



## Schuyler Center's *Last Look* at the NYS 2022-23 Budget as It Intersects with Our Policy Priorities

On April 9, 2022 the New York State Legislature and Governor reached an agreement on the 2022-23 New York State Budget. Schuyler Center's *Last Look* is our assessment of the enacted State budget and how it advances priorities that improve the health and well-being of all New Yorkers, especially children and families living in poverty.

There is much to celebrate in this 2022-23 New York State Budget. The final budget contains some extraordinary investments in New York State children and families. Among the headlines: an expansion in access to child care subsidies that will make more than 260,000 children newly eligible for child care assistance this year, plus a long-term commitment from New York State leaders to sustain increased child care investment over four years; a commitment to expand post-pregnancy Medicaid coverage, inclusive of immigrants; continued steady expanded investment in public pre-K; and a temporary increase to the New York State child tax credit and earned income tax credit to help families meet rising costs and recover from pandemic set-backs.

Unfortunately, this budget is also a story of missed opportunity. New York leaders were presented with an unexpected revenue surplus and a strong economy, yet failed to make transformative investments in children and families, or even restore funding cuts undertaken in leaner times. Among the opportunities missed: the State failed to restore the State contribution to family-strengthening preventive services to the statutorily-required 65% share, continuing a reduction first implemented in 2008 due to the fiscal strains of the Great Recession. This budget also continues New York's illogical exclusion of young children (under age 4) from the State's child tax credit; maintains immigration status and work requirements in the State's child care subsidy program, perpetuating inequitable barriers to access for many immigrant and low-income families; and continues the self-imposed Medicaid Spending Cap.

Looking ahead, it is essential that New York leaders implement the new policies, and disburse new funds contained in this budget swiftly and effectively. We will spend the coming months monitoring and supporting effective implementation to ensure New York families get the supports they need without delay. We will also continue our fight for transformative policies that will give all New Yorkers a fair opportunity to thrive.

### CHILD WELFARE AND YOUTH JUSTICE

#### Preventive, Protective, Independent Living, Adoption, and Aftercare Services

##### ***Final Budget***

The **Final Budget** maintains funding at \$610 million for preventive, protective, independent living, adoption, and aftercare services as in last year's Enacted Budget.

Like last year, this budget requires \$382.3 million of the preventive, protective, independent living, adoption, and aftercare services funds be first drawn from the TANF Flexible Fund for Family Services (FFFS). The requirement for localities to draw from FFFS first is effectively a \$40 million increase to the amount localities must spend on child welfare before drawing down a portion of preventive services funding from the State.

The **Final Budget** reauthorizes funding for preventive services for five years, through June 30, 2027. The budget once again, as has been the case every year since 2008, maintains the State share of preventive, protective, independent living, adoption and aftercare services at 62% rather than the 65% share required in statute.

The budget maintains funding at \$12.1 million for the Community Optional Preventive Services (COPS) programs, continuing to limit that funding to counties that were funded when the COPS program was cut in 2008.

## **Background**

New York State currently invests open-ended State dollars in services for families to avoid deeper child welfare system involvement and support children remaining safely with family. This open-ended funding has contributed to a significant reduction of children in foster care over the last decade through supports including housing assistance, child care, clinical services, home visiting, transportation, job training, education, and emergency cash grants. Many of these kinds of services are not eligible for federal reimbursement, making it a crucial State budget issue. State-funded and open-ended prevention funding is necessary to continue to build a broad continuum of ways to support family well-being.

Counties use the open-ended preventive funding stream to pay for services to support families at imminent risk of foster care to prevent children from entering, or re-entering, foster care, and also for child protective services. Although New York law sets the State's share at 65%, since 2008 the State has in each budget (including this one) reduced the State's share to 62%, leaving 38% to be covered by counties.

Counties use FFFS funding to support social services programs, including those for low-income seniors and families. Increasing the minimum spending threshold leaves counties with fewer dollars to use to draw down and cover the 38% share of preventive services. The 2020-21 Enacted Budget increased the spending threshold by \$40 million, which is effectively a \$25 million cut to preventive services funding. This higher spending threshold continues in the FY 2022-23 Budget.

