

# **HEALTH & MENTAL HYGIENE**

**Summary of Recommended Appropriations  
By Agency**

## OFFICE FOR THE AGING

	Adjusted Appropriation 2012-13	Executive Request 2013-14	Change	Percent Change
<b>AGENCY SUMMARY</b>				
STATE OPERATIONS	14,059,600	12,945,000	(1,114,600)	-7.9%
AID TO LOCALITIES	229,869,500	228,734,500	(1,135,000)	-0.5%
<b>Total for AGENCY SUMMARY:</b>	<b>243,929,100</b>	<b>241,679,500</b>	<b>(2,249,600)</b>	<b>-0.9%</b>

### Agency 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 New Yorkers who are 60 years of age or older. SOFA 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 older adults.

### Budget Summary

The Executive proposes an All Funds appropriation of \$241.7 million, a net decrease of \$2.2 million or less than one percent from the State Fiscal Year (SFY) 2012-13 level. The Executive proposes funding support of 100 full-time equivalent positions, reflecting no change from the previous year.

### State Operations Appropriations

(A. 3000)

The Executive proposes an All Funds State Operations appropriation of \$12.95 million, a net decrease of \$1.11 million, or 7.9 percent from the SFY 2012-13 level.

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**ALL FUNDS PERSONNEL**  
BUDGETED FILL LEVELS

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Fund	Current 2012-13	Requested 2013-14	Change
General Fund:	19	19	0
All Other Funds:	81	81	0
<b>TOTAL:</b>	<b>100</b>	<b>100</b>	<b>0</b>

**Aid to Localities Appropriations**  
(A. 3003)

The Executive proposes an All Funds Aid to Localities appropriation of \$228.7 million, a net decrease of \$1.14 million, or 0.5 percent from the SFY 2012-13 levels.

**Programmatic Changes**

The Executive proposes to rename the Supplemental Nutrition Assistance Program (SNAP) the “Wellness in Nutrition” program. In addition, the Executive proposes to rename the Community Empowerment Initiative the “Livable New York” initiative which could assist municipalities in better planning for the needs of older adults.

Executive proposes to redirect \$122,500 in existing funding previously available to Enriched Social Adult Day Services to the NY Social Adult Day Services Association to conduct training for social adult day services providers.

**Human Services Cost of Living Adjustment (COLA)**

The Executive proposes to delay, for one year, the scheduled 1.4 percent annual human services COLA. This action would reduce SOFA program funding by \$2.61 million in SFY 2012-13.

**Article VII Proposals**

The Executive recommends Article VII legislation that would continue an existing exemption from certain social work and mental health professional licensure requirements for individuals employed across multiple state agencies, including programs or services operated, regulated, funded or approved by SOFA.

## DEVELOPMENTAL DISABILITIES PLANNING COUNCIL

	Adjusted Appropriation 2012-13	Executive Request 2013-14	Change	Percent Change
<b>AGENCY SUMMARY</b>				
STATE OPERATIONS	4,760,000	4,760,000	0	0.0%
<b>Total for AGENCY SUMMARY:</b>	<b>4,760,000</b>	<b>4,760,000</b>	<b>0</b>	<b>0.0%</b>

### Agency Mission

The New York State Developmental Disabilities Planning Council (DDPC) is fully funded under the Federal Developmental Disabilities Assistance and Bill of Rights Act. The Act, originally signed into law in 1975, authorizes the DDPC to prepare, implement, and monitor a plan for improving the quality of life for people with developmental disabilities. The DDPC monitors contracts with not-for-profit service providers that work with consumers, helping them achieve community integration.

### Budget Summary

The Executive proposes an All Funds appropriation of \$4.76 million which is unchanged from the State Fiscal Year (SFY) 2012-13 level. The Executive recommends funding support for 18 full-time equivalent positions, which is also unchanged from SFY 2012-13.

### State Operations Appropriations

(A.3000)

The Executive proposes an All Funds State Operations appropriation of \$4.76 million which is unchanged from the SFY 2012-13 level.

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**ALL FUNDS PERSONNEL**  
BUDGETED FILL LEVELS

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Fund	Current 2012-13	Requested 2013-14	Change
General Fund:	18	18	0
<b>TOTAL:</b>	<b>18</b>	<b>18</b>	<b>0</b>

## DEPARTMENT OF HEALTH

	Adjusted Appropriation 2012-13	Executive Request 2013-14	Change	Percent Change
<b>AGENCY SUMMARY</b>				
STATE OPERATIONS	2,224,008,100	3,067,697,400	843,689,300	37.9%
AID TO LOCALITIES	106,713,759,715	115,832,145,500	9,118,385,785	8.5%
CAPITAL PROJECTS	39,746,000	85,600,000	45,854,000	115.4%
<b>Total for AGENCY SUMMARY:</b>	<b>108,977,513,815</b>	<b>118,985,442,900</b>	<b>10,007,929,085</b>	<b>9.2%</b>

### Agency Mission

The Department of Health (DOH) is the designated state agency responsible for promoting and supervising public health activities, ensuring sound and cost-effective medical care, reducing infectious diseases, and directing a variety of emergency preparedness initiatives. DOH has worked towards its goal of ensuring the highest quality, most appropriate, cost-effective health care for all New Yorkers. DOH serves as the principal state agency responsible for coordinating with federal and local governments, health care providers and program participants on behalf of the Medicaid program in the State of New York.

### Budget Summary

The Executive proposes All Funds appropriations of \$119 billion, a net increase of \$10 billion or 9.2 percent from SFY 2012-13 appropriation levels. The Executive proposes funding to support 5,020 full-time equivalent positions, an increase of 385 positions. The increase in staffing is intended to support the second year of phased takeover of local government administration of the Medicaid program and the implementation of Federal Health Care Reform.

### State Operations Appropriations

(A. 3000)

The Executive proposes All Funds State Operations appropriations of \$3.07 billion, a net increase of \$843.7 million or 37.9 percent from SFY 2012-13.

## Office of Health Insurance Programs (OHIP)

The Executive proposes to shift OHIP State Operations costs under the State Global Medicaid Cap. As a result, the Executive proposes to adjust the State Medicaid Cap upward by \$91 million to account for the portion of administrative spending previously funded under DOH's State Operations budget. In addition, the Executive proposes to consolidate OHIP's administrative expenses with existing State Operations contracts, which are already counted in the State Medicaid Cap.

## Labs Consolidation

Appropriation language in the State Operations bill would authorize the interchange of funds made available for lab services across multiple state agencies, including DOH. During SFY 2013-14, the Executive proposes to consolidate or co-locate certain DOH and Department of Environmental Conservation lab functions. This proposal would have no effect on the financial plan in SFY 2013-14.

