

ABSTINENCE EDUCATION PROGRAM

Objective: To encourage adolescents to resist pressures to be sexually active in order to reduce the rates of adolescent pregnancy and sexually transmitted diseases among teens aged 15-17 in targeted communities through a statewide media campaign and a community-based initiative in 20-30 projects in targeted communities.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63490 for contracts; 64320 for media campaign
Catalog of Federal Domestic Assistance No.: 93.235

Year Established: 1997

Legal Authority:

Law: NA

Regulation: NA

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Eligibility: Counties, Not-for-Profit Groups and School Districts.

Type of Program and Special Restrictions: Abstinence education only.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance, where eligible, and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	3,377,584	2,600,000	NA
SFY 01-02	3,377,584	2,600,000	NA
SFY 02-03	3,377,584	2,600,000	NA

Amounts Disbursed:*

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	2,658,750	3,014,076	NA
SFY 01-02	594,682	2,068,369	NA

*Grant award expended.

ACCESS TO CLINICAL HIV DRUG TRIALS

Objective: To increase enrollment of under-represented populations in clinical drug trials.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1990

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

Program Contact:

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Eligibility: Private Non-Profit Groups. Organization must demonstrate its ability to outreach to minority communities to increase access to clinical drug trials.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds must be utilized in accordance with approved workplans and contracts and must comply with provisions of the State Finance Law, i.e., funds cannot be used to pay for interest on bridge loans.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	100,000	NA
SFY 01-02	NA	100,000	NA
SFY 02-03	NA	NA	100,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	90,386	NA
SFY 01-02	NA	92,202	NA

¹Refers to all Department of Health AIDS contracts.

ADAP FUNDING

Objective: Provides free HIV/AIDS drugs to low-income individuals not covered by Medicaid or adequate third party insurance.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: NA

Year Established: 1996

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1995, Chapter 53

Regulation: NA

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Eligibility: Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State or Federal requirements.

Action Required to Receive Aid: No action required, automatic payment.

Description of Aid:

Flow of Funds: State to Local. Monies are provided as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Comments: Unappropriated funding is received from Title I and II of the Federal Ryan White Care Act and also from the NY Public Health Care Reform Act.

ADULT DAY TREATMENT FOR PERSONS WITH AIDS

Objective: To develop day treatment, home care and nutrition for persons with AIDS in order to maintain these persons in the community, and prevent extended hospitalization.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1989

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

Program Contact:

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Eligibility: Organizations must be an adult day or home care program as defined by NYSDOH, NYSDSAS, NYSOMH, NYSTDS, or can be CHHAs, LTHHCPs, or AHCPs as authorized by Chapter 622 of the NY Laws of 1988.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds must be utilized in accordance with approved workplans and contracts and must comply with provisions of the State Finance Law, i.e., funds cannot be used to pay for interest on bridge loans.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Planning grants are one-time only grants. Grants for services are one-time in that Medicaid funding will replace grant funding; however, it is ongoing in that funds will be used for other providers.

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated and Disbursed: Funding included with AIDS Education, Prevention and Nutrition program.

¹Refers to all Department of Health AIDS contracts.

AIDS CBOS AND SUBSTANCE ABUSE PROGRAMS

Objective: Supports community based organizations and outreach efforts targeted to substance abusers.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1993

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

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Eligibility: Private Non-Profit Organizations. Must demonstrate ability to outreach to active drug using individuals in community based settings.

Type of Program and Special Restrictions: HIV prevention and outreach without any State or Federal mandated requirements. Funds must be utilized in accordance with approved workplans and contracts.

Action Required to Receive Aid: Competitive application for aid required authorized by the Commissioner of Health under Section 80.135, Title 10.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	470,000	30,000
SFY 01-02	NA	470,000	30,000
SFY 02-03	NA	NA	500,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	442,418	26,580
SFY 01-02	NA	455,894	28,585

¹Refers to all Department of Health AIDS contracts.

