



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 3.2 million New Yorkers aged 60 or older. The Office provides leadership and direction to 59 Area Agencies on Aging, as well as to numerous other local programs and providers that comprise the network of services to the aged.

ORGANIZATION AND STAFFING

The State Office for the Aging is headed by a Director and is composed of four divisions: Executive, Finance and Administration, Policy, Management and Public Information and Community Service. The Office will have a workforce of 133 positions in 2009-10, 127 funded within the Office, and an additional six funded by other State agencies. Approximately 49 percent of Office operations are funded by the General Fund and 51 percent are financed by Federal grants and other revenue sources.

BUDGET HIGHLIGHTS

The Executive Budget recommends **\$234 million All Funds** (\$114 million General Fund, \$120 million Other Funds) for the State Office for the Aging. This is a decrease of **\$14.1 million** (\$11.3 million General Fund; \$2.8 million Other Funds) from the 2008-09 budget. This change primarily reflects the continuation of across-the-board reductions enacted during the August Special Legislative Session, discontinuation of the 2009-10 cost-of-living adjustments and reductions in non-essential spending, as offset by additional funding to assist seniors enrolled in Elderly Pharmaceutical Insurance Coverage (EPIC) programs in obtaining prescription drug benefits through Medicare Part D. The Executive Budget recommends a staffing level of **133 FTEs** for the Office with no changes from the 2008-09 level.

Major budget actions include:

- **Targeted Investment:** Funding of \$2 million is recommended for local Area Agencies on Aging and community-based organizations to assist seniors enrolled in the Elderly Pharmaceutical Insurance Coverage (EPIC) Program in selecting appropriate Medicare Part D plans.
- **Cost of Living Adjustments:** The Executive Budget saves \$7.1 million by discontinuing the 2009-10 cost-of-living adjustment for certain aging programs similar to other human services programs. This would not impact the cost-of-living adjustments available in the out-years.
- **Non-Essential Spending:** The Budget reduces funding for the Managed Care Consumer Assistance Program, Congregate Services Initiative, Stony Brook Evaluation of Geriatric In-Home Care, Long Term Care Ombudsman Program, and New York Connects. Funding is eliminated for the Individual Living Senior Housing Project, Geriatric In-Home Care, Social Workers for Geriatric In-Home Care, Sustainable Transportation, End of Life Care, Enriched Social Adult Day Centers and the Long Term Care Insurance Education and Outreach Program. These actions generate savings of \$8.1 million.
- **State Operations Savings:** Savings of \$275,000 will be realized by controlling non-personal spending and managing staffing vacancies.

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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 2009-10 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 provides non-medical in-home services, case management, respite and ancillary services to the frail elderly, most of whom are low income but not eligible for Medicaid. Recipients are required to cost-share, based on their annual income level, for received EISEP program services. EISEP is expected to serve almost 51,000 persons in 2009-10.

NUTRITION SERVICES

Through a combination of State tax dollars and Federal grants, the State annually provides over 23.5 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 \$15 million to support the purchase of food. The 2009-10 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 1,560 trained volunteers on the behalf of the approximately 155,000 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 2008-09	Appropriations Recommended 2009-10	Change	Reappropriations Recommended 2009-10
State Operations	14,855,000	14,629,000	(226,000)	12,815,200
Aid To Localities	232,899,119	219,004,000	(13,895,119)	120,367,141
Capital Projects	0	0	0	0
Total	247,754,119	233,633,000	(14,121,119)	133,182,341

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

Full-Time Equivalent Positions (FTE)

Program	2008-09 Estimated FTEs 03/31/09	2009-10 Estimated FTEs 03/31/10	FTE Change
Administration and Grants Management			
General Fund	33	33	0
Special Revenue Funds - Federal	99	99	0
Special Revenue Funds - Other	1	1	0
Total	133	133	0

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

Fund Type	Available 2008-09	Recommended 2009-10	Change
General Fund	3,430,000	3,292,000	(138,000)
Special Revenue Funds - Federal	11,025,000	10,987,000	(38,000)
Special Revenue Funds - Other	300,000	250,000	(50,000)
Enterprise Funds	100,000	100,000	0
Total	14,855,000	14,629,000	(226,000)

Adjustments:

Transfer(s) From	
Special Pay Bill	
General Fund	(159,000)
Special Revenue Funds - Federal	(775,000)
Appropriated 2008-09	13,921,000

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

Program	Available 2008-09	Recommended 2009-10	Change
Administration and Grants Management			
General Fund	3,359,000	3,292,000	(67,000)
Special Revenue Funds - Federal	10,284,000	10,987,000	703,000
Special Revenue Funds - Other	300,000	250,000	(50,000)
Enterprise Funds	100,000	100,000	0
Community Services			
General Fund	71,000	0	(71,000)
Special Revenue Funds - Federal	741,000	0	(741,000)
Total	14,855,000	14,629,000	(226,000)

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**STATE OPERATIONS - GENERAL FUND
SUMMARY OF PERSONAL SERVICE APPROPRIATIONS AND CHANGES
2009-10 RECOMMENDED
(dollars)**

Program	Total		Personal Service Regular (Annual Salaried)	
	Amount	Change	Amount	Change
Administration and Grants Management	2,811,000	83,000	2,803,000	83,000
Community Services	0	(71,000)	0	(71,000)
Total	<u>2,811,000</u>	<u>12,000</u>	<u>2,803,000</u>	<u>12,000</u>

Program	Holiday/Overtime Pay (Annual Salaried)	
	Amount	Change
Administration and Grants Management	8,000	0
Community Services	0	0
Total	<u>8,000</u>	<u>0</u>

**STATE OPERATIONS - GENERAL FUND
SUMMARY OF NONPERSONAL SERVICE AND MAINTENANCE UNDISTRIBUTED
APPROPRIATIONS AND CHANGES
2009-10 RECOMMENDED
(dollars)**

Program	Total		Supplies and Materials	
	Amount	Change	Amount	Change
Administration and Grants Management	481,000	(150,000)	53,000	20,000
Total	<u>481,000</u>	<u>(150,000)</u>	<u>53,000</u>	<u>20,000</u>

Program	Travel		Contractual Services	
	Amount	Change	Amount	Change
Administration and Grants Management	101,000	45,000	300,000	90,000
Total	<u>101,000</u>	<u>45,000</u>	<u>300,000</u>	<u>90,000</u>

Program	Equipment		Maintenance Undistributed	
	Amount	Change	Amount	Change
Administration and Grants Management	27,000	20,000	0	(325,000)
Total	<u>27,000</u>	<u>20,000</u>	<u>0</u>	<u>(325,000)</u>

**STATE OPERATIONS - OTHER THAN GENERAL FUND
SUMMARY OF APPROPRIATIONS AND CHANGES
2009-10 RECOMMENDED
(dollars)**

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Administration and Grants Management	11,337,000	653,000	8,337,000	714,000
Community Services	0	(741,000)	0	(496,000)
Total	<u>11,337,000</u>	<u>(88,000)</u>	<u>8,337,000</u>	<u>218,000</u>

Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Administration and Grants Management	2,650,000	(11,000)	350,000	(50,000)
Community Services	0	(245,000)	0	0
Total	<u>2,650,000</u>	<u>(256,000)</u>	<u>350,000</u>	<u>(50,000)</u>

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

Fund Type	Available 2008-09	Recommended 2009-10	Change
General Fund	121,547,512	110,424,000	(11,123,512)
Special Revenue Funds - Federal	107,600,000	107,600,000	0
Special Revenue Funds - Other	3,751,607	980,000	(2,771,607)
Total	<u>232,899,119</u>	<u>219,004,000</u>	<u>(13,895,119)</u>

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

Program	Available 2008-09	Recommended 2009-10	Change
Community Services			
General Fund	121,547,512	110,424,000	(11,123,512)
Special Revenue Funds - Federal	107,600,000	107,600,000	0
Special Revenue Funds - Other	3,751,607	980,000	(2,771,607)
Total	<u>232,899,119</u>	<u>219,004,000</u>	<u>(13,895,119)</u>

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 34 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 **\$4.6 million All Funds** (all Federal funds) for the Council. This represents the same level of funding as in 2008-09 and is based on the level of anticipated 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 2008-09, 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 2009-10, 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 2008-09	Appropriations Recommended 2009-10	Change	Reappropriations Recommended 2009-10
State Operations	4,560,000	4,560,000	0	2,883,000
Aid To Localities	0	0	0	0
Capital Projects	0	0	0	0
Total	<u>4,560,000</u>	<u>4,560,000</u>	<u>0</u>	<u>2,883,000</u>

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

Full-Time Equivalent Positions (FTE)

Program	2008-09 Estimated FTEs 03/31/09	2009-10 Estimated FTEs 03/31/10	FTE Change
Developmental Disabilities Planning			
Special Revenue Funds - Federal	18	18	0
Total	<u>18</u>	<u>18</u>	<u>0</u>

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

Fund Type	Available 2008-09	Recommended 2009-10	Change
Special Revenue Funds - Federal	4,550,000	4,550,000	0
Enterprise Funds	10,000	10,000	0
Total	<u>4,560,000</u>	<u>4,560,000</u>	<u>0</u>

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

Program	Available 2008-09	Recommended 2009-10	Change
Developmental Disabilities Planning			
Special Revenue Funds - Federal	4,550,000	4,550,000	0
Enterprise Funds	10,000	10,000	0
Total	<u>4,560,000</u>	<u>4,560,000</u>	<u>0</u>

DEVELOPMENTAL DISABILITIES PLANNING

**STATE OPERATIONS - OTHER THAN GENERAL FUND
SUMMARY OF APPROPRIATIONS AND CHANGES
2009-10 RECOMMENDED
(dollars)**

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Developmental Disabilities Planning	4,560,000	0	1,130,000	32,000
Total	4,560,000	0	1,130,000	32,000

Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Developmental Disabilities Planning	919,000	(12,000)	2,511,000	(20,000)
Total	919,000	(12,000)	2,511,000	(20,000)

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 health-related homeland security measures in conjunction with the Office of Homeland Security. As part of this mission, the Department works with the State's health care community to ensure appropriate readiness and response to potential public health threats.

The Department of Health is also the principal State agency that interacts with the Federal and local governments, health care providers and program participants for the State's Medicaid program. 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 2007-08 Executive Budget provided for the Department's reorganization by consolidating all public health insurance programs under a new office, responsible for Medicaid, Family Health Plus, Child Health Plus, Elderly Pharmaceutical Insurance Coverage, and the AIDS Drug Assistance Program and all long term care services under a single office to improve integration of planning and program development. These entities 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.

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In 2009-10, the Department of Health will have a workforce of 5,807 positions, with 27 percent of those positions employed in the Department's health care facilities.

- Approximately 22 percent of these positions are paid by the General Fund;
- 7 percent are directly supported by fees;
- 55 percent are supported by third party and private patient care reimbursement; and
- The remaining 16 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 \$48.2 billion in 2009-10. The 2009-10 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 State and local governments. Accordingly, the 2009-10 Executive Budget includes funding to support the Medicaid cap legislation which provides significant fiscal relief to local governments by capping their share of Medicaid costs up to the amount they will have spent in 2005, as modified by a predictable growth factor. 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:

- Implementing a Deficit Reduction Plan to achieve savings across all sectors of New York's health care system;
- Recommending a series of measures to control health care costs, reforming Medicaid reimbursement for hospitals, nursing homes and home care and making needed investments in outpatient services, primary and preventive care, community-based services and quality initiatives;
- Requiring insurers to pay their fair share of health related costs;
- Including several pharmacy initiatives to ensure that the State maximizes manufacturer rebate revenues and Federal funding;
- Realizing efficiencies in Managed Care;
- Advancing measures to appropriately manage utilization of health services;
- Achieving additional savings by fighting Medicaid fraud;
- Recommending several actions to insure that HCRA is fiscally sound;
- Reducing or eliminating lower priority programs;
- Streamlining access to health insurance coverage by eliminating unnecessary steps in the enrollment process; and
- Providing additional resources through the HEAL NY program to support reform and restructuring efforts.

