



**New York State Assembly**

Carl E. Heastie, Speaker

# ANNUAL REPORT 2015

A dark blue silhouette of a city skyline, including various skyscrapers and buildings, positioned behind the large white text of the title.

Committee on  
**Mental Health and  
Developmental Disabilities**

Aileen M. Gunther, Chair



Aileen M. Gunther  
Member of Assembly  
100<sup>th</sup> District

THE ASSEMBLY  
STATE OF NEW YORK  
ALBANY

CHAIR  
Mental Health

CHAIR  
Subcommittee on Women's  
Health

COMMITTEES  
Agriculture  
Environmental Conservation  
Health  
Racing and Wagering  
Real Property Taxation  
Tourism, Arts and Sports  
Development

December 15, 2015

Honorable Carl E. Heastie  
Speaker of the Assembly  
Legislative Office Building, Room 932  
Albany, New York 12248

Dear Mr. Speaker:

It is my privilege to submit to you the 2015 Annual Report for the Assembly Standing Committee on Mental Health and Developmental Disabilities. This year the state continued to take steps toward completing the transition of mental health and developmental disabilities services and supports from Medicaid fee-for-service to a managed care service delivery model. It will be crucial for the Committee to closely monitor this transition and engage with advocates and service providers to ensure that individuals receive quality care and that programs are funded properly to meet the needs of those who require services.

The Committee continues to diligently watch other important changes occurring throughout the mental health and developmental disability systems including the implementation of behavioral health organizations (BHOs) and health homes, the People First Waiver, and the execution of New York's Olmstead Plan. The Committee is dedicated to ensuring that the needs and rights of individuals with mental illness and developmental disabilities are kept at the forefront throughout many of these changes that will vastly impact the service delivery system.

During the 2015 Legislative Session, the Committee also reviewed numerous bills which focused on strengthening individual rights and requiring higher quality of care and safety for individuals served in the mental hygiene system.

In closing, I would like to thank you for your leadership and support of the Committee on Mental Health and Developmental Disabilities. I look forward to 2016 as we develop solutions to the challenges we face.

A handwritten signature in black ink that reads "Aileen M. Gunther". The signature is written in a cursive, flowing style.

Aileen M. Gunther  
Chair  
Assembly Standing Committee on  
Mental Health and Developmental Disabilities

**2015 ANNUAL REPORT  
OF THE  
NEW YORK STATE ASSEMBLY  
STANDING COMMITTEE ON MENTAL HEALTH  
AND DEVELOPMENTAL DISABILITIES**

**Aileen M. Gunther  
Chair**

**Committee Members**

**Majority**

Didi Barrett  
Michael Cusick  
Philip Goldfeder  
Ellen Jaffee  
Kimberly Jean-Pierre  
Guillermo Linares  
John McDonald, III  
Diana Richardson  
Robert Rodriguez

**Minority**

Steven Katz– Ranking Member  
Jane Corwin  
Bill Nojay

**Committee Staff**

Allison Horan, Chief of Staff  
Thomas Gatto, Legislative Assistant and Committee Clerk

**Program and Counsel Staff**

Rebecca Mudie, Assistant Secretary for Program and Policy  
Willie Sanchez, Legislative Analyst  
Janice Nieves, Associate Counsel  
Terri Zaleski, Secretary

## TABLE OF CONTENTS

<b>I.</b>	<b>INTRODUCTION</b> .....	5
<b>II.</b>	<b>STATE BUDGET HIGHLIGHTS</b> .....	6
<b>III.</b>	<b>SIGNIFICANT LEGISLATION 2015</b> .....	8
<b>IV.</b>	<b>PUBLIC HEARINGS</b> .....	12
	<b>APPENDIX A: 2015 Summary of Bill Actions</b> .....	15
	<b>APPENDIX B: Final Action on All Bills Reported by the Committee</b> .....	16
	<b>APPENDIX C: Laws Enacted in 2015</b> .....	20
	<b>APPENDIX D: Laws Vetoed in 2015</b> .....	21

## I. INTRODUCTION

The Assembly Committee on Mental Health and Developmental Disabilities has jurisdiction over legislation affecting programs that provide services, care, treatment, and advocacy for individuals with various disabilities. The Committee focuses on ensuring that individuals with a mental illness or a developmental disability and those with multiple disabilities are provided appropriate and necessary services to live a fulfilling life and are protected from abuse or harm in institutional and community settings.