## Other Actions

The Executive proposes \$19.98 million in other State Operations reductions, including: \$2.9 million by eliminating funded staff vacancies; \$2.67 million related to enterprise service savings; \$2.56 million in reductions to various Health Care Reform Act programs; \$960,000 in temporary services reductions; \$800,000 related to hourly-based information technology services; and a \$10.09 million sweep from the Quality of Care Account to the General Fund.

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### ALL FUNDS PERSONNEL BUDGETED FILL LEVELS

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Fund	Current 2012-13	Requested 2013-14	Change
General Fund:	1,607	1,740	133
All Other Funds:	3,028	3,280	252
<b>TOTAL:</b>	<b>4,635</b>	<b>5,020</b>	<b>385</b>

### Aid to Localities Appropriations

(A. 3003)

The Executive proposes All Funds Aid to Localities appropriations of \$115.8 billion, a net increase of \$9.1 billion or 8.5 percent from SFY 2012-13 levels.

## **Medical Assistance (Medicaid) Program and Health Care Reform Act (HCRA)**

The Executive budget includes total Medicaid spending of \$57.63 billion, an increase of \$3.63 billion or 6.7 percent from SFY 2012-13, which is primarily attributable to an expected increase in federal funds. The State share of DOH Medicaid expenditures are projected to comprise \$16.42 billion of overall Medicaid spending, an increase of \$509.67 million or 3.2 percent from SFY 2012-13. To support projected expenditures in SFY 2013-14 and SFY 2014-15, the Executive proposes a two-year Medicaid appropriation totaling \$109.41 billion.

HCRA was last extended through March 31, 2014 and the final is projected to remain balanced through SFY 2016-17. In SFY 2013-14, HCRA receipts are projected to total \$5.64 billion, a decrease of \$206 million from SFY 2012-13. HCRA disbursements are also projected to total \$5.64 billion, a decrease of \$203 million from SFY 2012-13.

### **Medicaid Global Cap**

The Executive proposes the continuation of the Medicaid Global Cap which limits growth in the DOH State Funds Medicaid spending to the 10 year rolling average of the Medicaid Consumer Price Index, currently estimated at 3.9 percent. DOH Medicaid expenditures are currently capped at \$15.91 billion in SFY 2012-13 and \$16.42 billion in SFY 2013-14. The Executive proposes to extend the Global Cap for one additional year and would limit SFY 2014-15 DOH Medicaid expenditures to \$17.10 billion. The Executive also proposes reauthorization for DOH to reduce payment rates and benefits in the event that Medicaid expenditures exceed the Global Cap.

### **State Assumption of Local Medicaid Expenditure Growth**

On January 1, 2006, the state implemented a cap on the local share of Medicaid expenditures, and assumed the full local share of Family Health Plus (FHP) expenditures. In calendar year 2006, local Medicaid contributions were capped at 3.5 percent growth over 2005 expenditures. The growth rate dropped to 3.25 percent in 2007 and to 3.0 percent for 2008 and each year thereafter.

As part of the SFY 2012-13 budget, the state began a phased takeover of the local share of Medicaid growth beginning on April 1, 2013. The state is scheduled to assume, at a rate of one percent per year, the growth in the local share of Medicaid over a three-year period with the annual growth rate in the Medicaid local share being eliminated by SFY 2015-16. In total, these local takeover actions will save localities \$1.69 billion in SFY 2013-14.

### **Medicaid Redesign Team (MRT) – Phase III Recommendations**

The Executive Budget proposal continues the savings actions enacted as part of the SFY 2011-12 and SFY 2012-13 budgets, including: the 78 discrete cost containment initiatives recommended by the MRT; the additional recommendations developed through the MRT Workgroup process (MRT Phase II); the elimination of scheduled Medicaid inflationary rate increases; and the implementation of a two percent



across-the-board reduction in Medicaid rates. The Executive estimates that these actions will save the state approximately \$17.1 billion in over the next five years.

In addition to continuing the initiatives implemented over the prior two fiscal years, the Executive proposes a cost-neutral series of new MRT initiatives, including new investments in health care delivery balanced by savings resulting from improvements in benefits design, more appropriate treatment outcomes and other Medicaid program reductions. The Executive proposal includes:

- **Affordable Housing Proposals-** a \$12.5 million net State share increase, including additional support for supportive housing services (a \$12.5 million increase) and the allocation of \$3.85 million in savings from recent hospital and nursing home closures to provide additional supportive housing services.
- **Basic Benefit Review Proposals-** a \$770,000 net State share increase, including support for tobacco cessation counseling by dentists (a \$1.5 million increase) offset by eliminating coverage for Lumbar Discography (a \$30,000 reduction); limiting transcutaneous nerve stimulation (TENS) pain treatment (a \$630,000 reduction); and eliminating coverage for implantable infusion pumps for non-cancer pain (a \$70,000 reduction).
- **Managed Long Term Care (MLTC) Proposals-** including \$1.5 million in State share support related to the establishment of an ombudsman program to support MLTC enrollees.
- **Payment Reform and Quality Measurement Proposals-** a \$31 million State share increase, that include increasing the nursing home quality pool (a \$5 million increase); the development of a cost neutral pricing methodology for specialty nursing homes; expanding the Essential Community Provider Network and Vital Access Providers (VAP) Programs (a \$26 million increase); and to eliminate the \$30 million nursing home Financially Disadvantaged Program and to reallocate the funding to the VAP/Safety Net Program for Nursing Homes.
- **Pharmacy Actions-** a \$13.27 million State share reduction, including proposals to eliminate prescriber prevails provisions related to atypical antipsychotic drug classes provided by Medicaid Managed Care plans (a \$9.38 million reduction); eliminate prescriber prevails for all classes of drugs in Medicaid Fee-For-Service (a \$1.04 million reduction); eliminate prescriber prevails for opioids in excess of four prescriptions in a 30 day period (a \$20,000 reduction); reduce the Medicaid Fee-For-Service pharmacy reimbursement rate for brand name drugs from Average Wholesale Price (AWP) less 17 percent to AWP less 17.6 percent (a \$1.80 million reduction); establish minimum supplemental rebate rates (a \$450,000 reduction); eliminate the summary posting requirement for Pharmacy and Therapeutics Committee Meetings (a \$180,000 reduction); and tighten claims edits on early prescription refills (a \$400,000 reduction).
- **Indigent Care Pool Reform Proposals-** No financial plan impact in SFY 2013-14, including a proposal to modify the Hospital Indigent Care Reform Program to link pool distributions on Medicaid and insured loses (a \$12.50 million increase); and a proposal to redirect hospital

outpatient funding to support additional hospital indigent care payments (a \$12.50 million decrease).