Community Optional Preventive Services (COPS) programs are primary prevention services—available to families without an imminent risk of entering foster care—which include group parenting skills education, general community-wide education, school-based and “therapeutic” programs, and home visiting. Since the program was cut in 2008, COPS funding has been limited to counties that were funded as of 2008.

Primary prevention services, like COPS, are aimed at getting families the resources they need independent of the child welfare system, before there is any documented risk of entry into foster care, ideally preventing families from coming into contact with the child welfare system.

## Foster Care Block Grant

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### ***Final Budget***

The **Final Budget** increases funding of the Foster Care Block Grant to \$390.7 million as compared to \$383.5 million in last year's Enacted Budget. This increased funding will support a 5.4% cost-of-living adjustment for members of the child welfare workforce.

### ***Background***

Counties use the Foster Care Block Grant (FCBG) to pay for foster care and the Kinship Guardianship Assistance (subsidized guardianship) Program (KinGAP). The State imposed a deep cut to the FCBG of \$62 million in 2017-18 that has never been restored. The State's reduction in the FCBG results in counties assuming a higher share of spending for their foster care systems.

## Adoption Subsidy

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### ***Final Budget***

The **Final Budget** increases funding of the adoption subsidy program to \$225.9 million as compared to \$187.9 million in last year's Enacted Budget. This will support costs associated with creating a court-required new methodology to modernize Maximum State Aid Rates (MSAR) for adoption subsidies, and a 5.4% cost-of-living adjustment for the workforce. The budget does not include any new State funds to cover a court-required modernization of foster parent reimbursement rates, leaving those costs to be covered by counties. The budget once again reduces the State share of adoption subsidies to 62% down from the statutorily-required 65%.

### ***Background***

Adoption subsidies are monthly maintenance payments for adoptive families that may be available based on the special needs of a child. These subsidies continue until the child is 21. The State has paid a reduced 62% share of these maintenance payments since it first reduced its share in 2008.

The terms of a recently settled lawsuit filed by the Adoptive and Foster Family Coalition of New York require a more than decade overdue modernization of the adoption subsidies and foster parent reimbursement rates.

## Post-Permanency Services

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### ***Final Budget***

The **Final Budget** invests \$11.8 million in adoption assistance savings, derived from a higher federal share of adoption assistance, into post-permanency services and services to prevent children from entering foster care.

## **Background**

Post-permanency services are available to families after an adoption or guardianship arrangement has been finalized. These services are intended to help support families in permanency and to meet the needs of children and youth who had been in foster care.

## **Family First Transition Fund**

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### **Final Budget**

The **Final Budget** eliminates funding for the Family First Transition Fund.

### **Background**

The federal Family First Prevention Services Act (Family First), which passed Congress in early 2018, fundamentally changes child welfare financing. Under the law, new requirements are in place to limit the use of federal funding for children in group home settings as a means of encouraging states to place more children with foster families, including relatives. States are allowed to use some federal foster care dollars to fund evidence-based preventive services.

In the 2019-20 Enacted Budget, New York State created a state Family First Transition Fund, funded at \$3 million to support counties' efforts to recruit and support foster and kinship families in preparation for implementation of Family First and has maintained level funding since. It is unclear the extent to which the goals of the Fund have been met.

## **Kinship Navigator and Kinship Caregiver Services**

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### **Final Budget**

The **Final Budget** maintains funding for kinship caregiver services at \$2.2 million.

The **Final Budget** maintains funding for the statewide Kinship Navigator information and referral network at \$220,500.

### **Background**

Kinship caregiver programs offer support and services for people who care for relatives' children outside of formal foster care. Kinship caregiver programs provide information about family members' rights; support to meet children's education and health care needs; and assistance with obtaining benefits.

The Kinship Navigator is a statewide resource and referral network for kinship families, providing information and connections to important resources.

## **Kinship Guardianship Assistance Program (KinGAP)**

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### **Final Budget**

The **Final Budget** maintains funding for KinGAP within the Foster Care Block Grant, as has been the case since the program's inception even though KinGAP is a permanency option, not foster care.

