Reporting Period: Data reported above were based on claims and encounters reported to the Department of Health Medicaid Data Warehouse and use a July to June reporting year. Hence, year “2019” represents claims and encounters for services rendered between the period July 1, 2018 to June 30, 2019. The year 2023 is most recent period for which accurate and complete information exists.

Geographic Region: Except where otherwise noted, data reported above are statewide.

Counts of People: An unduplicated count means that a service recipient is counted once, and only once, even when that person has received multiple services within the same group or subcategory. For example, in table presenting counts for Fee-For-Service Medicaid by Service Category, a person may receive both respite and community habilitation services and is counted in each service category. However, the person will only be counted once in the Total, which represents the total number of unique individuals who received at least one HCBS service. Similarly for example, in the infographic, a person will be counted only once among the total people identified as having received OPWDD Medicaid services for the most recent year and this total will not equal the sum of counts across different service categories. Some counts of people are masked (“<20”), to help preserve personal privacy when use of a service is very low.

Rounding Error: Payments have been rounded to the nearest dollar in all displays. Therefore, adding together all subcategory lines will sometimes yield a value differing from the reported total by few dollars.

Medicaid Payments: Payments are made to providers for the delivery of OPWDD Medicaid services in two ways: (1) on a fee-for-service (FFS) basis; or (2) through a managed care arrangement. Under a FFS model, a separate payment is made for each service delivered to a person. For managed care, a set monthly fee, or capitation payment, is paid to an insurance company that then manages care and pays service providers. In the Medicaid program, the federal government, state, and localities contribute to the cost of care.

Medicaid State Plan (Non-Waiver) Services: Most Medicaid services are directly defined in federal statute and regulation. These are called Medicaid State Plan services. States can determine which of these services they choose to cover. The New York State Medicaid State Plan covers the following OPWDD services: Article 16 (OPWDD certified) clinic, day treatment, health home/care coordination services, specialty hospital, and Intermediate Care Facility for Individuals with Intellectual and

Developmental Disabilities (ICF-IID). Developmental Centers and Special Residential Units are special types of ICF-IIDs.

Medicaid Waiver Services: States may request waivers from the federal government which allow people to receive services in their own homes and communities in place of the institutional settings described in the State Plan. States may set limits on the number of beneficiaries in a waiver, and states must demonstrate that the cost of care in waiver does not exceed the cost of care absent the waiver (also known as cost neutrality). For individuals served by OPWDD, waiver services are available to those who meet the ICF-IID level of care standard. During the reporting period, OPWDD operated two Medicaid waivers, the OPWDD Care at Home (CAH) Waiver and the OPWDD Comprehensive Home and Community Based Services (HCBS) Waiver.

Non-Medicaid Services: Medicaid payments comprise the vast majority OPWDD service expenditures. OPWDD does fund some services outside the Medicaid program, however. This is typically done when the individual seeking service does not qualify for Medicaid or when the service itself is not reimbursed by Medicaid under existing rules. An estimated 5% of the individuals receiving services (or approximately 6,000 people) are not covered by Medicaid. The cost of OPWDD non-Medicaid services are solely paid by New York State.

State Budget: While Medicaid comprises a majority of OPWDD service spending, OPWDD also funds certain non-Medicaid services. In addition, OPWDD's budget funds a variety of administrative, operational, and quality oversight functions that are not represented in Medicaid service claims. Hence, the figures reported in this analysis will not directly match the expenditures and revenue reported in the state budget.