Acute Care

The Health Care Reform Act (HCRA) serves as the statutory basis governing hospital financing. Under HCRA, most non-Medicaid payors negotiate rates with hospitals, encouraging competition in the health care industry. The Budget recommends a series of actions – including increases in the tobacco retail fee and sales tax on non-diet soft drinks – to ensure that HCRA is financially balanced. Absent efforts to control growth, State Medicaid spending on acute care services will reach \$2.9 billion in 2009-10. The Budget continues to rationalize reimbursement methodologies, promote increased transparency and accountability in how funding is utilized and makes needed investments. In addition to the savings realized through the Deficit Reduction Plan, the Budget reflects net State savings of \$164 million in the acute care area through the following actions:

- **Restructure Hospital Inpatient Reimbursement.** Continues the hospital reform initiated in 2008-09 that redirects hospital inpatient savings to make investments in primary and ambulatory care. Hospital inpatient rates will be reduced to bring reimbursement closer to costs, the inpatient detoxification reimbursement reform enacted in 2008-09 will be accelerated and other reimbursement reforms implemented.
- **Invest in Primary and Outpatient Care.** Consistent with inpatient reimbursement reform, additional ambulatory care investments are recommended to increase physician/practitioner fees, augment hospital, community, mental hygiene and substance abuse clinic rates and support other primary care enhancements.
- **Redirect Graduate Medical Education Funds.** State-funded Graduate Medical Education moneys will be re-directed to draw down matching Federal funds to support indigent care needs. This action will generate State savings of \$141 million and maintain the same level of aggregate funding for the hospitals, though distributed based on higher priority indigent care needs rather than for Graduate Medical Education.

Long Term Care

State spending on nursing home and community-based care comprises more than half the General Fund Medicaid budget – or an estimated \$5.9 billion in 2009-10. The Executive Budget reflects net State savings of \$215 million, in addition to the Deficit Reduction Savings, through the following actions:

- **Modify Nursing Home Reimbursement.** The Budget replaces the current outdated provider-specific cost-based reimbursement system with a regional pricing model based on quality and efficiency, phases out 6,000 nursing home beds over a five-year period and makes other reimbursement modifications. Under this proposal, the planned update of cost-based rates from 1983 to 2002 would not proceed.
- **Reform Home Care Reimbursement.** Changes from a provider-specific cost based system to a new pricing methodology based upon patient condition, similar to Medicare, and makes investments to improve quality.
- **Invest in Nursing Homes and Community-Based Care.** The Budget includes funding for a number of initiatives including quality incentive pools for both nursing homes and home care, 6,000 new assisted living slots, a falls prevention program, support for geriatric nursing training, cash and counseling

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demonstration programs (to support personally directed home care) and the development of a uniform assessment tool for home care. In addition, the Budget further supports community-based care by lifting moratoriums on the approval of new adult day health care and Certified Home Health Care providers.

- **Establish 0.7 Percent Assessment.** The Budget establishes a 0.7 percent assessment on home care provider revenues. An assessment of 0.6 percent previously existed from 1995-96 through 1998-99.

Pharmacy

Absent efforts to control growth, State Medicaid spending on pharmacy services will reach \$1.5 billion in 2009-10. The budget includes a number of recommendations to control the growth of pharmacy costs. Major budget actions include:

- **Modify Supplemental Rebate Program.** Discontinue participation in the National Medicaid Pooling Initiative allowing the State to negotiate supplemental rebates directly with manufacturers. This generates State savings of \$1.8 million in 2009-10.
- **Require Step Therapy for Certain Drugs.** This requires patients to try equally effective lower cost drugs before using higher cost alternatives, generating State savings of \$600,000 in 2009-10.
- **Allow Denials Based on Medical Necessity.** Allow denial of drugs when the prescriber cannot demonstrate medical necessity. This produces 2009-10 State savings of \$2 million.
- **Establish Drug Utilization Review.** Adopt standards developed by the Office of Mental Health in dispensing psychotropic drugs. This action will save \$1.8 million in 2009-10.
- **Limit Drug Quantity, Frequency and Duration.** Use the existing Medicaid prior authorization process to limit the number of units of certain medications that are subject to fraud or misuse. State savings of \$9.4 million are estimated for 2009-10.

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 2.21 million by the end of 2008-09 and 2.26 million in 2009-10. The Budget recommendations will generate savings of \$84 million in 2009-10. Major recommended actions include:

- **Maximize Federal Funding for Family Planning.** The Department will claim costs for family planning services provided by managed care organizations which are eligible for enhanced Federal reimbursement of 90 percent.

- **Cap Marketing and Administrative Costs.** The Budget caps marketing expenses at the statewide average for Medicaid managed care, Family Health Plus and Child Health Plus and caps administrative costs for Managed Long Term Care plans.
- **Other Savings Actions.** The Budget realizes additional savings by maximizing the enrollment of dual eligibles (those eligible for Medicaid and Medicare) in managed care, shifting Child Health Plus rate setting authority from the Insurance Department to the Department of Health, including personal care services in managed care and other actions.

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 370,000 children. The Budget continues to provide State-only funds to fully finance the recent expansion of Child Health Plus from 250 percent to 400 percent of the Federal Poverty Level. Family contribution levels will be increased in the Budget on a graduated scale based on income.

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 528,000 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, that 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.

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OTHER PUBLIC HEALTH PROGRAMS

General Fund appropriations finance 17 percent of the Department of Health's total budget of \$5.3 billion in 2009-10 after excluding Medicaid and HCRA program costs. Other revenue sources, including: 1) reimbursement for patient care provided at the Department's health care facilities; 2) regulatory fees and audit recoveries; 3) management fees for hospital and nursing home construction projects financed through bond proceeds; and 4) registration, testing and certification fees for various public health services, support 36 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 47 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:

- **Reducing Cost-of-Living Adjustments:** The recommendation generates savings by reducing the 2008-09 Human Services Cost of Living Adjustment (COLA) from 3.2 percent to 2.2 percent effective January 1, 2009 (savings of \$3.4M). Additionally, the Executive Budget recommends no COLA for 2009-10 (savings of \$16.7M). To continue the State's long-term commitment, these adjustments are planned to resume April 1, 2010, and this budget also recommends extending the COLA for a third year in 2012-13.
- **Early Intervention:** The Budget includes \$160 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 parental fees at the same levels as recommended for Child Health Plus; requires EI providers to pay an application fee and directly bill third party payors; finances a portion of EI costs with insurance assessments; and modifies EI speech eligibility using evidenced-based criteria.
- **General Public Health Works:** The Budget includes \$201 million for the General Public Health Works Program to reimburse counties for core services. The Budget restructures the GPHW program by discontinuing reimbursement for certain optional services (emergency medical services, laboratories, medical examiners and long-term home health care programs). This generates savings of \$16 million in 2009-10.
- **Elderly Pharmaceutical Insurance Coverage (EPIC) Program:** The Budget includes \$415 million for EPIC to ensure that 315,000 senior citizens receive crucial prescription drug insurance. To ensure that Medicare Part D provides appropriate coverage for EPIC seniors, the Budget eliminates wrap-around coverage for drugs not covered by an individual's Part D plan and requires all EPIC seniors, with no exceptions, who are eligible to enroll in Part D. EPIC will continue to cover Part D premium and "donut hole" costs. Additionally, EPIC would require eligible seniors to enroll in the Medicare Savings Program and

- cover EPIC mail order purchases. Finally, while EPIC will no longer cover lifestyle drugs, coverage will be offered for mail order purchases. These actions generate savings of \$64.4 million in 2009-10.
- **Support for EPIC Seniors:** The Budget includes \$10 million to reduce out-of-pocket expenses for EPIC seniors with incomes below 150 percent of the Federal Poverty Level by eliminating their EPIC fees, and capping co-payments at \$15. Currently, that benefit is provided to those with incomes below 135 percent of FPL. Funding of \$2 million will be provided to local Area Agencies on Aging and community-based organizations, through the State Office for the Aging's Budget, to assist EPIC seniors in obtaining appropriate Medicare Part D prescription drug coverage.
 - **Wadsworth Center/Clinical Laboratories:** Maintains funding for the Wadsworth Center for Laboratories and Research to purchase critical equipment, as well as \$8 million for capital improvements. The Budget restructures the clinical laboratories fee methodology by replacing the current method of determining fees with a one percent assessment on each laboratory's gross annual receipts.
 - **Physician Registration Fees:** The Budget increases the biennial physician registration fee, last raised in 1996, from \$600 to \$1,000 to support ongoing activities.
 - **Other Savings Actions:** The Budget saves \$9 million in 2009-10 by reducing non-essential spending for certain public health programs and achieving savings in state operations spending.
 - **HIV/AIDS:** The Budget sustains the State's commitment to fighting the AIDS epidemic by providing statewide spending of \$3.5 billion for AIDS programs, including \$125 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 extended for two years for an additional investment of \$650 million, bringing the total investment in this program to \$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 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.
 - **Lead Poisoning Prevention:** The Budget recommends a new investment of \$2.5 million to enhance the Department's current Childhood Lead Poisoning Prevention program provide for the screening of a wider spectrum of individuals in targeted areas across the State.
 - **Roswell Park Cancer Institute:** The Budget recommends \$101.4 million for the Roswell Park Cancer Institute from HCRA, including \$25 million from HEAL for capital projects. Anti-tobacco funding of \$14.5 million from HCRA for research studies is eliminated.

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- **Certificate of Need (CON) Reform:** The Budget includes several changes to the Certificate of Need fee schedule that will generate approximately \$4 million in new revenue to be used for various enhancements to the CON process, including the development of an electronic submission process.
- **Other Public Health Investments:** The Budget recommends additional funding to increase awareness and reduce obesity levels, conduct cancer screenings and support food banks.

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 more than 700 environmental laboratories and more than 1,800 clinical laboratories and patient service centers to ensure testing quality, and the public's health and safety. In addition, the Wadsworth Center and DOH's Centers for Community and Environmental Health continue to play key roles in managing the State's preparation for response to bioterrorism.

The Department develops and funds HIV prevention and health care programs, educates the public and health care providers, formulates policy and directs regional and statewide HIV/AIDS planning. New York remains a leader in combating this complex epidemic by responding to changes in incidence with even greater attention to population-based programming, long-term care and policies designed to reduce discrimination and guarantee basic medical care and treatment for the uninsured. New York State will spend \$3.5 billion to combat HIV/AIDS next year.

HEALTH SYSTEMS MANAGEMENT

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

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, which was established in 2007-08.