## **Background**

KinGAP provides relatives in certified foster care settings a permanency option when both adoption and family reunification are ruled out. Many of these families need financial assistance to continue caring for a relative foster child in their household. With KinGAP, kinship families can exit foster care, provide a stable, permanent home for a kin child and continue to receive financial support. KinGAP is a key way to promote permanency for children and youth. Funding KinGAP outside the Foster Care Block Grant will allow this proven program to be offered to more families to enable them to provide a permanent home to kin children.

## **Foster Care and Higher Education**

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### **Final Budget**

The **Final Budget** allocates \$8.2 million in funding for the Foster Youth College Success Initiative (FYCSI) to support youth in foster care who pursue higher education to graduation. This amounts to an increase of \$961,000 in funding compared to last year's Enacted Budget.

### **Background**

FYCSI was created in 2015 and supports costs for current and former foster youth attending college, including tuition and fees, books, transportation, housing, advisement, tutoring, medical expenses, academic support and personal expenses.

## **Youth Justice**

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### **Final Budget**

The **Final Budget** includes \$250 million for services and expenses related to raising the age of juvenile jurisdiction, representing level funding compared to last year's Enacted Budget. Based upon language included in the statute, it is unlikely that New York City will be eligible to receive any of the funding.

The budget enacts a provision permitting delinquency cases to be filed in family court against youth up to age 20, where the alleged underlying offense occurred when they were under 18, preventing family courts from losing jurisdiction over cases because a young person turned 18 or older by the time proceedings began.

### **Background**

In 2017, New York State enacted legislation to raise the age of juvenile jurisdiction to end the State's practice of treating most 16 and 17-year-old youth as adults in the criminal justice system. The legislation moved misdemeanors to Family Court, and created a new Youth Part of the criminal court for felonies, with the presumption that non-violent felonies would be moved to Family Court, unless the district attorney files a motion within 30 days showing "extraordinary circumstances" that the case should remain in the Youth Part. Family Court judges will also preside over the Youth Part of the criminal court. As part of the legislation, youth are expected to be provided with rehabilitative services.

# CHILD POVERTY

## Child Tax Credit

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### **Final Budget**

The **Final Budget** includes a one-time supplemental Empire State Child Credit payment, for those receiving the State child tax credit for the 2021 tax year. The supplemental credit will be an additional credit equal to 100% of the current credit for families with federal adjusted gross income less than \$10,000, incrementally scaling down to a supplemental equal to 25% of the current credit for families with federal adjusted gross income equal to or greater than \$50,000. Eligible families can receive this supplemental payment only if they file a timely tax return and if the payment is at least \$25. Notably, children under age four remain excluded from the credit entirely.

### **Background**

New York's Empire State Child Credit provides eligible taxpayers a credit equal to 33% of the federal child tax credit at the levels that existed prior to the passage of the 2018 federal tax overhaul, or \$100 per qualifying child, whichever is greater, for children age four through 17. The 2020-21 Executive Budget contained a proposal to begin to fill in this omission by extending the credit to young children (under age four) to taxpayers with a state adjusted gross income of \$50,000 or less. The proposal did not make it into the final budget.

Income transfers to families—even modest ones—can improve outcomes for children in all areas of well-being, from health, to educational achievement, and future earnings. Young children—the very children excluded from New York's child tax credit—are more likely to live in poverty and more likely to suffer far-reaching negative consequences as a result of experiencing poverty.

## Earned Income Tax Credit

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### **Final Budget**

The **Final Budget** includes a supplemental enhanced New York State Earned Income Tax Credit (EITC), alongside the current earned income tax credit, for the 2021 tax year to eligible individuals and families. The enhanced credit will pay a supplement equal to 25% of the current credit. Eligible individuals and families can receive this supplemental payment only if they file a timely tax return and if the supplemental payment is at least \$25.