The Committee has legislative oversight of programs administered and licensed by the State Office of Mental Health (OMH) and the State Office for People with Developmental Disabilities (OPWDD). The Committee also has statutory oversight of the Justice Center for People with Special Needs, the Developmental Disabilities Planning Council (DDPC), the Inter-Office Coordinating Council (IOCC), and the Most Integrated Setting Coordinating Council (MISCC).

The aforementioned agencies are expected to serve over 800,000 individuals in 2016-17, including 700,000 persons with mental illness, and 126,000 persons with developmental disabilities. The Committee also works closely with the New York State Assembly Standing Committee on Alcoholism and Drug Abuse, the Assembly Standing Committee on Veterans Affairs, the Assembly Standing Committee on Correction, and the Task Force on People with Disabilities.

During the 2015 session, the Committee reviewed a number of bills and addressed many issues aimed at providing quality services and enhancing protections for individuals with various disabilities.

This report describes the Committee's major legislative activities during the 2015 session.

## **II. STATE BUDGET HIGHLIGHTS**

After several years of significant cuts and sweeping changes to funding structures of programs under the auspices of the Office of Mental Health (OMH) and the Office for People with Developmental Disabilities (OPWDD), the State Fiscal Year (SFY) 2015-2016 enacted budget provided some long sought-after and much needed support for people with a mental illness and developmental disabilities and for those that care for these individuals. Within the Office of Mental Health and the Office for People with Developmental Disabilities, the following proposals and appropriations were enacted in the 2015-16 budget:

### **A. Supporting the Transition of Behavioral Health Services into Managed Care**

The SFY 2015-2016 enacted budget includes \$10 million to assist not-for-profit behavioral health providers who are licensed, certified or approved by OMH, OASAS or OPWDD, with the acquisition of information technology systems, electronic health records, billing systems or any other infrastructure costs associated with the transition to Medicaid managed care.

### **B. Additional Resources for Aging Caregivers**

The SFY 2015-2016 enacted budget provides \$2 million toward the development of new service opportunities for individuals with developmental disabilities that are currently living at home with caregivers who cannot continue to provide their care.

### **C. Increasing Supports for Housing**

The SFY 2015-2016 enacted budget provides \$10 million to increase supportive housing rental subsidies in counties struggling to meet demands of its local fair market value. This initiative is being funded with monies received by the State as a result of the J.P. Morgan settlement, including \$50 million distributed over a five year period to support the continued increase in rental subsidy amounts.

### **D. Continued Development of the Crisis Intervention Demonstration Program**

The SFY 2015-2016 enacted budget provides \$1 million toward the expansion of the Crisis Intervention Demonstration Program to support the training of law enforcement, and conduct the analysis of current diversion programs to enable the planning and implementation of an inpatient diversion demonstration program.

### **E. Investing in the Workforce**

The SFY 2015-2016 enacted budget includes \$77.1 million for OPWDD and OMH to provide an additional two percent targeted COLA, effective April 1, 2015, and expand the types of eligible employees to include clinical staff.

## **F. Improving Access and Transparency for Developmental Disability Services**

The SFY 2015-2016 enacted budget provides \$1 million for OPWDD to conduct a statewide assessment and analysis on the housing needs, employment opportunities, and other supports and services for individuals with developmental disabilities. The Office is required to report its findings to the Legislature no later than February 1, 2016. The budget also includes language that will support the implementation of the Nurse Practice Act Exemption for OPWDD home and community based waiver service by clarifying the authority of the Office to provide oversight of such services.

### III. SIGNIFICANT LEGISLATION

#### **1. Access to Services for Individuals with a Autism Spectrum Disorder Diagnosis**

*A.171 (Abinanti) /S.2562 (Parker) Passed Assembly*

This bill would direct the Commissioners of OPWDD, the State Department of Education (DOE), the Department of Health (DOH), the Office of Children and Family Services (OCFS), and OMH, to study and issue a report on the cost of early diagnosis of autism spectrum disorder and long-term treatment for individuals with autism spectrum disorder.

