



**TO: MEMBERS OF THE NYS CONFERENCE OF LOCAL MENTAL HYGIENE DIRECTORS**  
**FROM: DEBBIE HOLLAND, DIRECTOR OF GOVERNMENTAL RELATIONS**  
**DATE: APRIL 13, 2015**  
**SUBJECT: SFY 2015-16 ENACTED BUDGET ANALYSIS**

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### **General Overview of the Executive Budget**

The Legislature passed the 2015-16 State Budget in the early hours of April 1, just past the midnight deadline to have an on-time budget. The Enacted Budget includes a total spending plan of \$142 billion and includes an additional \$15.5 million in funding for mental hygiene programs in 2015-16. For the fifth consecutive year, the State Budget continues to hold spending growth below two percent.

### **State Psychiatric Center Downsizing and Community Reinvestment**

The Enacted Budget accepts the Executive Budget proposal to reinvest \$15 million (fully annualized) into the community due to the closure of 136 state psychiatric beds. This new funding is based on OMH reinvesting into the community \$110,000 for every inpatient bed that is closed. According to an agreement in the form of a side letter between the Legislature and the Executive (similar to last year), no OMH psychiatric centers will be closed in SFY 2015-16, community investments must be made prior to any bed closures, and before any reduction in bed capacity is implemented a bed must be vacant for 90 days due to a lack of demand in the community for inpatient services. The state is committed to spending \$7.5 million of this new funding for community reinvestment in SFY 2015-16. This builds upon the state's transformation plan to reinvest \$44 million from the closure of 400 inpatients beds included in the 2014-15 Enacted Budget.

Once again, the Enacted Budget bypasses or "notwithstanding" the Community Reinvestment Law (Section 41.55 of the MHL). In budget appropriation language (the same as last year), the Governor proposes that this reinvestment funding must be used for the expansion of state community hubs and voluntary operated services for adults and children, including, but not limited to, expanding crisis and respite beds, home and community based services waiver slots, supported housing, mental health urgent care walk-in centers, mobile engagement teams, first episode psychosis teams, family resource centers, evidence-based family support services, peer-operated recovery centers, suicide prevention services, community forensic and diversion services, tele-psychiatry, transportation services, family concierge services, and adjustments to managed care premiums.

### **Behavioral Health Transition to Medicaid Managed Care**

The Enacted Budget includes \$10 million in new funding 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.

#### Community Health Care Revolving Capital Fund

The Enacted Budget includes \$19,500,000 in new funding for a Community Health Care Revolving Capital Fund created under the Dormitory Authority. Under this initiative, loans will be provided to Diagnostic and Treatment Centers, Article 31 clinics and Article 32 clinics to be used for capital construction, renovation, expansion and upgrading costs; reserves for credit enhancement; loan loss and debt service reserves and subordinated loans; and facility financing.

#### Medicaid Investments for Behavioral Health Initiatives

In 2015-16, the State is committed to spending the full \$110 million (All Funds) in Medicaid funding, enacted in the State Fiscal Year (SFY) 2014-15 Budget, for the following behavioral health initiatives: managed care start-up grants; integration of behavioral and physical health; Health Home Plus; OASAS residential restructuring, HARP home and community based services (HCBS); and Vital Access Provider (VAP) Program to preserve critical access to behavioral health services around the state. The Enacted Budget also accepts the Executive proposal of \$20 million (All Funds) in 2015-16 to fund the second year of the VAP Program for behavioral health providers. Under the program, VAP awardees may be eligible for financial assistance for up to three years. The Executive is committed to funding this program through SFY 2016-17.

#### Transportation Assessment and Pilot Program for Persons with Disabilities and Other Populations

The Enacted Budget accepts with modifications the Executive Budget recommendation of \$750,000 in funding to authorize OPWDD (instead of DOH) to contract with a third party to conduct an assessment of the mobility and transportation needs of persons with disabilities and other special needs populations, including those receiving behavioral health services. The contractor must consult with other state agencies, including DOT, OPWDD, SOFA, OMH and OASAS, and stakeholders, including consumer groups, transportation service providers and transportation systems operators during the assessment process. After finishing the assessment, the contractor must develop recommendations regarding a pilot demonstration program to coordinate medical and non-medical transportation services, maximize funding sources, and enhance community integration. The contractor must report to the Governor and the Legislature on its recommendations for the creation of a transportation pilot by December 31, 2016.