- **Health Home Proposal-** a \$17.02 million State share increase, including new grants to support health homes infrastructure development and governance support (a \$15.00 million increase); and to support the design of Health Home Plus programs targeted at individuals receiving Assisted Outpatient Treatment or that are discharged from a State Psychiatric Center (a \$2.02 million increase).
- **Other Medicaid Reduction Proposals-** a \$36.16 million State share reduction, including the elimination of spousal refusal provisions (a \$34.3 million reduction); the management of incontinence supplies through a contractor (a \$1.25 million reduction); various Early Intervention (EI) proposals related to increasing third party insurance coverage and modifying the EI screening process (a \$480,000 reduction); and to increase electronic billing for hearing aids (a \$130,000 reduction).
- **Other Medicaid Additions-** a \$29.35 million State share increase, including support for programs to integrate physical and behavioral health (a \$7.5 million increase); an authorization for Certified Social Workers to bill Medicaid (a \$1.25 million increase); an increase MLTC rates to encourage the relocation of enrollees from adult homes to more independent living (a \$100,000 increase); an expansion of the existing Gold STAMP program which is designed to reduce pressure ulcers (a \$500,000 increase); a new MLTC quality incentive program (a \$10.00 million increase); and the implementation of a Balanced Incentive Program (a \$10.00 million increase). In addition, the Executive proposes to provide support for 4,350 in new transitional adult home slots and proposes to support a reinvestment of the savings related to the elimination of trend factor increases for foster care providers and pediatric nursing homes.

## **Federal Health Care Reform**

The Executive proposes legislation to implement the various requirements of the federal Patient Protection and Affordable Care Act (ACA). The legislation includes language to modify eligibility and benefits for the state's existing public health insurance programs to for better integration with the New York Health Benefit Exchange which was established by Executive Order in April 2012.

Under the ACA, the State will begin to receive enhanced matching rates for single childless adults beginning January 1, 2014. The Executive estimates a total State benefit of \$83 million in SFY 2013-14 from this enhanced matching rate, of which \$43 million will be used to support the implementation of Phase II MRT proposals with the remainder being used to offset other General Fund expenditures.

The Executive proposes to eliminate the existing FHP program over a two year period. On January 1, 2014 the State would close enrollment in the FHP program and all enrollees with incomes up to 138 percent of the federal poverty level (FPL) would transition to the existing Medicaid program. All FHP enrollees with incomes between 139 percent and 150 percent of FPL could remain in the program until January 1, 2015, at which point they would be required to buy federally subsidized insurance

through the Exchange. The Executive proposal would provide supplemental benefits to persons enrolled in FHP prior to January 1, 2014, and those who are required to purchase insurance through the Exchange. For these individuals, the state would cover premium and cost sharing requirements that are in excess of the existing FHP program.

### **Restructure Health Care Program Funding**

The Executive proposes to consolidate 89 separate health awareness and prevention programs into six competitive pools totaling \$355.2 million, and to reduce total funding for these programs by \$40 million. These consolidated pools would support the following:

- Chronic Disease Programs (\$63 million);
- Environmental Health and Infectious Disease Programs (\$19.8 million);
- Maternal, Child Health and Nutrition Programs(\$114.8 million);
- HIV and AIDS Programs (\$90.7 million);
- Health Quality/Outcomes/Advocacy Programs (\$30.7 million); and
- Workforce Training Programs (\$36.2 million).

### **General Public Health Work Program (GPHW)**

The Executive proposes a variety of changes to the GPHW program, which provides state aid reimbursement to Local Health Departments for a core set of public health services. Specifically, the Executive proposes to encourage the use of private health insurance coverage; to increase the base grant funding to counties; to invest \$1 million in new pay-for-performance payments to counties; and to provide administrative relief to counties by eliminating unnecessary local reporting and statutory program requirements. These proposals would generate \$3.45 million in State Share savings, which would be realized in SFY 2014-15

### **Early Intervention (EI) Program**

The Executive proposes to modify the EI program to require commercial health insurance to include EI service providers in their networks and to modify the screening and evaluation process for EI. These proposals would generate \$418,000 in savings to the non-Medicaid EI program and \$475,000 in savings to the Medicaid program.

These savings would be offset by \$1.21 million in additional costs related to requiring Child Health Plus (CHP) to provide coverage for EI services.

### **Excess Medical Malpractice Insurance Program**

The Executive proposes to modify the existing Excess Medical Malpractice Pool program to prioritize the support for doctors in the highest risk specialties that practice at community hospitals in highest risk areas. This proposal would result in \$12.7 million in savings to the program.

### **Defer the Human Services Cost of Living Adjustments (COLA)**

The Executive proposes to defer the 1.4 percent human services COLA payments for one year, which would result in a savings of \$2.16 million for DOH.

### **Capital Projects Appropriations**

(A. 3004)

The Executive proposes Capital appropriations of \$85.6 million, a net increase of \$45.9 million or 115.4 percent from SFY 2012-13 to reflect an increase in federal Safe Drinking Water program funds.

While there are no new appropriations for the Health Care Efficiency and Affordability Law of New York (HEAL NY) program in the Executive Budget, the Governor proposes to make \$25 million in prior-year HEAL NY funding available to the Roswell Park Center Cancer Institute

### **Article VII Proposals**

(A. 3006)

### **PART A – Medicaid Redesign Team Recommendations**

The Executive recommends Article VII legislation that would:

- extend the two percent across-the-board reduction of Medicaid payments for two years through March 31, 2015;
- allow for the inclusion of the operational costs of the Office of Health Insurance Programs under the Medicaid Global Cap. These costs would not be subject to annual consumer price index adjustments;
- extend the Medicaid Spending Cap for one additional year;
- permanently eliminate trend factor adjustments in Medicaid provider reimbursement rates;
- eliminate “prescriber prevails” provisions related to prior authorization requirements for certain prescription drugs;

- authorize DOH to require prior authorization for the refill of a prescription drug when the patient should still have more than a six-day supply of the previously dispensed amount remaining, based on normal use;
- allow DOH to deny prior authorization for opioid prescriptions in excess of four prescriptions in a 30-day period under certain circumstances;
- reduce the fee-for-service pharmacy brand reimbursement rate to the average wholesale price less 17.6 percent;
- merge the Pharmacy and Therapeutics Committee with the Drug Utilization Review Board (DUR);
- require prior authorization of drugs eligible for reimbursement by state public health plans unless the pharmaceutical manufacturers agree to provide minimum supplemental rebates;
- authorize Medicaid reimbursement of individual psychotherapy services provided by certified social workers for children and those requiring such services as a result of pregnancy or childbirth;
- authorize the Commissioner of Health (COH) to invest up to \$15 million in health home infrastructure development;
- provide additional funding to promote the delivery of integrated mental health, substance abuse, and physical health services in a single location;
- enact several reimbursement rate modifications, including: establishing regulation regarding children's specialty hospital outpatient rates and new inpatient psychiatric reform rates; authorizing the COH to issue regulations governing when the new inpatient psychiatric reform rate methodology will apply to Medicaid managed care default rates; updating the base year for inpatient services; and modifying capital reimbursement and adjustments;
- require managed care contracts with nursing homes to support standard rates of compensation which are sufficient to ensure the retention of a qualified workforce capable of providing high quality care;
- authorize a special needs managed care plan or comprehensive HIV special needs plan to provide for covered comprehensive health services on a full capitation basis contingent with federal financial participation;
- allow additional services to be provided by Medicaid managed care plans, and for additional populations to be required to enroll in Medicaid managed care;
- amend the list of persons or groups that are not required to enter into a managed long term care plan or other specialized care coordination model;

