensures that public health priorities are preserved. Major budget actions include:

- **Early Intervention:** The Executive Budget includes \$171 million for the State share of Early Intervention (EI), which provides services to infants and toddlers under the age of three who have developmental delays. The budget establishes quarterly parental fees ranging from \$45 (for family incomes of 251 percent to 400 percent of the FPL) to \$540 (for family incomes above 1,000 percent of the FPL) per child enrolled. The fee collected would be capped at three enrolled children per family. Additional savings are derived from requiring large EI providers to directly bill Medicaid; increasing program reimbursement from commercial insurance; requiring the use of evidence-based criteria for determining eligibility; and adjusting rates to encourage services to be provided in less costly and more appropriate settings. These actions generate savings of \$13 million in 2010-11.
- **General Public Health Works:** The Executive Budget includes \$285 million for the General Public Health Works (GPHW) Program to reimburse counties for various services. The budget restructures the GPHW program by discontinuing reimbursement for certain optional services, including laboratories, home health care programs, and hospice and Early Intervention administration. This generates savings of \$7 million in 2010-11. In addition, the budget transfers the Medical Examiner funding responsibilities to the Division of Criminal Justice Services (DCJS).
- **Elderly Pharmaceutical Insurance Coverage (EPIC) Program:** The Executive Budget includes \$379 million for EPIC to serve approximately 300,000 senior citizens. This proposal would maximize available Federal Medicare funds by eliminating the Part D drug wrap, which was originally designed to enable seniors to access drugs not covered by the Part D formulary. However, Part D now covers all classes of drugs, and eliminating the EPIC drug wrap is consistent with 47 other states. The proposal also requires all enrollees in Medicare Advantage

plans to enroll in Part D. An investment of \$1.5 million is proposed to assist seniors with navigating through the Federal Medicare Part D enrollment process to avoid any disruption in accessing needed drugs. These actions generate net savings of \$35 million in 2010-11.

- **Program Consolidation Initiatives:** The Executive Budget consolidates various HIV/AIDS, cancer services and obesity/diabetes programs into distinct appropriations. This will allow for more efficient management of the programs, and less administrative burden for not-for-profits that receive funding through the programs. These actions generate \$5 million of savings in 2010-11.
- **Lower Priority Programs:** The Executive Budget achieves \$14 million in savings by reducing or eliminating lower priority programs. Eliminated programs include: several related to eating disorders; the Spinal Cord Injury Research Program (existing awards will continue to be honored); Maternal and Early Childhood Foundation; Arthritis Foundation; Maternal Mortality Review and Safe Motherhood Initiative; Occupation Health and Safety Training/Education; Umbilical Cord Blood Banking Program; Statewide Health Broadcasts; Shaken Baby Syndrome Public Education Program; Interim Lead Safe Housing; and Center for Translational Neurological Research. Reduced programs include: Red Cross; Health Promotion Initiatives; and the Infertility Grant Program;
- **Administrative Efficiencies:** The Executive Budget achieves \$22 million of savings by reducing DOH's operating costs through administrative efficiencies.
- **Program Transfers to Other Agencies:** The Budget recommends shifting funding and oversight of the Rape Crisis program from DOH to DCJS, and the Nutritional Outreach and Education Program (NOEP) and AIDS Homeless Housing to the Office of Temporary and Disability Assistance.
- **Adult Home Quality Programs:** The Budget consolidates funding for various adult home-related programs into a single program designed to improve adult home quality.
- **HIV/AIDS:** The Executive Budget sustains the State's commitment to fighting the AIDS epidemic by providing statewide spending of \$3.2 billion for AIDS programs, including \$120 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.
- **HEAL NY:** The Healthcare Efficiency and Affordability Law for New Yorkers (HEAL NY) is continued, with a total investment of \$1.7 billion. HEAL supports healthcare projects to upgrade information and healthcare technology, enhance the efficiency of facility operations and support facility improvement, reconfiguration and consolidation.
- **Emergency Preparedness:** The Executive Budget continues the \$40 million reserve appropriation to address any public health emergencies and provides funding to maintain pharmaceutical supplies and medical equipment in the event of an emergency.
- **Roswell Park Cancer Institute:** The Executive Budget recommends \$97 million for the Roswell Park Cancer Institute from HCRA, including \$25 million from HEAL for capital projects. Anti-tobacco funding of \$13.6 million from HCRA for research studies is eliminated.
- **Lead Poisoning Prevention:** The Executive Budget reflects the annualization of a prior year investment of \$5 million in the Department's Childhood Lead Poisoning Prevention program.

HEALTH

PROGRAM HIGHLIGHTS

MEDICAID

Medicaid was established in 1965 by the Federal government as a health insurance program for the poor. 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.

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, cancer education and outreach 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 Wadsworth Laboratories address public health concerns such as HIV, tuberculosis, environmental contamination and genetic disorders in newborns. The newborn screening program tests for 45 disorders, making New York State a national leader in the area of newborn testing. Ongoing research, largely funded by external grants, is carried out for public health problems such as AIDS, West Nile virus, cancer and the toxic effects of chemical substances and radiation. The Wadsworth Center regulates nearly 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 Centers for Community and Environmental Health continue to play key roles in managing the State's preparation for response to bio-terrorism.

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.

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.

Responsibility for setting Medicaid reimbursement rates for hospitals, nursing homes, home health agencies and diagnostic and treatment centers, as well as oversight of the HCRA surcharges and assessments, is overseen by the Office of Health Insurance Programs.

**ALL FUNDS
APPROPRIATIONS
(dollars)**

Category	Available 2009-10	Appropriations Recommended 2010-11	Change	Reappropriations Recommended 2010-11
State Operations	2,140,603,500	2,036,067,287	(104,536,213)	3,441,094,000
Aid To Localities	53,933,996,458	53,363,067,990	(570,928,468)	54,121,487,123
Capital Projects	463,125,000	497,783,000	34,658,000	1,152,154,000
Total	56,537,724,958	55,896,918,277	(640,806,681)	58,714,735,123

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

Full-Time Equivalent Positions (FTE)

Program	2009-10 Estimated FTEs 03/31/10	2010-11 Estimated FTEs 03/31/11	FTE Change
Administration and Executive Direction			
General Fund	108	107	(1)
Special Revenue Funds - Federal	58	58	0
Special Revenue Funds - Other	227	227	0
AIDS Institute			
General Fund	158	156	(2)
Child Health Insurance			
Special Revenue Funds - Other	41	41	0
Community Health			
General Fund	25	24	(1)
Special Revenue Funds - Federal	612	612	0
Special Revenue Funds - Other	118	118	0
Elderly Pharmaceutical Insurance Coverage			
Special Revenue Funds - Other	28	28	0
Environmental Health			
General Fund	103	106	3
Special Revenue Funds - Federal	127	127	0
Special Revenue Funds - Other	72	72	0
Capital Projects Funds - Other	80	80	0
Health Care Financing			
General Fund	59	65	6
Special Revenue Funds - Other	66	66	0
Health Insurance Programs, Office of			
General Fund	375	373	(2)
Special Revenue Funds - Federal	71	71	0
Special Revenue Funds - Other	1	1	0
Health Systems Management, Office of			
General Fund	218	215	(3)
Special Revenue Funds - Other	260	260	0
Institution Management			
Special Revenue Funds - Other	1,510	1,510	0
Long Term Care, Office of			
General Fund	347	342	(5)
Laboratories and Research			
General Fund	403	398	(5)
Special Revenue Funds - Federal	74	74	0
Special Revenue Funds - Other	210	210	0
Managed Care and Program Evaluation, Division of			
General Fund	140	138	(2)
Total	5,491	5,479	(12)

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

Fund Type	Available 2009-10	Recommended 2010-11	Change
General Fund	309,992,400	284,329,500	(25,662,900)
Special Revenue Funds - Federal	1,260,651,000	1,211,800,200	(48,850,800)
Special Revenue Funds - Other	569,950,100	539,927,587	(30,022,513)
Enterprise Funds	10,000	10,000	0
Total	<u>2,140,603,500</u>	<u>2,036,067,287</u>	<u>(104,536,213)</u>

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

Program	Available 2009-10	Recommended 2010-11	Change
Administration and Executive Direction			
General Fund	31,031,500	32,153,200	1,121,700
Special Revenue Funds - Federal	9,876,000	10,338,200	462,200
Special Revenue Funds - Other	39,119,700	31,470,500	(7,649,200)
AIDS Institute			
General Fund	17,899,000	16,000,100	(1,898,900)
Child Health Insurance			
Special Revenue Funds - Federal	64,130,000	64,108,000	(22,000)
Special Revenue Funds - Other	16,496,400	15,333,400	(1,163,000)
Community Health			
General Fund	12,985,000	12,120,000	(865,000)
Special Revenue Funds - Federal	203,578,000	154,265,000	(49,313,000)
Special Revenue Funds - Other	6,548,700	4,760,000	(1,788,700)
Elderly Pharmaceutical Insurance Coverage			
Special Revenue Funds - Other	21,911,000	20,378,000	(1,533,000)
Environmental Health			
General Fund	9,932,800	10,311,900	379,100
Special Revenue Funds - Federal	18,184,000	18,184,000	0
Special Revenue Funds - Other	26,960,600	30,783,200	3,822,600
Health Care Financing			
General Fund	7,977,100	8,843,000	865,900
Special Revenue Funds - Other	12,513,600	9,501,700	(3,011,900)
Health Insurance Programs, Office of			
General Fund	93,411,700	85,608,400	(7,803,300)
Special Revenue Funds - Federal	846,697,000	846,414,000	(283,000)
Special Revenue Funds - Other	13,875,800	15,505,400	1,629,600
Health Systems Management, Office of			
General Fund	36,414,600	29,538,700	(6,875,900)
Special Revenue Funds - Federal	0	343,000	343,000
Special Revenue Funds - Other	57,787,000	58,929,500	1,142,500
Institution Management			
Special Revenue Funds - Other	165,742,100	158,118,787	(7,623,313)
Enterprise Funds	10,000	10,000	0
Long Term Care, Office of			
General Fund	53,914,000	46,770,700	(7,143,300)
Special Revenue Funds - Other	9,477,200	9,909,100	431,900
Laboratories and Research			
General Fund	46,018,500	43,924,000	(2,094,500)
Special Revenue Funds - Federal	12,932,000	12,929,000	(3,000)
Special Revenue Funds - Other	86,696,000	72,416,000	(14,280,000)
Maintenance Undistributed			
General Fund	(112,822,000)	(112,822,000)	0
Special Revenue Funds - Other	112,822,000	112,822,000	0
Managed Care and Program Evaluation, Division of			
General Fund	18,725,200	17,376,500	(1,348,700)
Medicaid Management Information System			
General Fund	94,505,000	94,505,000	0
Special Revenue Funds - Federal	105,254,000	105,219,000	(35,000)
Total	<u>2,140,603,500</u>	<u>2,036,067,287</u>	<u>(104,536,213)</u>

