



TO: MEMBERS OF THE NYS CONFERENCE OF LOCAL MENTAL HYGIENE DIRECTORS
FROM: COURTNEY DAVID, DIRECTOR OF GOVERNMENTAL RELATIONS
DATE: FEBRUARY 12, 2022
SUBJECT: SFY 2022-23 PROPOSED EXECUTIVE BUDGET ANALYSIS

GENERAL OVERVIEW

On January 18, 2022, Governor Hochul released her State Fiscal Year (SFY) 2022-23 Executive Budget proposal entitled, “A New Era for New York”, marking her first budget since taking over as head of the Executive Branch in August 2021. As the state’s first female Governor, she has vowed to have a more collaborative approach to government, ending the longstanding practice of “three men in a room”, and has promised to improve government ethics and the economies of state and local government after nearly two years of financial devastation caused by the COVID-19 pandemic.

The Governor’s Executive Budget proposal assumes \$216.3 billion in All Funds spending, representing a 1.6% increase from the prior fiscal year. This increase includes a \$3 billion dollar investment for health care workforce retention, \$1 billion for Medicaid rate increases and enrollment, and \$500 million to support Cost of Living Adjustments (COLAs) for the healthcare, mental hygiene, and human services workforce.

These strong financial investments are being realized through approximately \$5 billion in new resources this fiscal year, and holds steady revenues through 2025 by increased tax receipts, reduced costs and the influx of significant federal aid provided to offset large deficits exacerbated by the pandemic. The proposals outlined leverage these gains by providing individual and small business tax relief, funding to shore up the fragile healthcare system, including but not limited to direct care worker compensation, and major infrastructure investments which include affordable and supportive housing.

The proposed budget includes Medicaid rate restorations of \$141 million to offset the 1.5% across-the-board (ATB) reduction for fee-for-service providers enacted as part of last year’s budget, and includes \$318 million for an additional 1% rate increase which also includes managed care.

This year’s budget proposal strongly supports the State’s mental hygiene system of care. Workforce recruitment and retention has been a top priority of the Governor as she seeks a 5.4% COLA adjustment to increase wages for the human services workforce (\$239 million for OPWDD, OMH and OASAS), and a \$208 million investment earmarked for retention bonus payments of up to \$3,000 for mental hygiene

workers. An increase to the State's minimum wage includes, \$33 million for OPWDD, \$5.4 million for OMH and \$2 million for OASAS.

Other noteworthy appropriations, include a significant funding increase for mental health residential programs to support housing costs and supports, as well as \$35 million (rising to \$60 million in SFY 2023-24) to support the implementation of the 988 suicide crisis hotline. Additional enhancements to the State's crisis system are also proposed specifically as it relates to children, and individuals with Intellectual Developmental Disabilities (I/DD). A proposal to establish Critical Time Intervention (CTI) teams to assist the homeless, as well as increased appropriations to prevention, treatment and recovery for those suffering from the opioid epidemic have also been included.

Telehealth reimbursement parity to align rate reimbursement with in-person service delivery under Medicaid and commercial plans is included. Non-reimbursement limitations are in place for facility fees or costs if neither party (provider or client) were within the facility at the time of service. Commissioners of OMH, OPWDD and OASAS are also given authority to allow for an in-person rate reimbursement, as deemed appropriate.

By way of reforms to managed care, the Governor's budget proposes a new managed care plan procurement process for mainstream managed care and long term care plans, excluding HIV SNP, PACE and FIDA-IDD plans. Limited savings are estimated under this proposal and account for approximately \$100 million this fiscal year.

Budget negotiations will continue between the Executive and Legislature for the next several weeks. Joint Legislative public hearings will coordinate Senate and Assembly budget actions to facilitate agreements for recommendations between the two Houses. Once agreements have been established, the final budget will be enacted.

