

# ALL SHARES MEDICAID PAYMENTS - OPWDD SERVICES SFY 2009-2010

SERVICE CATEGORY	UNIT TYPE	ALL SECTORS COMBINED				
		RECIPS	UNITS	PAYMENTS	PYMT/RECIP	PYMT/UNIT
STATE PLAN - CASE MGMT - MSC	MONTH	81,095	895,063	\$260,349,543	\$3,210	\$291
STATE PLAN - CLINIC - ART 16 CLINIC	VISIT	28,975	839,144	\$91,174,671	\$3,147	\$109
STATE PLAN - CLINIC - DAY TX	DAY (FULL/HALF)	1,370	248,756	\$31,334,281	\$22,872	\$126
STATE PLAN - ICF/DD - COMM	PERDIEM	6,487	2,209,553	\$1,009,610,560	\$155,636	\$457
STATE PLAN - ICF/DD - DC/SRU	PERDIEM	1,586	525,298	\$2,399,723,730	\$1,513,067	\$4,568
STATE PLAN - INPATIENT - SPEC HOSP	PERDIEM	52	16,874	\$15,455,740	\$297,226	\$916
WAIVER - CAH - EMODS & ATECH	N/A	121		\$1,094,991	\$9,050	
WAIVER - CAH - SVC COORD	QTR HR	553	130,130	\$2,602,600	\$4,706	\$20
WAIVER - HCBS - CSS	MONTH	362	3,679	\$14,736,317	\$40,708	\$4,006
WAIVER - HCBS - CSS	QTR HR	53	61,938	\$437,399	\$8,253	\$7
WAIVER - HCBS - DAY SVCS - DAY HAB	DAY (FULL/HALF)	37,259	6,336,641	\$1,247,151,845	\$33,472	\$197
WAIVER - HCBS - DAY SVCS - DAY HAB	QTR HR	526	447,503	\$4,994,519	\$9,495	\$11
WAIVER - HCBS - DAY SVCS - PRE VOC	DAY (FULL/HALF)	11,001	1,536,814	\$168,320,134	\$15,300	\$110
WAIVER - HCBS - DAY SVCS - SEMP	DAY (FULL/HALF)	266	9,399	\$2,315,322	\$8,704	\$246
WAIVER - HCBS - DAY SVCS - SEMP	MONTH	7,154	68,285	\$41,123,199	\$5,748	\$602
WAIVER - HCBS - EMODS & ATECH	N/A	1,212		\$8,506,967	\$7,019	
WAIVER - HCBS - FMLY ED & TRNG	SESSION	2,183	2,416	\$163,290	\$75	\$68
WAIVER - HCBS - PLAN OF CARE	PLAN	991	1,665	\$402,235	\$406	\$242
WAIVER - HCBS - RES SVCS - AT HM	QTR HR	11,219	17,864,600	\$177,753,976	\$15,844	\$10
WAIVER - HCBS - RES SVCS - CR	MONTH	418	3,780	\$8,606,651	\$20,590	\$2,277
WAIVER - HCBS - RES SVCS - FMLY CARE	MONTH	2,215	24,694	\$30,408,984	\$13,729	\$1,231
WAIVER - HCBS - RES SVCS - FMLY CARE	PERDIEM	507	155,020	\$11,657,684	\$22,993	\$75
WAIVER - HCBS - RES SVCS - IRA - SUPRT	MONTH	2,212	23,156	\$94,771,762	\$42,844	\$4,093
WAIVER - HCBS - RES SVCS - IRA - SUPVD	MONTH	26,856	302,493	\$3,415,904,951	\$127,193	\$11,293
WAIVER - HCBS - RESPITE	QTR HR	13,581	12,724,723	\$72,922,353	\$5,369	\$6
<b>TOTALS</b>		<b>92,169</b>		<b>\$9,111,523,704</b>		

Notes:

- (1) Source: DOH eMedNY Data Warehouse. Data extracted late May/ early June 2011. Data aggregated by date of service, not date of payment. Data are subject to future variation due to late claiming and retroactive rate adjustment.
- (2) Prepared by: Revenue Analysis Unit, DARS/Bureau of Central Operations, NYS OPWDD. Questions: Eric Harris (518) 402-4333 or Eric.Harris@opwdd.ny.gov

# ALL SHARES MEDICAID PAYMENTS - OPWDD SERVICES SFY 2009-2010

SERVICE CATEGORY	UNIT TYPE	STATE SECTOR				
		RECIPS	UNITS	PAYMENTS	PYMT/RECIP	PYMT/UNIT
STATE PLAN - CASE MGMT - MSC	MONTH	11,233	126,304	\$58,221,262	\$5,183	\$461
STATE PLAN - CLINIC - ART 16 CLINIC	VISIT	3,008	15,438	\$1,457,507	\$485	\$94
STATE PLAN - CLINIC - DAY TX	DAY (FULL/HALF)	29	5,335	\$971,679	\$33,506	\$182
STATE PLAN - ICF/DD - COMM	PERDIEM	672	216,456	\$157,175,912	\$233,893	\$726
STATE PLAN - ICF/DD - DC/SRU	PERDIEM	1,586	525,298	\$2,399,723,730	\$1,513,067	\$4,568
STATE PLAN - INPATIENT - SPEC HOSP	PERDIEM					
WAIVER - CAH - EMODS & ATECH	N/A	121		\$1,094,991	\$9,050	
WAIVER - CAH - SVC COORD	QTR HR					
WAIVER - HCBS - CSS	MONTH					
WAIVER - HCBS - CSS	QTR HR					
WAIVER - HCBS - DAY SVCS - DAY HAB	DAY (FULL/HALF)	3,980	780,233	\$289,084,411	\$72,634	\$371
WAIVER - HCBS - DAY SVCS - DAY HAB	QTR HR					
WAIVER - HCBS - DAY SVCS - PRE VOC	DAY (FULL/HALF)	239	26,048	\$7,610,207	\$31,842	\$292
WAIVER - HCBS - DAY SVCS - SEMP	DAY (FULL/HALF)					
WAIVER - HCBS - DAY SVCS - SEMP	MONTH	138	1,334	\$2,755,611	\$19,968	\$2,066
WAIVER - HCBS - EMODS & ATECH	N/A	1,212		\$8,506,967	\$7,019	
WAIVER - HCBS - FMLY ED & TRNG	SESSION	11	13	\$849	\$77	\$65
WAIVER - HCBS - PLAN OF CARE	PLAN	102	162	\$66,365	\$651	\$410
WAIVER - HCBS - RES SVCS - AT HM	QTR HR					
WAIVER - HCBS - RES SVCS - CR	MONTH					
WAIVER - HCBS - RES SVCS - FMLY CARE	MONTH	2,215	24,694	\$30,408,984	\$13,729	\$1,231
WAIVER - HCBS - RES SVCS - FMLY CARE	PERDIEM					
WAIVER - HCBS - RES SVCS - IRA - SUPRT	MONTH	43	419	\$3,323,886	\$77,300	\$7,933
WAIVER - HCBS - RES SVCS - IRA - SUPVD	MONTH	7,342	83,362	\$1,516,802,134	\$206,592	\$18,195
WAIVER - HCBS - RESPITE	QTR HR	680	257,739	\$4,799,752	\$7,058	\$19

**TOTALS**

**18,466**

**\$4,482,004,248**

Notes:

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# ALL SHARES MEDICAID PAYMENTS - OPWDD SERVICES SFY 2009-2010

SERVICE CATEGORY	UNIT TYPE	OPTS SECTOR				
		RECIPS	UNITS	PAYMENTS	PYMT/RECIP	PYMT/UNIT
STATE PLAN - CASE MGMT - MSC	MONTH					
STATE PLAN - CLINIC - ART 16 CLINIC	VISIT					
STATE PLAN - CLINIC - DAY TX	DAY (FULL/HALF)					
STATE PLAN - ICF/DD - COMM	PERDIEM					
STATE PLAN - ICF/DD - DC/SRU	PERDIEM					
STATE PLAN - INPATIENT - SPEC HOSP	PERDIEM					
WAIVER - CAH - EMODS & ATECH	N/A					
WAIVER - CAH - SVC COORD	QTR HR					
WAIVER - HCBS - CSS	MONTH					
WAIVER - HCBS - CSS	QTR HR					
WAIVER - HCBS - DAY SVCS - DAY HAB	DAY (FULL/HALF)	3,354	436,448	\$121,977,740	\$36,368	\$279
WAIVER - HCBS - DAY SVCS - DAY HAB	QTR HR	64	68,254	\$1,458,588	\$22,790	\$21
WAIVER - HCBS - DAY SVCS - PRE VOC	DAY (FULL/HALF)	1,101	136,615	\$33,307,372	\$30,252	\$244
WAIVER - HCBS - DAY SVCS - SEMP	DAY (FULL/HALF)	266	9,399	\$2,315,322	\$8,704	\$246
WAIVER - HCBS - DAY SVCS - SEMP	MONTH	475	2,386	\$4,707,414	\$9,910	\$1,973
WAIVER - HCBS - EMODS & ATECH	N/A					
WAIVER - HCBS - FMLY ED & TRNG	SESSION					
WAIVER - HCBS - PLAN OF CARE	PLAN					
WAIVER - HCBS - RES SVCS - AT HM	QTR HR	307	766,375	\$10,591,303	\$34,499	\$14
WAIVER - HCBS - RES SVCS - CR	MONTH					
WAIVER - HCBS - RES SVCS - FMLY CARE	MONTH					
WAIVER - HCBS - RES SVCS - FMLY CARE	PERDIEM					
WAIVER - HCBS - RES SVCS - IRA - SUPRT	MONTH	68	676	\$4,646,844	\$68,336	\$6,879
WAIVER - HCBS - RES SVCS - IRA - SUPVD	MONTH	1,714	19,192	\$249,848,902	\$145,769	\$13,018
WAIVER - HCBS - RESPITE	QTR HR	709	481,046	\$4,541,074	\$6,405	\$9
<b>TOTALS</b>		<b>6,407</b>		<b>\$433,394,559</b>		