- require counties which implemented mandatory managed care to use the enrollment counseling and enrollment services for which DOH has contracted;
- allow DOH to set the cutoff date for monthly enrollment in a managed long term care plan;
- define “credentialed alcoholism and substance abuse counselor” (CASAC) as an individual credentialed by the Office of Alcoholism and Substance Abuse Services (OASAS); require managed care providers to allow enrollees to access appropriately certified chemical dependence treatment services; and authorize the transfer of funds by OASAS to DOH for purposes of increasing Medicaid payments to managed care organizations for chemical dependency services;
- require DOH to consult with the Office of Mental Health (OMH) and OASAS when necessary to appoint temporary management of a managed care provider;
- provide a sunset date of March 31, 2015 for previously enacted statutory provisions allowing the transfer of funds by OMH to DOH for purposes of increasing Medicaid payments to managed care organizations for outpatient mental health services provided by hospital-based and free-standing clinics;
- establish Developmental Disability Individual Support and Care Coordination Organizations and authorize managed care plans to provide services operated, certified, funded, authorized or approved through OPWDD, with certain protections in place to recognize the unique needs of individuals with developmental disabilities;
- clarify that Medicaid services shall not be authorized or provided prior to a determination of eligibility;
- authorize the COH to implement an incontinence supply management program;
- allow DOH to pay claims and issue payments for services on an emergency basis in the event that a fiscal intermediary or agent cannot issue payments;
- allow DOH to amend certain existing contracts that implement actions recommended by the Medicaid Redesign Team without competitive bid;
- provide for the transition of rate setting for the Child Health Plus program from the Department of Financial Services to DOH;
- sunset payments for financially disadvantaged nursing homes effective December 31, 2012;
- extend audit authority for calendar year 2002 cost reports filed by nursing homes through December 31, 2018;

- eliminate the requirement that certain rate adjustments for nursing homes be subject to reconciliation; establish capital reimbursement methodologies for nursing homes through regulation; and provide for additional flexibility in the calculation of upper payment limit distributions for public nursing homes;
- develop a pricing reimbursement methodology for specialty nursing home facilities;
- eliminate the attestation requirements for certain certified home health care providers receiving worker recruitment and retention payments, consistent with the transition to managed long-term care;
- eliminate the cap on the maximum number of managed long-term care plans that can be authorized;
- eliminate “spousal refusal” protections for community-based long-term care and managed long-term care enrollees;
- authorize capital debt reimbursement for certain adult homes which convert to assisted living programs;
- extend certain income disregards related to costs for eligible adult home residents who transition into managed long term care plans; and
- allow the OPWDD to perform a Fully Integrated Duals Advantage program in order to provide comprehensive health services to targeted populations of Medicare/Medicaid dually eligible persons. The program will be called Developmental Disability Individual Support and Care Coordination Organizations (DISCOs).

#### **PART B – Expiring Laws and Cost Containment Actions**

The Executive recommends Article VII legislation that would extend several provisions of the Public Health, Social Services and Mental Hygiene laws set to expire and continue cost containment actions.

#### **PART C – Hospital Indigent Care Pool (ICP) Reform**

The Executive recommends Article VII legislation that would:

- require DOH to promulgate regulations establishing a new ICP distribution methodology for periods on and after 1/1/2013 through 12/31/2015. For each of those years, the methodology would require distribution of \$139.4 million to major public general hospitals and \$994.9 million to private hospitals, allocated according to the uncompensated care need amount;

- establish a transition pool for the purpose of ensuring that no facility has reduced ICP payments that are greater than set percentages specified in regulations, as compared to the average distribution that each such facility received for the three prior calendar years.;
- provide that one percent of the funds available for distribution would be reserved and set aside in a “Financial Assistance Compliance Pool” and released to individual hospitals based on their substantial compliance with regulations implementing the State Financial Aid Law; and
- reduce Hospital Outpatient Ambulatory Patient Group payments by an aggregate of \$25 million annually to fund Indigent Care Transition Pool Payments

#### **PART D Statutory Changes to Conform with Federal Affordable Care Act (ACA)**

The Executive recommends Article VII legislation that would:

- identify the updated Medicaid eligibility categories that will exist as of January 1, 2014, when the Medicaid requirements of the ACA take effect; identify the categories of individuals who will have their financial eligibility determined based on their modified adjusted gross income (MAGI), and identify the categories of individuals whose financial eligibility will be determined under the current rules;
- specify which eligible individuals will receive the current Medicaid benefit package, and which will receive “benchmark coverage” under the new federal requirements;
- define the Medicaid benchmark benefit as the current Medicaid benefit package, with the exception of institutional long term care services, plus any additional federally required benefits;
- allow online and phone Medicaid applications; increase the extent to which Medicaid applications may be submitted to and processed by DOH or its agent;
- require DOH to recertify Medicaid eligibility based on reliable information possessed or available to DOH; eliminate documentation requirements that are inconsistent with federal ACA provisions requiring self-attestation of certain information used to determine Medicaid eligibility;
- restrict applications to enroll in the Family Health Plus (FHP) program to those received through 12/31/2013; provide that FHP coverage for individuals enrolled as of 1/1/14 will terminate once such individuals obtain coverage through the Exchange; and eliminate the FHP program and the FHP employer buy-in program, effective January 1, 2015 as coverage will now be provided through the Exchange;
- define household income for purposes of determining eligibility for Child Health Plus (CHP); require the Enrollment Center to review all information of CHP program applicants for the purpose of making eligibility determinations; eliminate temporary enrollment in CHP; modify CHP program



eligibility categories to conform to MAGI; remove the necessity of personal interviews for recertification of CHP eligibility; and

- make a series of changes to Insurance Law provisions to conform to ACA requirements.