STATE OPERATIONS - GENERAL AND OFFSET FUNDS
SUMMARY OF PERSONAL SERVICE APPROPRIATIONS AND CHANGES
2010-11 RECOMMENDED
(dollars)

Program	Total		Personal Service Regular (Annual Salaried)	
	Amount	Change	Amount	Change
Administration and Executive Direction	9,169,000	351,700	9,109,000	351,700
AIDS Institute	10,452,000	(1,486,000)	10,432,000	(1,486,000)
Community Health	2,763,000	(108,000)	2,743,000	(108,000)
Environmental Health	8,241,900	546,100	7,974,200	546,100
Health Care Financing	4,396,000	(1,074,100)	4,346,000	(1,074,100)
Health Insurance Programs, Office of	28,918,400	(401,300)	28,567,400	(401,300)
Health Systems Management, Office of	22,675,700	(342,900)	22,076,700	(342,900)
Long Term Care, Office of	25,095,700	(5,414,300)	24,159,700	(5,414,300)
Laboratories and Research	28,603,000	(1,397,500)	27,732,500	(1,397,500)
Managed Care and Program Evaluation, Division of	11,312,500	(966,700)	11,312,500	(966,700)
Total	151,627,200	(10,293,000)	148,453,000	(10,293,000)

Program	Temporary Service (Nonannual Salaried)		Holiday/Overtime Pay	
	Amount	Change	Amount	Change
Administration and Executive Direction	10,000	0	50,000	0
AIDS Institute	0	0	20,000	0
Community Health	0	0	20,000	0
Environmental Health	243,700	0	24,000	0
Health Care Financing	10,000	0	40,000	0
Health Insurance Programs, Office of	1,000	0	350,000	0
Health Systems Management, Office of	53,000	0	546,000	0
Long Term Care, Office of	82,000	0	854,000	0
Laboratories and Research	70,000	0	800,500	0
Managed Care and Program Evaluation, Division of	0	0	0	0
Total	469,700	0	2,704,500	0

HEALTH

STATE OPERATIONS - GENERAL AND OFFSET FUNDS
SUMMARY OF NONPERSONAL SERVICE AND MAINTENANCE UNDISTRIBUTED
APPROPRIATIONS AND CHANGES
2010-11 RECOMMENDED
(dollars)

Program	Total		Supplies and Materials	
	Amount	Change	Amount	Change
Administration and Executive Direction	22,984,200	770,000	1,077,400	0
AIDS Institute	5,548,100	(412,900)	1,333,881	0
Community Health	9,357,000	(757,000)	201,000	0
Environmental Health	2,070,000	(167,000)	101,000	0
Health Care Financing	4,447,000	1,940,000	99,000	0
Health Insurance Programs, Office of	56,690,000	(7,402,000)	536,000	0
Health Systems Management, Office of	6,863,000	(6,533,000)	186,000	0
Long Term Care, Office of	21,675,000	(1,729,000)	350,000	0
Laboratories and Research	15,321,000	(697,000)	3,352,000	0
Managed Care and Program Evaluation, Division of	6,064,000	(382,000)	156,000	0
Medicaid Management Information System	94,505,000	0	0	0
Total	245,524,300	(15,369,900)	7,392,281	0

Program	Travel		Contractual Services	
	Amount	Change	Amount	Change
Administration and Executive Direction	406,500	0	20,122,000	770,000
AIDS Institute	311,700	0	3,224,000	(412,900)
Community Health	117,000	0	8,730,000	(757,000)
Environmental Health	374,400	0	1,494,000	(167,000)
Health Care Financing	40,000	0	4,258,000	1,940,000
Health Insurance Programs, Office of	823,000	0	27,500,000	(2,402,000)
Health Systems Management, Office of	237,000	0	5,966,000	(533,000)
Long Term Care, Office of	1,065,000	0	17,845,000	(1,729,000)
Laboratories and Research	76,000	0	6,588,000	(697,000)
Managed Care and Program Evaluation, Division of	130,000	0	5,518,000	(482,000)
Medicaid Management Information System	0	0	94,505,000	0
Total	3,580,600	0	195,750,000	(4,469,900)

Program	Equipment		Maintenance Undistributed	
	Amount	Change	Amount	Change
Administration and Executive Direction	628,300	0	750,000	0
AIDS Institute	228,519	0	450,000	0
Community Health	309,000	0	0	0
Environmental Health	100,600	0	0	0
Health Care Financing	50,000	0	0	0
Health Insurance Programs, Office of	831,000	0	27,000,000	(5,000,000)
Health Systems Management, Office of	201,000	0	273,000	(6,000,000)
Long Term Care, Office of	415,000	0	2,000,000	0
Laboratories and Research	5,305,000	0	0	0
Managed Care and Program Evaluation, Division of	160,000	0	100,000	100,000
Medicaid Management Information System	0	0	0	0
Total	8,228,419	0	30,573,000	(10,900,000)

**STATE OPERATIONS - OTHER THAN GENERAL FUND AND OFFSET FUNDS
SUMMARY OF APPROPRIATIONS AND CHANGES
2010-11 RECOMMENDED
(dollars)**

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Administration and Executive Direction	41,808,700	(7,187,000)	16,084,000	(2,841,500)
Child Health Insurance	79,441,400	(1,185,000)	3,073,400	(155,000)
Community Health	159,025,000	(51,101,700)	2,165,000	(602,700)
Elderly Pharmaceutical Insurance Coverage	20,378,000	(1,533,000)	2,109,600	(32,000)
Environmental Health	48,967,200	3,822,600	8,462,600	(782,900)
Health Care Financing	9,501,700	(3,011,900)	4,900,200	(1,617,500)
Health Insurance Programs, Office of	861,919,400	1,346,600	2,251,100	1,066,300
Health Systems Management, Office of	59,272,500	1,485,500	18,196,300	1,399,700
Institution Management	158,128,787	(7,623,313)	95,350,706	(3,171,394)
Long Term Care, Office of	9,909,100	431,900	1,504,300	(348,900)
Laboratories and Research	85,345,000	(14,283,000)	10,119,000	(136,000)
Medicaid Management Information System	105,219,000	(35,000)	0	0
Total	1,638,915,787	(78,873,313)	164,216,206	(7,221,894)

Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Administration and Executive Direction	15,386,500	(4,807,700)	10,338,200	462,200
Child Health Insurance	12,260,000	(1,008,000)	64,108,000	(22,000)
Community Health	2,595,000	(1,186,000)	154,265,000	(49,313,000)
Elderly Pharmaceutical Insurance Coverage	18,043,400	(1,501,000)	225,000	0
Environmental Health	16,961,900	90,800	23,542,700	4,514,700
Health Care Financing	4,601,500	(1,394,400)	0	0
Health Insurance Programs, Office of	13,254,300	563,300	846,414,000	(283,000)
Health Systems Management, Office of	39,743,200	15,047,800	1,333,000	(14,962,000)
Institution Management	62,778,081	(4,451,919)	0	0
Long Term Care, Office of	8,404,800	780,800	0	0
Laboratories and Research	17,497,000	(8,944,000)	57,729,000	(5,203,000)
Medicaid Management Information System	0	0	105,219,000	(35,000)
Total	211,525,681	(6,810,319)	1,263,173,900	(64,841,100)

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

Fund Type	Available 2009-10	Recommended 2010-11	Change
General Fund	13,653,548,360	11,454,748,690	(2,198,799,670)
Special Revenue Funds - Federal	34,062,221,000	35,081,612,000	1,019,391,000
Special Revenue Funds - Other	6,218,227,098	6,826,707,300	608,480,202
Total	53,933,996,458	53,363,067,990	(570,928,468)

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

Program	Available 2009-10	Recommended 2010-11	Change
Administration and Executive Direction			
General Fund	561,000	561,000	0
Special Revenue Funds - Federal	110,000,000	0	(110,000,000)
AIDS Institute			
General Fund	27,778,289	28,912,000	1,133,711
Special Revenue Funds - Other	78,730,419	75,016,000	(3,714,419)
Child Health Insurance			
Special Revenue Funds - Federal	519,200,000	519,200,000	0
Special Revenue Funds - Other	437,017,488	480,200,000	43,182,512
Community Health			
General Fund	619,480,608	653,340,090	33,859,482
Special Revenue Funds - Federal	863,391,000	890,856,000	27,465,000
Special Revenue Funds - Other	59,173,833	73,369,600	14,195,767
Elderly Pharmaceutical Insurance Coverage			
Special Revenue Funds - Other	446,450,000	358,150,000	(88,300,000)
Environmental Health			
General Fund	9,319,700	12,296,600	2,976,900
Special Revenue Funds - Federal	3,687,000	3,687,000	0
Special Revenue Funds - Other	196,000	0	(196,000)
Health Care Financing			
General Fund	798,000	951,000	153,000
Health Care Reform Act Program			
Special Revenue Funds - Other	595,019,658	503,316,000	(91,703,658)
Health Insurance Programs, Office of			
General Fund	1,891,200	1,391,200	(500,000)
Special Revenue Funds - Other	300,000,000	300,000,000	0
Health Systems Management, Office of			
General Fund	14,458,500	14,458,500	0
Special Revenue Funds - Federal	400,000	400,000	0
Long Term Care, Office of			
General Fund	31,314,764	25,234,300	(6,080,464)
Special Revenue Funds - Other	4,311,700	4,311,700	0
Laboratories and Research			
General Fund	871,000	871,000	0
Special Revenue Funds - Federal	3,682,000	3,682,000	0
Maintenance Undistributed			
General Fund	(7,288,000)	(7,288,000)	0
Special Revenue Funds - Other	7,288,000	7,288,000	0
Medical Assistance			
General Fund	12,403,047,000	10,142,771,000	(2,260,276,000)
Special Revenue Funds - Federal	31,980,061,000	33,085,537,000	1,105,476,000
Special Revenue Funds - Other	4,290,040,000	5,025,056,000	735,016,000
Medical Assistance Administration			
General Fund	548,500,000	581,250,000	32,750,000
Special Revenue Funds - Federal	581,800,000	578,250,000	(3,550,000)
Community Projects			
General Fund	2,816,299	0	(2,816,299)
Total	<u>53,933,996,458</u>	<u>53,363,067,990</u>	<u>(570,928,468)</u>