THE BUDGET PROCESS UNTIL APRIL 1, 2021

21 and 30 day Executive Budget Amendments

The Governor has the ability to make amendments to any of the proposed budget bills within thirty days post release. The "21-day amendments" (due by February 8th) and "30-day amendments" (due February 17th) usually will include changes that are technical in nature, correcting slight additions/deletions to misprints or errors in the printed language. Only rarely do these amendments add new funding or policy priorities.

February 14th: Mental Hygiene Legislative Fiscal/Program Committee Budget Hearing

Members of the Senate Finance Committee, Assembly Ways and Means Committee and the Chairs and members of the Mental Health, Developmental Disabilities, and Alcoholism and Drug Abuse Committees host the Mental Hygiene Budget Hearing, scheduled for February 14, 2022.

Agency Commissioners and dozens of statewide associations, unions, and members of the public testify on the various budget proposals. The Mental Hygiene hearing includes testimony from each of the OMH, OASAS, OPWDD Commissioners and the Director of the Justice Center. The Conference has requested to testify and will offer oral and written testimony that will incorporate a thorough outline of budget priorities. All witnesses, except for the Agency heads, are allotted 3 minutes to present testimony which will take place virtually. The Budget Hearing will be live streamed.

Mid-March: Senate and Assembly One House Budget Proposals

After the budget hearings, the Senate and Assembly will each introduce their own One House versions of the budget (based on the Executive Budget framework). The One House budgets indicate the Senate and Assembly positions on the Executive's proposals by indicating which to support, oppose, amend, or to add/cut funding.

Mid-March: Budget Conference Committees and Final Budget Agreements

The Governor, Assembly Speaker and Senate Majority Leader come to an agreement on the amount of revenue available and negotiate the final budget using budget conference committees. The State's Fiscal Year begins on April 1, 2022.

NYS CONFERENCE OF LOCAL MENTAL HYGIENE DIRECTORS' SFY 2022-23 BUDGET PRIORITIES

Implementation of 730 Competency Restoration Reform

The Conference strongly supports legislation S.7461 (Brouk) / A.8402 (Gunther) to amend the CPL and MHL in relation to determining the capacity of a defendant to stand trial to be included as part of the final Enacted Budget.

State Aid Funding to support Substance Use Disorder (SUD) and Medication Assisted Treatment (MAT) in County Jails

The Governor's proposal of \$8.75 million for jail-based SUD and MAT programs is a significant step towards increasing access to these critical services within county correctional facilities. Effective October 7, 2022, State law will require all jails provide various clinical services, as well with all forms of MAT to individuals suffering from addiction. However, the costs to every county will far outweigh the funding as proposed.

The Conference requests an additional \$15 million, for a total of \$23.75 million, to be included as part of the final Enacted Budget for these programs.

Mental Hygiene Workforce Recruitment and Retention

The Conference strongly supports the Governor's proposals to increase compensation to the mental hygiene workforce. Retention bonus payments for workers earning up to \$100k annually, for a maximum bonus of up to \$3,000 per employee, coupled with the 5.4% COLA increase for eligible human services programs should be enacted as part of the final budget. We also support the Article VII language that includes the requirement for the LGUs to account for the use of these COLA funds and the provision to authorize Agency Commissioners to recoup funding not utilized consistent with this proposed appropriation.

Implementation of the 988 Suicide Crisis Hotline

The Conference strongly supports the Governor's proposal that includes \$35 million this fiscal year, increasing to \$60 million to support the implementation of the 988 suicide crisis hotline, as well as the Article VII legislation to authorize expanded supports and services.

Extension and Expansion of Kendra’s Law

The Conference strongly supports the extension of Kendra’s Law and AOT programs through June 30, 2027 (to expire June 30, 2022) and the expansion of criteria that includes individuals for whom AOT has expired within the last six months, allows for an examining physician who recommends AOT to testify by videoconference at the related hearing, and permits the DCS or his/her designee to require a service provider to release information concerning persons receiving AOT.