### **Background**

The EITC is one of the best ways to “make work pay” for low-income families and individuals, and research shows that children of EITC recipients are healthier and do better in school. The State's EITC provides eligible taxpayers a refundable credit equal to 30% of the federal EITC. Non-custodial parents are also eligible for a credit.

A number of groups that would benefit from the credit are completely excluded from the State EITC. Among them: young childless adults ages 18 to 25 at exactly the period in their lives when they are struggling to gain their footing in the workforce and are more likely to live

in poverty. The budget's time-limited supplemental enhancement provides an increased payment only to those New Yorkers currently eligible for the credit; it does not expand to reach these currently excluded groups.

## EARLY CHILDHOOD WELL-BEING

### Maternal Health

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#### ***Final Budget***

The **Final Budget** maintains level funding of \$8 million to reduce maternal mortality and improve racial disparities in pregnancy by investing in the maternal mortality review board, developing implicit racial bias training, expanding community health workers and building a data warehouse to support quality improvement activities for maternal health outcomes. In addition, the Final Budget also directs the State to apply for a federal waiver to extend post-pregnancy Medicaid coverage to 12 months (see Health Coverage section below).

#### ***Background***

Women in the United States are more likely to die from complications relating to childbirth than in many other wealthy countries. Racial disparities in maternal deaths are significant: Black mothers in New York are four times more likely to die during childbirth than white or Asian mothers. Safeguarding maternal health is essential to ensure the health of children and, by extension, the whole family.

### Maternal, Infant, and Early Childhood Home Visiting

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#### ***Final Budget***

The **Final Budget** increases funding for Healthy Families New York for a total of \$41.5 million, an increase of \$11 million over last year's Enacted Budget. The **Final Budget** increases funding for Nurse-Family Partnership to \$4.2 million, an increase of \$200,000 over last year's Enacted Budget. The **Final Budget** also allocates \$200,000 to Parent Child Plus, Inc., the first time New York State has funded this program.

The **Final Budget** maintains level funding (\$1.8 million) for the Universal Prenatal/ Postpartum Home Visiting program which provides funding for the Maternal Infant Community Health Collaboratives (MICHC) sites around the state.

#### ***Background***

Maternal, infant, and early childhood home visiting, a proven strategy for improving maternal and child outcomes, is available to less than five percent of families with young children in New York State and is entirely unavailable in some areas. A significantly higher investment is needed if New York aims to serve all communities with families in need and endeavor to ensure the best health and developmental outcomes for parents, caregivers, infants, and families.



## Child Care

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### **Final Budget**

The **Final Budget**, includes an increase of approximately \$145.8 million from last year's Enacted Budget for overall child care funding for a total child care budget of approximately \$1.3 billion (inclusive of SUNY/CUNY, capital and State Operations child care funding). This increase includes \$50 million for "capital design, construction, reconstruction, rehabilitation, and equipment" for new and existing eligible child care facilities; \$10.4 million to expand child care on SUNY/CUNY campuses; \$10 million for existing Facilitated Enrollment programs; \$3 million to establish new Facilitated Enrollment programs in Nassau and Suffolk Counties; and approximately \$62.4 million over last year's Enacted Budget for child care subsidies. This brings the total ongoing investment for child care subsidies to \$894.6 million. The child care subsidy funds are derived from a number of funding lines: \$323 million comes from the State General Fund; \$311.5 million is drawn from the federal Child Care Development Fund (CCDF); and the remaining \$260.1 million is drawn from federal Temporary Aid to Needy Families (TANF) funds.

Other child care investments of note: drawing upon ongoing federal CCDF funds, the **Final Budget** maintains level funding for the Infant-Toddler Resource Network of up to \$7 million, which provides critical training and supports to providers serving our youngest New Yorkers, and \$5 million for QUALITYstarsNY, the state's quality rating and improvement system. The **Final Budget** also projects a receipt of additional federal Child Care Development Block Grant (CCDBG) funds of up to \$105 million (as has been the case for the last five years) which will be allocated primarily to cover infant and toddler activities and federal health, safety and quality requirements.