## **PART E – Early Intervention, Public Health and Other Program Changes**

The Executive recommends Article VII legislation that would:

- require persons and initial service coordinators who refer children to the Early Intervention (EI) program to inform parents that of children with diagnosed physical or mental conditions with a high probability of resulting in a developmental delay, that eligibility for the EI program shall be established through a records review;
- modify EI screening and evaluation requirements to follow DOH approved standards and forms;
- provide that if a child who received an EI evaluation was found ineligible, and was referred again due to the same delay in a single developmental area more than three and less than six months later, the child would receive a partial evaluation to assess the same developmental delay in lieu of a second full evaluation of all the developmental areas;
- allow third party coverage representatives to attend Individualized Family Service Plan (IFSP) meetings; require timely implementation of the IFSP;
- modify several insurance related provisions (rate setting, adequate network) to require health insurer coverage of EI services and prohibit HMOs from discriminating against insured individuals receiving EI services;
- modify the process by which counties apply for General Public Health Works (GPHW) funding and update the core public health service requirements for which funding is available, including redefining core public health services by classifying chronic disease prevention as well as emergency preparedness and response independent core services, eliminating health education as a core service, and integrating health education into each of the core services;
- increase the state base grant amount, currently the greater of \$550,000 or 55 cents per capita, to the greater of \$650,000 or 65 cents per capita;
- establish a new statewide incentive performance program for GPHW activities and provide up to \$1 million in annual funding;
- update provisions regarding sexually transmitted diseases (STD) to conform to current clinical practice and to authorize counties to seek third party coverage or indemnification for STD diagnosis and treatment services rendered, where appropriate;

- create a new system of Outcome Based Health Planning by consolidating public health programs and establish outcome based contracting and planning;
- authorize the COH to make grants, awards and disbursements on a competitive basis, pursuant to RFP, for each of the following areas: chronic disease prevention and treatment, environmental health and infectious disease, maternal and child health outcomes, HIV, AIDS, Hepatitis C and STDs, health quality and outcomes and workforce development;
- streamline the Certificate of Need planning process and modify standards used by the Public Health and Health Planning Council (PHHPC) provisions in considering prospective facility operators;
- allow the COH to establish a temporary operator of an adult care facility, a general hospital, a diagnostic and treatment center, or a chemical dependence treatment program on a temporary basis, when a statement of deficiencies has been issued by DOH for that facility and upon a determination by the COH that significant management failures exist in the facility;
- reform the overall planning process for emergency medical services (EMS) by merging the State Emergency Medical Services Council, the State Emergency Medical Advisory Committee, the State Trauma Advisory Committee and the Emergency Medical Services for Children Council into the single State Emergency Medical Services Advisory Board;
- make several modifications to existing scope of practice provisions in Education and Public Health Law that would impact primary care and other service providers (home health aides, dental hygienists, nurse practitioners, physician assistants, radiologic technologists);
- make permanent the exemption from social work and mental health licensure for individuals working in programs that are regulated, operated, funded or approved by OMH, DOH, SOFA, OCFS, DOCCS, OASAS, and OPWDD, and/or local governmental units or social services districts;
- allow for the establishment of retail clinics;
- authorize the COH to establish a pilot program under which the PHHPC would approve one business corporation in Kings County and another elsewhere in the state allowing increased capital investment in health care facilities; and
- limit the number of excess medical malpractice policies purchased for physicians using state funds to the number of policies for which the payment of actuarially sound rates can be supported by the amount appropriated in the budget, granting priority to the highest risk specialties and reduce the overall appropriation.

## OFFICE OF THE MEDICAID INSPECTOR GENERAL

	Adjusted Appropriation 2012-13	Executive Request 2013-14	Change	Percent Change
<b>AGENCY SUMMARY</b>				
STATE OPERATIONS	74,791,000	66,534,000	(8,257,000)	-11.0%
<b>Total for AGENCY SUMMARY:</b>	<b>74,791,000</b>	<b>66,534,000</b>	<b>(8,257,000)</b>	<b>-11.0%</b>

### Agency Mission

The Office of the Medicaid Inspector General (OMIG) was created as an independent entity within the Department of Health (DOH) by Chapter 442 of the Laws of 2006. OMIG is responsible for improving and preserving the integrity of the Medicaid program by conducting and coordinating fraud, abuse and waste control activities for all state agencies responsible for services funded by Medicaid. In carrying out its mission, OMIG conducts and supervises all prevention, detection, audit and investigation efforts and coordinates such activities with DOH, the Office for Mental Health, the Office for People with Developmental Disabilities and the Office of Alcoholism and Substance Abuse Services.

### Budget Summary

The Executive proposes an All Funds State Operations appropriation of \$66.5 million, a net decrease of \$8.3 million, or 11 percent, from State Fiscal Year (SFY) 2012-13 levels. The Executive provides funding support for 486 full-time equivalent (FTE) positions, and increase of 10 positions.

### State Operations Appropriations

(A. 3000)

The Executive proposes an All Funds State Operations appropriation of \$66.5 million, a net decrease of \$8.3 million, or 11 percent, from SFY 2012-13 levels.

The Executive proposes \$1.44 million in savings related to reduced equipment and contractual services costs offset by an increase of \$540,000 related to the addition of ten FTEs. This additional staffing would assist in supporting the operations of the OMIG.

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**ALL FUNDS PERSONNEL**  
BUDGETED FILL LEVELS

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Fund	Current 2012-13	Requested 2013-14	Change
General Fund:	238	243	5
All Other Funds:	238	243	5
<b>TOTAL:</b>	<b>476</b>	<b>486</b>	<b>10</b>

## DEPARTMENT OF MENTAL HYGIENE

	Adjusted Appropriation 2012-13	Executive Request 2013-14	Change	Percent Change
<b>AGENCY SUMMARY</b>				
STATE OPERATIONS	600,000,000	600,000,000	0	0.0%
<b>Total for AGENCY SUMMARY:</b>	<b>600,000,000</b>	<b>600,000,000</b>	<b>0</b>	<b>0.0%</b>

### Agency Mission

The Department of Mental Hygiene (DMH) operates through three independent agencies: the Office of Mental Health, the Office for People With Developmental Disabilities, and the Office of Alcoholism and Substance Abuse Services. All three agencies, as direct providers of care, are funded in part by Medicaid, Medicare, third-party insurance, and private payments. Patient revenues in the Patient Income Account (PIA) are pledged first to the payment of debt service on outstanding Mental Hygiene bonds. Anticipated PIA revenue is appropriated within the budgets of the mental hygiene agencies. During the course of the fiscal year, however, additional unanticipated revenue may be received or bond refinancing might decrease debt service requirements. Unanticipated revenue is appropriated to the DMH and then allocated in proportion to the appropriate mental hygiene agency.