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

Comprehensive Construction Program	Available 2009-10	Recommended 2010-11	Change	Reappropriations 2010-11
Health Care Efficiency and Affordability Law for New Yorkers				
Capital Projects Fund	217,000,000	217,000,000	0	511,000,000
Capital Projects Fund - Advances	108,000,000	108,000,000	0	425,893,000
Laboratories and Research				
Capital Projects Fund	8,000,000	8,000,000	0	26,302,000
Capital Projects Fund - Authority Bonds	0	0	0	5,000,000
Maintenance and Improvements of Existing Institutions				
Capital Projects Fund	7,600,000	7,600,000	0	20,728,000
Water Resources				
Federal Capital Projects Fund	35,525,000	157,183,000	121,658,000	76,231,000
Federal Stimulus	87,000,000	0	(87,000,000)	87,000,000
Total	<u>463,125,000</u>	<u>497,783,000</u>	<u>34,658,000</u>	<u>1,152,154,000</u>

OFFICE OF THE MEDICAID INSPECTOR GENERAL

MISSION

The Office of the Medicaid Inspector General (OMIG) was statutorily established in 2006 – as an independent entity within the Department of Health – to improve and preserve the integrity of the Medicaid program by conducting and coordinating fraud, waste and abuse control activities for all State agencies responsible for services funded by Medicaid.

In carrying out its mission, the Office conducts and supervises all prevention, detection, audit and investigation efforts and coordinates such activities with the Department of Health, and the Office of Mental Health, Office of Mental Retardation and Developmental Disabilities and Office of Alcoholism and Substance Abuse Services. In addition, the Medicaid Inspector General works closely with the Attorney General's Medicaid Fraud and Control Unit (MFCU) and Federal and local law enforcement agencies.

ORGANIZATION AND STAFFING

The Office is headed by the Medicaid Inspector General who is appointed by the Governor with the advice and consent of the Senate. The Office of the Medicaid Inspector General is headquartered in Albany with six regional field offices located throughout the state – in Buffalo, Hauppauge (Long Island), Rochester, Syracuse, White Plains and New York City.

The Office is organized into six bureaus – Information Technology and Fraud Detection Systems, Investigations and Enforcement, Medicaid Audit, Revenue Initiatives, Administration and Office of the Counsel – and will have a workforce of **728 positions** in 2010-11, an increase of 69 positions from the 2009-10 budget.

BUDGET HIGHLIGHTS

The 2010-11 Executive Budget recommends **\$88.2 million All Funds** (\$33.3 million General Fund, \$54.9 million Other Funds) to support the operations of the Office of the Medicaid Inspector General. This is a decrease of **\$2.9 million** (\$1.4 million General Fund, \$1.5 million Other Funds) from the 2009-10 budget, reflecting administrative efficiencies.

Beginning in 2010-11, the Office of the Welfare Inspector General will share administrative services with OMIG, which will provide greater efficiencies, and strengthen collaborative efforts to detect and control public benefits fraud.

PROGRAM HIGHLIGHTS

The Medicaid program was established by the Federal government in 1965 as a health insurance program for the poor. Absent any additional reforms, New York's Medicaid program would cost \$53.2 billion in 2010-11. Medicaid provides coverage to nearly 4.1 million New Yorkers.

MEDICAID INSPECTOR GENERAL

The Department of Health now processes more than 400 million Medicaid claims annually to approximately 60,000 active health care providers offering a wide range of services including nursing facility care, inpatient and outpatient hospital care, home health care, physician services, pharmaceuticals, and other services.

The 2010-11 Executive Budget provides the resources needed to support the Office of the Medicaid Inspector General's mission to prevent, detect, investigate and prosecute Medicaid fraud.

ALL FUNDS APPROPRIATIONS (dollars)

Category	Available 2009-10	Appropriations Recommended 2010-11	Change	Reappropriations Recommended 2010-11
State Operations	91,090,000	88,161,000	(2,929,000)	48,127,000
Aid To Localities	0	0	0	0
Capital Projects	0	0	0	0
Total	91,090,000	88,161,000	(2,929,000)	48,127,000

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

Full-Time Equivalent Positions (FTE)

Program	2009-10 Estimated FTEs 03/31/10	2010-11 Estimated FTEs 03/31/11	FTE Change
Medicaid Audit and Fraud Prevention			
General Fund	328	362	34
Special Revenue Funds - Federal	328	363	35
Special Revenue Funds - Other	3	3	0
Total	659	728	69

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

Fund Type	Available 2009-10	Recommended 2010-11	Change
General Fund	34,742,000	33,274,000	(1,468,000)
Special Revenue Funds - Federal	52,284,000	50,804,000	(1,480,000)
Special Revenue Funds - Other	4,064,000	4,083,000	19,000
Total	91,090,000	88,161,000	(2,929,000)

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

Program	Available 2009-10	Recommended 2010-11	Change
Medicaid Audit and Fraud Prevention			
General Fund	38,442,000	36,974,000	(1,468,000)
Special Revenue Funds - Federal	52,284,000	50,804,000	(1,480,000)
Special Revenue Funds - Other	364,000	383,000	19,000
Maintenance Undistributed			
General Fund	(3,700,000)	(3,700,000)	0
Special Revenue Funds - Other	3,700,000	3,700,000	0
Total	91,090,000	88,161,000	(2,929,000)

MEDICAID INSPECTOR GENERAL

STATE OPERATIONS - GENERAL AND OFFSET FUNDS SUMMARY OF PERSONAL SERVICE APPROPRIATIONS AND CHANGES 2010-11 RECOMMENDED (dollars)

Program	Total		Personal Service Regular (Annual Salaried)	
	Amount	Change	Amount	Change
Medicaid Audit and Fraud Prevention	23,484,000	(22,000)	23,341,000	(22,000)
Total	23,484,000	(22,000)	23,341,000	(22,000)

Program	Temporary Service (Nonannual Salaried)		Holiday/Overtime Pay	
	Amount	Change	Amount	Change
Medicaid Audit and Fraud Prevention	23,000	0	120,000	0
Total	23,000	0	120,000	0

STATE OPERATIONS - GENERAL AND OFFSET FUNDS SUMMARY OF NONPERSONAL SERVICE AND MAINTENANCE UNDISTRIBUTED APPROPRIATIONS AND CHANGES 2010-11 RECOMMENDED (dollars)

Program	Total		Supplies and Materials	
	Amount	Change	Amount	Change
Medicaid Audit and Fraud Prevention	13,490,000	(1,446,000)	870,000	(114,000)
Total	13,490,000	(1,446,000)	870,000	(114,000)

Program	Travel		Contractual Services	
	Amount	Change	Amount	Change
Medicaid Audit and Fraud Prevention	309,000	10,000	8,949,000	(704,000)
Total	309,000	10,000	8,949,000	(704,000)

Program	Equipment		Maintenance Undistributed	
	Amount	Change	Amount	Change
Medicaid Audit and Fraud Prevention	2,862,000	(638,000)	500,000	0
Total	2,862,000	(638,000)	500,000	0

STATE OPERATIONS - OTHER THAN GENERAL FUND AND OFFSET FUNDS SUMMARY OF APPROPRIATIONS AND CHANGES 2010-11 RECOMMENDED (dollars)

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Medicaid Audit and Fraud Prevention	51,187,000	(1,461,000)	24,002,000	7,000
Maintenance Undistributed	3,700,000	0	0	0
Total	54,887,000	(1,461,000)	24,002,000	7,000

Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Medicaid Audit and Fraud Prevention	26,685,000	(1,468,000)	500,000	0
Maintenance Undistributed	0	0	3,700,000	0
Total	26,685,000	(1,468,000)	4,200,000	0

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 with Medicaid funds.

Patient revenues in the Patient Income Account are pledged first to the payment of debt service on outstanding Mental Hygiene bonds. The recommended \$600 million in new appropriations from the Patient Income Account and the Mental Hygiene Program Fund may be distributed to any of the three agencies in order to access additional revenues made available or through a decreased set-aside for debt service resulting from planned debt management actions.

ALL FUNDS APPROPRIATIONS (dollars)

Category	Available 2009-10	Appropriations Recommended 2010-11	Change	Reappropriations Recommended 2010-11
State Operations	600,000,000	600,000,000	0	0
Aid To Localities	0	0	0	0
Capital Projects	0	0	0	0
Total	600,000,000	600,000,000	0	0

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

Program	Available 2009-10	Recommended 2010-11	Change
Mental Hygiene			
Special Revenue Funds - Other	600,000,000	600,000,000	0
Total	600,000,000	600,000,000	0

OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

MISSION

The mission of the Office of Alcoholism and Substance Abuse Services (OASAS) is to improve the lives of New Yorkers by leading a premier system of addiction services through prevention, treatment, and recovery.