All of this year's headline child care investments, which will fund expanded support for families, child care providers and the child care workforce, are drawn from reprogrammed federal stimulus and CCDBG funds from prior years. Specifically, the **Final Budget** directs \$670 million of re-programmed federal stimulus and CCDBG funds (added to the ongoing subsidy funds noted above) to expand the eligibility for child care subsidies to 300% of the federal poverty line (FPL), increase the market rate to the 80<sup>th</sup> percentile, continue to limit family copayments to 10% of income over FPL, continue 12-month eligibility for subsidies, and continue to cover costs for up to 24 absences per year per child. The budget also reprograms \$343 million from last year's budget for a second round of stabilization grants, of which at least 75% must be used for workforce initiatives.



	FY 2022	FY 2023 Enacted Budget
Total Investment in Child Care (excluding re-programmed funds from prior years)	\$1.154B	\$1.3B
Subsidy expansion	200% FPL for 3 fiscal years	300% FPL and at or below 85% State Median Income beginning August 1, 2022 (no mention of duration)
Co-pays	Limits family co-pays to 10% of income over FPL for 3 fiscal years	Limits family co-pays to 10% of income over FPL (no mention of duration)
Work/immigration status requirements	Child must meet immigration requirements and families must engage in work or educational activities	No change
Age of eligible children	6 weeks through 12 years	No change
Payment for absences	Covers costs for up to 24 absences per year per child for 4 fiscal years (SFY 2021, 2022, 2023, 2024)	Covers costs for up to 24 absences per year per child for SFY 2021 and 2022
Subsidy reimbursement rates	69th percentile of market rate	80 <sup>th</sup> percentile – Beginning June 1, 2022
Stabilization grants	\$1.26B from federal ARPA stimulus funds-paid up front for a variety of costs, including wage supports, PPE, rent, facility costs, supplies, related to the COVID-19 pandemic. During FY 2022 approximately \$901M of these funds were paid out.	\$343M – reprogrammed funds available for “a second round of stabilization grants, at least 75 percent of which must be used for workforce initiatives.”
Subsidy funding	<b>\$832M (baseline) plus approx. \$828M</b> from federal stimulus funds to: expand subsidy eligibility to 200% FPL for 3 fiscal years (\$225M); cap co-pays at 10% of income over FPL for 3 fiscal years (\$192M); extend subsidy certification to 12 months for 3 fiscal years (\$291M); cover 24 child care absences per child per year for 4 fiscal years (\$120M) <i>*Many of the stimulus funds were not spent in FY 2021 due in part to implementation delays.</i>	<b>\$894.4M (baseline) plus \$670M</b> to expand subsidy eligibility to 300% of FPL; increase subsidy rate to the 80 <sup>th</sup> percentile of the market rate; cap co-pays at 10% of income over FPL; continue 12-month eligibility for subsidies; cover 24 absences per child per year for SFY 2021 and 2022.
Infrastructure	None	\$50M for infrastructure expansion

## **Background**

Currently, and for many years, child care subsidies have been available for fewer than 20% of income-eligible families, leaving most New York families left to shoulder child care costs on their own—costs that average more than \$15,000 a year for one child in child care. While child care costs too much for most families, much of the child care workforce struggles to get by on low wages, and many child care providers struggle to stay open, particularly when hit with unexpected costs. This has led to a dearth of child care providers, making it hard for families to find care even if they can afford it. Child care challenges impede parents' ability to achieve economic security, driving or keeping many working families in poverty. It also deprives young children, disproportionately from low-income families, from critical early learning opportunities. The impacts of the pandemic have exacerbated these challenges—for families, for child care providers, and the child care workforce.

## **Looking ahead**

Many families still will not be able to access child care subsidies even with the important expansions funded in this year's budget, including New York immigrant children without immigration documentation, and many children whose parents work fluctuating hours or are part of the gig economy, who have a hard time proving their work status and hours of work. In the coming weeks we will be advancing policy to:

- Ensure access to child care subsidies to all otherwise eligible children, regardless of immigration status;
- Decouple child care subsidies from hours of work, and make that rule mandatory. This will make subsidies accessible for the many parents who work variable and non-traditional hours, among them many immigrant parents; and
- Require automatic hikes to reimbursement rates to all providers when the market rate percentile is increased, among other priorities.