The Conference also supports the NYC Department of Health and Mental Hygiene’s (DOHMH) proposal to amend Mental Hygiene Law (MHL) § 9.60 to empower the LGUs to require the production of medical records from certain health care providers and other parties.

APG Rate Methodology Extension

The Conference strongly supports the Governor’s proposal to extend provisions of law to ensure adjusted rates paid to Art. 31 and 32 providers align with current Medicaid Ambulatory Patient 7

Group (APG) methodology through March 31, 2027 and provides that rate provisions continue to apply to behavioral health crisis programs licensed by OMH and OASAS.

Expansion of Joseph P. Dwyer Program Funding

The Conference strongly supports the Governor’s proposal to include \$7.7 million to expand the Joseph P. Dwyer Programs statewide. These critical and successful programs provide vital peer support and counseling services to veterans who are transitioning from military to civilian life.

Bring It Home Campaign

The Conference strongly supports the Bring it Home Campaign and the Governor’s proposal for a two-year commitment for an additional \$104 million (FY23 \$65 million, FY24 \$39 million) for existing community-based residential programs and Article VII language to extend property pass-through provisions to include OMH supported housing that expands allowable reimbursement to supportive housing providers for property costs such as, rent/mortgage payments, principal and interest on loans.

FULL ANALYSIS –AGENCY PROPOSALS

Department of Health (DOH)/Medicaid

ALL FUNDS APPROPRIATIONS (dollars)

Category	Available SFY 2021-22	Appropriations Recommended SFY 2022-23	Change From SFY 2021-22	Reappropriations Recommended SFY 2022-23
State Operations	3,286,258,863	3,924,991,000	638,732,137	4,083,530,000
Aid To Localities	190,356,750,971	198,337,899,400	7,981,148,429	231,765,681,609
Capital Projects	221,170,000	2,089,739,000	1,868,569,000	2,643,366,000
Total	193,864,179,834	204,352,629,400	10,488,449,566	238,492,577,609

The SFY 2022-23 Executive Budget proposal recommends \$204.3 billion for DOH, including \$188.4 billion for Medicaid (representing the two-year appropriation authority), \$6.5 billion for the Essential Plan, and \$9.4 billion for remaining health program spending.

The Budget includes total Medicaid spending of \$98.1 billion, an increase of \$9 billion from last fiscal year, and a state share increase of \$3.6 billion, for a total of \$25.6 billion.

Medicaid Global Cap

The Budget proposes to modify the Medicaid Global Cap metric from the ten-year rolling average of Consumer Price Index to a five-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by Office of the Actuary in the Centers for Medicare & Medicaid Services, resulting in additional spending authority. This action will provide the Global Cap \$366 million in additional resources in SFY 2022-23, and \$899 million of additional resources next fiscal year.

State Takeover of Local Medicaid Costs.

The Budget continues the State's commitment to fully assume the growth in local Medicaid expenditures which provides counties with nearly \$5.2 billion in savings through SFY 2022-23.

Extension of DSRIP Incentive Payments

The Budget proposes to extend the ability for DOH, OMH, OPWDD, and OASAS to waive any necessary regulatory requirements to allow providers involved with DSRIP projects, or authorized replication and scaling activities, to avoid duplicative requirements to April 1, 2025.

Workforce Investments

Across-the-Board (ATB) Rate Restoration and 1 Percent Rate Increase

The Budget proposes to restore \$141 million associated with the 1.5% Medicaid inpatient and outpatient rate reduction taken in the SFY 2022-23 Enacted Budget, and includes \$318 million to increase Medicaid rates ATB by an additional 1%.

Healthcare Worker Retention Bonuses

The Budget proposes \$861.3 million (state share) to support one-time healthcare and mental hygiene worker retention bonuses, with up to \$3,000 bonuses going to full-time workers earning less than \$100,000 annually who remain in their positions for one year and pro-rated bonuses for those working fewer hours.