ORGANIZATION AND STAFFING

Headed by a Commissioner appointed by the Governor, OASAS is responsible for the development and management of the State's policy on chemical dependence and problem gambling. The Office exercises these responsibilities directly as a provider of treatment services through a statewide system of 12 Addiction Treatment Centers (ATCs), through the regulation and oversight of over 1,550 chemical dependence and problem gambling prevention, treatment, and recovery services providers, and as a conduit for Federal and State financial assistance. The Office also furthers State policy goals in areas that include Public Safety, Public Health, Public Welfare, and Public Education by coordinating chemical dependence and problem gambling resources and strategies in collaboration with other State agencies through the Addictions Collaborative to Improve Outcomes for New Yorkers (ACTION).

In 2010-11, OASAS will have a **workforce of 891**. This represents a decline of 3 staff from 2009-10. The majority of the remaining staff provide an array of clinical treatment services through the ATCs.

BUDGET HIGHLIGHTS

The 2010-11 Executive Budget recommends nearly **\$721 million All Funds** (\$153 million General Fund; \$568 million Other Funds) for OASAS, an increase of **\$30 million** primarily due to drug law reform investments designed to lower criminal justice costs. In addition to continuing savings actions beginning in 2009-10, major new actions to promote cost efficiency include:

- **Defer Development of Prior-Year Initiatives.** Defer the development of 5 Gambling Prevention Programs until 2012-13. This action generates \$0.6 million in savings in 2010-11.
- **Reducing State Operational Costs.** In 2010-11, OASAS will realize \$0.9 million in savings by implementing a variety of controls on spending. Specific actions include enhancing use of e-technology for communications, training, and procurements; limiting travel, food, and pharmaceutical expenditures; streamlining administrative functions; and limiting use of cell phones and blackberries.
- **Eliminate "Non-Core" Funding.** Ending funding for separate HIV/AIDS services in chemical dependence treatment programs, including funding previously sent to the Department of Health, because OASAS regulations already require its treatment providers to provide these services.

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- **Drug Law Reform.** The 2010-11 Budget provides funding of \$13 million to support the operating costs of an estimated 621 residential treatment beds and an additional 1,000 outpatient treatment slots needed to meet projected demand for chemical dependence treatment services associated with drug law reform diversions.

PROGRAM HIGHLIGHTS

OASAS administers a comprehensive array of prevention, treatment, and recovery services for New Yorkers. This is accomplished through a highly qualified network of State, local government and voluntary agencies, and school districts through a paid and volunteer workforce of 35,000. 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 260,000 individuals receive services annually in New York State's licensed chemical dependence treatment and problem gambling system, which is provided by approximately 1,200 community-based programs. About 110,000 individuals are enrolled in New York's chemical dependence treatment programs on any given day. OASAS also provides funding to approximately 300 prevention providers located in over 1,500 sites, combined with an additional 50 community coalitions across the State, who utilize evidence-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)

Category	Available 2009-10	Appropriations Recommended 2010-11	Change	Reappropriations Recommended 2010-11
State Operations	134,716,000	130,350,000	(4,366,000)	3,510,000
Aid To Localities	447,013,564	481,194,000	34,180,436	195,407,740
Capital Projects	108,883,000	108,934,000	51,000	391,122,000
Total	690,612,564	720,478,000	29,865,436	590,039,740

SUBSTANCE ABUSE SERVICES

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

Full-Time Equivalent Positions (FTE)			
Program	2009-10	2010-11	FTE Change
	Estimated FTEs 03/31/10	Estimated FTEs 03/31/11	
Executive Direction			
Special Revenue Funds - Federal	79	79	0
Special Revenue Funds - Other	313	310	(3)
Capital-Administration			
Capital Projects Funds - Other	8	8	0
Institutional Services			
Special Revenue Funds - Federal	16	16	0
Special Revenue Funds - Other	478	478	0
Total	894	891	(3)

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

Fund Type	Available	Recommended	Change
	2009-10	2010-11	
Special Revenue Funds - Federal	6,445,000	6,445,000	0
Special Revenue Funds - Other	128,271,000	123,905,000	(4,366,000)
Total	134,716,000	130,350,000	(4,366,000)

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

Program	Available	Recommended	Change
	2009-10	2010-11	
Executive Direction			
Special Revenue Funds - Federal	5,245,000	5,245,000	0
Special Revenue Funds - Other	57,731,000	53,307,000	(4,424,000)
Institutional Services			
Special Revenue Funds - Federal	1,200,000	1,200,000	0
Special Revenue Funds - Other	70,540,000	70,598,000	58,000
Total	134,716,000	130,350,000	(4,366,000)

STATE OPERATIONS - OTHER THAN GENERAL FUND SUMMARY OF APPROPRIATIONS AND CHANGES 2010-11 RECOMMENDED (dollars)

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Executive Direction	58,552,000	(4,424,000)	30,437,000	228,000
Institutional Services	71,798,000	58,000	36,744,000	(121,000)
Total	130,350,000	(4,366,000)	67,181,000	107,000

Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Executive Direction	27,625,000	(4,452,000)	490,000	(200,000)
Institutional Services	35,054,000	179,000	0	0
Total	62,679,000	(4,273,000)	490,000	(200,000)

SUBSTANCE ABUSE SERVICES

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

Fund Type	Available 2009-10	Recommended 2010-11	Change
General Fund	135,653,037	153,000,000	17,346,963
Special Revenue Funds - Federal	135,473,000	140,115,000	4,642,000
Special Revenue Funds - Other	175,887,527	188,079,000	12,191,473
Total	<u>447,013,564</u>	<u>481,194,000</u>	<u>34,180,436</u>

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

Program	Available 2009-10	Recommended 2010-11	Change
Community Treatment Services Program			
General Fund	135,475,337	153,000,000	17,524,663
Special Revenue Funds - Federal	102,418,000	106,360,000	3,942,000
Special Revenue Funds - Other	123,146,601	135,200,000	12,053,399
Prevention and Program Support			
Special Revenue Funds - Federal	33,055,000	33,755,000	700,000
Special Revenue Funds - Other	52,740,926	52,879,000	138,074
Community Projects			
General Fund	177,700	0	(177,700)
Total	<u>447,013,564</u>	<u>481,194,000</u>	<u>34,180,436</u>

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

Comprehensive Construction Program	Available 2009-10	Recommended 2010-11	Change	Reappropriations 2010-11
Design and Construction Supervision				
Capital Projects Fund	3,000,000	3,000,000	0	4,753,000
MH Capital Improvements - Authority Bonds	500,000	500,000	0	1,000,000
Administration				
Capital Projects Fund	1,277,000	1,328,000	51,000	0
Community Alcoholism and Substance Abuse Facilities				
Capital Projects Fund	4,810,000	4,810,000	0	24,643,000
MH Capital Improvements - Authority Bonds	94,546,000	94,546,000	0	339,328,000
Institutional Services Program				
Capital Projects Fund	1,000,000	1,000,000	0	3,002,000
MH Capital Improvements - Authority Bonds	3,000,000	3,000,000	0	18,396,000
Non-Bondable				
Capital Projects Fund	750,000	750,000	0	0
Total	<u>108,883,000</u>	<u>108,934,000</u>	<u>51,000</u>	<u>391,122,000</u>

OFFICE OF MENTAL HEALTH

MISSION

The Office of Mental Health's (OMH) mission is to promote the mental health of all New Yorkers, with a particular focus on providing hope and recovery for adults and children with serious mental illness or 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. As the State's mental health authority, OMH gives priority to ensuring access to high quality services for adults and children with severe mental illness or serious emotional disturbances. In addition, OMH promotes overall public mental health through education and advocacy. The Agency has four lines of business underpinning these functions:

- **Regulating, Certifying, Financing and Overseeing New York's Public Mental Health System.** OMH oversees 58 local governmental units, one of which covers New York City in its entirety. The Agency also regulates and/or licenses more than 2,500 mental health programs operated by local governments and private agencies serving more than 600,000 persons annually, including inpatient, outpatient, emergency, residential and family care, and community support services;
- **Providing State-operated Inpatient and Outpatient Mental Health Services.** OMH is a major provider of intermediate and long-term inpatient as well as outpatient treatment services through a network of 25 psychiatric centers that includes 16 Adult Psychiatric Centers and 6 Children's Psychiatric Centers. OMH operates 3 facilities serving forensic patients involved with the criminal justice system. Additionally, OMH provides mental health services in 23 sites around the State to inmates incarcerated in Department of Correctional Services' facilities;
- **Conducting Basic and Applied Research to Advance Prevention, Treatment, and Recovery.** OMH conducts basic and applied research at the New York State Psychiatric Institute in Manhattan and the Nathan S. Kline Institute for Psychiatric Research in Rockland County, with a focus on identifying interventions that have been proven by scientific research to be effective and that can be incorporated into mainstream practice. New York State's investment in research is augmented by many grants from Federal and other sources through the Research Foundation for Mental Hygiene (RFMH), Inc. Additionally, OMH's Office of Performance Measurement and Evaluation conducts evaluation research and statistical analysis which are used to examine service outcomes, investigate pressing mental health issues, and develop sound approaches for improving service quality and access; and

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- **Promoting Public Mental Health through Education and Outreach.** OMH supports a variety of educational activities focusing on the nature and impact of mental illness, effective treatments and services, useful preventive and coping strategies, and service accessibility. The Agency's information dissemination strategies are designed to reach as many New Yorkers as possible, with a particular focus on high-risk groups.

The Executive Budget recommends a staffing level of **16,169 FTEs**. This represents a decline of 128 staff from 2009-10. The vast majority of the Agency's workforce provides direct care services to patients.

BUDGET HIGHLIGHTS

The Executive Budget recommends **\$3.6 billion All Funds** (\$561 million General Fund; \$3.0 billion Other funds) for the Office of Mental Health (OMH). This is a net decrease of **\$132 million** (-3.5 percent).