#### Office of Community Living

The Enacted Budget accepts with modifications the Executive Budget proposal to authorize the State Office for the Aging (SOFA,) in collaboration with other state agencies, to seek public input on the creation of an Office of Community Living to address the expansion of community living integration services for older adults and persons of all ages with disabilities. The Enacted Budget requires a series of public meetings to be held across the state to ensure that stakeholders in all regions of the state are afforded an opportunity to comment. The Director of SOFA would be required to submit a report with its findings and recommendations to the Governor and the Legislature by December 15, 2015.

#### Extension of Medicaid APG Rates for Behavioral Health Providers

The Enacted Budget extends the Medicaid managed care ambulatory patient group (APG) rate for OMH and OASAS clinics for services provided in New York City from December 31, 2016 to June 30, 2017 (6 months) and for services provided in the rest of the state from June 30, 2016 to December 31, 2017 (6 months). The APG rates for services provided to persons under 21 remains in effect until December 31, 2017.

#### Child Health Plus Rate Increase

The Enacted Budget accepts with modifications the Executive Budget proposal to require payment rates from Child Health Plus (CHP) plans to providers for outpatient behavioral health services be equivalent to the Medicaid managed care APG rates for the same services provided by OMH and OASAS clinics. These rate

increases will be effective through June 30, 2017 for New York City and December 31, 2017 for the rest of the State consistent with Medicaid APG payments for these services. The Enacted Budget conforms the end date for the CHP rate increase with the end date of the Medicaid managed care APG rates. Managed care organizations and providers may also negotiate different rates and methods of payment during the periods described above, subject to approval by DOH, in consultation with OASAS and OMH.

#### Health Homes and the Criminal Justice System

The Enacted Budget accepts the Executive Budget proposal to authorize DOH to distribute up to \$5 million (All Funds) in Health Home grants to establish coordination between Health Homes and the criminal justice system and for the integration of information of Health Homes with state and local correctional facilities.

In addition, the Enacted Budget authorizes DOH to issue up to \$1 million (All Funds) in grants (through an RFP process) for certified application counselors and assistants to facilitate Medicaid enrollment for persons with mental illness and/or substance use disorders being discharged from prisons and jails.

#### Health Homes for Children

The Enacted Budget accepts the Executive Budget proposal of \$45 million (All Funds) in 2015-16 and \$90 million (All Funds) in 2016-17 for the implementation of Health Homes for children. The State anticipates to begin the phase-in of the enrollment of children into Health Homes on October 1, 2015.

#### Community First Choice Option

The Community First Choice Option (CFCO) allows the state to receive increased federal matching funds to provide in-home care attendants and community supports to Medicaid beneficiaries with disabilities who would otherwise need to be institutionalized. The implementation of CFCO is anticipated to occur in SFY 2015-16. The Enacted Budget accepts with modifications the Executive proposal to reinvest any additional federal funding in each state fiscal year resulting from the State's participation in CFCO toward the implementation of the State's Olmstead plan. Some of this funding may be used for the transition of behavioral health services to managed care. The Enacted Budget also requires DOH, after consulting with stakeholders, relevant state agencies, DOB, the Legislature, and the Olmstead cabinet, to submit an allocation plan for this funding to the Legislature. In addition, DOH must report annually to the Legislature on the amount of funding being disbursed and the projects that are being funded through this reinvestment.

#### Transitioning Foster Care Children into Managed Care

The Enacted Budget accepts the Executive Budget proposal to authorize DOH to spend up to \$15 million (All Funds) on grants to facilitate the transition of children in foster care into Medicaid managed care. Funding may be used by voluntary foster care agencies for training, necessary infrastructure and organizational modifications, and investments in health information technology. The 2014-15 Enacted Budget included \$5 million (All Funds) to provide grants to foster care agencies for this purpose, and this funding has been distributed.