**ALL FUNDS
APPROPRIATIONS
(dollars)**

Category	Available 2008-09	Appropriations Recommended 2009-10	Change	Reappropriations Recommended 2009-10
State Operations	2,041,768,000	2,090,072,500	48,304,500	4,437,548,800
Aid To Localities	48,536,370,128	47,243,241,300	(1,293,128,828)	34,284,062,340
Capital Projects	277,580,000	350,580,000	73,000,000	829,603,000
Total	<u>50,855,718,128</u>	<u>49,683,893,800</u>	<u>(1,171,824,328)</u>	<u>39,551,214,140</u>

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

Program	Full-Time Equivalent Positions (FTE)		
	2008-09 Estimated FTEs 03/31/09	2009-10 Estimated FTEs 03/31/10	FTE Change
Administration and Executive Direction			
General Fund	114	114	0
Special Revenue Funds - Federal	58	58	0
Special Revenue Funds - Other	253	253	0
AIDS Institute			
General Fund	179	179	0
Child Health Insurance			
Special Revenue Funds - Other	41	41	0
Community Health			
General Fund	26	26	0
Special Revenue Funds - Federal	612	612	0
Special Revenue Funds - Other	131	131	0
Elderly Pharmaceutical Insurance Coverage			
Special Revenue Funds - Other	32	32	0
Environmental Health			
General Fund	109	109	0
Special Revenue Funds - Federal	127	127	0
Special Revenue Funds - Other	92	92	0
Capital Projects Funds - Other	80	80	0
Health Care Financing			
General Fund	65	65	0
Special Revenue Funds - Other	75	75	0
Health Insurance Programs, Office of			
General Fund	414	414	0
Special Revenue Funds - Federal	71	71	0
Special Revenue Funds - Other	5	5	0
Health Systems Management, Office of			
General Fund	237	237	0
Special Revenue Funds - Other	292	292	0
Institution Management			
Special Revenue Funds - Other	1,567	1,567	0
Long Term Care, Office of			
General Fund	375	375	0
Laboratories and Research			
General Fund	410	410	0
Special Revenue Funds - Federal	74	74	0
Special Revenue Funds - Other	218	218	0
Managed Care and Program Evaluation, Division of			
General Fund	150	150	0
Total	<u>5,807</u>	<u>5,807</u>	<u>0</u>

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

<u>Fund Type</u>	<u>Available 2008-09</u>	<u>Recommended 2009-10</u>	<u>Change</u>
General Fund	271,145,800	303,992,400	32,846,600
Special Revenue Funds - Federal	1,199,247,000	1,208,651,000	9,404,000
Special Revenue Funds - Other	571,365,200	577,419,100	6,053,900
Enterprise Funds	10,000	10,000	0
Total	<u>2,041,768,000</u>	<u>2,090,072,500</u>	<u>48,304,500</u>
Adjustments:			
Transfer(s) From			
Special Pay Bill			
General Fund	(11,503,000)		
Special Revenue Funds - Federal	(7,754,000)		
Special Revenue Funds - Other	<u>(18,452,000)</u>		
Appropriated 2008-09	<u>2,004,059,000</u>		

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

<u>Program</u>	<u>Available 2008-09</u>	<u>Recommended 2009-10</u>	<u>Change</u>
Administration and Executive Direction			
General Fund	33,949,500	31,031,500	(2,918,000)
Special Revenue Funds - Federal	17,757,000	9,876,000	(7,881,000)
Special Revenue Funds - Other	55,562,800	39,119,700	(16,443,100)
AIDS Institute			
General Fund	17,008,000	17,899,000	891,000
Child Health Insurance			
Special Revenue Funds - Federal	64,130,000	64,130,000	0
Special Revenue Funds - Other	16,045,000	16,496,400	451,400
Community Health			
General Fund	12,774,800	12,985,000	210,200
Special Revenue Funds - Federal	143,903,000	151,578,000	7,675,000
Special Revenue Funds - Other	6,062,000	6,548,700	486,700
Elderly Pharmaceutical Insurance Coverage			
Special Revenue Funds - Other	20,911,000	21,911,000	1,000,000
Environmental Health			
General Fund	9,515,000	9,932,800	417,800
Special Revenue Funds - Federal	18,105,000	18,184,000	79,000
Special Revenue Funds - Other	21,207,400	26,266,600	5,059,200
Health Care Financing			
General Fund	7,577,000	7,977,100	400,100
Special Revenue Funds - Other	11,363,000	12,513,600	1,150,600
Health Insurance Programs, Office of			
General Fund	63,517,000	93,411,700	29,894,700
Special Revenue Funds - Federal	846,697,000	846,697,000	0
Special Revenue Funds - Other	14,200,000	13,875,800	(324,200)
Health Systems Management, Office of			
General Fund	34,027,000	30,414,600	(3,612,400)
Special Revenue Funds - Other	51,944,000	65,950,000	14,006,000
Institution Management			
Special Revenue Funds - Other	155,157,000	165,742,100	10,585,100
Enterprise Funds	10,000	10,000	0
Long Term Care, Office of			
General Fund	49,886,000	53,914,000	4,028,000
Special Revenue Funds - Other	20,283,000	9,477,200	(10,805,800)
Laboratories and Research			
General Fund	43,881,500	46,018,500	2,137,000
Special Revenue Funds - Federal	12,932,000	12,932,000	0
Special Revenue Funds - Other	85,308,000	86,696,000	1,388,000
Maintenance Undistributed			
General Fund	(113,322,000)	(112,822,000)	500,000
Special Revenue Funds - Other	113,322,000	112,822,000	(500,000)
Managed Care and Program Evaluation, Division of			
General Fund	17,827,000	18,725,200	898,200
Medicaid Management Information System			
General Fund	94,505,000	94,505,000	0
Special Revenue Funds - Federal	95,723,000	105,254,000	9,531,000
Total	<u>2,041,768,000</u>	<u>2,090,072,500</u>	<u>48,304,500</u>

STATE OPERATIONS - GENERAL AND OFFSET FUNDS
SUMMARY OF PERSONAL SERVICE APPROPRIATIONS AND CHANGES
2009-10 RECOMMENDED
(dollars)

Program	Total		Personal Service Regular (Annual Salaried)	
	Amount	Change	Amount	Change
Administration and Executive Direction	8,817,300	(1,668,000)	8,757,300	(1,668,000)
AIDS Institute	11,938,000	891,000	11,918,000	891,000
Community Health	2,871,000	210,200	2,851,000	210,300
Environmental Health	7,695,800	570,800	7,428,100	570,800
Health Care Financing	5,470,100	400,100	5,420,100	400,100
Health Insurance Programs, Office of	29,319,700	2,144,700	28,968,700	2,144,700
Health Systems Management, Office of	23,018,600	(2,862,400)	22,419,600	(2,862,400)
Long Term Care, Office of	30,510,000	4,128,000	29,574,000	4,128,000
Laboratories and Research	30,000,500	2,330,000	29,130,000	2,330,000
Managed Care and Program Evaluation, Division of	12,279,200	898,200	12,279,200	898,200
Total	161,920,200	7,042,600	158,746,000	7,042,700

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	(100)
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	(100)

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**STATE OPERATIONS - GENERAL AND OFFSET FUNDS
SUMMARY OF NONPERSONAL SERVICE AND MAINTENANCE UNDISTRIBUTED
APPROPRIATIONS AND CHANGES
2009-10 RECOMMENDED
(dollars)**

Program	Total		Supplies and Materials	
	Amount	Change	Amount	Change
Administration and Executive Direction	22,214,200	(1,250,000)	1,077,400	0
AIDS Institute	5,961,000	0	1,333,881	0
Community Health	10,114,000	0	201,000	100
Environmental Health	2,237,000	(153,000)	101,000	0
Health Care Financing	2,507,000	0	99,000	0
Health Insurance Programs, Office of	64,092,000	27,750,000	536,000	0
Health Systems Management, Office of	7,396,000	(750,000)	186,000	0
Long Term Care, Office of	23,404,000	(100,000)	350,000	0
Laboratories and Research	16,018,000	(193,000)	3,352,000	0
Managed Care and Program Evaluation, Division of	6,446,000	0	156,000	0
Medicaid Management Information System	94,505,000	0	0	0
Total	<u>254,894,200</u>	<u>25,304,000</u>	<u>7,392,281</u>	<u>100</u>

Program	Travel		Contractual Services	
	Amount	Change	Amount	Change
Administration and Executive Direction	406,500	0	19,352,000	0
AIDS Institute	311,700	0	3,636,900	0
Community Health	117,000	200	9,487,000	0
Environmental Health	374,400	0	1,661,000	0
Health Care Financing	40,000	0	2,318,000	0
Health Insurance Programs, Office of	823,000	0	29,902,000	0
Health Systems Management, Office of	237,000	0	6,499,000	0
Long Term Care, Office of	1,065,000	0	19,574,000	4,900,000
Laboratories and Research	76,000	0	7,285,000	200,000
Managed Care and Program Evaluation, Division of	130,000	0	6,000,000	0
Medicaid Management Information System	0	0	94,505,000	0
Total	<u>3,580,600</u>	<u>200</u>	<u>200,219,900</u>	<u>5,100,000</u>

Program	Equipment		Maintenance Undistributed	
	Amount	Change	Amount	Change
Administration and Executive Direction	628,300	0	750,000	(1,250,000)
AIDS Institute	228,519	0	450,000	0
Community Health	309,000	(300)	0	0
Environmental Health	100,600	0	0	(153,000)
Health Care Financing	50,000	0	0	0
Health Insurance Programs, Office of	831,000	0	32,000,000	27,750,000
Health Systems Management, Office of	201,000	0	273,000	(750,000)
Long Term Care, Office of	415,000	0	2,000,000	(5,000,000)
Laboratories and Research	5,305,000	0	0	(393,000)
Managed Care and Program Evaluation, Division of	160,000	0	0	0
Medicaid Management Information System	0	0	0	0
Total	<u>8,228,419</u>	<u>(300)</u>	<u>35,473,000</u>	<u>20,204,000</u>

**STATE OPERATIONS - OTHER THAN GENERAL FUND AND OFFSET FUNDS
SUMMARY OF APPROPRIATIONS AND CHANGES
2009-10 RECOMMENDED
(dollars)**

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Administration and Executive Direction	48,995,700	(24,324,100)	18,925,500	(15,500,500)
Child Health Insurance	80,626,400	451,400	3,228,400	451,400
Community Health	158,126,700	8,161,700	2,767,700	486,700
Elderly Pharmaceutical Insurance Coverage	21,911,000	1,000,000	2,141,600	139,600
Environmental Health	44,450,600	5,138,200	9,245,500	1,923,400
Health Care Financing	12,513,600	1,150,600	6,517,700	1,097,700
Health Insurance Programs, Office of	860,572,800	(324,200)	1,184,800	(324,200)
Health Systems Management, Office of	65,950,000	14,006,000	22,078,800	7,618,800
Institution Management	165,752,100	10,585,100	98,522,100	10,585,100
Long Term Care, Office of	9,477,200	(10,805,800)	1,853,200	194,200
Laboratories and Research	99,628,000	1,388,000	10,255,000	1,030,000
Medicaid Management Information System	105,254,000	9,531,000	0	0
Total	1,673,258,100	15,957,900	176,720,300	7,702,200

Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Administration and Executive Direction	20,194,200	(8,696,600)	9,876,000	(127,000)
Child Health Insurance	13,268,000	0	64,130,000	0
Community Health	3,781,000	0	151,578,000	7,675,000
Elderly Pharmaceutical Insurance Coverage	19,544,400	860,400	225,000	0
Environmental Health	16,871,100	4,535,800	18,334,000	(1,321,000)
Health Care Financing	5,995,900	52,900	0	0
Health Insurance Programs, Office of	12,691,000	0	846,697,000	0
Health Systems Management, Office of	27,576,200	6,387,200	16,295,000	0
Institution Management	67,230,000	0	0	0
Long Term Care, Office of	7,624,000	0	0	(11,000,000)
Laboratories and Research	26,441,000	358,000	62,932,000	0
Medicaid Management Information System	0	0	105,254,000	9,531,000
Total	221,216,800	3,497,700	1,275,321,000	4,758,000

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

Fund Type	Available 2008-09	Recommended 2009-10	Change
General Fund	12,826,158,422	11,732,542,600	(1,093,615,822)
Special Revenue Funds - Federal	27,543,167,280	28,395,708,000	852,540,720
Special Revenue Funds - Other	6,395,844,426	7,114,990,700	719,146,274
Fiduciary Funds	1,771,200,000	0	(1,771,200,000)
Total	48,536,370,128	47,243,241,300	(1,293,128,828)