#### **2. Developmental Disability Service Provider Employee Training Curriculum**

*A.777 (Gunther) /S.2466 (Ritchie) Passed Assembly*

This bill would require the commissioner of the OPWDD to develop an educational curriculum for all providers operated or licensed by the agency.

The educational curriculum shall include training in abuse, neglect and maltreatment indication and prevention; laws, regulations and procedures governing the protection of persons with disabilities from abuse; neglect and maltreatment; identification, safety and security procedures; fire safety; first aid; cardiopulmonary resuscitation; cultural competence, and: any other appropriate topic. In developing such curriculum, the commissioner shall conduct a literature review of reports, studies and other models regarding the training of direct care workers who work with individuals with disabilities.

#### **3. Effective Oversight and Advocacy for Individuals with Disabilities**

*A.2143 (O'Donnell) /S.5680 (Ortt) Chapter 247*

This law authorizes the Justice Center to access clinical records from OMH and OPWDD, and adds a separate provision permitting access for the independent federal Protection & Advocacy system and Client Assistance program.

#### **4. Providing Psychiatric Services in Rural Areas**

*A.6529 (Gunther) /S.5260 (Bonacic) Chapter 382*

This law authorizes the Office of Mental Health (OMH) to make available to counties with a population of 80,000 or less, a qualified psychiatrist for the purposes of providing an examination or testimony required under Article 9 of the Mental Hygiene Law.

#### **5. Due Process Rights for Young Adults**

*A.866 (Jaffee) /S.1696 (Bonacic) Chapter 106*

This law provides due process protections for developmentally disabled persons who "age out" of services provided by residential facilities and object to the appropriateness of OPWDD's proposed transfer and placement to an adult care facility.

**6. Legal Representation for Individuals with Severe Mental Illness**

*A.1459 (Cusick) /S.1907 (Parker) Passed Assembly*

This bill would establish the authority of Mental Hygiene Legal Services to provide legal assistance to patients or residents of a residential healthcare facility who have a chronic mental illness and are receiving services related to such illness.

**7. Coordinating Statewide Locator Systems for Individuals with Autism**

*A.3404 (Titone) / S.5932 (Savino) Chapter 430*

This law requires the Division of Criminal Justice Services (DCJS), in consultation with OPWDD, to conduct a study of current information technology systems used to locate missing children with developmental disabilities in order to synchronize such systems. The law also requires Department of Financial Services (DFS), in consultation with DOH, to conduct a study on health insurance coverage for technology systems used for locating missing children with developmental disabilities.

**8. Right to Counsel for Individuals with a Disability**

*A.3866 (Brennan) Passed Assembly*

This bill would provide the right to counsel for persons who receive services through OMH or OPWDD for the purpose of participating in certain investigations.

**9. Enhance Legal Services Provided to Individuals with a Mental Illness**

*A.5431 (O'Donnell) Passed Assembly*

This bill would make confidential OMH records available to attorneys representing patients or clients involuntarily placed in correctional special housing or residential mental health treatment units.

**10. Service Capacity and Effective Care to Individuals with Developmental Disabilities**

*A.7053-A (Gunther) /S.5060-A (Ortt) Veto Memo 235*

This bill would support the implementation of OPWDD's transformation plan by requiring the Developmental Disabilities Advisory Council to provide recommendations in relation to the reporting provisions enacted in the SFY 2015-2016 Budget, and would grant both Houses the authority to appointment individuals to serve as members of the Council.

**11. Protecting Individuals Transitioning to Managed Care**

*A.7200 (Gunther) / S.3638-A (Ortt) Chapter 474*

This law requires Health Maintenance Organizations (HMOs) and Managed Long-Term Care Plans (MLTCs) that have been approved to provide services to individuals with developmental disabilities to be affiliated with not-for-profit entities that are experienced with serving individuals with developmental disabilities.

## **12. Improving Safety and Quality of Care for Out of State Placements**

*A.7226-A (Gunther) Passed Assembly*

This bill would authorize the Justice Center for the Protection of People with Special Needs (“Justice Center”) to visit, inspect, and appraise the management of residential schools and facilities outside of New York State that serve New York residents.