Creation of the Office of Healthcare Workforce Innovation

The Budget proposes \$20 million to better coordinate statewide health and direct care workforce strategies, by creating an Office of Healthcare Workforce Innovation. This new Office will work across agencies and gather regular, organized input from health and direct care providers, educational organizations, labor unions, and other stakeholders to increase the supply of health care and direct support personnel and meet the demands in New York.

Diversity in Medicine Program

The Budget proposes \$1 million in SFY 2022-23 and \$2.4 million annually starting in SFY 2023-24 to enable the program to recruit and train a diverse healthcare workforce that represents the diversity of the patients in underserved communities to ensure health equity across the continuum of care.

Hospital Actions

The Budget proposes \$100 million to aid Financially Distressed Hospitals (FDHs), and \$250 million towards distressed provider costs, supported by the Distressed Provider Assistance Account which is funded by the counties and NYC.

The Budget proposes to delay the Hospital Inpatient Rebasing and Reweighing from July 1, 2022 to any time on or after January 1, 2024.

The Budget proposes \$10 million in a technological efficiencies initiative to allow DOH to procure technical consulting advisors to assist Financially Distressed Hospitals (FDHs) in transformation plans to become financially sustainable healthcare providers.

Primary Care

The Budget proposes \$6.6 million (state share) to increase Medicaid reimbursements to physicians to expand services to more Medicaid enrollees and mitigate primary care shortages in limited primary care availability areas in the State.

Managed Care

The Budget proposes to restore \$77 million in the Mainstream and Managed Long Term Care quality pools and includes \$34.7 million in the Medicaid Managed Long Term Care (MLTC) program and HIV Special Needs Plans by increasing plan premiums for certain plans to the middle and high end of the rate range.

The Budget proposes to provide authority for to competitively procure MCOs participating in certain MMC programs. Under this proposal, DOH would be provided the authority to competitively procure managed care plans participating in Mainstream, Health and Recovery Plan (HARP), managed long-term care (MLTC), and Medicaid Advantage Plus (MAP) programs. *HIV SNP and PACE plans would be excluded.* DOH would consider the following criteria under this provision:

- Accessibility and geographic distribution of network providers, factoring in the needs of individuals with disabilities
- The extent to which major public hospitals are included in the provider network
- Demonstrated cultural and language competencies
- Not-for-profit status
- The ability to offer plans in multiple regions
- The type and number of products the bidder proposes to operate
- Participation in products for integrated care for dual-eligibles
- Participation in VBP contracting, including “delegation of significant financial risk to clinically integrated provider networks”

- Commitment to participation in managed care in the state
- Commitment to quality improvement
- Commitment to “community reinvestment spending” (to be defined in procurement)
- Past performance in meeting contract requirements and, if applicable, addressing identified deficiencies
- Any additional criteria developed with other state agencies, such as the Office of Mental Health (OMH) and the Office of Addiction Services and Supports (OASAS).

DOH would be required to review bids in consultation with other state agencies, as appropriate. For each applicable product line, DOH would also be required to select at least two and no more than five plans in each geographic region. Contracts would run for a term to be determined by DOH, which may be renewed or modified without a new request for proposals (RFP). This proposed effective date is October 1, 2023.

The Budget proposes to allow DOH, OMH and OASAS the authority to select a limited number of plans “capable of managing the behavioral and physical health needs of Medicaid enrollees with significant behavioral health needs.”

The Budget proposes, effective April 1, 2022, or until the date DOH releases the RFP, a moratorium on new mainstream managed care plan applications and applications would take place to expand the scope of eligible enrollee populations (with several exceptions, such as instances of transfer of ownership of existing plans or service area expansions). An extension on the existing MLTC plan moratorium would also be in effect until the date DOH releases the RFP.

Essential Plan

The Budget proposes expanding EP eligibility, from 200% FPL to 250% FPL, subject to federal approval.

Child Health Plus (CHP)

The Budget proposes an elimination of the \$9 monthly CHP premium for children in families with a household income less than 223% FPL.

April 1, 2022 Effective Date.