OMH continues to improve the efficiency and cost-effectiveness of its operations and the network of non-profit providers it supports, and has ongoing efforts to reform or restructure activities based on a review of its core mission. In addition to savings initiatives undertaken in 2009-10 to control costs, including a significant slowdown in new residential bed development, major new budget actions to promote cost efficiency and rationalize reimbursement include:

- **Aid to Localities Efficiencies:** OMH will continue to restructure a variety of programs, and focus resources to emerging priorities. OMH will renew efforts to ensure that all appropriate third-party revenue standards for providers are maintained, and recover State funds with enhanced audit activities, including reconciliations, State aid letters and direct contract close-outs, and exempt income revenue in excess of operating funds, saving an estimated \$19 million. The Budget will remove prescription medications from the Medicaid rate setting methodology for Residential Treatment Facilities and instead bill on a fee-for-service basis saving \$.4 million in 2010-11 (\$.5 million annually).
- **State Operations Ward Closures and Efficiencies:** OMH will close a total of 8 adult inpatient wards (5 percent of capacity), shifting the staffing resources associated with 6 wards to less costly and more appropriate community programs, and converting 2 adult inpatient wards to a less staffing intensive outpatient residential level of care which provides support to transition individuals to community care. This will save an estimated \$9 million in 2010-11, growing to \$18 million in 2011-12, and reduce FTEs by 226;
- **OMH Forensics/Sex Offender Management Treatment Act (SOMTA) Restructuring:** The projected census for civilly confined sexual offenders is not to exceed 230 patients. As a result, forensics capacity will no longer be required at Manhattan Psychiatric Center, but will still be maintained at Central NY Psychiatric Center and St. Lawrence Psychiatric Center. In addition, the budget reflects the use of video conferencing to reduce costly transportation and security issues. The funding and workforce projections currently in the Financial Plan will be reduced by \$10 million in 2010-11 and 130 FTEs;
- **State Operations Efficiencies:** OMH will continue to reduce state operations costs through enhanced efforts to curtail all less critical NPS spending; increased use of alternative work schedules; reducing the use of stand-by/on call shifts; reducing overtime; converting information technology consultant staff to less

- costly State employees; reducing redundant reporting requirements; and reducing less critical staff via attrition. These actions will produce \$44 million of savings in 2010-11;
- **Continuation of Restructuring Efforts:** OMH will continue implementing the Ambulatory Care restructuring started in 2008-09, which will rationalize the reimbursement of providers of mental health clinical services. Additionally, OMH will focus on best practices modalities, including the conversion of programs to Personalized Recovery Oriented Services (PROS) and peer recovery and peer support services. Also, OMH was awarded a second \$6 million Federal grant to continue improving employment opportunities for individuals with mental illness;
 - **Forensic Services Funding:** OMH will continue to fund Residential Mental Health Units (RMHU) located in the Department of Correctional Services. The first unit opened in December 2009 in Marcy, NY and is designed to employ a range of security modalities and progressive therapies as an alternative to Special Housing Unit confinement, at a cost of \$3 million annually to support 28 FTEs. A second RMHU is scheduled to open at Five Points Correctional Facility in July 2011. The Budget also includes funding of \$7 million and 61 FTEs for the screening and evaluation of all incoming inmates for mental health issues; and
 - **Adult Home Litigation:** In response to a pending court decision, the Budget reflects a multi-year plan to provide additional Supported Housing for individuals leaving Adult Homes. In 2010-11, funding of \$1 million will begin assessments of impacted Adult Home residents (annualizing to \$2 million in 2011-12) to determine if residents are clinically appropriate for Supported Housing. Additionally, the Budget reflects support for an additional 1,000 Supported Housing units (200 per year starting in 2011-12). The full annual cost of the plan is \$20 million.

PROGRAM HIGHLIGHTS

To live successfully, most individuals with serious mental illness need both treatments that manage or eliminate their psychiatric symptoms and support services that address the needs associated with the disabling effects of their illness. Public mental health services are grouped in four major categories across the health care continuum: community support, outpatient, inpatient, and emergency services. In New York State, both State and locally operated programs provide services in each of these four categories:

- **Community Support** helps individuals diagnosed with serious mental illness live as independently as possible in the community, and helps children with serious emotional disturbance remain with their families. These programs provide case management, vocational, self-help, residential and other support services. Although the specific array of community support services differs for adults and children, the goal is always to support successful and full community living;
- **Outpatient Services** provide treatment and rehabilitation in an ambulatory setting, including clinics, partial hospitalization, day treatment for children, continuing day treatment for adults, Assertive Community Treatment (ACT), Prepaid Mental Health Plan (PMHP), and Personalized Recovery-Oriented Services (PROS);

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- **Inpatient Services** provide acute stabilization and intensive treatment and rehabilitation with 24-hour care in a controlled environment when community services and supports do not meet the needs of adults and children; and
- **Emergency Services** provide rapid psychiatric and/or medical stabilization and ensure the safety of individuals who present a risk to themselves or others. These programs include a range of crisis counseling and residential services, as well as Comprehensive Psychiatric Emergency Programs.

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; focusing on accountability for results, best practices, and coordination of care; and eliminating disparities and promoting culturally and linguistically competent services and supports.

ALL FUNDS APPROPRIATIONS (dollars)

Category	Available 2009-10	Appropriations Recommended 2010-11	Change	Reappropriations Recommended 2010-11
State Operations	2,048,658,000	2,131,294,000	82,636,000	2,079,000
Aid To Localities	1,153,427,107	1,281,183,000	127,755,893	33,271,000
Capital Projects	576,543,000	234,291,000	(342,252,000)	1,931,019,000
Total	3,778,628,107	3,646,768,000	(131,860,107)	1,966,369,000

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

Full-Time Equivalent Positions (FTE)

Program	2009-10 Estimated FTEs 03/31/10	2010-11 Estimated FTEs 03/31/11	FTE Change
Administration and Finance			
Special Revenue Funds - Federal	11	11	0
Special Revenue Funds - Other	651	651	0
Enterprise Funds	10	10	0
Internal Service Funds	20	20	0
Adult Services			
Special Revenue Funds - Other	11,169	11,041	(128)
Capital Planning			
Capital Projects Funds - Other	41	41	0
Children and Youth Services			
Special Revenue Funds - Other	1,956	1,956	0
Forensic Services			
Special Revenue Funds - Other	1,959	1,959	0
Research			
Special Revenue Funds - Other	480	480	0
Total	16,297	16,169	(128)

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

Fund Type	Available 2009-10	Recommended 2010-11	Change
General Fund	800,000	800,000	0
Special Revenue Funds - Federal	1,358,000	2,038,000	680,000
Special Revenue Funds - Other	2,035,140,000	2,117,040,000	81,900,000
Enterprise Funds	8,578,000	8,606,000	28,000
Internal Service Funds	2,782,000	2,810,000	28,000
Total	2,048,658,000	2,131,294,000	82,636,000

Adjustments:	
Transfer(s) From	
Special Pay Bill	
General Fund	(800,000)
Appropriated 2009-10	2,047,858,000

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

Program	Available 2009-10	Recommended 2010-11	Change
Administration and Finance			
Special Revenue Funds - Federal	1,358,000	2,038,000	680,000
Special Revenue Funds - Other	105,293,000	102,076,000	(3,217,000)
Enterprise Funds	8,578,000	8,606,000	28,000
Internal Service Funds	2,782,000	2,810,000	28,000
Adult Services			
General Fund	800,000	800,000	0
Special Revenue Funds - Other	1,380,185,000	1,447,924,000	67,739,000
Children and Youth Services			
Special Revenue Funds - Other	220,211,000	227,257,000	7,046,000
Forensic Services			
Special Revenue Funds - Other	243,575,000	251,915,000	8,340,000
Research			
Special Revenue Funds - Other	85,876,000	87,868,000	1,992,000
Total	2,048,658,000	2,131,294,000	82,636,000

**STATE OPERATIONS - GENERAL FUND
SUMMARY OF NONPERSONAL SERVICE AND MAINTENANCE UNDISTRIBUTED
APPROPRIATIONS AND CHANGES
2010-11 RECOMMENDED
(dollars)**

Program	Total		Supplies and Materials	
	Amount	Change	Amount	Change
Adult Services	800,000	0	0	(800,000)
Total	800,000	0	0	(800,000)

Program	Travel	
	Amount	Change
Adult Services	800,000	800,000
Total	800,000	800,000

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STATE OPERATIONS - OTHER THAN GENERAL FUND SUMMARY OF APPROPRIATIONS AND CHANGES 2010-11 RECOMMENDED (dollars)

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Administration and Finance	115,530,000	(2,481,000)	49,812,000	(2,571,000)
Adult Services	1,447,924,000	67,739,000	838,702,000	70,496,000
Children and Youth Services	227,257,000	7,046,000	137,318,000	4,423,000
Forensic Services	251,915,000	8,340,000	151,535,000	4,191,000
Research	87,868,000	1,992,000	49,138,000	844,000
Total	2,130,494,000	82,636,000	1,226,505,000	77,383,000

Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Administration and Finance	65,718,000	1,090,000	0	(1,000,000)
Adult Services	606,057,000	(1,757,000)	3,165,000	(1,000,000)
Children and Youth Services	89,939,000	2,623,000	0	0
Forensic Services	100,380,000	4,149,000	0	0
Research	38,730,000	1,148,000	0	0
Total	900,824,000	7,253,000	3,165,000	(2,000,000)

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

Fund Type	Available 2009-10	Recommended 2010-11	Change
General Fund	531,740,296	560,254,000	28,513,704
Special Revenue Funds - Federal	43,839,000	46,807,000	2,968,000
Special Revenue Funds - Other	577,847,811	674,122,000	96,274,189
Total	1,153,427,107	1,281,183,000	127,755,893

Adjustments:

Recommended Deficiency

Mental Health, Office of

General Fund

(3,000,000)

Special Revenue Funds - Other

(29,000,000)