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

<u>Program</u>	<u>Available 2008-09</u>	<u>Recommended 2009-10</u>	<u>Change</u>
Administration and Executive Direction			
General Fund	561,040	561,000	(40)
AIDS Institute			
General Fund	25,782,271	25,166,000	(616,271)
Special Revenue Funds - Other	81,898,811	81,418,000	(480,811)
Child Health Insurance			
Special Revenue Funds - Federal	487,800,000	487,800,000	0
Special Revenue Funds - Other	442,500,000	442,500,000	0
Community Health			
General Fund	680,898,078	554,655,000	(126,243,078)
Special Revenue Funds - Federal	745,491,000	802,791,000	57,300,000
Special Revenue Funds - Other	61,233,606	62,257,000	1,023,394
Elderly Pharmaceutical Insurance Coverage			
Special Revenue Funds - Other	661,650,000	393,150,000	(268,500,000)
Environmental Health			
General Fund	7,510,600	10,010,600	2,500,000
Special Revenue Funds - Federal	3,687,000	3,687,000	0
Special Revenue Funds - Other	196,000	196,000	0
Health Care Financing			
General Fund	798,000	798,000	0
Health Care Reform Act Program			
Special Revenue Funds - Other	1,264,016,229	654,270,000	(609,746,229)
Health Insurance Programs, Office of			
General Fund	1,391,200	1,391,200	0
Special Revenue Funds - Federal	300,000,000	0	(300,000,000)
Special Revenue Funds - Other	300,000,000	300,000,000	0
Health Systems Management, Office of			
General Fund	16,041,120	14,458,500	(1,582,620)
Special Revenue Funds - Federal	400,000	400,000	0
Long Term Care, Office of			
General Fund	23,689,725	29,763,300	6,073,575
Special Revenue Funds - Other	4,311,780	4,311,700	(80)
Laboratories and Research			
General Fund	882,248	871,000	(11,248)
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	11,525,813,280	10,553,656,000	(972,157,280)
Special Revenue Funds - Federal	25,420,307,280	26,515,548,000	1,095,240,720
Special Revenue Funds - Other	3,572,750,000	5,169,600,000	1,596,850,000
Fiduciary Funds	1,771,200,000	0	(1,771,200,000)
Medical Assistance Administration			
General Fund	540,950,000	548,500,000	7,550,000
Special Revenue Funds - Federal	581,800,000	581,800,000	0
Community Projects			
General Fund	9,128,860	0	(9,128,860)
Total	<u>48,536,370,128</u>	<u>47,243,241,300</u>	<u>(1,293,128,828)</u>

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

Comprehensive Construction Program	Available 2008-09	Recommended 2009-10	Change	Reappropriations 2009-10
Health Care Efficiency and Affordability Law for New Yorkers				
Capital Projects Fund	165,000,000	217,000,000	52,000,000	362,351,000
Capital Projects Fund - Advances	85,000,000	108,000,000	23,000,000	343,777,000
Laboratories and Research				
Capital Projects Fund	10,000,000	8,000,000	(2,000,000)	21,453,000
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	19,742,000
Water Resources				
Federal Capital Projects Fund	9,980,000	9,980,000	0	77,280,000
Total	<u>277,580,000</u>	<u>350,580,000</u>	<u>73,000,000</u>	<u>829,603,000</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 760 positions in 2009-10.

BUDGET HIGHLIGHTS

The 2009-10 Executive Budget recommends **\$92.8 million All Funds** (\$35.2 million General Fund, \$57.6 million Other Funds) to support the operations of the Office of the Medicaid Inspector General. This is a decrease of **\$1.6 million** (\$0.3 million General Fund, \$1.3 million Other Funds) from the 2008-09 Budget. This change reflects increased personal service costs associated with new positions offset by non-personal service efficiencies and the elimination of funding suballocated to the Department of Law.

Major budget actions include:

- **Merger with the Office of the Welfare Inspector General:** The Budget recommends the merger of the Office of the Welfare Inspector General (OWIG) with OMIG, and transfers 10 positions and funding from that Office for the prevention and investigation of welfare fraud and abuse.
- **Department of Law Funding:** The Budget eliminates \$800,000 in funding suballocated to the Department of Law.
- **Non-Personal Service Efficiencies:** The Executive Budget saves \$1.8 million by reducing certain contractual service expenditures and utilizing OMIG staff to perform those functions.

MEDICAID INSPECTOR GENERAL

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 \$48.2 billion in 2009-10. Medicaid provides coverage to nearly 4 million New Yorkers.

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 2009-10 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 2008-09	Appropriations Recommended 2009-10	Change	Reappropriations Recommended 2009-10
State Operations	94,350,000	92,745,000	(1,605,000)	50,610,000
Aid To Localities	0	0	0	0
Capital Projects	0	0	0	0
Total	94,350,000	92,745,000	(1,605,000)	50,610,000

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

Program	Full-Time Equivalent Positions (FTE)		
	2008-09 Estimated FTEs 03/31/09	2009-10 Estimated FTEs 03/31/10	FTE Change
	Medicaid Audit and Fraud Prevention		
General Fund	325	371	46
Special Revenue Funds - Federal	341	376	35
Special Revenue Funds - Other	13	3	(10)
Welfare Inspector General Program			
General Fund	4	4	0
Special Revenue Funds - Other	6	6	0
Total	689	760	71

MEDICAID INSPECTOR GENERAL

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

Fund Type	Available 2008-09	Recommended 2009-10	Change
General Fund	35,514,000	35,187,000	(327,000)
Special Revenue Funds - Federal	52,348,000	52,284,000	(64,000)
Special Revenue Funds - Other	6,488,000	5,274,000	(1,214,000)
Total	<u>94,350,000</u>	<u>92,745,000</u>	<u>(1,605,000)</u>

Adjustments:

Transfer(s) From			
Special Pay Bill			
General Fund	(1,025,000)		
Special Revenue Funds - Federal	(1,738,000)		
Special Revenue Funds - Other	(93,000)		
Welfare Inspector General, Office of			
General Fund	(445,000)		
Special Revenue Funds - Other	(1,210,000)		
Appropriated 2008-09	<u>89,839,000</u>		

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

Program	Available 2008-09	Recommended 2009-10	Change
Medicaid Audit and Fraud Prevention			
General Fund	38,769,000	38,442,000	(327,000)
Special Revenue Funds - Federal	52,348,000	52,284,000	(64,000)
Special Revenue Funds - Other	1,578,000	364,000	(1,214,000)
Maintenance Undistributed			
General Fund	(3,700,000)	(3,700,000)	0
Special Revenue Funds - Other	3,700,000	3,700,000	0
Welfare Inspector General Program			
General Fund	445,000	445,000	0
Special Revenue Funds - Other	1,210,000	1,210,000	0
Total	<u>94,350,000</u>	<u>92,745,000</u>	<u>(1,605,000)</u>

STATE OPERATIONS - GENERAL AND OFFSET FUNDS SUMMARY OF PERSONAL SERVICE APPROPRIATIONS AND CHANGES 2009-10 RECOMMENDED (dollars)

Program	Total		Personal Service Regular (Annual Salaried)	
	Amount	Change	Amount	Change
Medicaid Audit and Fraud Prevention	23,506,000	3,481,000	23,363,000	3,438,000
Welfare Inspector General Program	445,000	0	445,000	0
Total	<u>23,951,000</u>	<u>3,481,000</u>	<u>23,808,000</u>	<u>3,438,000</u>

Program	Temporary Service (Nonannual Salaried)		Holiday/Overtime Pay (Annual Salaried)	
	Amount	Change	Amount	Change
Medicaid Audit and Fraud Prevention	23,000	23,000	120,000	20,000
Welfare Inspector General Program	0	0	0	0
Total	<u>23,000</u>	<u>23,000</u>	<u>120,000</u>	<u>20,000</u>

MEDICAID INSPECTOR GENERAL

**STATE OPERATIONS - GENERAL AND OFFSET FUNDS
SUMMARY OF NONPERSONAL SERVICE AND MAINTENANCE UNDISTRIBUTED
APPROPRIATIONS AND CHANGES
2009-10 RECOMMENDED
(dollars)**

Program	Total		Supplies and Materials	
	Amount	Change	Amount	Change
Medicaid Audit and Fraud Prevention	14,936,000	(3,808,000)	984,000	10,750
Total	<u>14,936,000</u>	<u>(3,808,000)</u>	<u>984,000</u>	<u>10,750</u>

Program	Travel		Contractual Services	
	Amount	Change	Amount	Change
Medicaid Audit and Fraud Prevention	299,000	10,500	9,653,000	3,137,000
Total	<u>299,000</u>	<u>10,500</u>	<u>9,653,000</u>	<u>3,137,000</u>

Program	Equipment		Maintenance Undistributed	
	Amount	Change	Amount	Change
Medicaid Audit and Fraud Prevention	3,500,000	732,750	500,000	(7,699,000)
Total	<u>3,500,000</u>	<u>732,750</u>	<u>500,000</u>	<u>(7,699,000)</u>

**STATE OPERATIONS - OTHER THAN GENERAL FUND AND OFFSET FUNDS
SUMMARY OF APPROPRIATIONS AND CHANGES
2009-10 RECOMMENDED
(dollars)**

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Medicaid Audit and Fraud Prevention	52,648,000	(1,278,000)	23,995,000	(116,000)
Maintenance Undistributed	3,700,000	0	0	0
Welfare Inspector General Program	1,210,000	0	479,000	0
Total	<u>57,558,000</u>	<u>(1,278,000)</u>	<u>24,474,000</u>	<u>(116,000)</u>

Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Medicaid Audit and Fraud Prevention	28,153,000	4,838,000	500,000	(6,000,000)
Maintenance Undistributed	0	0	3,700,000	0
Welfare Inspector General Program	731,000	0	0	0
Total	<u>28,884,000</u>	<u>4,838,000</u>	<u>4,200,000</u>	<u>(6,000,000)</u>

DEPARTMENT OF MENTAL HYGIENE

The Department of Mental Hygiene operates through three independent agencies – the Office of Mental Health, the Office of Mental Retardation and Developmental Disabilities, and the Office of Alcoholism and Substance Abuse Services. All three agencies provide services directly to their clients through State-operated facilities and receive reimbursement for these services, primarily 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 2008-09	Appropriations Recommended 2009-10	Change	Reappropriations Recommended 2009-10
State Operations	833,179,000	600,000,000	(233,179,000)	0
Aid To Localities	0	0	0	0
Capital Projects	0	0	0	0
Total	<u>833,179,000</u>	<u>600,000,000</u>	<u>(233,179,000)</u>	<u>0</u>

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

Program	Available 2008-09	Recommended 2009-10	Change
Mental Hygiene			
Special Revenue Funds - Other	<u>833,179,000</u>	<u>600,000,000</u>	<u>(233,179,000)</u>
Total	<u>833,179,000</u>	<u>600,000,000</u>	<u>(233,179,000)</u>

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 Addiction Treatment Centers (ATCs), through the regulation and oversight of over 1,500 chemical dependence and problem gambling prevention, treatment, and recovery services providers, one of the largest in the nation, 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.

In 2009-10, OASAS will have a **workforce of 944**, of which nearly 55 percent provide an array of clinical treatment services through the ATCs.