The Budget proposes to include \$11 million in SFY 2022-23, growing to \$44 million in SFY 2023-24, to align the mental health and other services offered to children in CHP with those offered to children in Medicaid. Includes children’s HCBS, ACT, and residential rehabilitation for youth services, and health-related services provided by 29-I Voluntary Foster Care Agency Health Facilities.

January 1, 2023 Effective Date.

The Budget proposes to transition the CHP rate-setting authority from DFS to DOH to align with Medicaid managed care rate-setting processes. The proposal would authorize the DOH Commissioner to transition the CHP rate-setting function to DOH in coordination with the DFS Superintendent.

January 1, 2023 Effective Date.

Health Care Facility Transformation Program

The Budget proposes \$1.6 billion for a Health Care Facility Transformation Program IV with \$450 million to be released during SFY 2022-23. First round to include providers that were not included in the Statewide III Program. \$25 million is to be set aside for nursing home innovation, community-based health care providers, licensed mental health clinics, and at least \$50 million is to be set aside for residential health care facilities or adult care facilities.

Other Proposals of Interest

The Budget appropriates \$250 million for Raise the Age, unchanged from SFY 2021-22, to support reforms such as comprehensive diversion, probation, and programming services for 16- and 17-year-old youths in the juvenile justice system.

The Budget proposal establishes Telehealth Reimbursement Parity to require health plans, including Medicaid, to reimburse providers for services at the same rate and to the same extent as in-person services. April 1, 2022 Effective Date.

The Budget proposes the elimination of prescriber prevails. June 1, 2022 Effective Date.

The Budget proposes to require pharmacies to maintain a 30-day stock of both an opioid antagonist and an opioid agonist to aid in the treatment of opioid use disorder. Effective date, 180 days from April 1, 2022.

The Budget proposes the creation of a new Pharmacy Benefits Bureau in DFS to begin licensing pharmacy benefit managers (PBMs) and issue regulations to ensure transparency and accountability for PBM practices. A compliance team would be engaged to investigate PBM business practices and review complaints of misconduct.

Office of Mental Health (OMH)

ALL FUNDS APPROPRIATIONS (dollars)

Category	Available SFY 2021-22	Appropriations Recommended SFY 2022-23	Change From SFY 2021-22	Reappropriations Recommended SFY 2022-23
State Operations	2,229,733,000	2,170,646,000	(59,087,000)	4,693,000
Aid To Localities	1,723,687,000	2,513,322,000	789,635,000	145,825,000
Capital Projects	534,472,000	434,472,000	(100,000,000)	2,669,644,000
Total	4,487,892,000	5,118,440,000	630,548,000	2,820,162,000

The SFY 2022-23 Executive Budget proposal provides \$5.1 billion in All Funds appropriations, a net increase of \$630.5 million from SFY 2021-22, reflecting investments in the State and not-for-profit workforce through the Human Services COLA, healthcare and mental hygiene worker bonuses and minimum wage increases, and continued investment in community-based services.

Minimum Wage

The Budget proposes \$5.4 million for minimum wage increases.

State Psychiatric Center Downsizing and Community Reinvestment

The Budget proposes to lift the moratorium enacted as part of last year's Budget and restores \$22 million for community reinvestment. *OMH will allocate these funds directly to community-based services, largely crisis and other FMAP initiatives. These dollars **will not** directly flow through the counties.*

No additional bed closures planned at this time.

Reinvestment of Medicaid Managed Care Recoupments

The Budget proposes \$111 million to support rate increases for community mental health and addiction services under OMH and OASAS. Funding would be sourced from funds recovered from insurers who failed to meet the required threshold for spending for behavioral health services.

Enhance Support for Existing OMH Residential Programs

The Budget proposes a two-year commitment for an additional \$104 million (FY23 \$65 million, FY24 \$39 million) for existing community-based residential programs and Article VII language to extend property pass-through provisions to include OMH supported housing that expands allowable reimbursement to supportive housing providers for property costs such as, rent/mortgage payments, principal and interest on loans.

