NYS 2023-2024 BUDGET COMPARISON CHART

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| **Governor’s Budget** | **Senate One-House** | **Assembly One-House** | **FINAL BUDGET** |
| **TOTAL BUDGET** |  |  |  |
| **Proposed All Funds Spending of****$227 Billion** | **Proposed All Funds Spending of****$236 Billion**  | **Proposed All Funds Spending of****$232.9 Billion** | **Proposed All Funds Spending of****$229 Billion** |
| **OPWDD** |  |  |  |
| **2.5 % COLA for OPWDD** | Increase COLA to **8.5%** – adds $290 million for OPWDD | Increases COLA to **8.5%** – adds $290.6 million for OPWDD | **4%** COLA – adds $119.7 for OPWDD**$399 million federal share** – total of approximately $519 million |
| **OPWDD MANAGED CARE STATUTE extended for 5 years** | Extends authority for an additional one year | Extends authority for additional two years | Extends authority to 12/31/2025 |
| **$2 million to establish a STATEWIDE OMBUDSMAN PROGRAM for individuals with I/DD** | Accepts funding and provides statutory language (S.3108) | Accepts | Accepts and provides language including a requirement for an RFP and that “applicants who demonstrate experience providing advocacy or assistance to people with developmental disabilities, orexperience tracking and reporting on case activities while protecting individual confidentiality shall receive deference for the award.” |
| **$11.7 million capital funding to develop Intensive Treatment Opportunity (ITO) Capacity** units at the former Finger Lakes DC campus. | Accepts | Accepts | Accepts |

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| **Governor’s Budget** | **Senate One-House** | **Assembly One-House** | **FINAL BUDGET** |
| **OPWDD (Continued)** |  |  |  |
| **IBR STUDY** – A two-year independent study on how IBR’s functions align with OPWDD’s strategic goals and feasibility of revitalizing the facility. | Accepts | Accepts | Accepts  |
| **NURSING TASK FLEXIBILITY–** nursing tasks by DSPs in non-certified settings similar to CDPAP | Accepts | Rejects | Omitted/RejectedThe Legislature rejected this proposal because nursesobjected to it. |
| **Affordable Housing** – $15 million | Accepts | Accepts | Accepts  |

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| **Governor’s Budget** | **Senate One-House** | **Assembly One-House** | **FINAL BUDGET** |
| **DOH** |  |  |  |
| **MEDICAID GLOBAL CAP –** extends the Medicaid Global Cap through March 31, 2025 | Repeals the Global Cap | One-year extension of the Global Cap | Agrees with the Governor’s proposal to provide a one-year extension of the global cap through FY 2024–25  |
| **EARLY INTERVENTION** – 0 increase | 11% Rate increase– $23 million | 11% Rate Increase – $61 million | Zero increase |
| **MEDICAID REIMBURSEMENT EXPANSION** for services provided by licensed mental health counselors, licensed social workers, and licensed marriage and family therapists who provide services in outpatient clinics. |  |  | Accepts and modifies by delineating the services provided by these professionals  |
| **TELEHEALTH PARITY PAYMENTS** |  | Exempts FQHCs from the payment reduction if the clinician or patient are not in the clinic for a telehealth visit. | Not included  |

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| **Governor’s Budget** | **Senate One-House** | **Assembly One-House** | **FINAL BUDGET** |
| **DOH (Continued)** |  |  |  |
| **CONSUMER DIRECTED PERSOAL ASSISTANCE PROGRAM (CDPAP)** – Replaces wage parity downstate with subsidies so that CDPAP workers can purchase health insurance from the NYS of Health. | Rejects | Rejects | Reduces the wage parity downstate by the $1.55 per hour increase effective 1/1/2024 so that total compensation remains the same. See Fair Pay for Home Care for further information. |
| **340-B PROVIDERS** – Continues the Medicaid Pharmacy Benefit Transition from Medicaid Managed Care to Fee for Service effective April, 12023. Provides $250m for community health centers, $30m for Ryan White programs and 5% hospital inpatient rate increase toreplace loss of 340B savings | Includes alternative legislation to replace the carve-out (S.5136, Rivera) | Repeals the carve-out | Continues the 340B Medicaid Pharmacy Benefit Transition from Medicaid Managed Care to Fee for Service which was effective April 1, 2023. Reinvests:* $30 million to Ryan White Clinics
* $125 million to FQHCs & DTCs
* $45 million in flexible funding to ensure providers are made whole with the loss of 340b revenue
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| **PRESCRIBER PREVAILS** –Eliminates “prescriber prevails”; eliminates coverage for certain over-the- counter drugs | Rejects the elimination of Prescriber Prevails and elimination of certain over the counter drugs | Rejects the elimination of Prescriber Prevails and elimination of certain over the counter drugs | Omitted/Rejected |
| **MEDICAID BUY-IN** – Expands to those over 16, Increases the asset limit to $300k; eliminates the age cap; imposes co-pays for people above 250% FPL and caps the program at 30,000 eligible participants. | Accepts | Accepts and modifies limitations on monthly premium payments | Accepts and provides $120 million to expand to those over 16; increases the asset limit to $300k; eliminates the age cap; imposes co-pays for people above 250% Federal Poverty Level and caps the program at 30,000 eligible participants. |