Appropriated 2009-10

1,121,427,107

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

Program	Available 2009-10	Recommended 2010-11	Change
Adult Services			
General Fund	385,633,337	402,596,000	16,962,663
Special Revenue Funds - Federal	36,777,000	41,006,000	4,229,000
Special Revenue Funds - Other	493,869,216	578,703,000	84,833,784
Children and Youth Services			
General Fund	145,565,459	157,658,000	12,092,541
Special Revenue Funds - Federal	7,062,000	5,801,000	(1,261,000)
Special Revenue Funds - Other	75,684,579	87,153,000	11,468,421
Enhanced Community Services			
Special Revenue Funds - Other	500,000	500,000	0
Community Support and Workforce Reinvestment			
Special Revenue Funds - Other	7,794,016	7,766,000	(28,016)
Community Projects			
General Fund	541,500	0	(541,500)
Total	1,153,427,107	1,281,183,000	127,755,893

MENTAL HEALTH

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

Comprehensive Construction Program	Available 2009-10	Recommended 2010-11	Change	Reappropriations 2010-11
Design and Construction Supervision				
Capital Projects Fund	2,000,000	2,000,000	0	2,000,000
MH Capital Improvements - Authority Bonds	12,000,000	12,000,000	0	27,905,000
Executive Direction				
Capital Projects Fund	0	0	0	2,445,000
MH Capital Improvements - Authority Bonds	3,717,000	3,717,000	0	6,121,000
Community Mental Health Facilities				
Capital Projects Fund	6,000,000	6,000,000	0	36,678,000
MH Capital Improvements - Authority Bonds	5,630,000	5,639,000	9,000	760,463,000
Maintenance and Improvements of Existing Facilities				
Capital Projects Fund	29,010,000	28,600,000	(410,000)	58,760,000
MH Capital Improvements - Authority Bonds	517,186,000	175,335,000	(341,851,000)	1,031,602,000
Non-Bondable				
Capital Projects Fund	1,000,000	1,000,000	0	5,045,000
Total	<u>576,543,000</u>	<u>234,291,000</u>	<u>(342,252,000)</u>	<u>1,931,019,000</u>

OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

MISSION

The mission of the Office of Mental Retardation and Developmental Disabilities (OMRDD) is to help people with developmental disabilities live richer lives. The agency's vision is to assure that people with developmental disabilities enjoy meaningful relationships with family, friends, and others in their lives; experience personal health and growth; and live in homes and fully participate in the communities of their choice.

ORGANIZATION AND STAFFING

Under the direction of a Commissioner appointed by the Governor, OMRDD currently operates through 13 district offices called Developmental Disabilities Services Offices (DDSO). Its Central Office oversees and supports operations of the district offices. OMRDD also operates the Institute for Basic Research in Developmental Disabilities (IBR) on Staten Island. By the end of 2010-11, there will be approximately 37,000 individuals with developmental disabilities residing in community settings funded by the State, with 300 individuals living in developmental centers and approximately 1,050 in special units. Over the past 2 decades, the developmental center population has declined by 8,000.

OMRDD will have a **workforce of 21,857** for 2010-11, most of whom directly support individuals with developmental disabilities. The remainder comprises supervisors of direct support workers, administrative support, and management personnel. This represents a net increase of **89 FTEs** from 2009-10, due to deinstitutionalization efforts to serve individuals in more appropriate community placements, offset by a reduction of 83 FTEs via attrition related to actions to streamline and consolidate various administrative and support functions, as well as restructure certain State-operated services and responsibilities.

BUDGET HIGHLIGHTS

The 2010-11 Executive Budget recommends over **\$4.8 billion All Funds** (\$1.6 billion General Fund; \$3.2 billion Other Funds) for the Office to continue to support a comprehensive system of care serving more than 125,000 persons with developmental disabilities and their families. This is an increase of **\$278 million** from 2009-10, which is largely attributable to increased Federal funding included for trend increases in 2009 and 2010 and the annualization of prior year initiatives, partially offset by savings associated with program efficiencies, as outlined below. The Executive Budget recommendations for 2010-11 preserve essential direct supports and services and maintain high quality of care for individuals with developmental disabilities in both not-for-profit and OMRDD-operated programs.

The overall recommendation maintains the State's commitment to support a wide range of developmentally disabled New Yorkers, including the medically frail, the behaviorally challenged especially those with autism, those who have been placed out-of-State or who are "aging out" of other child care systems, as well as those living at home.

MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

OMRDD continues to improve the efficiency and cost-effectiveness of its operations and the network of not-for-profit providers it oversees and financially supports. In addition to continuation of the savings actions begun in 2009-10, major new budget actions to promote cost efficiency and rationalize reimbursement include:

- **Restructuring Targeted Case Management Services.** OMRDD will restructure targeted case management services provided through the Medicaid Service Coordination (MSC) Program. Savings of \$6.1 million will be achieved in 2010-11, through restructured not-for-profit (NFP) provider reimbursement and attrition of 13 State MSC positions (a total reduction of 106 positions will be realized from this initiative over a six-year period beginning in 2010-11) to generate an overall reduction of 18 percent of costs. Reforms to the MSC program will include increasing staff caseloads and developing different levels of service that are more closely tailored to individual needs. This proposal will generate full annual savings of \$20.5 million once the reforms are fully implemented.
- **Reforming the Financing of Certain Residential Programs.** The recommendation restructures the financing of residential habilitation services delivered in supervised Individualized Residential Alternative (IRA) programs. This reflects a 3 percent overall reduction effective October 1, 2010. This will generate State share savings of \$12.5 million in 2010-11 that annualize to \$25 million in 2011-12.
- **Managing the Development of Certain Community Residential Opportunities.** OMRDD will realize savings through temporary delays in the development of 66 community residential opportunities, primarily for individuals aging-out of the school system and Children's Residential Placements. This action generates savings of \$4.9 million in 2010-11; however, these savings will gradually decline until 2013-14 when all planned residential opportunities will be fully operational.
- **Streamlining Management Functions.** In 2010-11, OMRDD will save roughly \$1.5 million – annualizing to \$2.0 million in 2011-12 – by refocusing the activities of its Division of Quality Management. OMRDD will transfer 10 positions that are responsible for conducting Medicaid compliance reviews of its not-for-profit provider network to the Office of the Medicaid Inspector General (OMIG), which is charged with improving and preserving the integrity of the Medicaid program. This action is consistent with the directive issued by the Office of Taxpayer Accountability to consolidate duplicative administrative functions within more appropriate “host” agencies. In addition, OMRDD will also be able to generate non-personal service savings by targeting audit efforts and reducing the number of audits conducted by outside contractors.
- **Eliminating Non-Core Research Functions.** OMRDD will streamline activities at IBR by eliminating certain non-core research functions. Specifically, a reduction of 20 research-related positions will occur in areas that are neither core to the OMRDD mission, nor leverage significant grant funding from external sources. This action will produce \$1.5 million savings in 2010-11 that annualize to \$3.0 million and will not affect priority programs and activities, such as Autism research and the operation of the Jervis Clinic.
- **Consolidating DDSO Administrative Functions.** OMRDD will continue actions from 2009-10 to more efficiently carry-out certain DDSO administrative functions through further streamlining and consolidation. Areas to be further examined are business office and human resource activities, as well as training

MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

and community planning efforts. These actions will result in a reduction of 25 positions and overall savings of \$1.3 million in 2010-11 that annualize to \$2.6 million in 2011-12.

- **Controlling Operational Costs.** In 2010-11, OMRDD will realize over \$20 million in savings by implementing a variety of controls on personal and non-personal services spending that will neither impact quality of care nor the safety of the individuals being supported. Specific actions include managing vacancies of non-critical positions, monitoring food expenditures, consolidating non-residential leases, automating certain administrative processes, reducing utility consumption with energy efficient improvements, and more efficient use of capital resources.
- **Reforming Family Care Services (FC).** Net savings of \$0.2 million in 2010-11 will be achieved through attrition of 15 State positions (a total reduction of 123 positions will be realized when the action is fully implemented). This recommendation reflects administrative efficiencies and restructures the management and oversight of the program. This action will generate full annual savings of \$2.9 million once complete.

The 2010-11 budget also continues the State's commitment to several key ongoing initiatives, including the following:

- **New York State Creating Alternatives in Residential Environments and Services (NYS-CARES) Program.** The Executive Budget continues support for NYS-CARES by including 510 new residential opportunities at a cost of \$15 million in 2010-11. By the end of 2013, 7,800 residential opportunities will have been developed under NYS-CARES which, when coupled with the 37,000 funded community residential opportunities already in the system, will provide significant opportunities for persons seeking an out-of-home residential service option. In addition, there is additional funding to support an expansion of at-home residential habilitation by 1,000 opportunities.
- **Community-Based Services to Special Populations.** OMRDD, in partnership with its not-for-profit provider network, will develop 133 new residential and 1,640 day-service opportunities including employment, to accommodate individuals aging out of educational environments and those in other human services areas, such as nursing homes, at a cost of \$10 million in 2010-11. In addition, 44 new less costly residential opportunities to repatriate children placed out-of-State and to mitigate such future placements will be developed.
- **A Multi-Year Plan to Downsize Developmental Center Capacity by Creating Additional Community Residential Capacity.** OMRDD will expand community residential capacity by 36 residential opportunities for difficult-to-serve individuals who are currently living in institutional settings, including nursing homes. This effort will be complemented by an additional 144 State and not-for-profit residential opportunities in 2010-11. This is part of a long term plan that will help reduce and virtually close the Developmental Centers (DCs) over the next several years, leaving only the special population institutional settings. The Western New York Developmental Center remains scheduled for closure in 2010-11, and will be fully decommissioned by 2011-12. It is expected that the remaining DCs will be fully decommissioned by 2012-13.

MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

PROGRAM HIGHLIGHTS

OMRDD serves more than 125,000 New Yorkers with developmental disabilities, which include primarily mental retardation, autism, epilepsy, cerebral palsy, and neurological impairments. 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, OMRDD continues to place greater emphasis on individual choice and satisfaction and has instituted a recurring survey designed by individuals, families and other stakeholders, which is used to evaluate individuals' satisfaction and the success of residential opportunities under the NYS-CARES program.