AIDS CHILDREN, ADOLESCENTS AND FAMILIES

Objective: To expand and enhance the delivery of health and social services for children with HIV infection and their families.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1989

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

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Eligibility: Private Non-Profit Groups and Pediatric Networks and Consortia. Organizations must be part of the US Health Resources and Services Administration, New York City Pediatric AIDS Demonstration Project.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds must be utilized in accordance with approved workplans and contracts and must comply with provisions of the State Finance Law, i.e., funds cannot be used to pay for interest on bridge loans.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	1,837,500	462,000
SFY 01-02	NA	1,838,000	462,000
SFY 02-03	NA	NA	1,300,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.*</u>
SFY 00-01	NA	1,668,716	NA
SFY 01-02	NA	1,292,753	NA

*See AIDS/HIV Grants to Community Service Programs and Community Based Organizations for disbursement information.

¹Refers to all Department of Health AIDS contracts.

AIDS CONTINUUM OF CARE ACTIVITIES

Objective: To conduct AIDS training and education activities and to develop the continuum of care for persons with HIV infection.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1988

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

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Eligibility: Private Non-Profit Groups, Community Health Centers, Hospitals and Community Demonstration Projects. Organization must be proficient in development of HIV care criteria.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds must be utilized in accordance with approved workplans and contracts and must comply with provisions of the State Finance Law, i.e., funds cannot be used to pay for interest on bridge loans.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	2,331,000	324,000
SFY 01-02	NA	2,331,000	324,000
SFY 02-03	NA	NA	2,655,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	2,462,694	303,326
SFY 01-02	NA	2,365,450	313,736

¹Refers to all Department of Health AIDS contracts.

AIDS COUNSELING AND TESTING IN PRISONS

Objective: To provide counseling and testing services by the New York State Department of Corrections for HIV.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1993

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

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Eligibility: State Government and Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	925,000	NA
SFY 01-02	NA	925,000	NA
SFY 02-03	NA	NA	925,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	950,493	NA
SFY 01-02	NA	859,934	NA

¹Refers to all Department of Health AIDS contracts.

AIDS DRUG TREATMENT AND SUBSTANCE ABUSERS AT RISK

Objective: To support services in drug treatment programs and substance abusers at risk.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1994

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

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Eligibility: Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	718,000	NA
SFY 01-02	NA	718,000	NA
SFY 02-03	NA	NA	718,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	580,796	NA
SFY 01-02	NA	455,894	NA

¹Refers to all Department of Health AIDS contracts.

AIDS EDUCATION, PREVENTION AND NUTRITION

Objective: An array of services are provided for the education and prevention of HIV, with programs and nutritious meals for homebound individuals.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1994

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

Program Contact:

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Eligibility: Counties and Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	4,400,000	NA
SFY 01-02	NA	4,900,000	NA
SFY 02-03	NA	NA	4,900,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds*</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	4,896,323	NA
SFY 01-02	NA	4,449,117	NA

*Disbursement amounts include Adult Day Treatment for Persons with AIDS.

¹Refers to all Department of Health AIDS contracts.

AIDS GRANTS TO COUNTY HEALTH DEPARTMENTS

Objective: To ensure services are available to county health departments in rural areas or in areas experiencing rapid increases in HIV.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1992

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

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Eligibility: County health departments or county public health nursing entities.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds must be used in accordance with approved workplans and contracts and must comply with provisions of the State Finance Law, i.e., funds cannot be used to pay for interest on bridge loans.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	300,000	NA
SFY 01-02	NA	300,000	NA
SFY 02-03	NA	NA	300,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	221,962	NA
SFY 01-02	NA	253,428	NA

¹Refers to all Department of Health AIDS contracts.

Department of Health

AIDS/HIV GRANTS TO COMMUNITY-BASED ORGANIZATIONS AND DIAGNOSTIC AND TREATMENT CENTERS

Objective: Allows Community-Based Organizations and Article 28 Diagnostic and Treatment Centers serving high-need communities to expand their service capacity to provide multiple HIV-related services which are culturally sensitive to the special social and cultural needs of the at-risk populations.

Administering Agency: NYS Department of Health
Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1992

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1992, Chapter 53

Regulation: NA

Program Contact:

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Eligibility: Counties and Private Non-Profit Groups. Eligibility requirements are dependent upon the type of program being funded: i.e., an AIDS program targeted to adolescents would necessitate the organization to have experience in serving adolescents. Other programs may be required to have linkages/referrals with hospitals or other health care facilities, etc.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds must be utilized in accordance with approved workplans and contracts and must comply with provisions of the State Finance Law, i.e., funds cannot be used to pay for interest on bridge loans.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	1,750,000	13,150,000
SFY 01-02	NA	1,517,500	13,150,000
SFY 02-03	NA	1,768,000	13,150,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	2,831,481	10,661,037
SFY 01-02	NA	NA	14,501,868

¹Refers to all Department of Health AIDS contracts.