BUDGET HIGHLIGHTS

The 2009-10 Executive Budget recommends nearly **\$695 million All Funds** (\$142 million General Fund; \$553 million Other Funds) for OASAS to continue agency and community operations. This funding is supplemented by Federal and State resources budgeted in other State agencies and by the contributions of local governments, voluntary agencies, and other sources. Overall, the recommended budget decreases **\$77 million** from 2008-09, which is largely attributable to the annualization of prior year initiatives and savings associated with program efficiencies, including:

- **Downsizing State-Operated Institutional Capacity.** OASAS will reduce its workforce by 40 positions and save \$4.6 million annually by closing its 52-bed Manhattan ATC in New York City. Co-located on the Manhattan Psychiatric Center Campus on Wards Island, this ATC would otherwise require an investment of more than \$14 million in capital funds to relocate to a newer, more efficient treatment facility – the ATC occupies only 1 floor of an otherwise vacant 13-story building in which it is currently located. Aggressive efforts will be taken to assist the 800 individuals served annually by the Manhattan facility to find comparable services in 1 of the 4 other ATCs located in New York City or with existing community-based providers. The 2009-10 recommendation provides for the continuation of 600 State-operated beds at the 12 remaining ATCs.
- **Reducing and Deferring Cost-of-Living Adjustments.** The recommendation also achieves savings by reducing the 2008-09 human services cost-of-living adjustment (COLA) from 3.2 percent to 2.2 percent, effective January 1, 2009. Additionally, the Executive Budget provides for no COLA for 2009-10. To

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- continue the State's long-term commitment, COLA adjustments are planned to resume April 1, 2010, and this budget recommends extending the COLA for a third year in 2012-13.
- **Restructuring School-Operated Prevention Services.** Currently, the New York City Department of Education (NYCDOE) receives a total of \$19 million in annual funding to deliver prevention services; however, only a portion of these services are predicated upon scientifically proven, evidence-based practices that improve outcomes. The recommendation reduces funding to the NYCDOE by a total of \$10 million and reinvests \$8 million of these funds to community-based provider organizations in the 5 boroughs that deliver prevention services using proven techniques.
 - **Refocusing Programs and Services Based on Performance Metrics.** The Executive Budget supports OASAS efforts to reform high-priority programs and services, while achieving operating savings. Specifically, OASAS will generate net savings of \$15 million with efforts that include:
 - Reducing the scope of its Managed Addiction Treatment Services case management program by targeting funding only to the City of New York, where it has been successful in achieving savings from high cost Medicaid recipients (\$2.5 million).
 - Delaying by 1 year the conversion of 9 remaining provider programs to the new medically-oriented Residential Rehabilitation Services for Youth (Part 817) adolescent treatment model (\$3.4 million).
 - Deferring the development of about 25 permanent supported housing beds approved last year (\$0.1 million).
 - Ending contracts for separate HIV/AIDS services in chemical dependence treatment programs because OASAS regulations now require its treatment providers to employ health care coordinators who are responsible for the provision of a variety of health-related services, including HIV/AIDS (\$6.8 million).
 - Lowering funding for a variety of other services that fail to meet performance objectives, including vocational rehabilitation services, substance abuse screening and evaluation programs for persons charged with DWI or other drug-related offenses, and enhanced outpatient services for methadone maintenance programs (\$8.9 million).
 - Redirecting \$6 million of savings to support diversion programs (\$4 million) intended to direct criminal offenders into chemical dependence treatment and case management programs, instead of more costly prison sentences, as well as to partially support relapse prevention services for parolees (\$2 million).
 - **Reducing Fraud, Waste and Abuse.** By collaborating with the Office of the State Medicaid Inspector General and the Department of Health (DOH) in the area of Medicaid regulatory compliance and enforcement, OASAS will save \$5.1 million in wasteful, inappropriate or unnecessary spending in DOH's budget.
 - **Identifying State Operations Efficiencies.** OASAS will also achieve more than \$2.1 million in savings by continuing to limit new hires to only those vacant positions that are critical to client health and safety or essential to agency operations and reducing spending in a variety of areas, including communications and information technology.
 - **Reforming Detoxification Services.** OASAS will continue to collaborate with DOH, other State agencies and service providers to redesign the delivery of

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detoxification services to promote recovery and better integrate reimbursement with outcomes. Accordingly, the Executive Budget recommends funding in DOH to strengthen the ability of community-based detoxification providers to deal with less complicated detoxification episodes by enhancing rates of reimbursement to incentivize program expansion in this area.

In addition, the Executive Budget continues capital funding to support the development of some 415 pipeline community residential treatment opportunities over the next 5 years for high priority populations, including adolescents, women with children, and veterans, as well as beds to enhance community-based treatment opportunities on Long Island. The recommendation also supports new and on-going projects to either relocate or renovate existing chemical dependence programs, whose aging infrastructure results in the inefficient delivery of treatment services and jeopardizes the health and safety of clients and staff.

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. 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 who utilize science-based, outcome-oriented programs focusing on such risk factors as family conflict, permissive attitudes towards alcohol and substance abuse, and lack of commitment to school, which research shows are predictive of adolescent problem behaviors like alcohol and substance abuse, delinquency, teen pregnancy, school drop-out, and violence. While reducing these risk factors, prevention programs also focus on nurturing healthy beliefs and clear standards within community and family, since combining both activities is crucial to reducing the prevalence of problem behaviors like alcohol and substance abuse.

ALL FUNDS APPROPRIATIONS (dollars)

Category	Available 2008-09	Appropriations Recommended 2009-10	Change	Reappropriations Recommended 2009-10
State Operations	142,470,000	134,716,000	(7,754,000)	4,766,000
Aid To Localities	508,079,274	461,332,000	(46,747,274)	193,571,500
Capital Projects	121,336,000	98,883,000	(22,453,000)	328,454,000
Total	<u>771,885,274</u>	<u>694,931,000</u>	<u>(76,954,274)</u>	<u>526,791,500</u>

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

Full-Time Equivalent Positions (FTE)			
Program	2008-09	2009-10	FTE Change
	Estimated FTEs 03/31/09	Estimated FTEs 03/31/10	
Executive Direction			
Special Revenue Funds - Federal	79	79	0
Special Revenue Funds - Other	352	341	(11)
Capital-Administration			
Capital Projects Funds - Other	8	8	0
Institutional Services			
Special Revenue Funds - Federal	16	16	0
Special Revenue Funds - Other	536	500	(36)
Total	<u>991</u>	<u>944</u>	<u>(47)</u>

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

Fund Type	Available 2008-09	Recommended 2009-10	Change
Special Revenue Funds - Federal	7,196,000	6,445,000	(751,000)
Special Revenue Funds - Other	135,274,000	128,271,000	(7,003,000)
Total	<u>142,470,000</u>	<u>134,716,000</u>	<u>(7,754,000)</u>

Adjustments:	
Transfer(s) From	
Special Pay Bill	
Special Revenue Funds - Federal	(751,000)
Special Revenue Funds - Other	<u>(6,440,000)</u>
Appropriated 2008-09	<u>135,279,000</u>

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

Program	Available 2008-09	Recommended 2009-10	Change
Executive Direction			
Special Revenue Funds - Federal	5,466,000	5,245,000	(221,000)
Special Revenue Funds - Other	64,883,000	57,731,000	(7,152,000)
Institutional Services			
Special Revenue Funds - Federal	1,730,000	1,200,000	(530,000)
Special Revenue Funds - Other	70,391,000	70,540,000	149,000
Total	<u>142,470,000</u>	<u>134,716,000</u>	<u>(7,754,000)</u>

STATE OPERATIONS - OTHER THAN GENERAL FUND SUMMARY OF APPROPRIATIONS AND CHANGES 2009-10 RECOMMENDED (dollars)

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Executive Direction	62,976,000	(7,373,000)	30,209,000	(8,506,000)
Institutional Services	71,740,000	(381,000)	36,865,000	(1,610,000)
Total	<u>134,716,000</u>	<u>(7,754,000)</u>	<u>67,074,000</u>	<u>(10,116,000)</u>
Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Executive Direction	32,077,000	1,133,000	690,000	0
Institutional Services	34,875,000	1,229,000	0	0
Total	<u>66,952,000</u>	<u>2,362,000</u>	<u>690,000</u>	<u>0</u>

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

Fund Type	Available 2008-09	Recommended 2009-10	Change
General Fund	144,886,774	141,780,000	(3,106,774)
Special Revenue Funds - Federal	135,473,000	135,473,000	0
Special Revenue Funds - Other	227,719,500	184,079,000	(43,640,500)
Total	<u>508,079,274</u>	<u>461,332,000</u>	<u>(46,747,274)</u>

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

Program	Available 2008-09	Recommended 2009-10	Change
Community Treatment Services Program			
General Fund	143,422,524	141,780,000	(1,642,524)
Special Revenue Funds - Federal	102,418,000	102,418,000	0
Special Revenue Funds - Other	152,976,000	130,200,000	(22,776,000)
Prevention and Program Support			
Special Revenue Funds - Federal	33,055,000	33,055,000	0
Special Revenue Funds - Other	74,743,500	53,879,000	(20,864,500)
Community Projects			
General Fund	1,464,250	0	(1,464,250)
Total	<u>508,079,274</u>	<u>461,332,000</u>	<u>(46,747,274)</u>

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

Comprehensive Construction Program	Available 2008-09	Recommended 2009-10	Change	Reappropriations 2009-10
Design and Construction Supervision				
Capital Projects Fund	2,000,000	3,000,000	1,000,000	4,460,000
MH Capital Improvements - Authority Bonds	500,000	500,000	0	500,000
Administration				
Capital Projects Fund	1,230,000	1,277,000	47,000	0
Community Alcoholism and Substance Abuse Facilities				
Capital Projects Fund	4,810,000	4,810,000	0	23,475,000
MH Capital Improvements - Authority Bonds	108,546,000	84,546,000	(24,000,000)	278,148,000
Institutional Services Program				
Capital Projects Fund	500,000	1,000,000	500,000	2,815,000
MH Capital Improvements - Authority Bonds	3,000,000	3,000,000	0	19,056,000
Non-Bondable				
Capital Projects Fund	750,000	750,000	0	0
Total	<u>121,336,000</u>	<u>98,883,000</u>	<u>(22,453,000)</u>	<u>328,454,000</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
- **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

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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 **17,127 FTEs**. Most of the Agency's workforce provides direct care services to patients.

BUDGET HIGHLIGHTS

The Executive Budget recommends **\$3.8 billion All Funds** (\$557 million General Fund; \$3.2 billion Other funds) for the Office of Mental Health (OMH). This is a net increase of **\$35 million** (1.0 percent). The increase is largely attributable to capital projects (+\$130 million) offset by lower local assistance (-\$96 million).

OMH continues to improve the efficiency and cost-effectiveness of its operations and the network of non-profit providers it supports, and seeks areas to reform or restructure activities based on a review of its core mission. Major Budget actions to promote cost efficiency and rationalize reimbursement include:

- **Reducing Cost of Living (COLA) Adjustments:** The recommendation generates savings by reducing the 2008-09 Human Services COLA from 3.2 percent to 2.2 percent prospectively effective January 1, 2009 (saving \$9.5 million). Additionally the Executive Budget recommends no COLA in 2009-10, saving an estimated \$56.5 million. To maintain the long term commitment to this program, a COLA is still planned for 2010-11 and 2011-12, and the Budget recommends extending the COLA for a third year in 2012-13;
- **Aid to Localities Efficiencies:** OMH will restructure a variety of programs, and focus resources to emerging priorities for net savings of \$24 million. Specifically, OMH will increase emphasis on managing Local Assistance spending including freezing the Community Residential Pipeline by halting new planned construction while maintaining the State's commitment to New York/New York III bed development (\$6 million savings). Additionally, OMH will manage new program development resulting in an estimated \$20.8 million savings from projected 2009-10 costs with a focus on reducing and restructuring low and medium priorities and restructuring and deferring higher priorities, based on OMH's review of its core mission. OMH will also encourage county administrative efficiencies (\$1.0 million) that could be recouped by maximizing Federal aid. Also, OMH will renew efforts to ensure that all appropriate third-party revenue standards for providers are maintained, and recover excess State funds associated with State aid letters and exempt income revenue in excess of operating funds, saving an estimated \$8.5 million from 2009-10 projected costs;
- **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 is undergoing a restructuring of the continuing day treatment program to reform service requirements and focus on best practices modalities, and will establish a peer support center to promote and improve access to peer-run organizations. Also, a new \$6 million Federal grant is designed to improve employment opportunities for individuals with mental illness;
- **Children's Plan:** OMH, working with the other 8 child-serving State agencies, will implement a comprehensive Children's Plan to improve access to services and support best practices models of successful collaboration. The Children's

- Plan implements a series of 11 proposals, including: expanding youth involvement in service delivery; enhancing parent education; improving the identification and treatment of emotional disturbances in children; and increasing the integration of service systems;
- **State Operations Ward Closures and Efficiencies:** OMH will close a total of 450 adult inpatient beds (11 percent of capacity), shifting the staffing resources associated with 150 beds to less costly and more appropriate community programs, and converting 300 adult inpatient beds to a less staffing intensive outpatient residential level of care, called the “Transitional Placement Program” which would provide supports to transition individuals to community care, saving an estimated \$6.1 million in 2009-10 and reducing FTEs by 153. Additionally, aggressive controls on hiring and non-personal service costs will save another \$10.1 million;
 - **Sex Offender Management Treatment Act (SOMTA) Restructuring:** OMH will reduce staffing levels from its current staffing model (2.0:1 staffing ratio) to standards used in civil confinement programs in other states (1.5:1), reducing costs from \$225,000 per bed annually to \$175,000 (22 percent reduction). The recommendation also lowers costs by allowing respondents to remain in DOCS custody during the pendency of court proceedings; and permits video-conferencing of certain judicial hearings to reduce transportation and staffing costs. Combined, these efforts will generate \$11.7 million of savings in 2009-10 and reduce FTEs by 179; and
 - **Forensic Services:** The Executive Budget recommends a 3 year delay in the implementation of the Special Housing Units bill while an assessment of the impacts/effectiveness of the recently added programs serving this population, including enhanced counseling, special treatment beds, and a new Residential Mental Health Unit, is conducted, saving \$8.6 million in 2009-10 and reducing planned FTEs by 86; and \$2.8 million of savings from slower than expected spending for other forensic services.