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# ALL SHARES MEDICAID PAYMENTS - OPWDD SERVICES SFY 2009-2010

SERVICE CATEGORY	UNIT TYPE	VOLUNTARY SECTOR				
		RECIPS	UNITS	PAYMENTS	PYMT/RECIP	PYMT/UNIT
STATE PLAN - CASE MGMT - MSC	MONTH	70,118	768,759	\$202,128,281	\$2,883	\$263
STATE PLAN - CLINIC - ART 16 CLINIC	VISIT	26,612	823,706	\$89,717,164	\$3,371	\$109
STATE PLAN - CLINIC - DAY TX	DAY (FULL/HALF)	1,341	243,421	\$30,362,602	\$22,642	\$125
STATE PLAN - ICF/DD - COMM	PERDIEM	5,818	1,993,097	\$852,434,648	\$146,517	\$428
STATE PLAN - ICF/DD - DC/SRU	PERDIEM					
STATE PLAN - INPATIENT - SPEC HOSP	PERDIEM	52	16,874	\$15,455,740	\$297,226	\$916
WAIVER - CAH - EMODS & ATECH	N/A					
WAIVER - CAH - SVC COORD	QTR HR	553	130,130	\$2,602,600	\$4,706	\$20
WAIVER - HCBS - CSS	MONTH	362	3,679	\$14,736,317	\$40,708	\$4,006
WAIVER - HCBS - CSS	QTR HR	53	61,938	\$437,399	\$8,253	\$7
WAIVER - HCBS - DAY SVCS - DAY HAB	DAY (FULL/HALF)	30,637	5,119,961	\$836,089,695	\$27,290	\$163
WAIVER - HCBS - DAY SVCS - DAY HAB	QTR HR	465	379,249	\$3,535,931	\$7,604	\$9
WAIVER - HCBS - DAY SVCS - PRE VOC	DAY (FULL/HALF)	9,762	1,374,152	\$127,402,555	\$13,051	\$93
WAIVER - HCBS - DAY SVCS - SEMP	DAY (FULL/HALF)					
WAIVER - HCBS - DAY SVCS - SEMP	MONTH	6,551	64,565	\$33,660,174	\$5,138	\$521
WAIVER - HCBS - EMODS & ATECH	N/A					
WAIVER - HCBS - FMLY ED & TRNG	SESSION	2,173	2,403	\$162,441	\$75	\$68
WAIVER - HCBS - PLAN OF CARE	PLAN	889	1,503	\$335,870	\$378	\$223
WAIVER - HCBS - RES SVCS - AT HM	QTR HR	10,930	17,098,225	\$167,162,674	\$15,294	\$10
WAIVER - HCBS - RES SVCS - CR	MONTH	418	3,780	\$8,606,651	\$20,590	\$2,277
WAIVER - HCBS - RES SVCS - FMLY CARE	MONTH					
WAIVER - HCBS - RES SVCS - FMLY CARE	PERDIEM	507	155,020	\$11,657,684	\$22,993	\$75
WAIVER - HCBS - RES SVCS - IRA - SUPRT	MONTH	2,103	22,062	\$86,801,032	\$41,275	\$3,935
WAIVER - HCBS - RES SVCS - IRA - SUPVD	MONTH	17,946	199,939	\$1,649,253,914	\$91,901	\$8,249
WAIVER - HCBS - RESPITE	QTR HR	12,943	11,985,938	\$63,581,527	\$4,912	\$5
<b>TOTALS</b>		<b>85,334</b>		<b>\$4,196,124,898</b>		

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**ALL SHARES MEDICAID PAYMENTS  
NON-OPWDD SERVICES  
INDIVIDUALS ELIGIBLE FOR OPWDD SERVICES (RE 95)  
SFY 2009-2010**

<b>SERVICE CATEGORY</b>	<b>RECIPIENTS</b>	<b>PAYMENTS</b>
<b><u>Long Term Care Services</u></b>		
07 - PRIVATE DUTY NURSING	1,237	\$82,685,557
12 - INSTITUTIONAL LTC - ADULT DAY CARE	1,453	\$33,984,585
12 - INSTITUTIONAL LTC - RESIDENTIAL TREATMENT FACILITY	74	\$2,324,099
12 - INSTITUTIONAL LTC - SKILLED NURSING FACILITY	1,923	\$96,946,725
15 - NON-INSTITUTIONAL LTC - ASSISTED LIVING PROGRAM	42	\$785,660
15 - NON-INSTITUTIONAL LTC - HOME HEALTH CARE	4,812	\$63,063,348
15 - NON-INSTITUTIONAL LTC - LONG TERM HOME HEALTH CARE	1,857	\$22,433,856
15 - NON-INSTITUTIONAL LTC - PERS DEVICES	391	\$94,295
15 - NON-INSTITUTIONAL LTC - PERSONAL CARE	6,305	\$181,573,508
23 - CHILD CARE (FOSTER CARE AGENCIES)	331	\$2,012,917
74 - COMM & REHAB - BRIDGES TO HEALTH	176	\$2,743,789
74 - COMM & REHAB - CARE AT HOME (DOH WAIVERS)	70	\$216,220
74 - COMM & REHAB - OMH (HCBS/CR/PROS)	669	\$7,986,175
74 - COMM & REHAB - TBI WAIVER	193	\$7,317,940
96 - CASE MANAGEMENT	832	\$1,526,640
<b><i>Long Term Care Subtotal</i></b>	<b>15,422</b>	<b>\$505,695,314</b>
<b><u>All Other Non-OPWDD Medicaid Services</u></b>		
01 - PHYSICIAN	63,886	\$15,973,537
02 - CHIROPRACTOR	94	\$1,289
03 - PODIATRY	13,950	\$468,830
04 - PSYCHOLOGY	1,022	\$816,021
05 - EYE CARE	17,351	\$883,301
06 - REHABILITATION THERAPY	495	\$203,375
08 - OUTPATIENT - NON-SOPS - FS CLINIC	42,783	\$65,020,329
08 - OUTPATIENT - NON-SOPS - FS CLINIC - MENTAL HEALTH	10,641	\$16,444,032
08 - OUTPATIENT - NON-SOPS - FS CLINIC - SUB ABUSE/MMTP	377	\$1,057,801
08 - OUTPATIENT - NON-SOPS - OPD CLINIC	44,414	\$30,337,160
08 - OUTPATIENT - NON-SOPS - OPD CLINIC - EMERG RM	22,774	\$7,710,771
08 - OUTPATIENT - NON-SOPS - OPD CLINIC - MENTAL HEALTH	3,153	\$3,826,535
08 - OUTPATIENT - NON-SOPS - OPD CLINIC - SUB ABUSE/MMTP	522	\$348,298
08 - OUTPATIENT - SOPS - OMH CLINIC	170	\$1,376,681
09 - PROFESSIONAL CMS MEDICARE CROSSOVER	6,061	\$294,867
11 - INPATIENT - GRADUATE MEDICAL EDUCATION	702	\$2,200,543
11 - INPATIENT - NON-SOPS	9,795	\$88,198,467
11 - INPATIENT - NON-SOPS - PSYCHIATRIC	1,649	\$25,034,914
11 - INPATIENT - NON-SOPS - SUB ABUSE	109	\$810,781
11 - INPATIENT - SOPS - OASAS	18	\$95,016
11 - INPATIENT - SOPS - OMH	82	\$5,605,719
13 - DENTAL	46,793	\$21,583,578