AIDS/HIV GRANTS TO COMMUNITY SERVICE PROGRAMS & COMMUNITY BASED ORGANIZATIONS

Objective: Provide AIDS-related services targeted to minority and high-risk populations.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1983

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

Program Contact:

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Eligibility: Counties and Private Non-Profit Groups. Eligibility requirements are dependent upon the type of program being funded: i.e., an AIDS program targeted to adolescents would necessitate the organization to have experience in serving adolescents. Other programs may be required to have linkages/referrals with hospitals or other health care facilities, etc.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds must be utilized in accordance with approved workplans and contracts and must comply with provisions of the State Finance Law, i.e., funds cannot be used to pay for interest on bridge loans.

Action Required to Receive Aid: Combination of competitive and sole-source funding.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Some projects are ongoing and some are one-time. Program as a whole is ongoing.

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	28,003,200	575,000
SFY 01-02	NA	26,253,000	2,092,500
SFY 02-03	NA	1,518,000	26,828,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	29,048,389	934,150
SFY 01-02	NA	27,948,213	766,158

¹Refers to all Department of Health AIDS contracts.

AIDS HIV SERVICES FOR INFANTS AND PREGNANT WOMEN

Objective: To ensure that services are available for infants and pregnant women that are exposed to AIDS.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1994

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

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Eligibility: Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	NA	6,500,000
SFY 01-02	NA	NA	6,500,000
SFY 02-03	NA	NA	6,500,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	NA	5,419,036
SFY 01-02	NA	NA	5,762,358

¹Refers to all Department of Health AIDS contracts.

AIDS HOUSING FOR HIV/TB

Objective: To ensure services are afforded for the early identification, housing, intake and provision of housing to HIV-infected patients.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1993

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

Program Contact:

Michael J. Nazarko
Director, A&CM
AIDS Institute
NYS Department of Health
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(518) 473-7238
E-Mail: NA

Fiscal Contact:

Kathleen Czosnykowski
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Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Empire State Plaza
Albany, NY 12237
(518) 486-9145
E-Mail: NA

Eligibility: Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	3,901,000	NA
SFY 01-02	NA	2,500,000	NA
SFY 02-03	NA	NA	2,500,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	2,266,608	NA
SFY 01-02	NA	1,674,224	NA

¹Refers to all Department of Health AIDS contracts.

AIDS INTERVENTION MANAGEMENT SYSTEM (AIMS)

Objective: The purposes of the AIMS program are three-fold: (1) to assure that the care provided to persons with HIV/AIDS is both necessary and appropriate; (2) to assure that care is delivered in accordance with established clinical standards and protocols; and (3) to develop and maintain data systems that support review activities and that permit programmatic evaluation and policy development.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1993

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

Program Contact:

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 E-Mail: NA

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 Associate Budgeting Analyst
 Bureau of Budget Management
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 Albany, NY 12237
 (518) 473-1465
 E-Mail: NA

Eligibility: Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	1,710,000	NA
SFY 01-02	NA	1,700,000	NA
SFY 02-03	NA	1,700,000	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	1,700,000	NA
SFY 01-02	NA	1,300,000	NA

¹Refers to all Department of Health AIDS contracts.

AIDS PERMANENCY PLANNING

Objective: To help families plan and support members that are affected by HIV.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1994

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

Program Contact:

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 Empire State Plaza
 Albany, NY 12237
 (518) 486-9145
 E-Mail: NA

Eligibility: Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	2,250,000	NA
SFY 01-02	NA	2,250,000*	NA
SFY 02-03	NA	562,500	1,000,000

*Includes interchange amount of \$1,250,000.

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	2,030,258	NA
SFY 01-02	NA	1,232,511	NA

¹Refers to all Department of Health AIDS contracts.