### State Operations Appropriations

(A. 3000)

The Executive proposes a Special Revenue Fund appropriation of \$600 million, reflecting no change from State Fiscal Year 2012-13.

## OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

	Adjusted Appropriation 2012-13	Executive Request 2013-14	Change	Percent Change
<b>AGENCY SUMMARY</b>				
STATE OPERATIONS	116,951,000	117,866,000	915,000	0.8%
AID TO LOCALITIES	457,496,000	457,496,000	0	0.0%
CAPITAL PROJECTS	97,606,000	97,606,000	0	0.0%
<b>Total for AGENCY SUMMARY:</b>	<b>672,053,000</b>	<b>672,968,000</b>	<b>915,000</b>	<b>0.1%</b>

### Agency Mission

The Office of Alcoholism and Substance Abuse Services (OASAS) is responsible for the development and management of the state system of addiction services for prevention, treatment, and recovery. OASAS exercises these responsibilities directly as a provider of treatment services through a statewide system of Addiction Treatment Centers; through the regulation and oversight of over 1,550 chemical dependence and problem gambling prevention, treatment, and recovery service providers; and as a conduit for federal and state financial assistance.

### Budget Summary

The Executive proposes All Funds appropriations of \$672.97 million, a net increase of \$915,000, or 0.13 percent, from State Fiscal Year (SFY) 2012-13 levels. The Executive recommends funding support of 764 full-time equivalent positions representing no change from SFY 2012-13 levels.

### State Operations Appropriations

(A. 3000)

The Executive recommends All Funds State Operations appropriations of \$117.87 million, an increase of \$915,000, or 0.78 percent, from SFY 2012-13 levels.

The Executive proposes state share increases of \$4.5 million including \$1.9 million to support salary changes from collective bargaining agreements; \$1.3 million for fringe benefit and indirect cost rate adjustments; and \$1.3 million for inflationary adjustments. These increases would be offset by \$1.9 million in state share reductions related to various administrative efficiencies including system-wide administrative consolidation activities.

The Executive proposes a federal funds increase of \$2.5 million related to fringe benefit and indirect cost rate adjustments offset by a \$100,000 downward adjustments in federal grants.

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**ALL FUNDS PERSONNEL  
BUDGETED FILL LEVELS**

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Fund	Current 2012-13	Requested 2013-14	Change
All Other Funds:	764	764	0
<b>TOTAL:</b>	<b>764</b>	<b>764</b>	<b>0</b>

**Aid to Localities Appropriations**

(A. 3003)

The Executive proposes All Funds Aid to Localities appropriations of \$457.5 million, unchanged from SFY 2012-13 levels.

The Executive proposes an increase of \$5.3 million related to continuing community based chemical dependence and compulsive gambling services, which includes support for new permanent supportive housing units for homeless families and families at risk of becoming homeless.

The Executive proposes state share reductions of \$8.85 million, including a \$6.29 million reduction related to the proposal to defer the planned 1.4 percent Cost of Living Adjustment (COLA) for OASAS programs; and a \$2.60 million reduction related to the maximization of federal Substance Abuse Prevention and Treatment Block Grant support to offset state expenditures.

**Capital Projects Appropriations**

(A. 3004)

The Executive proposes capital appropriations of \$97.61 million, unchanged from the SFY 2012-13 budget.

## **Article VII Proposals**

The Executive recommends Article VII legislation that would:

- would make permanent the current exemption from certain social work and mental health professional licensure requirements for individuals employed by multiple state agencies, and by programs or services operated, regulated, funded or approved by OASAS;
- require that the Methadone Registry collect and maintain data regarding dosage delivery for patients enrolled in opioid treatment programs;
- clarify that OASAS can continue its current method of funding provider programs by making technical changes to the Mental Hygiene Law and eliminating an article of Mental Hygiene Law; and
- defer the Human Services COLA for one year and extend its application to March 31, 2017.



## OFFICE OF MENTAL HEALTH

	Adjusted Appropriation 2012-13	Executive Request 2013-14	Change	Percent Change
<b>AGENCY SUMMARY</b>				
STATE OPERATIONS	2,077,530,000	2,077,130,000	(400,000)	-0.02%
AID TO LOCALITIES	1,300,634,000	1,298,434,000	(2,200,000)	-0.2%
CAPITAL PROJECTS	189,665,000	196,955,000	7,290,000	3.8%
<b>Total for AGENCY SUMMARY:</b>	<b>3,567,829,000</b>	<b>3,572,519,000</b>	<b>4,690,000</b>	<b>0.1%</b>

### Agency Mission

The Office of Mental Health (OMH) works to promote the mental health of all New Yorkers, with a particular focus on providing treatment and recovery services for adults and children with serious mental illness or emotional disturbances. The agency oversees all mental health services in New York State by acting as a direct provider of medium and long-term care at state-run psychiatric centers for both adults and children, by providing diagnostic and treatment services to persons involved in the criminal justice system at state-run forensic psychiatric centers, and by providing funding, oversight, and certification to community programs operated by local governments, not-for-profit providers, and proprietary providers.

### Budget Summary

The Executive proposes an All Funds appropriation of \$3.57 billion, a net increase of \$4.69 million, or 0.13 percent, from the State Fiscal Year (SFY) 2012-13 levels. The Executive recommends funding support to 14,580 full-time equivalent (FTE) positions, representing an increase of 127 FTEs from SFY 2012-13. These additional FTEs are provided to support Sex Offender Management Treatment (SOMTA) Program.

### State Operations Appropriations

(A. 3000)

The Executive proposes an All Funds State Operations appropriation of \$2.08 billion, a net decrease of \$400,000 million from SFY 2012-13 levels.

## OMH Regionalization and Restructuring

The Executive anticipates \$25 million in savings from the restructuring of State Operated Psychiatric Centers and the development of regional centers of excellence for the diagnosis and treatment of behavioral health issues.

To effectuate this action, the Executive would waive the existing one-year notice requirement and would permit OMH to close, consolidate, or make service reductions to State-run facilities with 45 days public notice of a ward closure or 75 days notice for a facility closure. The Executive includes specific criteria to be evaluated when OMH is determining its closure plan.

## Sex Offender Management Treatment Program (SOMTA)

The Executive proposes a net increase of \$11.6 million related to SOMTA program, including \$16.2 million to support program growth and annualization of prior year initiatives which is offset by \$4.6 million in program re-estimates and adjustments due to slower than expected growth of the SOMTA population.

## Other OMH State Operations Actions

The Executive proposes an increase of \$56.4 million for fringe and indirect rate adjustments and nonpersonal services spending and \$20.7 million to support underlying program growth re-estimates. These costs would be offset by \$12.9 million in reductions related to central office efficiencies, and \$4.6 million in reductions related to salary changes from collective bargaining agreements.