## **13. Ensuring Continuity of Care for Individuals with a Developmental Disability**

*A.7332 (Lupardo) /S.4094 (Libous) Veto Memo 239*

This bill would allow individuals with developmental disabilities the opportunity to transition into state-operated community settings within the developmentally disabled service offices (DDSO) region where they are currently receiving services.

## **14. Mitigating Neglect and Abuse in Developmental Disability Service Settings**

*A.7533 (Abinanti) Passed Assembly*

This bill would require programs subject to regulation by OPWDD, to post a visible notice informing employees to call 911 during an emergency and directing them to make required reports relating to abuse or neglect to the Justice Center for the Protection of People with Special Needs or to law enforcement.

## **15. Providing Developmental Disability Services to Military Families**

*A7766-A (Gunther) /S.5630-A (Ortt) Chapter 91*

This law requires OPWDD, in consultation with the Division of Military and Naval Affairs, to review existing law and regulations applicable to military families in need of agency services, review best practices used in other states, and provide recommendations on improving laws, regulations, and practices to assist these families.

## **16. Promoting Independence for Individuals with Developmental Disabilities**

*A.7767-B (Gunther) /S.4472-D (Carlucci) Chapter 576*

This law establishes the New York Achieving a Better Life Experience (NY ABLE) Savings Account Act. This bill would require the State to establish tax-advantaged savings accounts for use by qualified individuals with developmental disability to save money for disability related expenses. The assets in these accounts would not affect eligibility for means-tested programs, such as Medicaid and Supplemental Security Income.

## **IV. PUBLIC HEARINGS**

### **A. MENTAL HEALTH SERVICES FOR CHILDREN IN WESTERN NEW YORK**

The behavioral health treatment system, which includes mental health service providers, has entered the final phase of its transition to a Medicaid managed care service delivery model. It is expected that services for children will fully transition to managed care by December 31, 2017. To accomplish this transition, the state has invested additional resources into community based behavioral health treatment services and support, downsized state facilities and proposed to consolidate or merge programs across the state, including the potential closure of the Western New York Children's Psychiatric Center (WNY-CPC). Over time, Western New York has developed a network of nearly 300 providers who deliver mental health services to children. Moving forward, it will be critical that the state not only continue to provide additional resources for the state's behavioral health treatment system, but also protect and maintain the mental health programs and service providers that have proven to be effective, such as those that are provided at WNY-CPC. This public hearing provided an opportunity for the committee to determine the availability of children's mental health services in Western New York, and examine the impact on children and their families as it relates to the potential closure of the WNY-CPC.

The Commissioner of OMH provided testimony describing the agency's plan to close the WNY-CPC. The plan includes hosting public forums in order to obtain input and concerns from the community surrounding the closure of the psychiatric center, as well as allowing for public comment. The Commissioner reported that the cost savings would enable OMH to provide more mental supports and services to individuals who are in need. By contrast, every parent advocate, mental health professional, former patient, and local leader who provided testimony were staunchly opposed to OMH's plan to close the WNY-CPC. They all voiced major concerns about the safety of the children who are transferred from WNY-CPC to a campus where adult mental health patients are currently residing and receiving services. Many of the parents and advocates also raised concerns about a family's ability to effectively engage in their child's treatment due to additional distance and cost for travel to the Buffalo campus. Lastly, mental health professionals and local leaders questioned whether it would be appropriate to interrupt a child's mental health treatment which is being provided by a program proven to be effective. They also questioned the clinical judgment of placing a child with mental health issues in contact with adults who are experiencing a mental illness.

The Committee will continue to work with the Western New York mental health treatment community, parent advocates, and all other stakeholders to ensure that safe and effective mental health supports and services are provided to children who are experiencing mental health issues.

### **B. ADEQUACY OF SUPPORTS AND SERVICES FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES**

In 1999, the United States Supreme Court decided in *Olmstead v. E.W. and L.C.* that individuals with disabilities be integrated into society in an appropriate manner to address the needs of the individual. Pursuant to that decision, New York developed an Olmstead Implementation Plan

under which New York State's service and support delivery system for individuals with developmental disabilities is undergoing a major transformation. This process has required the Office for People with Developmental Disabilities (OPWDD) to enter into a transformation agreement with the Centers for Medicare & Medicaid Services (CMS) to identify and implement a series of initiatives which are aimed to develop a person-centered care model and provide enhanced opportunities for individuals with developmental disabilities in the areas of employment; integrated living, including moving individuals from institutional settings to community based living; and self-direction of services, utilizing a managed care payment structure.