#### NY Connects and the No Wrong Door Initiative

The Enacted Budget accepts the Executive Budget proposal to include additional State funding to maintain ongoing operational support to the New York Connects program and the "No Wrong Door" initiative as Federal Balancing Incentive Payment (BIP) funding is set to expire September 30, 2015. The Enacted Budget includes funding of \$8.2 million to cover the rest of SFY 2015-16 and \$18.1 million (fully annualized) for SFY 2016 -17.

#### Medicaid Pharmacy - Prescriber Prevails

The Enacted Budget **rejects** the Executive Budget proposal to eliminate prescriber prevails provisions for the dispensing of prescription drugs under fee-for-service Medicaid for drugs that are not on the preferred drug list.

#### Medicaid Pharmacy - Prior Authorization

The Enacted Budget **rejects** the Executive Budget proposal to require prior authorization for fee-for-service drugs meeting the Clinical Drug Review Program criteria prior to obtaining the Drug Utilization Review Board's evaluation and recommendation.

#### Opioid Overdose Prevention in Schools

The Enacted Budget allows school districts, BOCES, county vocational education and extension boards, charter schools, and non-public elementary and secondary schools to administer Naloxone (also known as Narcan) to students suffering from an opioid overdose in school.

#### New SHIN-NY Reporting Requirements

The Enacted Budget accepts the Executive Budget proposal of \$45 million to fund the Statewide Health Information Network of New York (SHIN-NY). The Enacted Budget also requires DOH to provide quarterly reports on how the SHIN-NY funding is being used to support providers in achieving federal meaningful use requirements, support DSRIP health information exchange and data requirements, and increase participation in RHIOS. This information must be posted on the DOH website.

#### New SHIP Reporting Requirements

The Enacted Budget requires DOH to prepare a report on the implementation of the State Health Innovation Plan (SHIP) which must include: the recommendations of the workgroups established to assist the state in the implementation of SHIP; DOH's efforts to advance SHIP goals; and information on the expenditures of the State Innovation Model grant. The report must be submitted to the Governor and the Legislature no later than January 1, 2016 and annually thereafter.

#### DSRIP Project Advisory Committees

The Enacted Budget requires DSRIP Performing Provider Systems (PPSs) to each have a Project Advisory Committee made up of community representatives, including Medicaid consumers. The purpose of the committee is to advise the PPS on system operations, service delivery issues, elimination of health care disparities, measurement of project outcomes, the degree to which project goals are being reached, and the development of any plans or programs.

#### Hospital, Home Care and Physician Collaboration Program

The Enacted Budget authorizes DOH to provide grants or adjustments in Medicaid rates to facilitate innovative hospital, home care and physician collaborations. These voluntary collaborations may also include payors, nursing homes, and other health and mental health practitioners and providers. Hospital, home care and physician collaborative initiatives may focus on integration of services, transitions in care, application of telehealth/telemedicine services, incorporating physician house calls, health home development, new models of care, bundling payments, care for high-risk and high-cost patients, and recruitment, training and retention of direct care staff and physicians.

#### Basic Health Plan

The Basic Health Plan (BHP) was adopted last year to provide basic health insurance to New Yorkers who have incomes too high to qualify for Medicaid but too low to afford commercial insurance. The Enacted Budget accepts the Executive Budget proposals of appropriating \$35.7 million in funding to administer the

BHP and authorizing DOH, in consultation with an independent actuary, to establish program premiums. The Enacted Budget also requires DOH to submit the following two reports to the Legislature on the BHP: (1) regarding the impact of the BHP and (2) detailing a contingency plan for how to pay for the BHP in the event that federal monies are reduced or no longer available.