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### ALL FUNDS PERSONNEL BUDGETED FILL LEVELS

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Fund	Current 2012-13	Requested 2013-14	Change
All Other Funds:	14,453	14,580	127
<b>TOTAL:</b>	<b>14,453</b>	<b>14,580</b>	<b>127</b>

### Aid to Localities Appropriations

(A. 3003)

The Executive proposes an All Fund Aid to Localities appropriation of \$1.3 billion, a net decrease of \$2.2 million, or 0.2 percent, from the SFY 2012-13 level.

## **Investments for Community Based Services**

The Executive proposes an increase of \$31 million for community based services to support the following actions:

- \$18 million is provided for additional beds for patients transitioning from nursing homes and adult homes to community based settings;
- \$8 million for bed development due to the end of the bed freeze and growth of NY/NY III; and
- \$5 million for community services supported by the saving achieved from the closures and restructuring of State-operated facilities.

## **Other OMH Actions**

The Executive proposes reduction of \$53.9 million, resulting from the following actions:

- \$27.2 million from enhanced federal funding related to Health Homes;
- \$16.37 million related to deferring of Cost of Living Adjustments (COLAs) and residential treatment facility trend factors for one year;
- \$10 million from the annualization of prior year savings actions; and
- \$332,000 related to the elimination of certain line items in the SFY 2012-13 budget.

## **Capital Projects Appropriations**

(A. 3004)

The Executive proposes a Capital projects appropriation of \$196.96 million representing an increase of \$7.3 million, or 3.84 percent from SFY 2012-13. This increase is related to an \$8 million investment for ongoing development of NY/NY III housing development and a \$28,000 investment for reconfiguration of a long-term inpatient building at Hutchings Psychiatric Center.

## **Article VII Proposals**

The Executive recommends Article VII legislation that would:

- make permanent certain exemptions from social work and mental health licensure requirements for individuals working programs that are regulated, operated, funded or approved by OMH;

- permit OMH to close, consolidate, or make service reductions to state run facilities, after considering certain criteria, with 45 days public notice of a ward closure or 75 days notice for a facility closure;
- extend the Community Mental Health and Workforce Reinvestment Program for an additional year to March 31, 2014;
- extend permanently the authorization of OMH to recover exempt income for community residences;
- grant the Commissioner of OMH the authority to appoint and remove employees at OMH facilities and remove this authority from facility directors;
- clarify the date when annual review for sex offenders must be completed as one year from the date on which the court last ordered or confirmed the need for confinement;
- establish mental health incident review panels to improve State and local response to violent incidents involving persons with mental illness;
- eliminate certain reporting requirements for OMH related to the annual comprehensive psychiatric emergency (CPEP) program; and
- defer the Human Services COLA for one year and extend the COLA to March 31, 2017.

## OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

	Adjusted Appropriation 2012-13	Executive Request 2013-14	Change	Percent Change
<b>AGENCY SUMMARY</b>				
STATE OPERATIONS	2,144,907,000	2,083,756,000	(61,151,000)	-2.9%
AID TO LOCALITIES	2,479,141,000	2,480,091,000	950,000	0.04%
CAPITAL PROJECTS	163,540,000	168,950,000	5,410,000	3.3%
<b>Total for AGENCY SUMMARY:</b>	<b>4,787,588,000</b>	<b>4,732,797,000</b>	<b>(54,791,000)</b>	<b>-1.1%</b>

### Agency Mission

The Office for People with Developmental Disabilities (OPWDD) aims to help people with developmental disabilities live and fully participate in the communities of their choice. OPWDD currently operates through 13 district offices called Developmental Disabilities Services Offices (DDSOs), which are overseen through the central office. OPWDD also operates the Institute for Basic Research in Developmental Disabilities (IBR) on Staten Island. OPWDD serves approximately 37,000 individuals with developmental disabilities residing in community settings, 300 individuals living in developmental centers, and 1,000 individuals in special units.

### Budget Summary

The Executive proposes All Funds appropriations of \$4.73 billion, a net decrease of \$54.8 million or 0.5 percent from the State Fiscal Year (SFY) 2012-13 level. The Executive proposes funding support of 18,567 full-time equivalent (FTE) positions, a decrease of 1,249 FTEs from SFY 2012-13. This proposed reduction includes a 625 FTE reduction from the previously-noticed closure of Taconic and Finger Lakes DDSOs; 621 FTEs related to attrition; and the transfer of three FTEs to the Office of General Services (OGS) related to the statewide consolidation of print shop operations.

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**ALL FUNDS PERSONNEL**  
BUDGETED FILL LEVELS

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Fund	Current 2012-13	Requested 2013-14	Change
General Fund:	19,816	18,567	(1,249)
<b>TOTAL:</b>	<b>19,816</b>	<b>18,567</b>	<b>(1,249)</b>

**State Operations Appropriations**  
(A. 3000)

The Executive proposes an All Funds State Operations appropriation of \$2.08 billion, a reduction of \$31.15 million or 1.5 percent from SFY 2012-13 levels.

**Facility Consolidation**

The Executive proposes \$26.93 million in savings related to OPWDD reforms, including deinstitutionalization efforts and the elimination of 163 beds due to the closure of Taconic and Finger Lakes DDSOs. The Executive provided notice to close these facilities in 2012.

**Other OPWDD Actions**

The Executive proposes \$75.68 million in increases to support fringe rates increases (\$48.74 million); collective bargaining agreements (\$23.4 million); increased direct costs (\$2.66 million); and \$876,000 related to increases in nonpersonal service costs.

These increases are offset by \$442,000 in savings for the transfer of three FTE positions to OGS.

## **Aid to Localities Appropriations**

(A. 3003)

The Executive proposes an All Funds Aid to Localities appropriation of \$2.48 billion, an increase of \$950,000 from SFY 2012-13 levels.

### **Community Residential and Non-Residential Service/De-Institutionalization**

The Executive proposes \$58 million in investments associated with ongoing deinstitutionalization efforts and re-estimates of base expenses offset by \$58.0 million of local efficiencies savings.

### **Other OPWDD Actions**

The Executive proposes to shift \$243.97 million in Special Revenue Fund support to the General Fund to make OPWDD program funding comparable with other State agencies receiving Medicaid reimbursement.

The Executive proposal achieves \$31.285 million in savings through deferring the 1.4 percent Cost of Living Adjustments (COLA) and Medicaid trend factor for OPWDD facilities.

## **Capital Projects Appropriations**

(A. 3004)

The Executive proposal includes an All Fund Capital appropriation of \$168.95 million, an increase of \$5.41 million, or 3.3 percent, from SFY 2012-13 levels.