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| **Governor’s Budget** | **Senate One-House** | **Assembly One-House** | **FINAL BUDGET** |
| **DOH (Continued)** |  |  |  |
| **Managed Long Term Care Plan (MLTCPs) Moratorium** – extends the moratorium on approval of new managed long-term care (MLTC) plans for four years and existing plans are required to meet certain performance standards. If such standards are not met, DOH has the authority to select new MLTC plans through a competitive bidding process.  DOH must consult with the Commissioners of OMH, OASAS, OPWDD and the Office of Children and Family Services in developing the content and criteria for the competitive selection process.  | Extends the MLTC plan moratorium for four years but rejects many related provisions and does not require DOH to consult with OMH, OASAS, OPWDD or OCFS in developing the competitive bidding process. | Extends moratorium for four years but omits some performance standards, and does not require DOH to consult with OMH, or other state agencies in developing the competitive bidding process. | The moratorium on new or expanded MLTCP’s will be extended through March 31, 2027. Does not authorize DOH to re-bid for the continuation of existing certificates of authority and does not require requirements to consult with OPWDD, OMH and other state agencies. |

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| **Governor’s Budget** | **Senate One-House** | **Assembly One-House** | **FINAL BUDGET** |
| **DOH (Continued)** |  |  |  |
|  **REBASING**  |  | The Assembly instructs the Executive to begin the process of **rebasing hospital, nursing home, and clinic Medicaid rates** in SFY 2024-2025. | Not included |
| **FAIR PAY FOR HOME CARE/CDPAP–** Decouples minimum wage increases from home care minimum wage | Rejects and adds $1 increases in 2024 and 2025; requires DOH to make direct payments to providers for supporting wage increases; directs Comptroller to ensure rates are adequate. | Rejects and indicates interest in holding managed care accountable for paying providers; does not include Fair Pay for Home Care | Provides $53 million to increase home health care wages by $1.55 beginning January 1, 2024, with yearly 55 cents increases through January 1, 2026, which then indexes with the minimum wage metric (CPI-W); However, downstate supplemental rate ($4.09 in NYC & $3.22 on Long Island and Westchester) would be reduced by $1.55 so their total rate of compensation would remain the same.Enables DOH to obtain information related to rate payments made by health care providers and managed care plans to ensure the funding increase reaches the workers and require the DOH to report to the Legislature on the flow of funding; and establishes Electronic Visit Verification (EVV) requirements to conform with federal guidance. |

