



Coalition Of Provider Associations

Representing More Than 250 Provider Agencies in New York State

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2018-2019 Final NYS Budget Agreement

The Legislature passed the final 2018-2019 budget bills during the early hours of Saturday, March 31st and went home to their districts for a two week break. The final \$168.3 billion budget was discussed on this Monday's weekly COPA Legislative call. Following **are further details on the 2018-2019 New York State budget.**

In addition to the budget, your COPA team will continue to work on having legislation introduced to address a number of issues that were not covered in the budget.

OPWDD

#bFair2DirectCare – The final budget contains **\$191 million** to support the second year of our multi-year #bFair2DirectCare funding request for a living wage for low wage workers in an amount equal to 3.25% 1-1-18 for all your 100 & 200 codes and an amount equal to 3.25% on 4-1-18 for 100, 200 & 300 codes. There is flexibility within the allowable CFR codes to use the funds as needed but the #bFair2DirectCare Coalition reminds providers that the campaign is aimed at creating a new living wage floor, above the minimum wage, and urges providers to use funds exclusively for this purpose. The final Budget does not include any additional funding for the #bFair2DirectCare spin-up or the Senate language that commits to funding the remaining four years of our original six year #bFair2DirectCare request.

- **Minimum Wage** – There is **\$80 million** (an increase of \$55 million) to support the **minimum wage** and related fringe benefit cost increases associated with movement to a \$15 an hour living wage.
- **Development** – As the Governor originally proposed, the budget will provide **\$120 million** (State and Federal funding when fully annualized) in additional funding available for "Program Priorities," including new service opportunities with \$20 million (fully annualized) reserved for "individuals living at home and whose caregivers are increasingly unable to provide care for them".
- **Housing** – As originally proposed, there is **\$15 million** in capital funds to develop affordable housing opportunities.
- **CCOs/Health Homes** – The agreement preserves **\$39 million** to support the transition from OPWDD's Medicaid Service Coordination program to a comprehensive care coordination model operated through several Care Coordination Organization/Health Homes (CCOs/HHs), the first step in the transition to managed care.
- **Managed Care** – New language is included requiring OPWDD to assess the quality and outcomes of managed care for individuals with I/DD including their experience and satisfaction, and report to the legislature by December 31, 2022. It modifies the Governor's waiver submission proposal to state that nothing shall prevent DOH, in consultation with OPWDD, from submitting waiver applications expanding eligibility to Medicaid eligible children who are less than 18 years of age.
- **Telehealth/Telemedicine** – The agreement requires OPWDD, DOH, OMH and OASAS to coordinate a single guidance document for telehealth and includes certified and non-certified day and residential programs funded or operated by OPWDD as originating sites.

- **Psych/Social Work Licensure** – Changes were made to ensure that non-licensed staff will be able to continue to do their work without significant changes.
 - The current practice exemptions will continue until 2020.
 - Any employees hired during the period of the next exemption would be permanently “grandparented” and exempt for as long as they work for their employer or in similar programs or services.
 - Staff with limited permits will be exempt from the practice restrictions as well as supervised staff with relevant Master’s Degrees.
- **First Responder Training** – New language establishes a First Responder Training Program to provide instruction and information to police, firefighters and emergency medical services personnel on appropriate recognition and response techniques for handling emergency situations involving individuals with Autism Spectrum Disorder and other developmental disabilities. Requires OMH, in coordination with OPWDD, to provide the training to all emergency medical personnel including but not limited to first responders, EMTs, AEMTs and emergency vehicle operators.
- **IPSIDD Billing** – The final budget includes provisions for IPSIDD providers to bill up to the full Medicaid/IPSIDD rate for dually eligible (Medicare/Medicaid) patients where the Medicaid rate is higher.
- **Specialized Inpatient Psychiatric Unit Demonstration Program** – Includes the Governor’s proposal for certain time limited demonstration programs for evaluating new methods of services for individuals with I/DD and behavioral health diagnosis through March 31, 2021.
- **OPWDD as Rep Payee** – Extends the authority of OPWDD facility directors to act as representative payee for three years.
- **IRA Transfer or Closure Notice** – The Legislature extended for three years, to 3-31-21, and amended the requirement that the Senate, Assembly and “impacted labor organizations” have 90 days (was 45 days) notice prior to a state operated IRA is closed or transferred to a not-for-profit.

SED

Although the final school aid increase was \$1 billion, or 3.9%, the final agreement did not include any additional funding for 4410 and 853 teacher recruitment and retention. We are waiting to see what SED requests for growth and other changes in the April letter to the Division of the Budget and we are working to introduce bills in both Houses to require interim plus rates.

- **Special Education Waivers** – The final budget rejected the Governor’s proposal that SED grant waivers for any requirement imposed on a local school district, approved private school, or BOCES upon a finding that the waiver will result in the implementation of an innovative special education program that is consistent with applicable federal requirements and will enhance student achievement and/or opportunities for placement in regular classes and programs.