## **Pre-Kindergarten**

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### **Final Budget**

The **Final Budget** increases funding for pre-K by \$125 million. This increased funding will support expanding access to children in communities without universal pre-K. The **Final Budget** maintains level funding for the Long Island Pre-K Initiative at \$500,000.

The **Final Budget** also allows for school districts to seek waivers to give them more flexibility to work with community-based organizations licensed by the Office of Children and Family Services, including child care providers.

### **Background**

In 2013, then-Governor Cuomo promised full-day pre-K for all four-year-olds. More than 75,000 4-year-olds, or 78%, outside New York City are still waiting to attend full-day pre-K. This \$125 million investment will not be enough to achieve universal pre-K across the state, but will allow New York to continue to take strides this year toward this goal.

## Early Intervention

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### **Final Budget**

The **Final Budget** includes \$205 million for the Early Intervention program, an increase of \$40 million over last year's Enacted Budget. The **Final Budget** does not include a vital provider rate increase.

### **Background**

Early Intervention provides therapeutic and support services to eligible infants and toddlers under the age of three who qualify due to disabilities or developmental delays. Access to timely services is critical, yet even before the pandemic, one in four children did not receive mandated Early Intervention services within the required timeframe. The pandemic has disrupted service delivery, causing even more children to miss out on receiving services in a timely manner—or at all. At the same time, racial disparities—already of great concern before the pandemic—have widened. One reason for the dearth of services: the reimbursement rates the State pays providers and evaluators are so low, providers have left the field, unable to afford to provide these services.

## After School Programs

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### **Final Budget**

The **Final Budget** maintains level funding for Advantage After School at \$33 million and level funding for the Empire State After School Program at \$55 million. The **Final Budget** provides \$100 million of matching funds over two years for school districts and BOCES with the highest needs to address student well-being and learning loss through supports like extended school day or school year programs, after school programs, mental health professionals, and school-based mental health services.

### **Background**

High-quality after school programs have been shown to help close the achievement gap for low-income children and enable families to achieve economic stability. With youth across New York and the nation facing a surging mental health crisis, the need for mental health supports for the well-being of young people is tremendous.

## PUBLIC HEALTH, HEALTH COVERAGE, ACCESS AND CARE

### Health Coverage

#### Post-Pregnancy Medicaid Coverage

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### **Final Budget**

The **Final Budget** includes language for Medicaid to provide post-pregnancy coverage for mothers for up to one year, increasing from the current 60 days after pregnancy, contingent on federal approval. Following strong advocacy, all immigrant women are included in

coverage. The **Final Budget** also requires both prenatal and postpartum services as “standard coverage” to be reimbursed when determined necessary by providers. These measures will take effect March 1, 2023.

### **Background**

The American Rescue Plan Act of 2021 (ARPA) established a new state option to extend Medicaid coverage for one year following the baby’s birth. This state option streamlines the process for New York to take a major step toward improving health outcomes for postpartum women and their babies by providing comprehensive coverage (including mental health) in the first 12 months of the postpartum period.

## Medicaid Coverage of Maternal Health Services

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### **Final Budget**

The **Final Budget** allows Medicaid payment for certain prenatal and postpartum services, contingent on federal approval. These services include: nutrition services provided by certified dietitians and nutritionists; care coordination, case management, and peer support; patient navigation; services by licensed clinical social workers; dyadic services; Bluetooth-enabled devices for remote patient monitoring; and other services determined by the Commissioner of Health.

### **Background**

This initiative aims to improve maternal health outcomes and reduce maternal mortality.

## Essential Plan Health Coverage

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### **Final Budget**

The **Final Budget** includes language to expand Essential Plan (EP) eligibility from its current income cap from 200% FPL to 250% FPL, contingent on federal approval. It also provides that a pregnant/postpartum individual covered by the EP can stay enrolled for one year postpartum, as can their newborn, regardless of changes in income.