AIDS PRIMARY CARE IN COMMUNITY HEALTH CENTERS

Objective: To ensure that high risk populations in community health centers and substance abuse programs receive needed services.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1993

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

Program Contact:

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Fiscal Contact:

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Empire State Plaza
Albany, NY 12237
(518) 489-9145
E-Mail: NA

Eligibility: Counties and Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	718,000	NA
SFY 01-02	NA	718,000	NA
SFY 02-03	NA	NA	718,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	777,113	NA
SFY 01-02	NA	580,796	NA

¹Refers to all Department of Health AIDS contracts.

AIDS PROVISION OF HIV EDUCATION

Objective: To support grants to community based organizations and for services for education and prevention.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1994

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

Program Contact:

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 E-Mail: NA

Eligibility: Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	750,000	NA
SFY 01-02	NA	750,000	NA
SFY 02-03	NA	NA	750,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	666,954	NA
SFY 01-02	NA	527,131	NA

¹Refers to all Department of Health AIDS contracts.

AIDS WOMEN'S HIV HEALTH SERVICES

Objective: To provide comprehensive obstetrical/gynecological services.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1993

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

Program Contact:

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E-Mail: NA

Eligibility: Counties, Public Authorities and Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	NA	2,100,000
SFY 01-02	NA	NA	2,100,000
SFY 02-03	NA	NA	2,100,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	119,208	1,430,548
SFY 01-02	NA	NA	1,538,252

¹Refers to all Department of Health AIDS contracts.

ALZHEIMER'S DISEASE ASSISTANCE CENTERS

Objective: Provides diagnostic and assessment of the patient family unit, education/training services for health care professionals, care planning for patients and a clearinghouse of dementia information.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63490

Year Established: 1992

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1992, Chapter 53

Regulation: NA

Program Contact:

David Hoffman
Director
Alzheimer's Disease and Other
Dementias Services
Bureau of Chronic Disease Services
NYS Department of Health
Corning Tower, Room 678
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Fiscal Contact:

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E-Mail: mlk10@health.state.ny.us

Eligibility: Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Competitive application for aid is required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	576,000	NA
SFY 01-02	NA	282,400	NA
SFY 02-03	NA	282,400	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	282,400	NA
SFY 01-02	NA	282,400	NA

ALZHEIMER'S DISEASE COMMUNITY SERVICE

Objective: Provides respite care support and training to families and other care patients with Alzheimer's Disease and other dementias.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 55950

Year Established: 1986

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1986, Article 20

Regulation: NA

Program Contact:

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 Dementias Services
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Eligibility: Private Non-Profit Groups and Universities.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Competitive application for aid is required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds*</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	360,000	NA
SFY 01-02	NA	486,000	NA
SFY 02-03	NA	540,000	NA

*Amount of contractual services funding.

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	432,215	NA
SFY 01-02	NA	627,311	NA

ARTHROPOD-BORNE DISEASE

Objective: Provides grants to research facilities to study methods of control and prevention of arthropod-borne diseases.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63490

Year Established: 1966

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Public Health Law, Articles 27-11 (2796 - 2799-A)

Regulation: NA

Program Contact:

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Fiscal Contact:

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E-Mail: mlk10@health.state.ny.us

Eligibility: Research Institutions.

Type of Program and Special Restrictions: To provide funding for research in the prevention of the spread of Arthropod-borne diseases.

Action Required to Receive Aid: Competitive application for aid is required.

Description of Aid:

Flow of Funds: State to Local.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	150,000	NA
SFY 01-02	NA	150,000	NA
SFY 02-03	NA	150,000	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	145,176	NA
SFY 01-02	NA	151,319	NA

ARTHROPOD-BORNE DISEASE

(Technical Assistance Program)

Objective: Provides the State of New York with a staff of scientists responsible for investigating the epidemiology of arthropod-related diseases, examining all aspects of the disease agent-vector-host relationships and reporting sound scientific recommendations to ensure the institution of proper disease control procedures.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: NA

Year Established: 1966

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Public Health Law, Articles 1500 and 6.

Regulation: 10 NYCRR 44

Program Contact:

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Eligibility: Any individual/organization needing information.

Type of Program and Special Restrictions: Optional.

Action Required to Receive Aid: Non-competitive application for aid is required.

Description of Aid:

Consultation on all aspects of arthropod-borne disease biology, prevention and control.