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,

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continuing day treatment for adults, Assertive Community Treatment (ACT), Prepaid Mental Health Plan (PMHP), and Personalized Recovery-Oriented Services (PROS);

- **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 2008-09	Appropriations Recommended 2009-10	Change	Reappropriations Recommended 2009-10
State Operations	2,044,063,000	2,045,858,000	1,795,000	1,358,000
Aid To Localities	1,284,531,165	1,188,369,000	(96,162,165)	34,667,000
Capital Projects	446,822,000	576,543,000	129,721,000	1,553,418,000
Total	3,775,416,165	3,810,770,000	35,353,835	1,589,443,000

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

Full-Time Equivalent Positions (FTE)

Program	2008-09 Estimated FTEs 03/31/09	2009-10 Estimated FTEs 03/31/10	FTE Change
Administration and Finance			
Special Revenue Funds - Federal	11	11	0
Special Revenue Funds - Other	687	677	(10)
Enterprise Funds	10	10	0
Internal Service Funds	20	20	0
Adult Services			
Special Revenue Funds - Other	11,807	11,920	113
Capital Planning			
Capital Projects Funds - Other	41	41	0
Children and Youth Services			
Special Revenue Funds - Other	1,966	2,004	38
Forensic Services			
Special Revenue Funds - Other	2,034	1,954	(80)
Research			
Special Revenue Funds - Other	495	490	(5)
Total	17,071	17,127	56

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

<u>Fund Type</u>	<u>Available 2008-09</u>	<u>Recommended 2009-10</u>	<u>Change</u>
Special Revenue Funds - Federal	1,358,000	1,358,000	0
Special Revenue Funds - Other	2,031,429,000	2,033,140,000	1,711,000
Enterprise Funds	8,553,000	8,578,000	25,000
Internal Service Funds	2,723,000	2,782,000	59,000
Total	<u>2,044,063,000</u>	<u>2,045,858,000</u>	<u>1,795,000</u>

Adjustments:

Transfer(s) From	
Special Pay Bill	
Special Revenue Funds - Other	(106,544,000)
Enterprise Funds	(39,000)
Internal Service Funds	(103,000)
Appropriated 2008-09	<u>1,937,377,000</u>

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

<u>Program</u>	<u>Available 2008-09</u>	<u>Recommended 2009-10</u>	<u>Change</u>
Administration and Finance			
Special Revenue Funds - Federal	1,358,000	1,358,000	0
Special Revenue Funds - Other	108,098,000	104,293,000	(3,805,000)
Enterprise Funds	8,553,000	8,578,000	25,000
Internal Service Funds	2,723,000	2,782,000	59,000
Adult Services			
Special Revenue Funds - Other	1,379,516,000	1,379,185,000	(331,000)
Children and Youth Services			
Special Revenue Funds - Other	218,760,000	220,211,000	1,451,000
Forensic Services			
Special Revenue Funds - Other	238,259,000	243,575,000	5,316,000
Research			
Special Revenue Funds - Other	86,796,000	85,876,000	(920,000)
Total	<u>2,044,063,000</u>	<u>2,045,858,000</u>	<u>1,795,000</u>

**STATE OPERATIONS - OTHER THAN GENERAL FUND
SUMMARY OF APPROPRIATIONS AND CHANGES
2009-10 RECOMMENDED
(dollars)**

<u>Program</u>	<u>Total</u>		<u>Personal Service</u>	
	<u>Amount</u>	<u>Change</u>	<u>Amount</u>	<u>Change</u>
Administration and Finance	117,011,000	(3,721,000)	52,383,000	(4,629,000)
Adult Services	1,379,185,000	(331,000)	768,206,000	(24,205,000)
Children and Youth Services	220,211,000	1,451,000	132,895,000	(4,172,000)
Forensic Services	243,575,000	5,316,000	147,344,000	(4,614,000)
Research	85,876,000	(920,000)	48,294,000	(2,807,000)
Total	<u>2,045,858,000</u>	<u>1,795,000</u>	<u>1,149,122,000</u>	<u>(40,427,000)</u>

<u>Program</u>	<u>Nonpersonal Service</u>		<u>Maintenance Undistributed</u>	
	<u>Amount</u>	<u>Change</u>	<u>Amount</u>	<u>Change</u>
Administration and Finance	64,628,000	4,208,000	0	(3,300,000)
Adult Services	607,814,000	23,874,000	3,165,000	0
Children and Youth Services	87,316,000	5,623,000	0	0
Forensic Services	96,231,000	9,930,000	0	0
Research	37,582,000	1,887,000	0	0
Total	<u>893,571,000</u>	<u>45,522,000</u>	<u>3,165,000</u>	<u>(3,300,000)</u>

MENTAL HEALTH

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

<u>Fund Type</u>	<u>Available 2008-09</u>	<u>Recommended 2009-10</u>	<u>Change</u>
General Fund	559,327,327	557,292,000	(2,035,327)
Special Revenue Funds - Federal	44,626,000	43,839,000	(787,000)
Special Revenue Funds - Other	680,577,838	587,238,000	(93,339,838)
Total	<u>1,284,531,165</u>	<u>1,188,369,000</u>	<u>(96,162,165)</u>

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

<u>Program</u>	<u>Available 2008-09</u>	<u>Recommended 2009-10</u>	<u>Change</u>
Adult Services			
General Fund	386,882,016	404,023,000	17,140,984
Special Revenue Funds - Federal	37,564,000	36,777,000	(787,000)
Special Revenue Funds - Other	603,128,000	504,057,000	(99,071,000)
Children and Youth Services			
General Fund	170,872,659	153,269,000	(17,603,659)
Special Revenue Funds - Federal	7,062,000	7,062,000	0
Special Revenue Funds - Other	69,723,000	74,964,000	5,241,000
Enhanced Community Services			
Special Revenue Funds - Other	490,000	500,000	10,000
Community Support and Workforce Reinvestment			
Special Revenue Funds - Other	7,236,838	7,717,000	480,162
Community Projects			
General Fund	1,572,652	0	(1,572,652)
Total	<u>1,284,531,165</u>	<u>1,188,369,000</u>	<u>(96,162,165)</u>

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

<u>Comprehensive Construction Program</u>	<u>Available 2008-09</u>	<u>Recommended 2009-10</u>	<u>Change</u>	<u>Reappropriations 2009-10</u>
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	24,392,000
Executive Direction				
Capital Projects Fund	0	0	0	2,445,000
MH Capital Improvements - Authority Bonds	3,717,000	3,717,000	0	6,541,000
Community Mental Health Facilities				
Capital Projects Fund	6,000,000	6,000,000	0	33,777,000
MH Capital Improvements - Authority Bonds	173,555,000	5,630,000	(167,925,000)	803,125,000
Maintenance and Improvements of Existing Facilities				
Capital Projects Fund	34,010,000	29,010,000	(5,000,000)	53,720,000
MH Capital Improvements - Authority Bonds	214,540,000	517,186,000	302,646,000	622,373,000
Non-Bondable				
Capital Projects Fund	1,000,000	1,000,000	0	5,045,000
Total	<u>446,822,000</u>	<u>576,543,000</u>	<u>129,721,000</u>	<u>1,553,418,000</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 14 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 2009-10, there will be approximately 450 individuals with developmental disabilities living in developmental centers along with approximately 1,100 in special units. Over the past 2 decades, the developmental center population has declined by 8,000.

OMRDD will have a **workforce of 22,432** for 2009-10, most of whom support individuals with developmental disabilities. The remainder comprises supervisors of direct support workers, administrative support, and management personnel. This represents a net **decrease of 53 FTEs** from 2008-09, which is due to the addition of 231 new FTEs primarily related to deinstitutionalization efforts to serve individuals in more appropriate community placements, offset by OMRDD's actions to streamline and consolidate various administrative and support functions by 284 FTEs.

BUDGET HIGHLIGHTS

The 2009-10 Executive Budget recommends over **\$4.5 billion All Funds** (\$1.5B General Fund; \$3.0B Other Funds) for the Office to continue to support a comprehensive system of care serving more than 125,000 persons with disabilities and their families, reflecting the State's commitment to serving the needs of persons with developmental disabilities. This is a **decrease of over \$9 million** from 2008-09, which is largely attributable to the annualization of prior year initiatives and savings associated with program efficiencies, as outlined below. The Executive Budget recommendations for 2009-10 preserve essential direct care and maintain the quality of services for individuals with developmental disabilities in both not-for-profit and OMRDD-operated programs.

The overall recommendation maintains the State's commitment to serve a wide range of developmentally disabled New Yorkers, including the medically frail, the behaviorally challenged, 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.

OMRDD continues to improve the efficiency and cost-effectiveness of its operations and the network of not-for-profit providers it supports. Major budget actions to promote cost efficiency, maximize revenues, and rationalize reimbursement include:

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- **Streamlining/Consolidating Various Administrative Functions and Research Operations.** In 2009-10, OMRDD will save roughly \$12 million – annualizing to \$27 million – by:
- **Consolidating the Administration of the Valley Ridge DDSO with the Broome DDSO**, thereby reducing staff by 5 FTEs and saving \$0.2 million in 2009-10 (\$0.7M in 2010-11). These 2 district offices are located within the same geographic catchment area, and consolidation will result in a district office that is comparable in size to other DDSOs throughout the State. Under this recommendation, the Center for Intensive Treatment will continue to operate at Valley Ridge, with some of its administrative functions assumed by the Broome DDSO.
 - **Consolidating, Centralizing and/or Regionalizing DDSO Administrative Functions**, including business office and human resources activities. OMRDD will also strengthen Central Office oversight where needed, by establishing and coordinating centralized processes governing workforce management. These actions will result in a reduction of 50 FTEs and overall savings of \$1.6 million in 2009-10 that annualizes to \$3.3 million in 2010-11.
 - **Closing Unnecessary/Underutilized Institutional Capacity.** The 2009-10 recommendation calls for the closure of Bernard Fineson DDSO's Howard Park campus and the Taconic DDSO's Multiply Disabled Unit (MDU). Howard Park, a satellite unit of the Bernard Fineson Developmental Center located on the Hillside campus in Queens, is a 140-bed institution that is obsolete, inefficient, and no longer required. The 41 individuals currently residing there will be relocated to the Hillside Campus, or into community settings as appropriate. The net impact of this action will reduce the number of administrative staff by 28 FTEs, producing a savings of \$0.9 million in 2009-10 that annualizes to \$1.8 million. The Taconic DDSO's MDU, where 65 individuals currently reside, will be phased out over a 5-year period. This institutional capacity is no longer necessary as these individuals can be more appropriately served in the community. The State staff currently supporting the individuals in the MDU will be redeployed to community homes and day service programs as they are developed; an additional 43 positions will be required to meet the enhanced staffing needs of these individuals.
 - **Streamlining Research Operations.** OMRDD will streamline activities at IBR. Specifically, 11 research-related positions will be eliminated in areas that are neither core to the OMRDD Mission nor leverage significant grant funding. Further, OMRDD will consolidate IBR's business and payroll functions with those of the neighboring Staten Island DDSO, resulting in a reduction of 7 administrative positions. These actions will produce a net savings of \$0.9 million in 2009-10 that annualizes to \$1.8 million and will not affect the operations of the Jervis Clinic or laboratory services at IBR.
 - **Reducing Safety and Security Officer Staff.** OMRDD has reviewed the duties and functions of its Safety and Security Officer staff and has determined that a 20 percent reduction (50 FTEs) can be achieved statewide without adversely impacting individual and staff health and safety. This reduction will not affect agency operations as the functions these staff perform are either redundant or can be carried out by other existing staff. This action will not impact any of OMRDD's secure facilities, and will generate \$1.6 million in savings in 2009-10 that annualizes to \$3.3 million in 2010-11.