### **Background**

New York launched the Essential Plan, which now covers 900,000 people, as an affordable option for low- and moderate-income New Yorkers. These changes will reduce the number of uninsured adults, though many low-income immigrants remain ineligible.

## Child Health Plus

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### **Final Budget**

The **Final Budget** includes \$11 million to improve access to children’s mental and behavioral health services by aligning Child Health Plus services with Medicaid services. The **Final Budget** also eliminates the \$9 per month premium for children whose family household income is less than 223% of the Federal Poverty Level. In addition, pregnant individuals enrolled in Child Health Plus will retain eligibility for 12 months postpartum.

## **Background**

Child Health Plus is an important component to New York's system of health insurance options for families by providing coverage for families above the Medicaid threshold but without or with unaffordable private coverage.

## **Transfer of Oversight of Health Professions**

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### **Final Budget**

The **Final Budget** rejects the Executive Budget proposal to transfer the oversight authority for licensed health professions from the State Education Department to the Department of Health.

### **Background**

Authority for the licensing of health professionals and for statutes governing scope of practice reside at the State Education Department. The proposed change would have shifted oversight to the Department of Health for all health professions.

## **Local Public Health Funding**

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### **Final Budget**

The **Final Budget** increases local public health funding (Article 6) to \$189.2 million, a \$25.7 million increase over last year's Enacted Budget. This increased funding will support base grants to local health departments and allow for local health departments to claim partial reimbursements for fringe benefits to support the hiring and retention of staff.

### **Background**

Local public health departments are an essential part of the infrastructure in protecting the health of communities—including preparing and responding to infectious diseases such as COVID-19. Public health programs maintain the health of populations and provide important services, such as maternal and child health programs, teen pregnancy prevention, tobacco control, and disease prevention. This long-overdue increase in State funding for local health departments will contribute to healthier communities in every corner of the state.

## **Medicaid Spending Cap**

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### **Final Budget**

The **Final Budget** extends the Medicaid spending cap and changes the metric used to calculate the spending cap from the ten-year rolling average of Consumer Price Index to the five-year rolling average of Medicaid spending projections within the National Health Expenditure Accounts produced by the Office of the Actuary in the Centers for Medicare & Medicaid Services.

## **Background**

The Medicaid spending cap was put in place in 2011 as a mechanism to instill discipline in Medicaid spending. Efforts to keep expenditures within the self-imposed cap have resulted in reductions particularly affecting Medicaid enrollees who have disabilities and are in need of home health services and people who rely on safety-net providers.

## **Center for Health Workforce Studies**

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### **Final Budget**

The **Final Budget** does not include funding for the Center for Health Workforce Studies.

### **Background**

The health professions data law, enacted in December 2021, requires all licensed health professionals (inclusive of nurses, therapists, social workers, technicians, etc.) to answer a small number of questions as part of the tri-annual re-registration process, providing information on demographics, education, and practice activities to assist the State in health planning.

Consistent and on-going funding in the form of a minimum annual allocation of \$250,000 is needed to launch, manage, and sustain the successful collection of data and continued analysis for the State's licensed health professionals. The health workforce is a vital part of New York's health care delivery system. Efforts to improve the quality of health services and expand access to care depend on the availability of an adequate supply of appropriately trained health workers. It is particularly critical now to understand the availability of health professionals in response to the pandemic and to analyze providers of behavioral health to determine unmet needs.

## **Adult Homes**

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### **Final Budget**

The **Final Budget** maintains level funding for the Enhanced Quality of Adult Living (EQUAL) Program at \$3.27 million. The grants made available through the program will support independent skills and mental hygiene staff trainings and capital improvement projects.

### **Background**

Adult home residents are low-income adults, many of whom struggle with mental and other health concerns that can make it difficult for them to live on their own without supports, leaving these home residents particularly vulnerable to abuse and neglect. EQUAL enables adult home residents to identify specific needs, such as clothing, coats, air conditioners for resident rooms, better food, and other items. Core to the EQUAL funding is a requirement that adult home residents have a voice in how adult home operators spend these funds.