BREAST CANCER DETECTION

Objective: To reduce premature mortality and excessive morbidity rate due to breast cancer. Funded programs target medically unserved populations at high risk.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63428

Year Established: 1989

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Breast Cancer Detection and Education Act, Public Health Law, Chapter 340

Regulation: NA

Program Contact:

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 Director
 Bureau of Chronic Disease Services
 NYS Department of Health
 Corning Tower, Room 780
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 E-Mail: dph01@health.state.ny.us

Fiscal Contact:

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 (518) 474-3058
 E-Mail: mlk10@health.state.ny.us

Eligibility: Counties and Cities. Hospitals licensed under Article 28 of the NY Public Health Law, HMOs (Article 44-Public Health Law), cancer organizations, diagnostic and treatment centers, local health departments, community health centers, community-based organizations, or coalitions of these.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated requirements.

Action Required to Receive Aid: Competitive application required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: In-kind contribution required - amount not specified.

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	2,900,000	3,320,000
SFY 01-02	NA	2,400,000	3,445,000
SFY 02-03	NA	4,000,000	3,445,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	1,435,393	1,947,114
SFY 01-02	NA	3,468,701	1,786,000

CHILD AND ADULT CARE FOOD

Objective: Provides technical assistance and funding to provide reimbursement to day care centers, head start programs, outside school hours centers and family day care homes for nutritious and safe meals and snacks served to infants and children through age 12.

Administering Agency: NYS Department of Health; US Department of Agriculture

Specific Program URL: NA

NYS Object Code: 63405¹

Year Established: 1993

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: US Title VI Public Health Law

Regulation: 7 CFR 226

Program Contact:

Jeanne Culver
Division of Nutrition
Child and Adult Care Food Program
NYS Department of Health
1215 Western Avenue
Albany, NY 12203-3399
(518) 474-5050
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Fiscal Contact:

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NYS Department of Health
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Albany, NY 12237
(518) 473-7004
E-Mail: NA

Eligibility: Child Care Institutions and Family Day Care Homes. Must serve nutritious food to preschool and school-age children and adults enrolled in regulated or approved child and adult day care centers.

Type of Program and Special Restrictions: Optional, but once chosen subject to State and Federal mandated requirements.

Action Required to Receive Aid: Application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Sponsoring Organizations providing day care services, some served and sponsored by Counties.

Type of Aid: Ongoing

Formula: Reimbursement based on rates set by USDA.

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
FFY 00168,882,700		NA	NA
FFY 01202,013,900		NA	NA
FFY 02187,600,000		NA	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
FFY 00116,319,848		NA	NA
FFY 01119,960,508		NA	NA

¹Refers to Department of Health Food and Nutrition Services programs.

CHILDHOOD LEAD POISONING PREVENTION

Objective: Provides lead screening to children under six, and educational and case management activities to high risk children.

Administering Agency: NYS Department of Health; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 63419

Year Established: 1982

Catalog of Federal Domestic Assistance No.: 13.994

Legal Authority:

Law: US Omnibus Budget Reconciliation Act of 1982, PL 97-35

Regulation: 45 CFR Parts 16, 74 and 96

Program Contact:

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 Director
 Lead Program
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 NYS Department of Health
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 Albany, NY 12237
 (518) 473-4602
 E-Mail: NA

Fiscal Contact:

Rhonda Bruno
 Senior Budgeting Analyst
 Bureau of Budget Management
 NYS Department of Health
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 (518) 473-7347
 E-Mail: NA

Eligibility: Counties, New York City, Teaching Hospitals.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds must not be used for the actual abatement of lead hazards.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through). Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Project Grant

Formula: Population of children under six, living under poverty level, lead cases identified in geographic areas.

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:*

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	3,047,100	NA	NA
SFY 01-02	5,617,000 est.	NA	NA
SFY 02-03	7,178,000 est.	NA	NA

*Amounts are program allocations for the grant duration.

Amounts Disbursed:*

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	2,728,150 est.	NA	NA
SFY 01-02	2,020,000 est.	NA	NA

*For grant period.

