

NYSCLMHD Enacted Budget Analysis for State Fiscal Year 2010-2011

Executive Budget	Enacted Budget
Office of Alcoholism and Substance Abuse Services (OASAS)	
Restores \$14 million in 2009 DRP cuts into 2010-11 Fiscal Year	Accepted
Inflationary adjustments to State Operations	Accepted
\$300,000 reduction by deferring development of five Gambling Prevention Programs	Accepted
Drug Law Reform funding for case management, outpatient treatment and assessment	Accepted
Elimination of \$2 million AIDS Institute suballocation to DOH	Accepted
Transfer of DMV drunken driver treatment program to OASAS	Rejected
Requires OASAS certification for Article 28 facilities providing certain levels of detoxification services	Rejected
COLA deferral for one year	Accepted
Elimination of Unified Services funds	Accepted
Office of Mental Health (OMH)	
NY/NY III bed development (est. \$75 million)	Accepted (\$64.1 million)
Authorizes Medicaid Managed Care funding pass-through to increase rates; requires rates on par with APG	Accepted
Annualizations of prior year initiatives, state salary and fringe	Accepted
Extends Community Reinvestment and CSB provisions in Article 41 for one year (to April 1, 2011) but notwithstands the actual reinvestment of funds from bed closures for that one year.	Increased extension to April 1, 2013; accepts current year exemption from reinvestment
Repeals OMH reporting requirements for Community Reinvestment funding methodology and bed closure planning	Accepted
Achieves savings by allowing video teleconferencing for some SOMTA proceedings	Rejected
Rebasing DSH methodology to 2008 to enhance federal aid	Accepted
COPS/CSP reconciliations for \$15 million	Accepted, with increased reconciliation target
\$9 million to continue PROS	Reduced by \$2 million by delaying new development

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Proposes State recovery of exempt income from Community Residences and Family Based Treatment Providers	Accepted
Funding for Managed Care demonstration projects	Accepted
Allows State facilities to act as representative payees for residents	Accepted
Repeals Unmet Mental Health Needs Study requirement	Allows for study to be delayed to October 2011
COLA deferral	Accepted
Elimination of Unified Services funding	Accepted
Office for People With Developmental Disabilities (OPWDD)	
Trend factor- prospective and retroactive	Accepted
Restores \$35 million of 2009 DRP cuts into 2010-11 Fiscal Year	DRP cuts still being enacted
Reduces Individualized Residential Alternative (IRA) reimbursement by \$12.5 million	Accepted
Medicaid Service Coordination reductions	Accepted
NYS Cares residential development	Accepted
State Operations inflationary adjustments	Accepted
\$1.5 million reduction in funding through attrition for Institute for Basic Research	Accepted
Allows State facilities to act as representative payees for residents	Accepted
COLA deferral	Accepted
Elimination of Unified Services Funding	Accepted
Office of Medicaid Inspector General (OMIG)	
Executive increases OMIG audit recovery target by \$300 million (from \$870 million to \$1.17 billion)	Accepted
Imposes additional civil penalties for OMIG related violations	Rejected
<i>Senate and Assembly proposed due process measures for OMIG audits</i>	Rejected

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Other Budget Areas	
4-year social work licensure exemption extension to June 1, 2014 in Education Budget	Three year extension to July 1, 2013 enacted outside of the budget; includes contingency language for workforce study and taskforce
Appropriates \$17,664,300 to SRO subsidy in OTDA budget by (2% reduction from final 2009-10 appropriation after a 12.5% cut of remaining funds occurred in the DRP.	Accepted
Requires prior-approval for health insurance premium rate increases	Accepted
Executive appropriates \$18.9 million for juvenile justice workforce	\$18.2 million appropriated; spending subject to federal settlement on juvenile facilities
Reduces OCFS Community Optional Preventive Services (COPS) by \$2.9 million	Final budget reduced funding by 10% to \$24.3 million total
Potentially Preventable Hospital Readmissions program established for \$49 million first year savings	Accepted; language altered significantly, omitting behavioral health criteria
<i>Assembly proposed shifting administrative responsibilities for Medicaid from localities (DSS) to State Department of Health</i>	Accepted
<i>Assembly proposed the centralization of administrative functions between the three mental hygiene agencies (bookkeeping, payroll, procurement, etc.)</i>	Rejected