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| **Governor’s Budget** | **Senate One-House** | **Assembly One-House** | **FINAL BUDGET** |
| **DOH (Continued)** |  |  |  |
| **Statewide Health Care Facility Transformation Program V –****$1 billion*** $500 million in multi-year health care capital funding to drive transformative investment.
* $500 million in multi-year capital grants to support investments in technological investment upgrades, including telehealth, clinical tech, and cybersecurity.
 | Adds $200 million | Modifies the proposal to provide $1 billion through the Statewide Health Care Facility Transformation Program V by establishing minimum funding amounts for community-based organizations and to provide $20 million for the creation of a Community Health Care Revolving Capital Fund. | Includes a total of $990m for the healthcare facility transformation program and continues to include programs licensed or funded by OPWDD & the “O” agencies. Expands the types of programs eligible for funding beyond traditional Capital projects to also include “debt retirement, working capital or other non-capital projects that facilitate furthering transformational goals.” |
| **Interstate Licensure Compact** **and Nurse Licensure Compact** | Rejects | Rejects | Omitted/Rejected |
| **Hospital and Nursing Home Medicaid Increase – 5%** | 10% increase  | 10% increase  | * 7.5% Hospital inpatient Medicaid Rate increase
* 6.5% Nursing Home, assisted living & hospital outpatient Medicaid increase which will increase to 7.5% “if approved by CMS.”
* $500 million for safety net hospitals
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| **Governor’s Budget** | **Senate One-House** | **Assembly One-House** | **FINAL BUDGET** |
| **SED** |  |  |  |
| **State funded school aid –** $3.1 billion/10% overall increase and $2.7 billion/12.8% Foundation aid increase.  | $44.5 billion, an increase of $677 million | Does not provide total | $44.3 billion an increase of $436.9 million over the Executive proposal. |
| **Special Education Tuition Methodology Study** – $2.5 million for a 4410, 853 and Special Act tuition methodology study which requires the new tuition methodology to be cost neutral | Amends the $2.5 million 4410, 853 and Special Act special education tuition methodology study to remove the cost neutral language. | Amends the $2.5 million 4410, 853 and Special Act special education tuition methodology study to remove the cost neutral language. | Removes the cost neutral language, removes regular consultation with the Division of the Budget, and requires SED to present its recommendations to the Governor, DOB Director and the Legislature by 7/1/2025. Adoption of a new Rate setting methodology is subject to DOB’s approval. |
|  | Allows reserves prior to reconciliation (S.9132 of 2022) |  | Not included  |
|  | Interim plus rates (S.9134 of2022) |  | Not included  |
|  | Tuition rate increase parity with State Aid (S.6516-A of 2022) |  | Not included |
| **4201 Schools** – $2 million reduction  | $10 million for 4201 teacher salaries | Provides $15 million for 4201 schools but nothing for 4410, 853 and Special Act schools | Restores $2 million and provides an additional $4 million, for a total of $112 million with additional allocations for each individual 4201 school. |
| **Free Public-School lunch/meals** **– $0** | $200 million | $200 million | Adds $130 million to help provide reimbursement at the free-lunch funding level for school meals to districts that participate in the Federal Community Eligibility Provision (CEP) Program. |

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| **Governor’s Budget** | **Senate One-House** | **Assembly One-House** | **FINAL BUDGET** |
| **OMH** |  |  |  |
| **2.5 % COLA for OMH**  | Increase COLA to **8.5%** – adds $128 million for OMH | Increase COLA to **8.5%** – adds $128.4 million for OMH | **4%** COLA |
| **CCBHCs – Certified community behavioral health clinics:** Authorizes OMH and OASAS to jointly license certified community behavioral health clinics (CCBHCs). A new “Indigent Care Program” also would provide state funds to qualified providers (a minimum of 3% of visits must be persons who are uninsured), that suffer losses due to uncompensated care ($22.5m available in July 1, 2023- June 30, 2024).  If Federal share is not available, payments will be limited to State share only payments.  | Accepts  | Includes but rejects proposal to authorize OMH and OASAS to receive criminal history information and increases the indigent care program funding by $10 million/year.  | Accepts and modifies by authorizing the Justice Center to receive criminal history information and to facilitate a single process, jointly with OMH and OASAS, to review criminal history and make suitability determinations for prospective employees or volunteers at CCBHCs.   |
| **Behavioral Health Services Commercial Insurance Coverage:** Exempt certain behavioral health services and substance use disorder drugs from preauthorization or utilization review, require payment parity for telehealth mental health services, create penalties for payment parity violations, and require DFS to promulgate regulations related to behavioral health and substance use disorder network adequacy. | Accepts  | Accepts with modifications  | Modifies to require health insurers to provide coverage for behavioral health crisis services, including assertive community treatment, critical time intervention, and mobile crisis intervention and for sub-acute care in residential facilities treating behavioral health conditions and eating disorders.  |