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- **Restructuring Central Office.** Central Office staffing authorization will be reduced by 65 positions through various efficiencies, streamlining, and consolidations. This will result in savings of \$3.1 million in 2009-10 that annualizes to \$6.2 million in 2010-11.
- **Managing Position Vacancies.** OMRDD will be able to reduce its fill level by 68 positions in 2009-10 without impacting quality of care by continuing to limit new hires to only those vacant positions that are critical to individual health and safety or essential to agency operations. This will result in savings of \$2.4 million in 2009-10 that annualizes to \$4.5 million in 2010-11.
- **Controlling Non-Personal Service and Capital Costs.** In 2009-10, OMRDD will realize \$1.8 million in savings by implementing a variety of controls on spending that will neither impact quality of care nor the safety of the individuals being supported. Specific actions include monitoring food expenditures, consolidating non-residential leases, automating certain administrative processes, reducing utility consumption with energy efficient improvements, and mothballing closed/vacant buildings. OMRDD will also be eliminating or deferring preservation and minor maintenance projects that are not essential to maintaining individual health and safety.
- **Reducing Cost-of-Living Adjustments.** The recommendation generates savings by reducing the 2008-09 Human Services Cost of Living Adjustment (COLA) from 3.2 percent to 2.2 percent effective January 1, 2009 (savings of \$2.1M). Additionally, the Executive Budget recommends no COLA for 2009-10 (savings of \$13M). To continue the State's long-term commitment, these adjustments are planned to resume April 1, 2010, and this budget also recommends extending the COLA for a third year in 2012-13.
- **Eliminating Enriched Unified Services Funding.** The 2009-10 recommendation eliminates Unified Services funding of \$1.7 million, which provides enriched rates of State reimbursement to 5 counties – Rensselaer, Rockland, Warren, Washington, and Westchester. Most counties or not-for-profit provider agencies and the State share equally in funding for the delivery of local assistance services, pursuant to approved local service plans. However, these 5 counties receive enhanced State reimbursement, ranging from 69.3 percent to 96.9 percent based on a 1974-75 plan that was originally intended as an incentive to reduce the use of State inpatient services; since that time, the State has shifted nearly all residents to the community such that the 30-year old incentive is no longer warranted.
- **Reforming/Rationalizing Local Assistance.** The Executive Budget continues OMRDD's multi-year efforts to rationalize, reform, and restructure provider reimbursement. OMRDD will impose tighter controls on Medicaid and non-Medicaid payments to its non-profit provider network and rationalize reimbursement and achieve efficiencies where appropriate in myriad programs, including sheltered workshops, Medicaid service coordination, day habilitation, respite, supported employment, prevocational, and clinical services. Specific actions include: implementing regional rates based on actual costs for day habilitation services, reducing reimbursement for less intensive case management services, removing income exemptions that currently increase State funding requirements for long-term sheltered workshops, and eliminating enhanced funding to certain Article 16 and Article 28 clinics. It is anticipated that these

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controls and restructuring efforts, as well as other efficiencies, will produce savings of \$32 million in 2009-10 that annualize to \$24 million in 2010-11, while supporting the program direction of OMRDD.

- **Maximizing Non-State Revenues.** Through a combination of revenue maximization efforts, OMRDD will achieve a savings of roughly \$179 million on a recurring basis through actions such as recognizing increased Food Stamp benefits, maximizing utilization of Home and Community Based Services (HCBS) waiver programs and services, and continuing the healthcare reimbursement initiative. OMRDD and its partnering not-for-profit providers will also continue efforts to require families and individuals with developmental disabilities to apply for all Medicaid and Medicare benefits to which they are entitled. To assure that these benefits are accessed appropriately, OMRDD will provide education and assistance to families and individuals with developmental disabilities seeking or receiving supports and services that can be funded by Medicaid and/or Medicare.
- **Restructuring Services for Out-of-State Placements.** OMRDD has identified 88 individuals currently served in out-of-State facilities, or who have “aged out” of in-State schools, who would be better served in more appropriate OMRDD-certified adult residential and day programs. Therefore, the recommendation provides individuals and their families with the option of relocating to an in-State OMRDD certified program or continuing to reside in their current setting and receive reimbursement at an amount no greater than what OMRDD would reimburse the appropriate in-State program. This proposal will realize \$3.3 million in savings in 2009-10 growing to \$5.5 million in 2010-11.

The 2009-10 recommendation 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 530 new residential opportunities at a cost of over \$22 million annually. By the end of 2012, 7,800 residential opportunities will have been developed under NYS-CARES which, when coupled with the 36,000 funded community beds already in the system, will provide significant opportunities for persons seeking an out-of-home residential service option.
- **Community-Based Services to Special Populations.** OMRDD, in partnership with its not-for-profit provider network, will develop 90 new residential and day-service options to accommodate individuals aging out of educational environments and those in other human services areas, such as nursing homes, at a cost of \$6 million in 2009-10. This represents a reduction from previous plans to develop 140 of these beds at a cost of nearly \$8 million. In addition, 138 new residential opportunities to either repatriate children placed out-of-State, or to mitigate such future placements will be developed at a cost of approximately \$10 million when fully annualized. This reflects a reduction from previous assumptions by 49 beds, lowering State funding by almost \$4 million.
- **Targeted Family Support and Autism Services Enhancements.** The Executive Budget recommendation continues 2008-09 funding to support Family Support Services opportunities to as many as 3,000 families to help them care for their loved ones with disabilities at home. This will support respite services, mobile

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crisis teams, family training, and intervention services. In addition, the Executive Budget continues funding from 2008-09 to support services to approximately 1,300 individuals with autism or autism spectrum disorder.

- **A Multi-Year Plan to Downsize Developmental Center Capacity by Creating Additional Community Capacity.** Over the next 3 years, OMRDD will expand State-operated community residential capacity by 108 beds for difficult-to-serve individuals who are currently living in institutional settings, including nursing homes. This effort will be complemented by an additional 414 State and not-for-profit residential opportunities over each of the next 3 years that will help reduce and virtually close the Developmental Centers, leaving only the special population institutional settings. The Western New York Developmental Center remains scheduled for closure in 2010-11.
- **Employment and Other Support Service Expansion.** The Executive Budget continues resources to support 1,500 individuals who need employment and other day services and 500 individuals in need of in-home supports all funded through the HCBS Waiver.
- **State and Not-for-Profit Capital Infrastructure Needs.** Infrastructure will be maintained through new capital appropriations of \$127 million and reappropriations of \$319 million. Capital funding for institutional projects continues to support the reconfiguration of the Bernard Fineson Developmental Center in Queens, as well as focus on the need to reinvest resources into preserving and maintaining long-term institutional capacity, mostly for a core population of individuals who have severe behavioral treatment needs.

In total, these recommendations – through the combination of both new and existing services – will support more than 6,100 new day and residential opportunities in the community during 2009-10. This reflects nearly 1,800 people placed in new residential opportunities and more than 4,300 into new non-residential opportunities. Services to individuals and families have been expanded within Family Support Services.

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 6 people or less; of these, two-thirds accommodate 4 people or less.

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

MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

- Provides approximately 38,000 persons with certified residential services. Since 1998, nearly 16,000 persons have left the residential registration list for homes in the community;
- Provides about 56,000 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 4 to 8 consumers, operated by either the State or not-for-profit providers in the community. This budget supports more than 27,000 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 10 campuses across the State. Approximately 1,550 people will be served in these settings by the end of 2009-10, of which more than 70 percent will be receiving specialized services. OMRDD remains committed to providing community residential opportunities for all those in State institutions who can receive appropriate care in the community. Currently, New York serves more persons in community residential settings than any other state, with the exception of California.

DAY SERVICES

OMRDD supports an array of day services for persons with developmental disabilities, which also vary depending on the needs of the 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 in their own homes. The Family Support Services program currently assists over 43,000 persons with

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developmental disabilities and their families, enabling these individuals to remain at home and receive nearly 71,000 individualized services. Services offered include respite, crisis intervention, case management, recreation, information and referral and home care.

The Individualized Support Services program provides services to 2,050 disabled individuals who live independently. In addition, approximately 8,500 individuals living in their own homes receive residential habilitation under the Federal Medicaid waiver.

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

ALL FUNDS APPROPRIATIONS (dollars)

Category	Available 2008-09	Appropriations Recommended 2009-10	Change	Reappropriations Recommended 2009-10
State Operations	2,102,282,000	2,171,410,000	69,128,000	3,141,000
Aid To Localities	2,234,383,899	2,221,012,000	(13,371,899)	2,289,500
Capital Projects	192,420,000	127,315,000	(65,105,000)	318,910,000
Total	<u>4,529,085,899</u>	<u>4,519,737,000</u>	<u>(9,348,899)</u>	<u>324,340,500</u>

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

Full-Time Equivalent Positions (FTE)

Program	2008-09 Estimated FTEs 03/31/09	2009-10 Estimated FTEs 03/31/10	FTE Change
Central Coordination and Support			
Special Revenue Funds - Other	840	775	(65)
Community Services			
Special Revenue Funds - Other	15,840	16,003	163
Institutional Services			
Special Revenue Funds - Other	5,620	5,487	(133)
Research in Mental Retardation			
Special Revenue Funds - Other	185	167	(18)
Total	<u>22,485</u>	<u>22,432</u>	<u>(53)</u>

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

Fund Type	Available 2008-09	Recommended 2009-10	Change
Special Revenue Funds - Federal	751,000	751,000	0
Special Revenue Funds - Other	2,098,712,000	2,167,640,000	68,928,000
Enterprise Funds	2,469,000	2,669,000	200,000
Internal Service Funds	350,000	350,000	0
Total	<u>2,102,282,000</u>	<u>2,171,410,000</u>	<u>69,128,000</u>

Adjustments:

Transfer(s) From

Special Pay Bill

Special Revenue Funds - Federal

(121,000)

Special Revenue Funds - Other

(90,203,000)

Enterprise Funds

(13,000)

Appropriated 2008-09

2,011,945,000

MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

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

Program	Available 2008-09	Recommended 2009-10	Change
Central Coordination and Support			
Special Revenue Funds - Federal	751,000	751,000	0
Special Revenue Funds - Other	115,359,556	117,523,000	2,163,444
Internal Service Funds	350,000	350,000	0
Community Services			
Special Revenue Funds - Other	1,293,574,615	1,317,036,000	23,461,385
Institutional Services			
Special Revenue Funds - Other	664,114,028	706,879,000	42,764,972
Enterprise Funds	2,469,000	2,669,000	200,000
Research in Mental Retardation			
Special Revenue Funds - Other	25,663,801	26,202,000	538,199
Total	<u>2,102,282,000</u>	<u>2,171,410,000</u>	<u>69,128,000</u>

STATE OPERATIONS - OTHER THAN GENERAL FUND SUMMARY OF APPROPRIATIONS AND CHANGES 2009-10 RECOMMENDED (dollars)