The purpose of the hearing was to provide the committee with an update regarding the actions taken in the SFY 2015-2016 budget with regard to the implementation of the transformation agreement as well as to identify barriers that may require additional resources in the upcoming fiscal year to ensure New York State has sufficient capacity to provide supports and services for individuals with developmental disabilities.

The testimony from the hearing was provided by the Associate Commissioner of OPWDD, developmental disability service providers, advocacy groups, parents/caregivers, and consumers. The agency's testimony described the OPWDD service system transformation which has been ongoing for the past several years, as well the overarching goal of the transformation which is to provide services that are more person-centered, with an emphasis on community based services and supports. The Associate Commissioner offered a brief synopsis of the additional resources provided in the SFY 2015-2016 enacted budget to assist in the implementation of OPWDD's transformation plan including a summary of the work completed by the transformation panel. The panel was charged with providing specific recommendations related to creating a comprehensive transformation plan and ensuring the capacity for developmental disability supports and services.

Nearly every individual who testified agreed that creating a person-centered and community based service system that did not rely solely on a Medicaid Fee-for-Service payment would be ideal. However, there were significant concerns that the pace at which OPWDD is attempting to implement the transformation plan is far too rapid, and there is insufficient capacity for supports and services in the community to meet the needs of individuals with developmental disabilities. Another major concern voiced primarily by parents, caregivers, and advocacy groups is that the State is not adequately prepared to provide an appropriate level of care in the community for the individuals with the most severe developmental disabilities. There is also significant worry that and there are not enough resources dedicated to identifying aging caregivers and providing alternative residential options to their family member with a developmental disability.

The Committee is committed to working with the developmental disability service community, advocates, parents/caregivers, and all stakeholders to ensure that the State is able to provide sufficient supports and services that meet the appropriate level of care for each individual with a developmental disability and their loved ones.

### **C. TRANSITION OF BEHAVIORAL HEALTH SUPPORTS AND SERVICES INTO MANAGED CARE**

In 2011, Governor Andrew Cuomo created a Medicaid Redesign Team (MRT) to reform the way Medicaid services are delivered in New York. As a result of the MRT, both adults and children on Medicaid who are recipients of behavioral health services began the transition into a Medicaid managed care model, including mental health and substance use supports and services. The State has entered the final phase of the transition to managed care for adults, and it is expected that services for children will fully transition to managed care by December 31, 2017. To support this transition, the State has invested additional resources into community based behavioral health treatment services and supports, downsized state facilities, and proposed to consolidate or merge programs across the state. These changes will not only affect those receiving behavioral health supports and services, but also the providers who deliver those services.

The purpose of the hearing was to provide the committee with an opportunity to assess New York State's progress with transitioning individuals receiving behavioral health supports and services into managed care. The hearing also allowed the Committee to examine whether a commitment for additional budget resources is required for the upcoming fiscal year to ensure that the State has sufficient capacity to provide behavioral health supports and services.

The Department of Health (DOH), the Office of Mental Health (OMH), and the Office of Alcoholism and Substance Abuse Services (OASAS) gave testimony at the hearing. Each agency representative provided an update of the progress made in the transition to Medicaid Managed Care including the establishment of Health and Recovery Plans (HARPS); the protections put in place, such as integrated monitoring teams; the continued reinvestment of resources for community based service settings; and ongoing discussions with the Center for Medicaid Services (CMS) to ensure that essential services will continue to be available in a Medicaid Managed Care service delivery system. Overall, each agency reported no major issues with the first phase of the transition, which began October 2015, and included adults in New York City receiving behavioral health services.