CHILDHOOD LEAD POISONING PREVENTION

Objective: Provides lead screening to children under six, and educational and case management activities to children with lead poisoning.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63419

Year Established: 1971

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Public Health Law, Sections 1370-1376, 206, 225 and 600-607

Regulation: 10 NYCRR 22, 10 NYCRR 67

Program Contact:

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Eligibility: Counties, New York City, Community-based Organizations and Teaching Hospitals.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements. Funds cannot be used for the actual abatement of identified environmental hazards.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: Number of children under six in jurisdiction, percent living under poverty level, lead cases identified in geographic areas.

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	4,720,000	400,000
SFY 01-02	NA	4,720,000	400,000
SFY 02-03	NA	720,000	400,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	4,488,108	435,600
SFY 01-02	NA	4,661,445	376,072

CLINICAL LABORATORY EVALUATION PROGRAM (CLEP)

(Technical Assistance Program)

Objective: Assures the accuracy and timeliness of clinical laboratory testing of human specimens derived in New York State.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 12000

Year Established: 1965

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: Public Health Law, Title V, Article 5

Regulation: NYCRR Part 58

Program Contact:

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Director
Clinical Laboratory Evaluation Program
NYS Department of Health
Wadsworth Laboratory
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Albany, NY 12201-0509
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E-Mail: NA

Fiscal Contact:

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NYS Department of Health
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Albany, NY 12237
(518) 474-3206
E-Mail: NA

Eligibility: Clinical Laboratories associated with State Governments, Counties, Cities, Towns, Villages, School Districts, Public Authorities, Private Non-Profit Groups and Others with private laboratories.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State and Federal requirements.

Action Required to Receive Aid: Requested technical assistance may be provided during laboratory survey.

Description of Aid/Comments:

The proper performance of diagnostic laboratory testing is a matter of vital concern, affecting the public health, safety and welfare of all New York State citizens. Clinical laboratories and blood banks provide essential public health services in aiding the medical practitioner by furnishing information invaluable in the diagnosis and treatment of disease. Substandard performance of laboratory tests may contribute to erroneous diagnoses and/or result in selection of inappropriate treatment protocols, causing prolonged or unnecessary hospitalization, injury or even death. The Clinical Laboratory Evaluation Program assures the quality of laboratory testing through a program of on-site inspections, proficiency testing, enforcement actions and by providing educational and remediation programs.

The New York State Clinical Laboratory Improvement Act was enacted in 1964, and on July 1, 1965, New York became the first State in the nation to initiate the certification and licensure of clinical laboratories and blood banks. To ensure the accuracy and reliability of results of laboratory tests on New York State residents, CLEP performs both on-site inspections and tests the proficiency of laboratories. These inspections ensure compliance with state rules and regulations relating to quality control, qualifications of laboratory staff, testing procedures, laboratory equipment and performance by requiring laboratories to analyze unknown samples and report their findings. In addition, CLEP/Wadsworth Center provides educational seminars and assists laboratories in remediating testing problems.

COMMUNITY-BASED ADOLESCENT PREGNANCY PROGRAM (MCHS BLOCK GRANT)

Objective: The Community-Based Adolescent Pregnancy Prevention Program's goal is to reduce teen pregnancies. CBAPP promotes abstinence and the delay of sexual activity among teens; encourages educational, recreational and vocational opportunities as alternatives to sexual activity; and promotes access to family planning and reproductive health services.

Administering Agency: NYS Department of Health; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 63402

Year Established: 1982

Catalog of Federal Domestic Assistance No.: 13.994

Legal Authority:

Law: US Omnibus Budget Reconciliation Act of 1981

Regulation: 45 CFR Parts 16, 74 and 96

Program Contact:

Frank Zollo
 Assistant Director
 Bureau of Women's Health
 NYS Department of Health
 Corning Tower, Room 878
 Albany, NY 12237-0621
 (518) 474-3368
 E-Mail: NA

Fiscal Contact:

Rhonda Bruno
 Senior Budgeting Analyst
 Bureau of Budget Management
 NYS Department of Health
 Corning Tower, Room 1384
 Albany, NY 12237
 (518) 473-7347
 E-Mail: NA