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. The HCBS waiver promotes smaller, more natural home environments. Home size has continued to decrease, thereby supporting individualized, quality services. Today, two-thirds of the homes in the community accommodate six people or less; of these, two-thirds accommodate four people or less.

Maintaining a statewide system of services, delivered through both the State and not-for-profit providers, OMRDD:

- Provides approximately 38,000 persons with certified community and institutional residential services. Since 1998, more than 17,000 persons have left the residential registration list for homes in the community;
- Provides about 57,000 persons with community day services; and
- Supports another 43,000 persons who live with their families.

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 – about 6,100 beds operated statewide by both State and not-for-profit providers – are appropriate for individuals requiring intensive 24-hour care.

The most common residential opportunity 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 more than 27,500 individuals with developmental disabilities living in this setting with accompanying service coordination. Other community living arrangements include Community Residences and Family Care homes, which serve nearly 3,000 people.

In addition to these community-based residential programs, OMRDD operates nine campuses across the State. Approximately 1,350 people will be served in these settings by the end of 2010-11, of which more than 75 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.

MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

DAY SERVICES

OMRDD supports an array of day services for persons with developmental disabilities, which also vary depending on the needs of the individuals. 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.

SUPPORT FOR CONSUMERS LIVING IN THEIR OWN HOMES

OMRDD services also support families and individuals with developmental disabilities in their own homes.

The Family Support Services program currently assists over 43,000 persons with developmental disabilities and their families, enabling these individuals to remain at home and receive nearly 73,000 individualized services. Services offered include respite, crisis intervention, case management, recreation, information and referral and home care. Funding for services to individuals with developmental disabilities and families has also been expanded within Family Support Services.

The Individualized Support Services program provides services to 3,000 disabled individuals who live independently. In addition, approximately 10,500 individuals living in their own homes receive residential habilitation under the Federal Medicaid waiver with funding to support an additional 1,500 individuals with developmental disabilities.

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)

Category	Available 2009-10	Appropriations Recommended 2010-11	Change	Reappropriations Recommended 2010-11
State Operations	2,172,410,000	2,259,461,000	87,051,000	3,998,000
Aid To Localities	2,190,982,199	2,369,296,000	178,313,801	923,000
Capital Projects	127,315,000	139,560,000	12,245,000	309,730,000
Total	4,490,707,199	4,768,317,000	277,609,801	314,651,000

MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

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

Full-Time Equivalent Positions (FTE)			
Program	2009-10 Estimated FTEs 03/31/10	2010-11 Estimated FTEs 03/31/11	FTE Change
Central Coordination and Support			
Special Revenue Funds - Other	775	775	0
Community Services			
Special Revenue Funds - Other	15,369	15,029	(340)
Institutional Services			
Special Revenue Funds - Other	5,487	5,916	429
Research in Mental Retardation			
Special Revenue Funds - Other	137	137	0
Total	<u>21,768</u>	<u>21,857</u>	<u>89</u>

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

Fund Type	Available 2009-10	Recommended 2010-11	Change
Special Revenue Funds - Federal	1,751,000	751,000	(1,000,000)
Special Revenue Funds - Other	2,167,640,000	2,255,692,000	88,052,000
Enterprise Funds	2,669,000	2,668,000	(1,000)
Internal Service Funds	350,000	350,000	0
Total	<u>2,172,410,000</u>	<u>2,259,461,000</u>	<u>87,051,000</u>

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

Program	Available 2009-10	Recommended 2010-11	Change
Central Coordination and Support			
Special Revenue Funds - Federal	1,751,000	751,000	(1,000,000)
Special Revenue Funds - Other	117,523,000	120,390,000	2,867,000
Internal Service Funds	350,000	350,000	0
Community Services			
Special Revenue Funds - Other	1,317,036,000	1,368,163,000	51,127,000
Institutional Services			
Special Revenue Funds - Other	706,879,000	740,245,000	33,366,000
Enterprise Funds	2,669,000	2,668,000	(1,000)
Research in Mental Retardation			
Special Revenue Funds - Other	26,202,000	26,894,000	692,000
Total	<u>2,172,410,000</u>	<u>2,259,461,000</u>	<u>87,051,000</u>

MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

STATE OPERATIONS - OTHER THAN GENERAL FUND SUMMARY OF APPROPRIATIONS AND CHANGES 2010-11 RECOMMENDED (dollars)

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Central Coordination and Support	121,491,000	1,867,000	62,524,000	1,675,000
Community Services	1,368,163,000	51,127,000	808,821,000	20,954,000
Institutional Services	742,913,000	33,365,000	337,981,000	8,730,000
Research in Mental Retardation	26,894,000	692,000	16,503,000	422,000
Total	2,259,461,000	87,051,000	1,225,829,000	31,781,000

Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Central Coordination and Support	57,866,000	1,192,000	1,101,000	(1,000,000)
Community Services	549,226,000	30,173,000	10,116,000	0
Institutional Services	269,802,000	24,635,000	135,130,000	0
Research in Mental Retardation	10,391,000	270,000	0	0
Total	887,285,000	56,270,000	146,347,000	(1,000,000)

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

Fund Type	Available 2009-10	Recommended 2010-11	Change
General Fund	1,481,898,245	1,607,322,000	125,423,755
Special Revenue Funds - Other	709,083,954	761,974,000	52,890,046
Total	2,190,982,199	2,369,296,000	178,313,801

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

Program	Available 2009-10	Recommended 2010-11	Change
Community Services			
General Fund	1,480,328,545	1,607,322,000	126,993,455
Special Revenue Funds - Other	709,083,954	761,974,000	52,890,046
Community Projects			
General Fund	1,569,700	0	(1,569,700)
Total	2,190,982,199	2,369,296,000	178,313,801

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

Comprehensive Construction Program	Available 2009-10	Recommended 2010-11	Change	Reappropriations 2010-11
Design and Construction Supervision				
Capital Projects Fund	5,000,000	5,000,000	0	0
MH Capital Improvements - Authority Bonds	6,000,000	6,000,000	0	3,750,000
Voluntary-Operated Community Facilities				
Capital Projects Fund	9,375,000	10,070,000	695,000	9,375,000
MH Capital Improvements - Authority Bonds	6,450,000	6,710,000	260,000	12,850,000
State-Operated Community Services Program				
Capital Projects Fund	33,645,000	24,255,000	(9,390,000)	30,980,000
MH Capital Improvements - Authority Bonds	15,675,000	29,325,000	13,650,000	57,405,000
Institutional Services Program				
Capital Projects Fund	16,020,000	16,700,000	680,000	53,520,000
MH Capital Improvements - Authority Bonds	34,150,000	40,500,000	6,350,000	141,850,000
Non-Bondable				
Capital Projects Fund	1,000,000	1,000,000	0	0
Total	127,315,000	139,560,000	12,245,000	309,730,000

COMMISSION ON QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES

MISSION

The mission of the Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD) is to improve the quality of life for individuals with disabilities in New York State and to protect their rights and advocate for needed change by:

- Promoting the inclusion of persons with disabilities in all aspects of community life and ensuring that persons with disabilities are afforded the opportunity to exercise the full range of rights and responsibilities accorded to all New Yorkers;
- Ensuring programmatic and fiscal accountability, and monitoring care and treatment of people with disabilities within the State's mental hygiene system, and making recommendations for improvements, when warranted;
- Providing individual and systemic investigative and advocacy services;
- Advancing the availability and use of assistive technology for persons with disabilities; and
- Offering impartial and informed advice, training, and recommendations on a broad range of disability issues.

A Commission priority has been to enhance advocacy services for all populations. The Commission's focus has been to increase its outreach efforts, provide a single point of access for disability information, and expand disability rights and awareness training. The Commission's Advocacy Council has expanded its membership to include individuals with a broader range of disabilities to better fulfill its mission in advising the Governor and Legislature regarding all New Yorkers with disabilities.

ORGANIZATION AND STAFFING

The Commission comprises a full-time chairperson and two unsalaried members, each appointed by the Governor and confirmed by the Senate to serve staggered five-year terms. During 2010-11, the agency's workforce will consist of **101 positions**, a decline of 2 from 2009-10.

The responsibilities of the Commission are carried out through four major programmatic divisions:

- The Division of Quality Assurance and Investigation;
- The Fiscal and Policy Bureaus, coordinated by the Office of Counsel, which also provides legal support for all Commission initiatives;
- The Division of Protection and Advocacy Program Administration; and
- The Division of Advocacy and Outreach for Persons with Physical Disabilities.

BUDGET HIGHLIGHTS

The Executive Budget recommends **\$18.7 million All Funds** (\$5.6 million General Fund; \$8.3 million Federal Funds; \$4.7 million Other Funds; \$45,000 Enterprise Funds) for the Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD). This is an increase of **\$1.1 million All Funds** (-\$237,000 General Fund; \$1.1 million Federal Funds; \$225,000 Other Funds) from 2009-10. The budget recommends:

QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES

- **Personal Service Efficiencies:** The Commission will eliminate two positions associated with the Interagency Coordinating Council for Services to Persons who are Deaf, Deaf-Blind or Hard of Hearing and the Special Housing Unit (SHU) bill. Existing staff will absorb the duties of the two eliminated positions, producing \$165,000 in General Fund savings. Three General Fund supported FTEs will also be transferred to the Federal Salary Sharing (FSS) account resulting in \$181,000 in General Fund savings.
- **Elimination of General Fund Spending for the Surrogate Decision-Making Committee (SDMC) program:** The Commission will shift General Fund expenditures for local assistance contracts to the FSS account. Medicaid revenue generated from the Commission's quality assurance, death and abuse investigations, fiscal investigations and policy oriented activities will now support these expenditures. The FSS account current has enough revenue to cover the cost of these contracts on an on-going basis, resulting in \$123,000 of General Fund savings.
- **Non-Personal Service Reductions:** The Commission will reduce conference attendance in SFY 2010-11 which will result in \$6,000 in State Operations contractual service savings.