## **Cross-Agency Items**

### Human Services Cost of Living Adjustments (COLAs)

The Enacted Budget accepts the Executive Budget proposal of \$112.46 million in funding to continue a two percent Cost-of-Living Adjustment (COLA) from SFY 2014-15 for direct care workers and direct service staff and provide, as promised, an additional two percent COLA for these individuals along with clinical staff for SFY 2015-16. Providers are required to attest that the money is being used for salary and salary-related fringe benefits only and are required to follow guidelines set forth by the state agencies regarding the implementation of the COLAs. The human services COLAs are associated with the following state agencies: OMH, OASAS, OPWDD, OCFS, DOH, and SOFA.

### NY/NY IV Housing Program

The Enacted Budget includes \$74.5 million of the JP Morgan settlement funds to support a statewide supportive housing program. This is \$8.5 million more than what the Executive proposed. This money will be distributed over five years to finance a statewide multiagency supportive housing program for vulnerable populations including, but not limited to, seniors, veterans, victims of domestic violence, formerly incarcerated individuals, and homeless individuals with co-presenting health conditions.

## **Other Items of Interest**

### Juvenile Justice

The Enacted Budget does not include the Governor's proposal to raise the age of juvenile jurisdiction, but it is expected that this issue will be negotiated by the Legislature and the Governor later on in the Legislative Session.

The Executive proposed to raise the age of juvenile jurisdiction in two stages: from age 16 to 17 by January 2017 and to age 18 by January 2018. He also proposes to raise the minimum age of juvenile jurisdiction from age seven to 12 by January 2018 for all offenses except in cases of murder which would remain at age 10. Offenders younger than 18 would be prohibited from being confined in adult prisons or jails and would be incarcerated in special facilities. In addition, the Executive recommends the creation of new youth courts to deal with criminal cases involving offenders younger than 18.

### Sale of Hypodermic Syringes

The Enacted Budget does not include the Executive Budget proposal to remove the limit on the number of hypodermic syringes that a pharmacy can sell and discontinue the ban on advertising the availability of syringes without a prescription. Current law limits the sale of hypodermic syringes to 10 at one time, and prohibits pharmacies from advertising the availability of hypodermic syringes.

## **Agency-Specific Budgets**

Below are brief summaries of the appropriations and any agency-specific Article VII proposals for OASAS, OMH, and OPWDD.

## Office of Alcoholism and Substance Abuse Services (OASAS)

### **OASAS ALL FUNDS APPROPRIATIONS:**

	Executive Proposed	Enacted	Difference
State Operations	\$115,279,000	\$115,279,000	\$0
Aid to Localities	\$471,716,000	\$474,716,000	\$3,000,000
Capital	\$9,500,000	\$9,500,000	\$0
<b>TOTAL</b>	<b>\$596,495,000</b>	<b>\$599,495,000</b>	<b>\$3,000,000</b>

The Enacted Budget adds \$3,000,000 for the following legislative additions:

- \$2,000,000 for the NYC Department of Education to hire additional substance abuse prevention and intervention specialists
- \$1,000,000 for opiate abuse treatment and prevention programs

The Enacted Budget also includes \$450,000 for an opioid drug addiction prevention and treatment program and \$272,000 for an opioid overdose prevention program for schools under DOH.

### **Combat Heroin/Opioid Abuse Initiatives**

The Enacted Budget accepts the Executive Budget proposal of \$7.8 million in funding to address the heroin and opioid epidemic across the state. In this year's budget, there is a total of \$9,522,000 in funding to combat heroin and opioid addiction. This funding will be used to support treatment and prevention programs, residential service opportunities, and public awareness and educational activities.

### **Downsizing of Addiction Treatment Centers**

The Enacted Budget accepts the Executive Budget proposal of reinvesting \$920,000 in funding for additional community services in SFY 2015-16 related to the closure of 25 OASAS-operated Addiction Treatment Center (ATC) beds. At the Creedmoor ATC which now has 26 beds, OASAS plans to close 10 beds and use the remaining 16 beds for medically supervised detox. According to OASAS, these beds would no longer meet the Medicaid IMD exclusion and would now be eligible for federal Medicaid funding. At the C.K. Post ATC which now has 100 beds, OASAS plans to close 15 beds and use the remaining 85 beds as follows: 42 as community residence beds and 45 as inpatient rehabilitation beds.