DOH

- **Early Intervention** – The Governor’s proposals regarding EI were ultimately rejected in the final budget agreement and there were no cuts or increases for EI.
- **Clinic Billing for TBI** – The final budget includes our proposal for clinics to bill up to the full Medicaid rate for TBI patients who are covered by Medicare and Medicaid.
- **TBI & Managed Care** – The final budget delays the TBI/NHTD waiver transition to Managed Long Term Care until 2022.
- **Health Facility Transformation Fund** – The final budget allocates \$525 million and includes Article 28 and Article 16 clinics in the definition of community based facilities to “transition into fiscally sustainable systems” and to support capital projects, debt retirement, working capital and other non-capital needs. DOH is particularly supportive of OPWDD provider telemedicine applications for this funding.

- **Prescriber Prevails** – The Legislature restored prescriber prevails for all medications including seizure and mental health medications.
- **Spousal/Parental Refusal** – The Legislature restored spousal/parental refusal for Medicaid eligibility.
- **Medicaid Visit Caps on PT, OT & Speech** – The final budget accepts the Governor’s proposal to increase the annual Medicaid physical therapy cap from 20 – 40 visits and maintains the occupational therapy and speech therapy caps at 20 each rejecting the Governor’s proposal to decrease to 20 for both OT & PT.
- **Health Homes** – While the Senate had proposed a cut to the adult health home program, due to concerns that DOH was not accountable or transparent with the funding, the final agreement ensures that patient services will not be reduced and there’s a requirement that managed care providers and health homes work collaboratively to achieve program outcomes. DOH may assess penalties where enrollment targets are not met and, in its determination, there’s been “an absence of good faith and reasonable efforts to achieve those targets.” Health homes and plans will not be penalized for under-performance by the other.
- **Patient Centered Medical Homes** – The Legislature restored the Governor’s proposed \$10 million state share cut (eliminating Level 1 & 2 incentive payments and tying Level 3 to VBP contracting) to PCMH.
- **Article 28 Mental Health/Primary Care Integration** – Clarifies that Article 28 clinics or Article 31 and 32 clinics may provide integrated primary care, mental health and/or substance abuse disorder services when authorized to do so by OMH or OASAS per regulation without needing a second or third license/certification.

OMH

- **#bFair2DirectCare** – Continues the State’s **#bFair2DirectCare** workforce funding for OMH with an additional 3.25% for 100, 200 & 300 codes effective 4-1-18.
- **School Mental Health Resource and Training Center** – **\$1 million** for this initiative to support the implementation of last year’s legislation that requires mental health related education in the schools.
- **Criminal Justice Reforms** – \$500,000 to help more jurisdictions to establish **Crisis Intervention Teams, with a \$425,000 allocation for the use of** mobile apps that allow law enforcement personnel to communicate with clinicians during times of crisis.
- **Community Reinvestment** – **\$11 million increase in Community Reinvestment funding.**
- **Mental Health Facilities Capital Improvement fund** – the final budget includes the Governor’s \$50 million to fund property acquisition, construction and rehabilitation of new facilities for residential crisis programs.
- **Mental Health/Primary Care Integration** – Clarifies that Article 28 clinics or Article 31 and 32 clinics may provide integrated primary care, mental health and/or substance abuse disorder services when authorized to do so by OMH or OASAS per regulation without needing a second or third license/certification.
- **Specialized Inpatient Psychiatric Unit Demonstration Program** – Includes the Governor’s proposal for certain time limited demonstration programs for evaluating new methods of services for individuals with I/DD through March 31, 2021.
- **OMH as Rep Payee** – Extend the authority of OMH facility directors to act as representative payee for three years.
- **Children’s Behavioral Health Funding** – Modifies the Senate and Assembly proposal to include a new \$10 million for children’s behavioral health capital funding and \$30 million over two years to move forward with the children’s behavioral health move to managed care.
- **Behavioral Health Insurance Ombudsman** – Includes the Legislature’s proposal and \$1.5 million to create a Behavioral Health Insurance Ombudsman to ensure that individuals receive appropriate health insurance.

OTHER

- **State and Municipal Facilities Program – \$475 million which will be distributed by Senators, Assemblymembers and the Governor** to municipalities, “special act school districts, schools for the blind and deaf and other students with disabilities subject to Article 85 of the Education Law, and private schools for students with disabilities authorized pursuant to Chapter 853 of the Laws of 1976; and any other not-for-profit corporation or other not-for-profit entity” for capital expenditures. Our 853 schools were added last year and non-profits were added this year. **Contact your Senator and Assemblymember ASAP to apply for this funding.**

Please contact your COPA team for further information or questions.

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