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Central Coordination and Support	118,624,000	2,163,444	60,849,000	1,149,096
Community Services	1,317,036,000	23,461,385	787,867,000	1,374,553
Institutional Services	709,548,000	42,964,972	329,251,000	9,280,048
Research in Mental Retardation	26,202,000	538,199	16,081,000	(127,697)
Total	<u>2,171,410,000</u>	<u>69,128,000</u>	<u>1,194,048,000</u>	<u>11,676,000</u>

Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Central Coordination and Support	56,674,000	1,014,348	1,101,000	0
Community Services	519,053,000	20,228,832	10,116,000	1,858,000
Institutional Services	245,167,000	13,737,924	135,130,000	19,947,000
Research in Mental Retardation	10,121,000	665,896	0	0
Total	<u>831,015,000</u>	<u>35,647,000</u>	<u>146,347,000</u>	<u>21,805,000</u>

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

Fund Type	Available 2008-09	Recommended 2009-10	Change
General Fund	1,424,487,923	1,491,249,000	66,761,077
Special Revenue Funds - Other	809,895,976	729,763,000	(80,132,976)
Total	<u>2,234,383,899</u>	<u>2,221,012,000</u>	<u>(13,371,899)</u>

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

Program	Available 2008-09	Recommended 2009-10	Change
Community Services			
General Fund	1,420,803,923	1,491,249,000	70,445,077
Special Revenue Funds - Other	809,895,976	729,763,000	(80,132,976)
Community Projects			
General Fund	3,684,000	0	(3,684,000)
Total	<u>2,234,383,899</u>	<u>2,221,012,000</u>	<u>(13,371,899)</u>

MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

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

Comprehensive Construction Program	Available 2008-09	Recommended 2009-10	Change	Reappropriations 2009-10
Design and Construction Supervision				
Capital Projects Fund	7,180,000	5,000,000	(2,180,000)	0
MH Capital Improvements - Authority Bonds	7,280,000	6,000,000	(1,280,000)	3,640,000
Voluntary-Operated Community Facilities				
Capital Projects Fund	23,400,000	9,375,000	(14,025,000)	23,380,000
MH Capital Improvements - Authority Bonds	6,400,000	6,450,000	50,000	12,750,000
State-Operated Community Services Program				
Capital Projects Fund	22,985,000	33,645,000	10,660,000	20,020,000
MH Capital Improvements - Authority Bonds	25,575,000	15,675,000	(9,900,000)	53,250,000
Institutional Services Program				
Capital Projects Fund	15,400,000	16,020,000	620,000	47,670,000
MH Capital Improvements - Authority Bonds	83,200,000	34,150,000	(49,050,000)	158,200,000
Non-Bondable				
Capital Projects Fund	1,000,000	1,000,000	0	0
Total	<u>192,420,000</u>	<u>127,315,000</u>	<u>(65,105,000)</u>	<u>318,910,000</u>

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 2 unsalaried members, each appointed by the Governor and confirmed by the Senate to serve staggered 5 year terms. During 2009-10, the agency's workforce will consist of 118 positions funded by the General Fund, Federal grants, and other Federal revenues related to oversight of Medicaid programs.

The responsibilities of the Commission are carried out through 4 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 **\$17.6 million All Funds** (\$5.9 million General Fund; \$7.3 million Federal Funds; \$4.4 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 **\$32,000 All Funds** (\$135,000 General Fund; -\$160,000 Federal Funds; \$57,000 Other Funds) from 2008-09. The Budget recommends:

QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES

- **Enhancing Residential Child Abuse Investigations:** The Commission has been charged with performing investigations of all child abuse allegations arising in OMH, OMRDD and, effective January 2009, OASAS operated and certified residential programs. Assuring on-site investigations in all cases and dealing with the anticipated increase in workload as a result of new responsibilities for OASAS facilities will require the agency to hire 2 additional staff (\$140,000).
- **Efficient Implementation of Special Housing Unit (SHU) Responsibilities:** The SHU Bill (Chapter 1 of the Laws of 2008) requires diversion alternatives to solitary confinement for inmates who are mentally ill and expands residential capacity to improve the quality and availability of prison-based mental health services. The Commission is specifically charged with general oversight of the quality of mental health services and monitoring the SHU diversion process. The Commission will utilize 6 staff (instead of the 14 initially authorized in 2008-09) to implement its responsibilities at a cost of \$0.5 million versus \$1.0 million previously planned, and will issue their findings in their annual agency report.
- **Improving Operational Efficiencies:** The Commission will increase cost controls on Personal Service and Non-Personal Service spending for a savings of \$34,000.

The Executive Budget recommends a staffing level of **118 FTEs** for the Commission on Quality of Care and Advocacy for Persons with Disabilities, an **increase of 2** from the 2008-09 budget, reflecting the 2 additional staff to enhance residential child abuse investigations.

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 TRAIID Centers at 15 sites. During 2008, the Regional TRAIID Centers provided awareness training, device demonstrations, information, education, and referrals to over 35,000 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).

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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 reviews approximately 16,200 reports of abuse, neglect, or death and conducts investigations on nearly 950 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 64,000 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 36 adult homes serving over 3,800 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 1,000 SDMC cases are resolved, and over 100 volunteers and 400 providers are trained to utilize these services annually.

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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 2008-09	Appropriations Recommended 2009-10	Change	Reappropriations Recommended 2009-10
State Operations	16,827,000	16,859,000	32,000	12,537,000
Aid To Localities	771,000	771,000	0	0
Capital Projects	0	0	0	0
Total	17,598,000	17,630,000	32,000	12,537,000

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

Full-Time Equivalent Positions (FTE)

Program	2008-09 Estimated FTEs 03/31/09	2009-10 Estimated FTEs 03/31/10	FTE Change
Administration			
General Fund	57	58	1
Special Revenue Funds - Other	33	34	1
Client Assistance			
Special Revenue Funds - Federal	2	2	0
Protection and Advocacy for Beneficiaries of Social Security			
Special Revenue Funds - Federal	1	1	0
Protection and Advocacy for the Developmentally Disabled			
Special Revenue Funds - Federal	8	8	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	10	10	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	116	118	2

QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES

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

Fund Type	Available 2008-09	Recommended 2009-10	Change
General Fund	5,445,000	5,580,000	135,000
Special Revenue Funds - Federal	7,434,000	7,274,000	(160,000)
Special Revenue Funds - Other	3,903,000	3,960,000	57,000
Enterprise Funds	45,000	45,000	0
Total	<u>16,827,000</u>	<u>16,859,000</u>	<u>32,000</u>

Adjustments:

Transfer(s) From	
Special Pay Bill	
General Fund	(257,000)
Special Revenue Funds - Federal	(174,000)
Special Revenue Funds - Other	(247,000)
Appropriated 2008-09	<u>16,149,000</u>

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

Program	Available 2008-09	Recommended 2009-10	Change
Administration			
General Fund	5,445,000	5,580,000	135,000
Special Revenue Funds - Federal	300,000	300,000	0
Special Revenue Funds - Other	3,903,000	3,960,000	57,000
Enterprise Funds	45,000	45,000	0
Client Assistance			
Special Revenue Funds - Federal	689,000	654,000	(35,000)
Protection and Advocacy for Beneficiaries of Social Security			
Special Revenue Funds - Federal	343,000	403,000	60,000
Protection and Advocacy for the Developmentally Disabled			
Special Revenue Funds - Federal	2,107,000	2,025,000	(82,000)
Protection and Advocacy Help America Vote Act			
Special Revenue Funds - Federal	181,000	223,000	42,000
Protection and Advocacy for Individual Rights			
Special Revenue Funds - Federal	933,000	901,000	(32,000)
Protection and Advocacy for the Mentally Ill			
Special Revenue Funds - Federal	1,694,000	1,677,000	(17,000)
Protection and Advocacy for Persons with Traumatic Brain Injury			
Special Revenue Funds - Federal	89,000	167,000	78,000
Technology Related Assistance for Individuals with Disabilities			
Special Revenue Funds - Federal	869,000	707,000	(162,000)
Technology Related Protection and Advocacy			
Special Revenue Funds - Federal	229,000	217,000	(12,000)
Total	<u>16,827,000</u>	<u>16,859,000</u>	<u>32,000</u>

QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES

STATE OPERATIONS - GENERAL FUND SUMMARY OF PERSONAL SERVICE APPROPRIATIONS AND CHANGES 2009-10 RECOMMENDED (dollars)

Program	Total		Personal Service Regular (Annual Salaried)	
	Amount	Change	Amount	Change
Administration	4,226,700	(12,300)	4,208,700	(12,300)
Total	<u>4,226,700</u>	<u>(12,300)</u>	<u>4,208,700</u>	<u>(12,300)</u>

Program	Holiday/Overtime Pay (Annual Salaried)	
	Amount	Change
Administration	18,000	0
Total	<u>18,000</u>	<u>0</u>

STATE OPERATIONS - GENERAL FUND SUMMARY OF NONPERSONAL SERVICE AND MAINTENANCE UNDISTRIBUTED APPROPRIATIONS AND CHANGES 2009-10 RECOMMENDED (dollars)

Program	Total		Supplies and Materials	
	Amount	Change	Amount	Change
Administration	1,353,300	147,300	64,000	1,000
Total	<u>1,353,300</u>	<u>147,300</u>	<u>64,000</u>	<u>1,000</u>

Program	Travel		Contractual Services	
	Amount	Change	Amount	Change
Administration	256,400	43,400	969,700	113,700
Total	<u>256,400</u>	<u>43,400</u>	<u>969,700</u>	<u>113,700</u>

Program	Equipment	
	Amount	Change
Administration	63,200	(10,800)
Total	<u>63,200</u>	<u>(10,800)</u>

QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES

STATE OPERATIONS - OTHER THAN GENERAL FUND SUMMARY OF APPROPRIATIONS AND CHANGES 2009-10 RECOMMENDED (dollars)

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Administration	4,305,000	57,000	2,352,000	100,000
Client Assistance	654,000	(35,000)	80,000	5,000
Protection and Advocacy for Beneficiaries of Social Security	403,000	60,000	106,000	36,000
Protection and Advocacy for the Developmentally Disabled	2,025,000	(82,000)	452,000	(44,000)
Protection and Advocacy Help America Vote Act	223,000	42,000	0	0
Protection and Advocacy for Individual Rights	901,000	(32,000)	155,000	5,000
Protection and Advocacy for the Mentally Ill	1,677,000	(17,000)	588,000	57,000
Protection and Advocacy for Persons with Traumatic Brain Injury	167,000	78,000	0	0
Technology Related Assistance for Individuals with Disabilities	707,000	(162,000)	185,000	6,000
Technology Related Protection and Advocacy	217,000	(12,000)	56,000	(8,000)
Total	11,279,000	(103,000)	3,974,000	157,000

Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Administration	1,653,000	(43,000)	300,000	0
Client Assistance	574,000	(40,000)	0	0
Protection and Advocacy for Beneficiaries of Social Security	297,000	24,000	0	0
Protection and Advocacy for the Developmentally Disabled	1,573,000	(38,000)	0	0
Protection and Advocacy Help America Vote Act	223,000	42,000	0	0
Protection and Advocacy for Individual Rights	746,000	(37,000)	0	0
Protection and Advocacy for the Mentally Ill	1,089,000	(74,000)	0	0
Protection and Advocacy for Persons with Traumatic Brain Injury	167,000	78,000	0	0
Technology Related Assistance for Individuals with Disabilities	522,000	(168,000)	0	0
Technology Related Protection and Advocacy	161,000	(4,000)	0	0
Total	7,005,000	(260,000)	300,000	0

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

Fund Type	Available 2008-09	Recommended 2009-10	Change
General Fund	293,000	293,000	0
Special Revenue Funds - Other	478,000	478,000	0
Total	771,000	771,000	0

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

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

Program	Available 2008-09	Recommended 2009-10	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	123,000	0
Special Revenue Funds - Other	418,000	418,000	0
Total	<u>771,000</u>	<u>771,000</u>	<u>0</u>