### **Supportive Housing**

The Enacted Budget accepts the Executive Budget proposal of \$2 million in funding for 80 new apartments for families, at \$25,000 per unit, under the NY/NY III agreement for New York City.

## Office of Mental Health

### **OMH ALL FUNDS APPROPRIATIONS:**

	Executive Proposed	Enacted	Difference
State Operations	\$2,197,002,000	\$2,197,002,000	\$0
Aid to Localities	\$1,414,485,000	\$1,423,267,000	\$8,782,000
Capital	\$312,472,000	\$312,472,000	\$0
<b>TOTAL</b>	<b>\$3,923,959,000</b>	<b>\$3,932,741,000</b>	<b>\$8,782,000</b>

The Enacted Budget adds \$8,782,000 for the following legislative additions:

- \$500,000 for crisis intervention teams;

- \$1 million for services and expenses related to the expansion of crisis intervention services and diversion programs, including:
  - a) training, implementation and evaluation of police crisis intervention teams,
  - b) regional Mental Health First Aid Training for police,
  - c) conducting an analysis, including an evaluation of local diversion centers, to determine any programmatic changes necessary to facilitate the planning and implementation of alternative diversion programs that would provide support for crisis intervention teams and police related diversion services
- \$2,185,000 for the Dwyer Veteran Peer to Peer Pilot Program according to the following sub-schedule:
  - \$185,00 for Jefferson County
  - \$185,00 for Rensselaer County
  - \$185,00 for Saratoga County
  - \$185,00 for Suffolk County
  - \$185,00 for Erie County
  - \$185,00 for Monroe County
  - \$185,00 for Nassau County
  - \$185,00 for Niagara County
  - \$185,00 for Onondaga County
  - \$185,00 for Orange County
  - \$185,00 for Westchester County
  - \$150,000 for University at Albany School of Social Welfare
- \$1,022,000 for additional services and expenses for the Dwyer Veteran Peer to Peer Pilot Program
- \$1,000,000 for children’s prevention and awareness initiatives
- \$175,000 for South Fork Mental Health Initiative
- \$800,000 for NLP Research and Recognition Project, Inc
- \$1,000,000 for United Health Services Hospitals, Inc
- \$300,000 for FarmNet
- \$100,000 for Mental Health Association in New York State, Inc
- \$100,000 for North Country Behavioral Healthcare Network
- \$250,000 for Riverdale Mental Health Association
- \$150,000 for Jewish Board of Family and Children’s Services
- \$150,000 for Mental Health Association of Rockland County, Inc
- \$50,000 for Family Residences and Essential Enterprises, Inc

**Balancing Incentive Payment (BIP) Funding for OMH Initiatives**

The Enacted Budget maintains \$68 million in Balancing Incentive Payment (BIP) funding to assist in the transition to managed care; expand health home capacity, including Health Home Plus; increase the number of children’s community services with 250 additional Home and Community Based Services (HCBS) waiver slots; provide additional funding for community residences; and increase support for the Personalized Recovery Oriented Services program (PROS).

**Criminal Justice Mental Health Services**

The Enacted Budget maintains a total of \$22 million in new funding to provide additional in-prison assessments and treatment for high-risk inmates (\$6 million), maintain individuals in OMH facilities when appropriate (\$8 million), and provide more aggressive community services through the use of additional Assertive Community Treatment (ACT) teams, supportive housing and related services (\$8 million).

### **Increased Funding for Supported Housing**

The Enacted Budget accepts the Executive Budget proposal of \$10 million in 2015-16 to increase funding for Supported Housing by using a portion of the JP Morgan settlement funds. These funds will be utilized to increase rental subsidy amounts by approximately \$750 annually in geographical areas facing the greatest fair market value cost pressures. A total of \$50 million from the settlement funds will be spread out over a five year period (\$10 million per year) to support this increase in rental subsidy amounts.

### **Other Supportive Housing Initiatives**

The Enacted Budget accepts the Executive Budget proposal of \$20 million in new funding for additional supported apartments to facilitate the transition of individuals from adult homes (400 individuals) and nursing homes (100 individuals) to the community, as well as 1,200 additional congregate care beds primarily associated with the NY/NY III program to reduce homelessness in New York City.