Kendra's Law and Involuntary Commitment

The Budget proposes an extension of Kendra's Law and AOT programs through June 30, 2027 (to expire June 30, 2022) and expansion of criteria that includes individuals for whom AOT has expired within the last six months, allows for an examining physician who recommends AOT to testify by videoconference at the related hearing, and permits the DCS or his/her designee to require a service provider to release information concerning persons receiving AOT.

988 Crisis Hotline

The Budget proposes \$35 million to support the implementation of the 988 Crisis Hotline in NYS and includes language to establish an infrastructure to utilize the 988-hotline number; authorizes the commissioner of OMH and OASAS to set standards for the provision and arrangement of crisis services; and require such commissioners to provide a report to the Governor and Legislature related to the overall usage of the 988 hotline, the crisis services provided, and the impact of the hotline, no later than December 31, 2023, and annually thereafter.

Temporary Operator Authority

The Budget proposes to provide OMH the permanent authority to appoint temporary operators.

Children's Mental Health Programs

The Budget proposes \$7.5 million in funding for Residential Treatment Facilities (RTFs) for children, to expand children's community-based mental health services and integrate mental health services into pediatric primary care under the HealthSteps program.

Expansion of the Joseph P. Dwyer Peer-to-Peer Veterans’ Support Program

The Executive proposal would include \$7.7 million to fund the statewide expansion of the Dwyer program to provide peer-to-peer support and counseling to veterans transitioning into civilian life and navigating PTSD, depression and traumatic brain injury.

sub-schedule

Albany County	105,000
Allegany County	100,000
Broome County	185,000
Cattaraugus County	185,000
Cayuga County	100,000
Chautauqua County	185,000
Chemung County	100,000
Chenango County	100,000
Clinton and Franklin Counties	105,000
Columbia and Greene Counties	185,000
Cortland County	100,000
Delaware County	100,000
Dutchess County	185,000
Erie County	185,000
Essex County	100,000
Fulton County	100,000
Genesee, Orleans, and Wyoming	
Counties	185,000
Hamilton County	100,000
Herkimer County	100,000
Jefferson County	185,000
Lewis County	100,000
Livingston County	100,000
Madison County	100,000
Monroe County	185,000
Montgomery County.....	100,000
Nassau County	185,000
Niagara County	185,000
Oneida County	105,000
Onondaga County	185,000
Ontario County	100,000
Orange County	185,000
Oswego County	100,000
Otsego County	100,000
Putnam County	185,000
Rensselaer County	185,000
Rockland County	185,000
Saratoga County	185,000
Schenectady County	105,000
Schoharie County	100,000
Schuyler County	100,000
Seneca County	100,000
St. Lawrence County	100,000
Steuben County	100,000
Suffolk County	185,000
Sullivan County	185,000
Tioga County	100,000
Tompkins County	100,000
Ulster County	185,000
Warren and Washington Counties	185,000
Wayne County	100,000
Westchester County	185,000
Yates County	100,000
University at Albany School of	
Social Welfare	210,000
New York City	400,000

Home-Based Crisis Intervention Program Expansion

The Budget proposes \$10 million for the expansion of the Home-Based Crisis Intervention (HBCI) Program through the development of new HBCI teams and increased funding to current HBCI teams. This proposal also includes \$2.5 million to support the creation of a Mental Wellness Community Workforce. The workforce would consist of individuals trained in mental health who are certified to provide services to persons in the community with limited or no access to mental healthcare.

Critical Time Intervention Teams

The Budget proposes \$11.2 million to direct OMH in partnership with New York City to create 20 Critical Time Intervention (CTI) Teams. The CTI teams will consist of mental health professionals that engage with homeless individuals and connect them to housing and other services.