Eligibility: Counties, Cities, Towns, Villages, School Districts and Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds may not be used for inpatient services other than for crippled children or high risk pregnant women and infants; cash payments to recipients; purchase or improvement of capital items; purchase of major medical equipment; matching share for other Federal funds; or for research or training in profit-making organizations.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through). Monies are provided partially as an advance and partially as a reimbursement.
Type of Aid: Project Grant
Formula: NA
Matching Requirement: NA
Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	2,100,000	NA	NA
SFY 01-02	2,077,000	NA	NA
SFY 02-03	NA	NA	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	2,000,000	NA	NA
SFY 01-02	1,510,000 est.	NA	NA

CORNELL UNIVERSITY HIV/AIDS EDUCATION

Objective: Provides educational workshops for parents in Nassau County, and enhances the project in Suffolk County.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1995

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

Program Contact:

Michael J. Nazarko
 Director, A&CM
 AIDS Institute
 NYS Department of Health
 Corning Tower
 Empire State Plaza
 Albany, NY 12237
 (518) 473-7238
 E-Mail: NA

Fiscal Contact:

Kathleen Czosnykowski
 Budgeting Analyst
 Bureau of Budget Management
 NYS Department of Health
 Corning Tower, Room 1384
 Empire State Plaza
 Albany, NY 12237
 (518) 486-9145
 E-Mail: NA

Eligibility: Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	75,000	NA
SFY 01-02	NA	75,000	NA
SFY 02-03	NA	NA	75,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	77,647	NA
SFY 01-02	NA	57,606	NA

¹Refers to all Department of Health AIDS Contracts.

DIABETES - COMMUNITY BASED SERVICES

Objective: Provides grants to local coalitions for programs to help individuals modify personal behavior patterns in order to decrease health risks of diabetes and to increase access to diabetes screening and health care services.

Administering Agency: NYS Department of Health; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 63421

Year Established: 1982

Catalog of Federal Domestic Assistance No.: 13.991

Legal Authority:

Law: US Omnibus Budget Reconciliation Act of 1981, PL 97-35

Regulation: 45 CFR Parts 16, 74 and 96

Program Contact:

David Hoffman
 Director
 Diabetes Control Program
 Bureau of Chronic Disease Services
 NYS Department of Health
 Corning Tower, Room 678
 Albany, NY 12237
 (518) 474-1222
 E-Mail: dph01@health.state.ny.us

Fiscal Contact:

Marc Kleinhenz
 Sr. Budgeting Analyst
 Bureau of Budget Management
 NYS Department of Health
 Corning Tower, Room 1384
 Albany, NY 12237
 (518) 474-3058
 E-Mail: mlk10@health.state.ny.us

Eligibility: Coalitions of Health Care Providers and Community Based Organizations, Counties, Towns, Villages and Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	550,000	NA
SFY 01-02	NA	550,000	NA
SFY 02-03	NA	550,000	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	451,103	NA
SFY 01-02	NA	524,933	NA

DIABETES MELLITUS BRIDGE GRANT PROGRAM

Objective: Temporarily bridges funding to NYS research projects concerned with understanding the cause(s) of diabetes mellitus, to researchers at NYS institutions, to ensure continuance of research into cure, treatment and prevention.

Administering Agency: NYS Department of Health, Wadsworth Center

Specific Program URL: NA

NYS Object Code: 63408¹

Year Established: 1985

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1985, Chapter 596

Regulation: NA

Program Contact:

Martin Soren
 Director of Program Evaluation
 Diabetes Bridge Grants Program
 NYS Health Research Council
 Wadsworth Center, Room C450
 Albany, NY 12201
 (518) 474-7760
 E-Mail: NA

Fiscal Contact:

Mady Pennisi
 Supervising Budgeting Analyst
 Bureau of Budget Management
 NYS Department of Health
 Corning Tower, Room 1384
 Albany, NY 12237
 (518) 474-3206
 E-Mail: NA

Eligibility: Applicants holding the MD or PhD degree who are US citizens or hold a permanent visa; research projects must be ongoing at NYS institutions.

Type of Program and Special Restrictions: Mandated, required by State law.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided on a reimbursement basis.

Type of Aid: Project Grant - six month period.

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	140,000	NA
SFY 01-02	NA	140,000	NA
SFY 02-03	NA	140,000	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	48,782	NA
SFY 01-02	NA	78,692	NA

¹Refers to all Wadsworth Center Aid-to-Localities Contracts/Grants.