### **Sexual Offender Management and Treatment Act (SOMTA) Program**

The Enacted Budget includes the Executive Budget proposal of a \$5.7 million increase in funding for the SOMTA Program to support an additional 50 beds and 100 FTEs.

### **OMH-related Article VII Budget Bill Proposals:**

#### **Education for Children in OMH Hospitals**

The Enacted Budget accepts with modifications the Executive proposal to extend for three years, until June 30, 2018, a pilot program to authorize OMH to enter into an agreement with the State Education Department (SED) for local school districts and Boards of Cooperative Education Services (BOCES) to provide specialized educational services for children and youth residing in OMH hospitals and to modify the pilot by allowing for any alternative educational programs to also be provided by BOCES. The purpose of the pilot program is to provide students residing in OMH hospitals with educational programming that is comparable to that which they would otherwise be entitled to receive in their home school districts.

The Enacted Budget also requires OMH to reimburse any school district or BOCES that provides educational services under this program and to submit annual reports to the Governor and Legislature, beginning on December 15, 2015, on the number of children in OMH hospitals receiving educational services from local school districts and BOCES.

#### **OMH and OPWDD Facility Directors as Representative Payees**

The Executive Budget accepts the Executive proposal to extend for three years, until June 30, 2018, the ability of OMH and OPWDD facility directors who act as representative payees to use a person's funds for the cost of their care and treatment consistent with federal law and regulations.

### **Office for People With Developmental Disabilities**

#### **OPWDD ALL FUNDS APPROPRIATIONS:**

	Executive Proposed	Enacted	Difference
State Operations	\$2,131,811,000	\$2,131,811,000	\$0
Aid to Localities	\$2,242,380,500	\$2,246,098,500	\$3,718,000
Capital	\$168,950,000	\$168,950,000	\$0
<b>TOTAL</b>	<b>\$4,543,141,500</b>	<b>\$4,546,859,500</b>	<b>\$3,718,000</b>

The Enacted Budget adds \$3,718,000 for the following legislative additions:



- \$2,000,000 for development of new service opportunities for individuals with DD who are living at home with caregivers who are unable to continue caring for them
- \$1,000,000 for OPWDD's omnibus reporting and panel responsibilities
- \$18,000 for Living Resources Corporation
- \$150,000 for Cerebral Palsy Associations of New York State
- \$100,000 for Otsar Family Services, Inc
- \$100,000 for Human Care Services for Families and Children, Inc
- \$350,000 for Jawonio, Inc

### **Balancing Incentive Payment (BIP) Funding for OPWDD Initiatives**

The Enacted Budget maintains \$177 million in Balancing Incentive Payment (BIP) funding to make strategic investments to transform services and supports to more integrated, community-based opportunities; increase employment opportunities for individuals with developmental disabilities; implement electronic health record systems; and support the system's transition towards managed care.

### **Transition of Individuals to the Community**

The Enacted Budget continues the Executive plan to downsize the state-operated developmental center system with the closings of the Brooklyn Developmental Center by December 31, 2015 and the Broome Developmental Center by March 31, 2016. The Enacted Budget accepts the Executive recommendation of \$42 million in funding to transition 249 individuals from institutional to community-based settings. This includes transitioning 109 individuals from developmental centers and 100 individuals from Intermediate Care Facilities (ICFs) to not-for-profit operated community settings. An additional 40 individuals would move to state-operated community residences.

### **OPWDD Service Expansion**

The Enacted Budget accepts the Executive proposal of \$120 million in funding to be spent over the next two years to support expanded services throughout OPWDD's continuum of care, including certified and non-certified residential opportunities, day programs, employment, case management, and respite services for qualifying individuals. This level of support would provide up to 3,500 new or expanded opportunities for individuals with developmental disabilities, with funding allocated based on the specific needs of the individuals.