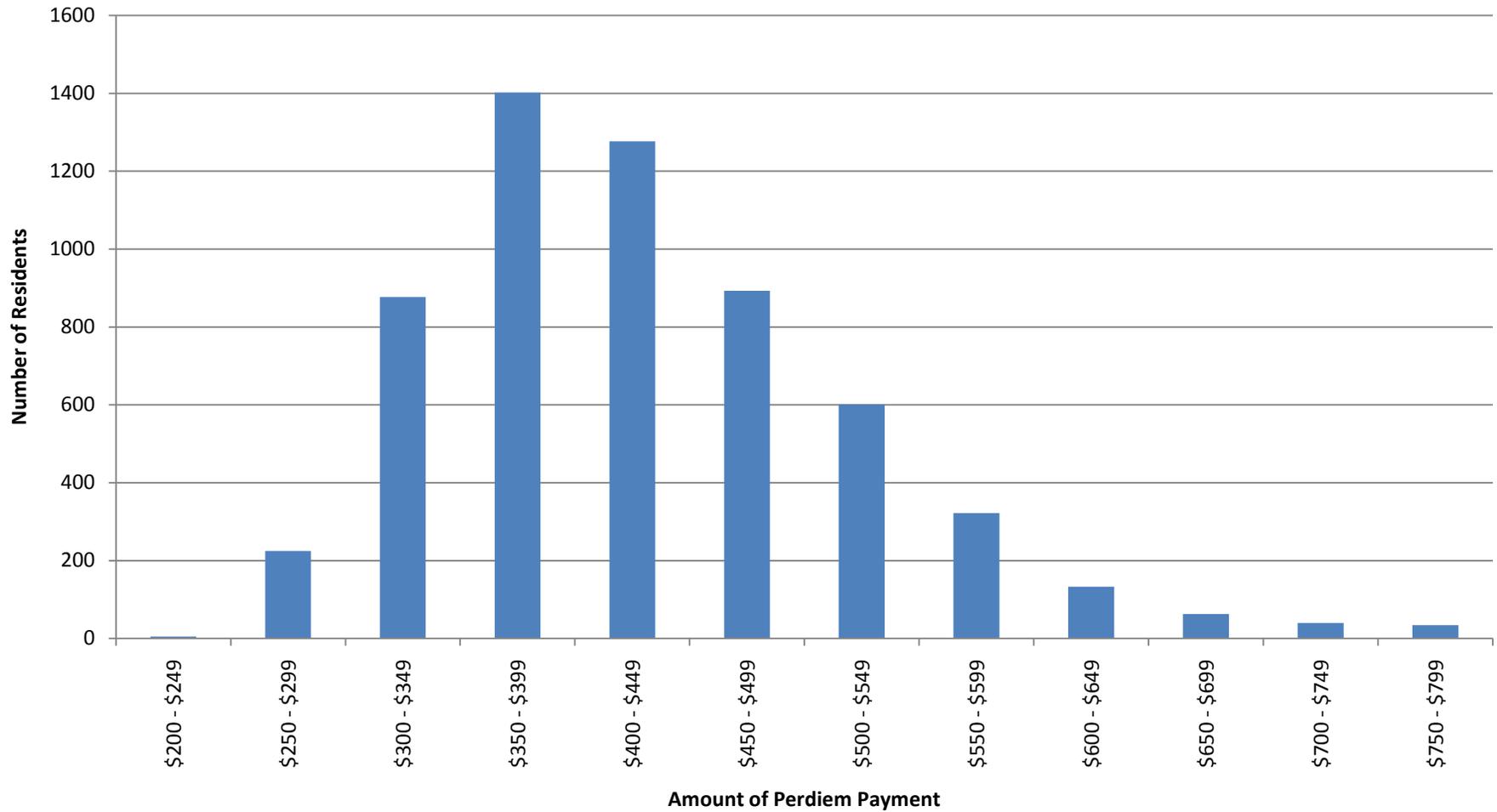
**ALL SHARES MEDICAID PAYMENTS  
NON-OPWDD SERVICES  
INDIVIDUALS ELIGIBLE FOR OPWDD SERVICES (RE 95)  
SFY 2009-2010**