Office of Addiction Services and Supports (OASAS)

ALL FUNDS APPROPRIATIONS (dollars)

Category	Available SFY 2021-22	Appropriations Recommended SFY 2022-23	Change From SFY 2021-22	Reappropriations Recommended SFY 2022-23
State Operations	147,190,000	163,999,000	16,809,000	3,960,000
Aid To Localities	739,126,500	1,252,933,000	513,806,500	294,476,500
Capital Projects	90,000,000	102,000,000	12,000,000	685,768,000
Total	976,316,500	1,518,932,000	542,615,500	984,204,500

The SFY 2022-23 Executive Budget proposes \$1.5 billion in All Funds appropriations, a net increase of \$542.6 million from last fiscal year, attributable to the Human Services Cost-of-Living Adjustment (COLA), minimum wage increases, healthcare and mental hygiene worker bonuses, continued community-based service development, and additional appropriation authority for the Opioid Stewardship Fund, the Opioid Settlement Fund and potential federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funding. The budget proposes support for 768 FTEs, an increase of 31 from last fiscal year.

Minimum Wage

The Budget proposes \$2M to support the costs associated with the increase to minimum wage.

Opioid Settlement Fund

The Budget disburses \$215 million to support various initiatives to address the opioid crisis.

- \$191 million from the Opioid Settlement Fund – includes a \$121.5 million suballocation to LGUs and state agencies (est. \$113 million of the \$191 million is expected to be disbursed and passed through the LGUs, with approximately \$8.7M to state agencies.) LGUs will be required to submit a plan to OASAS on use of funds.
 - OASAS has spending authority of \$69.3 million:
 - \$60 million - retrofitting of existing Mobile Methadone Units and new units, and development of Medication Unit Partnerships.

- Statewide Transportation Initiative -\$1.0M
 - Transitional Housing Initiative -\$2.3M
 - MATTERS Program Expansion initiative -\$2.0M
 - Addiction Workforce College Credit Scholarship -\$4.0M
- \$200 million fund from excise tax on opioid distributors and manufacturers under the Opioid Stewardship Act
 - OASAS Harm Reduction Services -\$7.3M
 - OASAS Medication Affordability -\$5.0M
 - OASAS Treatment Affordability -\$3.0M

Additional Investments

The Budget proposes additional State investments of the following:

- Human Services COLA -\$33.7M
- Frontline Worker One-Time Bonus -\$36.6M
- Jail-based SUD/MAT Programs - \$8.75M
- Reinvestment of Medicaid Dollars - \$33.2 million in FMAP rate increases to HCBS.

Creation of the Division of Harm Reduction - to develop and incorporate harm reduction strategies/principles.

New Recovery Housing certification process - creates a voluntary certification process for recovery-supportive housing for individuals completing treatment for a substance use disorder. The certification process would include inspections, maintaining records and operational guidelines for recovery homes; expanding the availability of recovery housing units; and ensuring high quality housing and services.

Substance Use Awareness Program - Develop a public awareness campaign to prevent overdose deaths in public settings and the health effects and social costs of alcohol and cannabis use.

Modernize State Aid Financing – transition from net deficit to other models (no specifics released as of yet)

Expand naloxone and buprenorphine access – mandating pharmacies to maintain a stock of these medications – requires minimum stock of 30 day supply of both (applies to full or partial agonist) with any combination of doses sufficient to fill a script of 16mgs per day for 30 days. Whereby multiple medications are available, only one version of each is required.

Overdose Prevention – investments in fentanyl strips, opioid overdose prevention kits, safety kits, and resources to prevent individuals from overdosing while alone.

Expand MAT Access - to create and implement a medication-assisted treatment program for uninsured individuals.

DOH Collaboration for EDs and PHDs - to expand access to sterile syringes by allowing emergency departments and health departments to provide syringes to individuals who present with signs and symptoms of injection drug use.

Capital Program Reforms - to expand access to addiction services by expediting the development of capital projects to support voluntary-operated addictions services programs. Allows OASAS and the Dormitory Authority (DASNY) to assume responsibility for the development of voluntary capital projects by voluntary-operated service providers to ensure projects move forward in a timely manner. Also allows the State to purchase properties for the development into voluntary-operated addiction service facilities and creates a pathway to transfer facilities to service providers.