The majority of the service providers who testified generally expressed satisfaction with the efforts of the agencies in their support with this transition. However, some felt that the State needs to continue to monitor and utilize measures that will determine the effectiveness of major initiatives such as Health Homes and HARPS to manage and deliver behavioral services. Many of the providers and associations were pleased with the funding provided in the SFY 2015-2016 budget, in particular the \$10 million for the development of infrastructure and technology to assist in the transition into managed care. But testimony also stated that it is critical that funding be made available as soon as possible through a Request for Proposal (RFP). Another issue raised in testimony was the adequacy of rates, and providers expressed interest in seeing the agencies provide oversight to ensure that managed care companies provide adequate rates for services. The Committee is dedicated to ensuring that there is sufficient capacity for behavioral health services once the transition to a managed care payment model has been completed.

**APPENDIX A**

**2015 Summary of Action on All Bills Referred to  
the Committee on Mental Health**

<b><u>FINAL ACTION</u></b>	<b><u>ASSEMBLY BILLS</u></b>	<b><u>SENATE BILLS</u></b>	<b><u>TOTAL BILLS</u></b>
<u>Bills Reported With or Without Amendment</u>			
To Floor; Not Returning to Committee	4	0	4
To Floor; Recommitted and Died	0	0	0
To Ways & Means	14	0	14
To Codes	6	0	6
To Rules	1	0	1
To Judiciary	0	0	0
<b>TOTAL</b>	<b>25</b>	<b>0</b>	<b>25</b>
<u>Bills Having Committee Reference Changed</u>	1	0	1
<b>TOTAL</b>	<b>26</b>	<b>0</b>	<b>26</b>
<u>Senate Bills Substituted or Recalled</u>			
Substituted		1	1
Recalled			
Total		1	1
Bills Defeated in Committee	0	0	0
Bills Held For Consideration With A Roll-Call Vote	0	0	0
Bills Never Reported, Held in Committee	60	12	72
Bills Having Enacting Clauses Stricken	1	0	1
Motions to Discharge Lost	0	0	0
<b>TOTAL BILLS IN COMMITTEE</b>	<b>87</b>	<b>13</b>	<b>100</b>
<b>Total Number of Committee Meetings Held</b>	<b>4</b>		

**APPENDIX B**

**FINAL ACTION ON BILLS REPORTED BY THE STANDING COMMITTEE ON  
MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES IN 2014**

<b>ASSEMBLY BILL # SPONSOR</b>	<b>SENATE BILL # SPONSOR</b>	<b>FINAL ACTION</b>	<b>Description</b>
A.171 Abinanti	S.2562 Parker	Passed Assembly	This bill would direct the commissioner of the Office for People with Developmental Disabilities (OPWDD); Department of Education (DOE); Department of Health (DOH); Office of Children and Family Services (OCFS); and the Office of Mental Health (OMH) to study and report the costs to the state for the early diagnosis of autism spectrum disorder and the long-term treatment for individuals with autism spectrum disorder.
A.210 Abinanti	N/A	Reported the Assembly Committee on Ways and Means	This bill would establish the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) Implementation Council.
A.219-A Abinanti	N/A	Reported the Assembly Committee on Ways and Means	This bill would establish the direct support professional credential pilot program.
A.424-A Abinanti	S.3634-A Ortt	Passed Assembly	This bill would create a bill of rights for family and guardians of people with developmental disabilities that reside in residences certified or approved by OPWDD.
A.435 Abinanti	N/A	Reported the Assembly Committee on Ways and Means	This bill would require the use of the Diagnostic and Statistical Manual IV for the purposes of diagnosing an individual with an autism spectrum disorder.
A.777 Gunther	S.2466 Ritchie	Passed Assembly	This bill would require the commissioner of OPWDD to develop an educational curriculum for all providers operated or licensed by the agency.
A.866 Jaffee	S.1696 Bonacic	Chapter 106	This law provides due process protections for developmentally disabled persons who "age out" of services provided by residential facilities and object to the appropriateness of OPWDD's proposed transfer and placement to an adult care facility.
A.1059 Gunther	S.3623 Ortt	Reported to the Assembly	This bill would require video cameras to be placed on the entrances/exits of all facilities operated by