<b>SERVICE CATEGORY</b>	<b>RECIPIENTS</b>	<b>PAYMENTS</b>
14 - PHARMACY	72,245	\$160,586,696
16 - LABORATORIES	20,425	\$1,533,891
19 - TRANSPORTATION	18,192	\$17,886,056
20 - HMO	12,993	\$57,027,750
21 - CTHP	10,197	\$1,538,789
22 - DME & HEARING AIDS	28,959	\$35,565,617
25 - FAMILY HEALTH PLUS	126	\$160,458
27 - REFERRED AMBULATORY	22,194	\$3,690,337
41 - NURSE PRACTITIONER	6,349	\$317,328
44 - SCHOOL SUPPORTIVE HEALTH SERVICES PROGRAM	10,947	\$23,285,576
45 - EARLY INTERVENTION	615	\$7,706,248
73 - HOSPICE	74	\$2,537,797
75 - CLINIC SOCIAL WORKER	24	\$7,976
99 - ALL OTHER	655	\$36,520
<b><i>All Other Non-OPWDD Medicaid Services Subtotal</i></b>	<b>98,460</b>	<b>\$600,172,881</b>
<b>Total Non-OPWDD Medicaid Services</b>	<b>98,673</b>	<b>\$1,105,868,195</b>
<b>Total OPWDD Medicaid Services</b>	<b>92,169</b>	<b>\$9,111,523,704</b>
<b>Total Medicaid Services</b>	<b><u>101,814</u></b>	<b><u>\$10,217,391,898</u></b>

Notes:

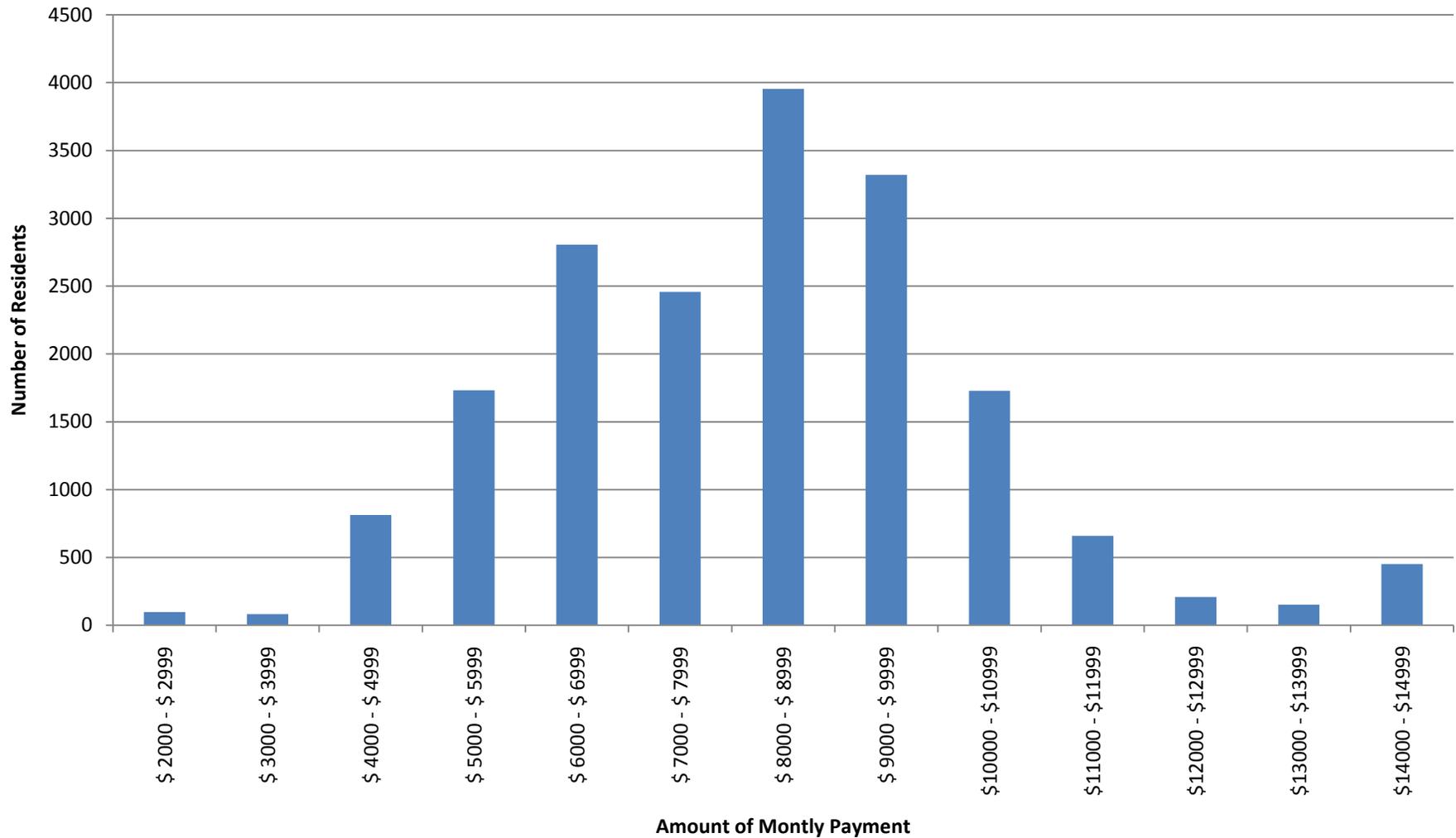
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**DISTRIBUTION OF ICF RESIDENTS  
BY PERDIEM PAYMENT  
SFY 2009-10  
(Voluntary Sector Only)**