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| **Governor’s Budget** | **Senate One-House** | **Assembly One-House** | **FINAL BUDGET** |
| **OMH (Continued)** |  |  |  |
| **OMH Sanctions** – Authorizes the commissioner of OMH to develop a schedule of sanctions and increase the maximum fine from $1,000 to $2,000 per day resulting from a service provider failing to comply with the terms of their operating certificate; and permit penalties resulting from any unauthorized bed closure to be considered at the individual bed level. | Modifies by including protections for attempts made in good faith to comply with applicable operating certificates and the law. | Rejects  | Accepts and modifies to increase the maximum penalty from $15,000 to $25,000 per violation; require the office to consider certain factors for each violation imposed; and prohibit any service provider in violation of their operating certificate from using as a defense, the inability to obtain proper staffing levels or resources, if circumstances were foreseeable and planned. |
| **Expanded Medicaid authorization to certain mental health practitioners:**Authorizes Medicaid reimbursement for licensed mental health counselors and licensed marriage and family therapists.  | Accepts  | Modifies to also include licensed creative arts therapists. | Authorizes Medicaid reimbursement for services provided by licensed mental health counselors and licensed marriage and family therapists.  |
| **Creates a title of Qualified Mental Health Associate** | Rejects  | Rejects | Omitted/Rejected  |

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| **Governor’s Budget** | **Senate One-House** | **Assembly One-House** | **FINAL BUDGET** |
| **OMH (Continued)** |  |  |  |
|  **DANIEL’S LAW** | Includes Daniel’s Law | Includes Daniel’s Law  | Adds $1 million to create a Daniels’s Law Task force to examine the effectiveness of programs providing mental health and substance use crisis and diversion services in New York State and make recommendations for the expansion of programs and services for individuals experiencing mental health, alcohol use, or substance abuse crises, while limiting arrest or incarceration. |
|  |  | **Mental Health Housing Task Force** – Adds a proposal that would establish a task force to provide recommendations that aim to remove barriers for aging residents in mental health housing programs to receive both medical and mental health care. |   |

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| **Governor’s Budget** | **Senate One-House** | **Assembly One-House** | **FINAL BUDGET** |
| **OTHER** |  |  |  |
| **2.5% Human Services COLA for OPWDD (**Office for People With Developmental Disabilities), **OMH** (Office of Mental Health), **OASAS** (Office of Addiction Services and Supports), **OCFS** (Office of Family and Children Services), **OTADA** (Office of Temporary Disability Assistance), **SOFA** (State Office of the Aging). | The Senate increases the Human Services cost of living adjustment (COLA) by 6% for a total of 8.5%. | The Assembly increases the Human Services cost of living adjustment (COLA) by 6% for a total of 8.5%.The state fiscal year cost for the additional six percent, COLA for the Human Services agencies would be $486.5 million total. | Includes a 4% COLA for the fiscal year 2023–24.  The state fiscal year cost for the additional 1.5 percent COLA for the Human Services agencies would be $324.32 million total. There is no authority for future fiscal year COLAs.  |
| **Governor’s Budget** | **Senate One-House** | **Assembly One-House** | **FINAL BUDGET** |
| **OTHER (Continued)** |  |  |  |
| **MINIMUM WAGE –** Indexed to inflation or 3% whichever is lower | Supports “raising the minimum wage and then indexing the minimum wage to inflation after a sufficient increase to ensure that New Yorkers earn a living wage to support their basic needs and the needs of their families” | Supports scheduled increases in the minimum wage followed by increases based on indexing |  **MINIMUM WAGE****NYC, Nassau, Suffolk & Westchester:*** $16.00 on and after 1/1/24
* $16.50 on and after 1/1/25
* $17.00 on and after 1/1/26

**Upstate/ROS:*** $15.00 on and after 1/1/24
* $15.50 on and after 1/1/25
* $16.00 on and after 1/1/26

**After 1/1/2027:**Current year's minimum wage rate indexed to the average of the three most recent consecutive twelve-month periods between August 1 and July 31 published by USDOL non-seasonally adjusted consumer price index for northeast region urban wage earners and clerical workers (CPI-W) with the result rounded to the nearest five cents.**Negative CPI** – in the case of a negative CPI, the minimum wage would not be changed. |
| **MTA Payroll mobility Tax –** proposes an increaseto 0.50% from 0.34% on employers and self-employed individuals in New York City and seven suburban counties served by MTA trains and buses.  | Intentionally omits  | Rejects  | $1.15 billion from increasing the Payroll Mobility Tax to 0.6% for New York City employers with payroll expense more than $437,500. |