<b>ASSEMBLY BILL # SPONSOR</b>	<b>SENATE BILL # SPONSOR</b>	<b>FINAL ACTION</b>	<b>Description</b>
		Committee on Codes	OPWDD.
A.1459 Cusick	S.1907 Parker	Passed Assembly	This bill would provide mental hygiene legal services to patients or residents of a residential healthcare facility who have a chronic mental illness and are receiving services related to such illness.
A.2143 O'Donnell	S.5680 Ortt	Chapter 247	This law allows Justice Center's access to clinical records, and adds a separate provision permitting access for the now-independent federal Protection & Advocacy system and Client Assistance program to such records.
A.3404 Titone	S.5932 Savino	Chapter 430	This law requires the Division of Criminal Justice Services (DCJS), in consultation with the Office for People with Developmental Disabilities (OPWDD), to conduct a study of current information technology systems used to locate missing children with developmental disabilities in order to synchronize such systems. The law also requires the Department of Financial Services (DFS), in consultation with the Department of Health (DOH), to conduct a study to review health insurance coverage of technology systems used for locating missing children with developmental disabilities.
A.3854 Brennan	S.1784 Espaillat	Advanced to 3 <sup>rd</sup> reading	This bill would prohibit moneys awarded as damages or obtained by judgment or settlement as a result of a cause of action commenced against officers or employees of OMH to be considered assets for the purpose of determining the ability of an individual to pay for services; and reassure that such moneys shall not be seized or offset for the purposes of paying fees for services rendered by OMH.
A.3860 Brennan	S.5272 Ortt	Reported to the Assembly Committee on Ways and Means	This bill would establish a right to treatment for seriously emotionally disturbed children who are certified by the pre-admission certification committee and waiting to be placed in a residential placement facility for children and youth.
A.3866 Brennan	N/A	Passed Assembly	This bill would provide the right to counsel for persons who receive services through OMH or OPWDD for the purpose of participating in certain investigations.
A.5431 O'Donnell	N/A	Passed the Assembly	This bill would make available confidential OMH records to attorneys representing patients or clients involuntarily placed in correctional special housing or residential mental health treatment units.

<b>ASSEMBLY BILL # SPONSOR</b>	<b>SENATE BILL # SPONSOR</b>	<b>FINAL ACTION</b>	<b>Description</b>
A.5846 Ortiz	S.2465 Ritchie	Reported to the Assembly Committee on Ways and Means	This bill would require fees for services rendered to patients in state inpatient facilities pursuant to court orders to be paid by the county in which the court is located for the first thirty days.
A.6386-A Gunther	S.840-A Robach	Reported to the Assembly Committee on Rules	This bill would allow the Commissioner of OMH and directors of a facility to release the name, date of birth, or date of death of a person who was a patient at the facility when the person died, unless provided written instructions from the patient or their guardian to not release such information, for the purpose of inscribing a grave marker.
A.6529 Gunther	S.5260 Bonacic	Chapter 382	This law authorizes OMH to provide a psychiatrist for the purposes of an examination and testimony in a hearing related to "Kendra's Law", in counties with a population fewer than 80,000.
A.7053-A Gunther	S.5060-A Ortt	Veto 235	This bill would grant the temporary president of the senate and the Speaker of the Assembly each five appointments of individuals to serve as members of the Developmental Disabilities Advisory Council (DDAC); and require the DDAC, in cooperation with the Commissioner of OPWDD, to provide recommendations on issues related to the transition of the OPWDD service delivery system into managed care.
A.7200 Gunther	S.3638-A Ortt	Chapter 474	This law requires a Health Maintenance Organization (HMO) or a Managed Long Term Plan (MLTP) which chooses to expand its services to include populations served by OPWDD to have an affiliation agreement with a non-profit entity that is experienced in serving people with developmental disabilities. This affiliation must be established only if it is deemed by the commissioner of DOH and the commissioner of OPWDD that such HMO or MLTP lacks the experience in coordinating or planning services for individuals with developmental disabilities.
A.7226-A Gunther	N/A	Passed Assembly	This bill would authorize the Justice Center for the Protection of People with Special Needs ("Justice Center") to visit, inspect and appraise the management of residential schools and facilities outside of New York State that serve New York residents.