### **Federal Medicaid Reimbursement Review**

The Federal government has disallowed \$1.26 billion in Medicaid reimbursement for services provided to residents of state-operated Intermediate Care Facilities from April 1, 2010 through March 31, 2011. The State formally requested CMS reconsider the disallowance, which was denied. A subsequent appeal has been filed with the Health and Human Services Departmental Appeals Board (DAB). During the appeals process, the State may retain the disallowed funding. If DAB does not rule in the State's favor, the State may pursue action in Federal Court. The Enacted Budget accepts the Executive proposal to set aside \$850 million of the one-time settlement funds received by the state to settle any future OPWDD funding issues with the federal government.

### **OPWDD-related Article VII Budget Bill Proposals:**

#### **Expansion of Nurse Practice Act Exemption for Direct Care Staff in OPWDD Non-Certified Settings**

The Enacted Budget accepts the Executive Budget proposal of technical amendments required to implement the 2014-15 Enacted Budget expansion of the Nurse Practice Act exemption for direct care staff working in non-certified settings funded, authorized or approved by OPWDD. As OPWDD continues to assist individuals

with developmental disabilities in moving from larger, institutional facilities to smaller, homelike settings that are integrated in the community, greater flexibility is needed in the performance of health-related tasks.

#### **OPWDD Report on Residential Registration List**

The Enacted Budget requires OPWDD to issue a report on its statewide review of individuals with developmental disabilities currently on the Residential Registration List. The report must also include an update on OPWDD's progress in meeting the following transformational housing goals for individuals currently on the Residential Registration List: (1) expanding housing alternatives; (2) increasing access to rental housing; (3) building understanding and awareness of housing options for independent living; (4) assisting with funding for home modifications and repairs; and (5) providing recommendations that improve housing alternatives. Using data collected during the statewide review, OPWDD must also establish a plan, in consultation with state agencies, LGUs and other stakeholders, to increase housing alternatives for individuals with developmental disabilities and advance the five transformational housing goals. The report must be issued to the Legislature and posted on the OPWDD website no later than February 15, 2016.

#### **OPWDD Plan to Provide Choice of Work Settings**

The Enacted Budget requires OPWDD to develop a plan for assisting individuals who are currently working in sheltered workshops to transition to integrated community work settings. The plan must also provide options for those individuals who cannot or choose not to transition to integrated employment. The plan must be submitted to the Governor and Legislature by February 15, 2016.

#### **OPWDD Transformation Panel**

The Enacted Budget requires OPWDD to establish a Transformation Panel In order to develop a Transformation Plan which will include recommendations and strategies for maintaining the fiscal viability of the service and support delivery system for people with developmental disabilities and complying with federal and state service delivery requirements. The plan must address increasing access to self-directed models of care, enhancing opportunities for individuals to access community integrated housing, increasing integrated employment opportunities, and examining the program design and fiscal model for managed care to appropriately address the needs of individuals with developmental disabilities.

The Transformation Panel must be comprised of the OPWDD Commissioner and organizations that represent the interests of people with developmental disabilities, which may include providers, advocacy groups, people with developmental disabilities or their parents or guardians, consumer representatives or any other individual or entity chosen by OPWDD. The Transformation Panel is also required to collaborate with the LGUs. OPWDD must submit a report which includes recommendations and strategies developed by the panel to the Governor and Legislature by February 15, 2016.

#### **OPWDD Monthly Status Reports on Developmental Centers**

The Enacted Budget requires OPWDD to provide monthly developmental center status reports to the Senate and Assembly fiscal committees. Each report must include: (1) the current developmental center census by facility; (2) the number of admissions and discharges to developmental centers in the prior month; (3) an explanation of any significant developmental census reduction; and (4) the community services provided to individuals leaving developmental centers, as well as the number of individuals receiving community services from state and from not-for-profit providers.

#### **OPWDD Front Door Process**

The Enacted Budget requires OPWDD to post on its website information regarding the Front Door Process, including the approach for determining priority residential placements and the process for individuals to

seek access to services. No later than February 15, 2016, OPWDD must report on the extent to which the Front Door policy has improved community education and available service options, connected individual needs to available services, and enhanced opportunities for self-direction.