The Executive Budget recommends a staffing level of **101 FTEs** for the Commission, reflecting a **decrease of 2 FTEs** from the 2009-10 budget which were associated with the Interagency Coordinating Council for Services to Persons who are Deaf, Deaf-Blind or Hard of Hearing and the Special Housing Unit (SHU) bill.

PROGRAM HIGHLIGHTS

STATEWIDE CLEARINGHOUSE

The Commission operates a statewide clearinghouse through which individuals can access information and obtain referrals to a variety of disability-related services. The system features a 24-hour statewide telephone hotline 1-800-642-4143 and a dynamic full-featured Web site (www.cqcapd.state.ny.us), which has attracted more than 1 million visitors.

TECHNOLOGY SERVICES TO PERSONS WITH DISABILITIES

The 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 facilitate their full integration into the mainstream workplace and community. This program is coordinated through an Interagency Partnership on Assistive Technology and 12 Regional TRAID Centers at 15 sites. During 2009, the Regional TRAID Centers provided awareness training, device demonstrations, information, education, and referrals to over 40,400 persons with disabilities.

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 that promote increased voluntary compliance with the Americans with Disabilities Act (ADA).

QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES

OVERSIGHT OF SERVICE DELIVERY IN THE MENTAL HYGIENE AREA

The Commission provides independent oversight and review of State and voluntary programs serving individuals with mental illness, developmental disabilities, and chemical dependence. Most importantly, it investigates allegations of consumer abuse or mistreatment in facilities operated or licensed by these agencies. The Commission receives and screens approximately 16,000 reports of abuse, neglect, or death and conducts reviews or investigations on over 1,000 cases annually. The Children's Oversight and Technical Assistance team continues to efficiently carry out children's oversight activities and enhance the Commission's capacity to provide technical assistance to other agencies, enabling them to better respond to emerging issues.

PROTECTION AND ADVOCACY

Through a combination of staff resources 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 for Voting Access. These programs assist the Commission in strengthening the non-profit contract network by providing individuals with severe disabilities with Federally-mandated protection and advocacy services. Every year, more than 43,000 individuals with disabilities are served through the Commission's protection and advocacy programs.

ADULT HOMES

The Commission contracts with local non-profit organizations to provide advocacy services to protect the rights of residents of adult homes who have been consumers in the mental hygiene system. The Commission's dedicated team will continue to work collaboratively with the Department of Health (DOH) and the Office of Mental Health (OMH) 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 new State initiatives already underway to improve the quality of life and safety of adult home residents. Last year, Commission staff conducted comprehensive reviews of 34 adult homes serving over 3,500 people.

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 comprising medical, legal, and health care professionals, and advocates work via local dispute resolution centers located throughout the State to represent these individuals. More than 900 SDMC cases are resolved, and over 100 volunteers and 400 providers are trained to utilize these services annually.

QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES

ADVOCACY AND OUTREACH

The Division of Advocacy and Outreach coordinates the Commission's efforts to provide information, support, and technical assistance to empower people with disabilities, family members, advocates, local government officials, and others to identify and undertake the actions necessary to support people with disabilities in becoming fully participating members of their chosen communities. The main focus of this Division is improving inclusion, accommodations, and accessibility for individuals with disabilities. Recently, the Commission partnered with the State Board of Elections to conduct trainings statewide for local election officials to improve accessibility of the voting process.

ALL FUNDS APPROPRIATIONS (dollars)

Category	Available 2009-10	Appropriations Recommended 2010-11	Change	Reappropriations Recommended 2010-11
State Operations	16,859,000	18,041,000	1,182,000	11,045,000
Aid To Localities	771,000	648,000	(123,000)	0
Capital Projects	0	0	0	0
Total	17,630,000	18,689,000	1,059,000	11,045,000

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

Full-Time Equivalent Positions (FTE)

Program	2009-10 Estimated FTEs 03/31/10	2010-11 Estimated FTEs 03/31/11	FTE Change
Administration			
General Fund	48	43	(5)
Special Revenue Funds - Other	32	35	3
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	7	7	0
Protection and Advocacy for Individual Rights			
Special Revenue Funds - Federal	2	2	0
Protection and Advocacy for the Mentally Ill			
Special Revenue Funds - Federal	8	8	0
Technology Related Assistance for Individuals with Disabilities			
Special Revenue Funds - Federal	2	2	0
Technology Related Protection and Advocacy			
Special Revenue Funds - Federal	1	1	0
Total	103	101	(2)

QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES

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

Fund Type	Available 2009-10	Recommended 2010-11	Change
General Fund	5,580,000	5,466,000	(114,000)
Special Revenue Funds - Federal	7,274,000	8,345,000	1,071,000
Special Revenue Funds - Other	3,960,000	4,185,000	225,000
Enterprise Funds	45,000	45,000	0
Total	16,859,000	18,041,000	1,182,000

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

Program	Available 2009-10	Recommended 2010-11	Change
Administration			
General Fund	5,580,000	5,466,000	(114,000)
Special Revenue Funds - Federal	300,000	300,000	0
Special Revenue Funds - Other	3,960,000	4,185,000	225,000
Enterprise Funds	45,000	45,000	0
Client Assistance			
Special Revenue Funds - Federal	654,000	721,000	67,000
Protection and Advocacy for Beneficiaries of Social Security			
Special Revenue Funds - Federal	403,000	335,000	(68,000)
Protection and Advocacy for the Developmentally Disabled			
Special Revenue Funds - Federal	2,025,000	2,397,000	372,000
Protection and Advocacy Help America Vote Act			
Special Revenue Funds - Federal	223,000	215,000	(8,000)
Protection and Advocacy for Individual Rights			
Special Revenue Funds - Federal	901,000	1,154,000	253,000
Protection and Advocacy for the Mentally III			
Special Revenue Funds - Federal	1,677,000	2,036,000	359,000
Protection and Advocacy for Persons with Traumatic Brain Injury			
Special Revenue Funds - Federal	167,000	123,000	(44,000)
Technology Related Assistance for Individuals with Disabilities			
Special Revenue Funds - Federal	707,000	812,000	105,000
Technology Related Protection and Advocacy			
Special Revenue Funds - Federal	217,000	252,000	35,000
Total	16,859,000	18,041,000	1,182,000

STATE OPERATIONS - GENERAL FUND SUMMARY OF PERSONAL SERVICE APPROPRIATIONS AND CHANGES 2010-11 RECOMMENDED (dollars)

Program	Total		Personal Service Regular (Annual Salaried)	
	Amount	Change	Amount	Change
Administration	4,150,000	(76,700)	4,133,000	(75,700)
Total	4,150,000	(76,700)	4,133,000	(75,700)

Program	Holiday/Overtime Pay (Annual Salaried)	
	Amount	Change
Administration	17,000	(1,000)
Total	17,000	(1,000)

QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES

STATE OPERATIONS - GENERAL FUND SUMMARY OF NONPERSONAL SERVICE AND MAINTENANCE UNDISTRIBUTED APPROPRIATIONS AND CHANGES 2010-11 RECOMMENDED (dollars)

Program	Total		Supplies and Materials	
	Amount	Change	Amount	Change
Administration	1,316,000	(37,300)	44,000	(20,000)
Total	1,316,000	(37,300)	44,000	(20,000)

Program	Travel		Contractual Services	
	Amount	Change	Amount	Change
Administration	196,000	(60,400)	932,000	(37,700)
Total	196,000	(60,400)	932,000	(37,700)

Program	Equipment	
	Amount	Change
Administration	144,000	80,800
Total	144,000	80,800

STATE OPERATIONS - OTHER THAN GENERAL FUND SUMMARY OF APPROPRIATIONS AND CHANGES 2010-11 RECOMMENDED (dollars)

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Administration	4,530,000	225,000	2,453,000	101,000
Client Assistance	721,000	67,000	82,000	2,000
Protection and Advocacy for Beneficiaries of Social Security	335,000	(68,000)	61,000	(45,000)
Protection and Advocacy for the Developmentally Disabled	2,397,000	372,000	484,000	32,000
Protection and Advocacy Help America Vote Act	215,000	(8,000)	0	0
Protection and Advocacy for Individual Rights	1,154,000	253,000	136,000	(19,000)
Protection and Advocacy for the Mentally Ill	2,036,000	359,000	577,000	(11,000)
Protection and Advocacy for Persons with Traumatic Brain Injury	123,000	(44,000)	0	0
Technology Related Assistance for Individuals with Disabilities	812,000	105,000	184,000	(1,000)
Technology Related Protection and Advocacy	252,000	35,000	52,000	(4,000)
Total	12,575,000	1,296,000	4,029,000	55,000

Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Administration	1,777,000	124,000	300,000	0
Client Assistance	639,000	65,000	0	0
Protection and Advocacy for Beneficiaries of Social Security	274,000	(23,000)	0	0
Protection and Advocacy for the Developmentally Disabled	1,913,000	340,000	0	0
Protection and Advocacy Help America Vote Act	215,000	(8,000)	0	0
Protection and Advocacy for Individual Rights	1,018,000	272,000	0	0
Protection and Advocacy for the Mentally Ill	1,459,000	370,000	0	0
Protection and Advocacy for Persons with Traumatic Brain Injury	123,000	(44,000)	0	0
Technology Related Assistance for Individuals with Disabilities	628,000	106,000	0	0
Technology Related Protection and Advocacy	200,000	39,000	0	0
Total	8,246,000	1,241,000	300,000	0

QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES

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

Fund Type	Available 2009-10	Recommended 2010-11	Change
General Fund	293,000	170,000	(123,000)
Special Revenue Funds - Other	478,000	478,000	0
Total	771,000	648,000	(123,000)

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

Program	Available 2009-10	Recommended 2010-11	Change
Adult Homes			
General Fund	170,000	170,000	0
Special Revenue Funds - Other	60,000	60,000	0
Surrogate Decision Making			
General Fund	123,000	0	(123,000)
Special Revenue Funds - Other	418,000	418,000	0
Total	771,000	648,000	(123,000)