<b>ASSEMBLY BILL # SPONSOR</b>	<b>SENATE BILL # SPONSOR</b>	<b>FINAL ACTION</b>	<b>Description</b>
A.7332 Lupardo	S.4094 Libous	Veto 239	This bill would allow individuals with developmental disabilities currently receiving services in a state operated facility to request the continuation such services until equivalent services are made available in their region of the state.
A.7533 Abinanti	N/A	Passed Assembly	This would require a notice to be posted in programs subject to regulation by the office for people with developmental disabilities, informing employees to call 911 during an emergency and directing them to make required reports relating to abuse or neglect to the justice center for the protection of people with special needs or to law enforcement.
A.7766-A Gunther	S.5630-A Ortt	Chapter 91	This law directs OPWDD to review and report on state laws and regulations applicable to military families who have family members with developmental disabilities; requires OPWDD to perform a study in consultation with Division of Military and Naval Affairs and the State Education Department and report to the legislature by November 11, 2016.
A.7767-B Gunther	S.4472-D Carlucci	Chapter 576	This law authorizes the state to establish the New York achieving a better life experience (NY ABLE) savings account act.

**APPENDIX C**

**LAWS ENACTED IN 2015**

<b>ASSEMBLY BILL # SPONSOR</b>	<b>SENATE BILL # SPONSOR</b>	<b>FINAL ACTION</b>	<b>DESCRIPTION</b>
A.866 Jaffee	S.1696 Bonacic	Chapter 106	This law provides due process protections for individuals with developmental disabilities who "age out" of services provided by residential facilities and object to the appropriateness of OPWDD's proposed transfer and placement to an adult care facility.
A.2143 O'Donnell	S.5680 Ortt	Chapter 247	This law allows the Justice Center access to clinical records, and adds a separate provision permitting access for the independent federal Protection & Advocacy system and Client Assistance program to such records.
A.3404 Titone	S.5932 Savino	Chapter 430	This law requires the Division of Criminal Justice Services (DCJS), in consultation with the Office for People with Developmental Disabilities (OPWDD), to conduct a study of current information technology systems used to locate missing children with developmental disabilities in order to synchronize such systems and requires the Department of Financial Services (DFS), in consultation DOH, to conduct a study to review health insurance coverage of technology systems used for locating missing children with developmental disabilities.
A.6529 Gunther	S.5260 Bonacic	Chapter 382	This law authorizes OMH to provide a psychiatrist for the purposes of an examination and testimony in a hearing related to "Kendra's Law", in counties with a population fewer than 80,000.
A.7200 Gunther	S.3638-A Ortt	Chapter 474	This law requires a Health Maintenance Organization (HMO) or a Managed Long Term Plan (MLTP) which chooses to expand its services to include populations served by OPWDD to have an affiliation agreement with a non-profit entity that is experienced in serving people with developmental disabilities if it is determined by the commissioner of DOH and OPWDD that such HMO or MLTP lacks the experience in coordinating or planning services for individuals with developmental disabilities.
A.7766-A Gunther	S.5630-A Ortt	Chapter 91	This law directs OPWDD to review and report on state laws and regulations applicable to military families who have family members with a developmental disability, perform a study in consultation with Division of Military and Naval Affairs and the State Education Department and report to the legislature by November 11, 2016.
A.7767-B	S.4472-D	Chapter 576	Authorizes the state to establish the New York achieving

<b>ASSEMBLY BILL # SPONSOR</b>	<b>SENATE BILL # SPONSOR</b>	<b>FINAL ACTION</b>	<b>DESCRIPTION</b>
Gunther	Carlucci		a better life experience (NY ABLE) savings account act.

**APPENDIX D  
LAWS VETOED IN 2015**

<b>ASSEMBLY BILL # SPONSOR</b>	<b>SENATE BILL # SPONSOR</b>	<b>FINAL ACTION</b>	<b>DESCRIPTION</b>
A.7053-A Gunther	S.5060-A Ortt	Veto 235	This bill would grant the temporary president of the senate and the speaker of the assembly each five appointments of individuals to serve as members of the Developmental Disabilities Advisory Council (DDAC); and require the DDAC, in cooperation with the Commissioner of OPWDD to provide recommendations on issues related to the transition of the OPWDD service delivery system into managed care.
A.7332 Lupardo	S.4094 Libous	Veto 239	This bill would allow individuals with developmental disabilities currently receiving services in a state operated facility to request the continuation such services until equivalent services are made available in their region of the state.