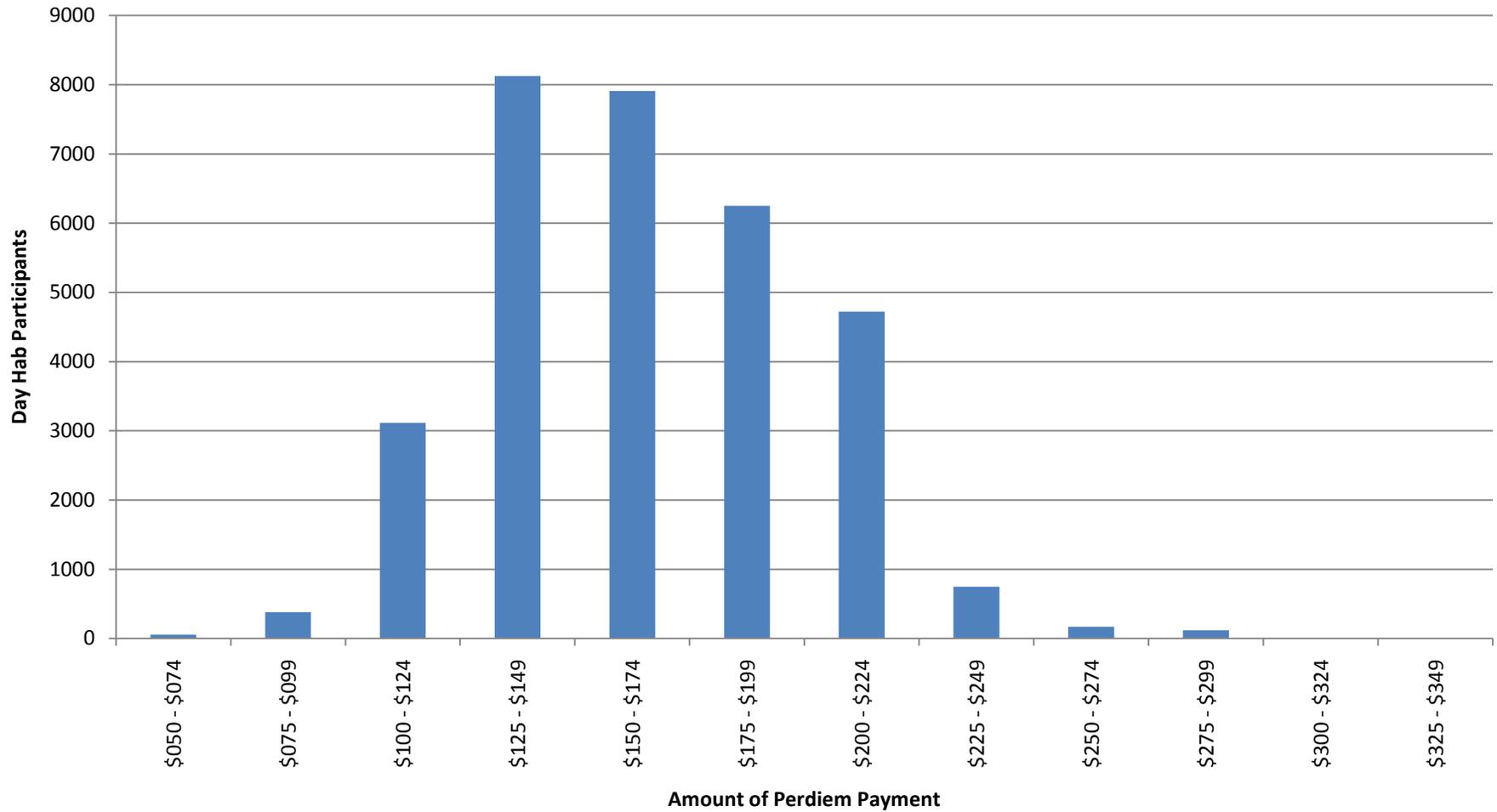
MIN=\$236.55, MAX=\$798.70, AVG=\$429.03

**DISTRIBUTION OF SUPERVISED IRA RESIDENTS  
BY MONTHLY RES HAB PAYMENT  
SFY 2009-10  
(Voluntary Sector Only)**



MIN=\$2150, MAX=\$14,755, AVG=\$8,231

**DISTRIBUTION OF DAY HAB PARTICIPANTS  
BY PERDIEM PAYMENT  
SFY 2009-10  
(Voluntary Sector Only)**



MIN=\$52.55, MAX=\$339.10, AVG=\$164.58