The Executive proposes investments of \$5.41 million, including \$3.79 million to support an increase in fire safety projects and \$1.62 million to support minor maintenance projects at State-operated and voluntary-operated facilities.

## **Article VII Proposals**

The Executive recommends Article VII legislation that would:

- make permanent the current exemption from certain social work and mental health professional licensure requirements for individuals employed across multiple State Agencies, including programs or services operated, regulated, funded or approved by OPWDD;
- eliminate certain reporting requirements for OPWDD related to annual reporting on activities at family care homes and other community residences;
- defer the Human Services COLA for one year and extend the COLA to March 31, 2017;

- allow public employees, who are direct care, clinical care, case management, and service coordination workers, to leave state service and provide the same services to the individuals they cared for in state service;
- allow OPWDD to establish a Fully Integrated Duals Advantage program in order to provide comprehensive health services to targeted populations of Medicare/Medicaid dually eligible persons; and
- allow OPWDD to establish Developmental Disabilities Individual Services and Supports Coordination Organizations (DISCOs) to transition care for developmentally disabled individuals from a fee-for-service model to a managed care environment.



## COMMISSION ON QUALITY OF CARE AND ADVOCACY FOR PERSONS WITH DISABILITIES

	Adjusted Appropriation 2012-13	Executive Request 2013-14	Change	Percent Change
<b>AGENCY SUMMARY</b>				
STATE OPERATIONS	18,729,000	10,745,000	(7,984,000)	-42.6%
AID TO LOCALITIES	648,000	162,000	(486,000)	-75.0%
<b>Total for AGENCY SUMMARY:</b>	<b>19,377,000</b>	<b>10,907,000</b>	<b>(8,470,000)</b>	<b>-43.7%</b>

### Agency Mission

The Commission on Quality of Care and Advocacy for Persons with Disabilities (CQCAPD) provides support and advocacy for individuals with disabilities by working to protect their rights and by promoting the interests and agenda of New Yorkers with disabilities. The Commission provides community outreach, information, referral, and advocacy services, and administers the Surrogate Decision-Making Committee program, which acts on behalf of individuals in the mental hygiene system who are deemed unable to make medical care decisions independently. Additionally, CQCAPD is responsible for exercising independent oversight of the three mental hygiene agencies: the Office of Mental Health (OMH), the Office for People with Developmental Disabilities (OPWDD), and the Office for Alcoholism and Substance Abuse Services (OASAS). CQCAPD also conducts investigations of allegations of abuse or neglect and any reports of injuries or deaths of persons served within the mental hygiene system.

Effective June 30, 2013, the Commission will cease to exist and its functions, duties and responsibilities will transition to the Justice Center for the Protection of People with Special Needs pursuant to Chapter 501 of the Laws of 2012.

### Budget Summary

The Executive proposes an All Funds appropriation of \$10.91 million, a reduction of \$8.47 million, or 43.7 percent from State Fiscal Year (SFY) 2012-13 levels. The Executive recommends zero full-time equivalent (FTE) positions and proposes to transfer the entire workforce of 80 FTE positions currently at the CQCAPD to the Justice Center for the Protection of People with Special Needs.

The Executive Budget provides three months of funding for the Commission as its activities will be subsumed by the Justice Center when it is operational by June 30, 2013.

**State Operations Appropriations**

(A. 3000)

The Executive proposes an All Funds State Operations appropriation of \$10.75 million, a net decrease of \$7.98 million, or 42.6 percent, from SFY 2012-13 levels.

**Transfers to the Justice Center**

The Executive proposes \$7.27 million in State Operations transfers to support the establishment of the Justice Center for the Protection of People with Special Needs, which is expected to be operational by June 30, 2013.

**Other Actions**

The Executive proposes investments of \$457,000 for personal and nonpersonal services increases, offset by \$500,000 in reductions related to diminished suballocations to the Department of Health and \$283,000 in reductions associated with managed attrition and administrative efficiencies.

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**ALL FUNDS PERSONNEL  
BUDGETED FILL LEVELS**

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Fund	Current 2012-13	Requested 2013-14	Change
General Fund:	80	0	(80)
<b>TOTAL:</b>	<b>80</b>	<b>0</b>	<b>(80)</b>

**Aid to Localities Appropriations**

(A. 3003)

The Executive proposes an All Funds Aid to Localities appropriation of \$162,000, a net decrease of \$486,000, or 75 percent, from SFY 2012-13 levels. This reduction reflects a proposed transfer of \$486,000 in transfers to the Justice Center for the Protection of People with Special Needs.

## JUSTICE CENTER FOR THE PROTECTION OF PEOPLE WITH SPECIAL NEEDS

	Adjusted Appropriation 2012-13	Executive Request 2013-14	Change	Percent Change
<b>AGENCY SUMMARY</b>				
STATE OPERATIONS	0	44,526,000	44,526,000	--
AID TO LOCALITIES	0	487,000	487,000	--
<b>Total for AGENCY SUMMARY:</b>	<b>0</b>	<b>45,013,000</b>	<b>45,013,000</b>	<b>--</b>

### Agency Mission

The Justice Center for the Protection of People with Special Needs (Justice Center) was enacted by Chapter 501 of the Laws of 2012 and becomes effective June 30, 2013. The core mission of the Justice Center will be to protect the health and safety of vulnerable individuals in the State's care. The Justice Center will have primary responsibility for tracking, investigating and pursuing serious abuse and neglect complaints at State facilities and provider-operated facilities that are certified or licensed by the following six agencies: Office of Mental Health, Office for People with Developmental Disabilities, Office for Alcoholism and Substance Abuse Services, the Department of Health, the Office of Children and Family Services (OCFS), and the State Education Department (SED).

### Budget Summary

The Executive recommends All Funds appropriations of \$45.01 million as a result of a transfer of \$7.27 million in appropriations and functions from the Commission on the Quality of Care (CQC) and Advocacy for Person with Disabilities and a transfer of \$31.6 million from OCFS to support the operation and start-up of the Justice Center.

### State Operations Appropriations

(A. 3000)

The Executive recommends All Funds State Operations appropriations of \$44.53 million for this newly created agency, which includes \$31.6 million in transfers from OCFS and \$6.78 million in transfers from CQC which will be subsumed by the Justice Center on June 30, 2013.

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**ALL FUNDS PERSONNEL**  
BUDGETED FILL LEVELS

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Fund	Current 2012-13	Requested 2013-14	Change
General Fund:	0	253	253
All Other Funds:	0	27	27
<b>TOTAL:</b>	<b>0</b>	<b>280</b>	<b>280</b>

**Aid to Localities Appropriations**  
(A. 3003)

The Executive recommends an All Funds Aid to Localities appropriations of \$487,000 as a result of transfers from the CQC which will be subsumed by the Justice Center on June 30, 2013.