Office of People with Developmental Disabilities (OPWDD)

ALL FUNDS APPROPRIATIONS (dollars)

Category	Available SFY 2021-22	Appropriations Recommended SFY 2022-23	Change From SFY 2021-22	Reappropriations Recommended SFY 2022-23
State Operations	2,261,037,000	2,299,683,000	38,646,000	2,673,000
Aid To Localities	2,675,487,000	4,816,888,000	2,141,401,000	1,530,362,000
Capital Projects	108,600,000	112,600,000	4,000,000	520,904,000
Total	5,045,124,000	7,229,171,000	2,184,047,000	2,053,939,000

The SFY 2022-23 Executive Budget proposal recommends approximately \$7.2 billion in All Funds appropriations, including \$4.8 billion for Aid to Localities, \$2.3 billion for State Operations and \$112.6 million for Capital Projects, which represents an increase of \$2.2 billion from last fiscal year. The year-to-year increase is primarily due to additional Medicaid costs, the 5.4% cost of living adjustment (COLA), and healthcare and mental hygiene worker bonuses. The budget recommends support for 18,942 FTE positions, an increase of 6 FTEs from last fiscal year.

Minimum Wage

The Budget proposes \$33 million to support the costs associated with increase to minimum wage.

Mental Hygiene Stabilization Fund and local share adjustment

The Budget proposes \$1.8 billion increase to support adjustments in SFY 2022-23. Reflects OPWDD-related local share expenses that will be funded outside the Department of Health (DOH) Global Cap through additional Financial Plan resources.

Workforce Investments

The Budget proposes \$133 million for worker bonuses and \$149 million increase to support the 5.4 % Cost-of-Living-Adjustment (COLA) for human services workers.

Child and Adolescent Needs and Strengths Assessments

The Budget proposes \$10 million to increase the level of Child and Adolescent Needs and Strengths (CANS) assessments and reassessments conducted for children and youth up to the age of 17 that are eligible for services under OPWDD. CANS assessments assist care managers in creating person-centered plans for supports and services and ensure individuals are receiving services in line with their needs.

Community Based Service Expansions

The Budget proposes an increase of \$60 million to support the creation of new service slots for individuals with developmental disabilities, including an expansion of certified housing supports and

rental subsidies to individuals living in an apartment, as well as an expansion of day programs, employment options, and respite services.

Office of the Chief Disability Officer

The Budget proposes \$330,000 to support the creation of the Office of the Chief Disability Officer (CDO) within OPWDD. The CDO would address roadblocks that prevent individuals with intellectual and developmental disabilities from finding employment and provide recommendations to ensure businesses have the resources to hire individuals with I/DD.

Housing Subsidy Enhancements

The Budget proposes \$13 million for housing subsidies under the Individual Supports and Services (ISS) and Self-Direction (SD) programs. This funding would support an increase in subsidy payments and properly reflect reimbursement of administration of the subsidies with the change in policy.

Room and Board Supplemental Payments

The Budget proposes \$9.5 million to align room and board supplemental payments with the actual cost and reimbursement of providers for the total amount of OPWDD-approved costs incurred.

Crisis Services Expansion

The Budget proposes \$4.5 million to expand Crisis Intervention Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD). Funding would support rate enhancements for Intensive Behavioral Services (IBS) and improve access to county-based mobile crisis services.

Independent Living Opportunities

The Budget proposes an additional \$15 million in funding to support the expansion of independent living opportunities for individuals with I/DD.

Temporary Operator Authority

The Budget proposes to allow OPWDD the permanent authority to appoint temporary operators.

Promote Health Equity and Continuity of Coverage for Vulnerable Seniors and Individuals with Disabilities

The Budget proposes to eliminate the Medicaid resource test and raise the Medicaid eligibility income limit to 138% of the Federal Poverty Level for seniors 65+ and individuals with disabilities.