EARLY INTERVENTION PROGRAM

Objective: Provides services to infants and toddlers with disabilities or developmental delays and provides training to county officials and providers.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63404

Year Established: 1993

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1993, Chapters 428 and 231

Regulation: Notice of proposed rulemaking pending.

Program Contact:

Donna M. Noyes, Ph.D.
Director
Early Intervention Program
Bureau of Child and Adolescent Health
NYS Department of Health
Corning Tower, Room 208
Albany, NY 12237
(518) 473-7016
E-Mail: NA

Fiscal Contact:

Marc Kleinhenz
Sr. Budgeting Analyst
Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Albany, NY 12237
(518) 474-3058
E-Mail: mlk10@health.state.ny.us

Eligibility: Counties and City of New York.

Type of Program and Special Restrictions: Mandated, required by State law or regulations.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local based on expenditures.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	22,320,520	135,000,000	NA
SFY 01-02	22,830,440	205,000,000	NA
SFY 02-03	40,052,000	210,000,000	NA

Amounts Disbursed:

	<u>Federal Funds*</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	10,057,042	129,708,131	NA
SFY 01-02	NA	202,295,893	NA

*Grant award expended.

EMERGENCY MEDICAL SERVICES (EMS) COURSE REIMBURSEMENT

Objective: Provides reimbursement for the training and certification of EMS Providers (EMTs, Paramedics, etc.)

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 55950, 55951

Year Established: 1975

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Public Health Law, Article 30

Regulation: NYCRR Part 800

Program Contact:

Edward Wronski
Deputy Director
Bureau of Emergency Medical Services
NYS Department of Health
Hedley Building
433 River Street
Troy, NY 12180
(518) 402-0996 Ext. 4
E-Mail: ems@health.state.ny.us

Fiscal Contact:

Sarah DelSignore
Sr. Budget Analyst
NYS Department of Health
Bureau of Budget Management
Corning Tower, Room 1384
Albany, NY 12237
(518) 473-1465
E-Mail: NA

Eligibility: Counties, Cities, Towns, Villages, Health Care Providers, Educational Institutions and Private Non-Profit Groups. Must be approved as an EMS Course Sponsor by the NYS Department of Health prior to conduction of training program.

Type of Program and Special Restrictions: Optional but once chosen subject to mandated State requirements.

Action Required to Receive Aid: Non-competitive application for aid required. Reimbursement is made for only those students that successfully complete an EMS course.

Description of Aid:

Flow of Funds: State to Local. Monies are provided as a reimbursement.

Type of Aid: Ongoing

Formula: Reimbursement depends on EMS course provided.

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	NA	10,000,000
SFY 01-02	NA	NA	10,500,000
SFY 02-03	NA	NA	11,000,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	NA	10,000,000
SFY 01-02	NA	NA	10,500,000

EMERGENCY MEDICAL SERVICES (EMS) REGIONAL COUNCILS

Objective: Supports activities of regional EMS Councils as defined in Article 30 of the NYS Public Health Law.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: NA

Year Established: 1975

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Public Health Law, Article 30

Regulation: NA

Program Contact:

Edward Wronski
Deputy Director
Bureau of Emergency Medical Services
NYS Department of Health
Hedley Building
433 River Street
Troy, NY 12180
(518) 402-0996 Ext. 4
E-Mail: ems@health.state.ny.us

Fiscal Contact:

Sarah DelSignore
Sr. Budget Analyst
NYS Department of Health
Bureau of Budget Management
Corning Tower, Room 1384
Albany, NY 12237
(518) 473-1465
E-Mail: NA

Eligibility: Regional EMS Councils as defined in Article 30 of the NYS Public Health Law.

Type of Program and Special Restrictions: Mandated. Required by State law.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Funds are distributed based on performance deliverables.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	NA	425,000
SFY 01-02	NA	NA	450,000
SFY 02-03	NA	NA	450,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	NA	425,000
SFY 01-02	NA	NA	450,000

EMERGENCY MEDICAL SERVICES (EMS) REGIONAL PROGRAMS

Objective: Maintains regional EMS system supports of EMS provider agencies.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: NA

Year Established: 1994

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Public Health Law, Article 30

Regulation: NA

Program Contact:

Edward Wronski
Deputy Director
Bureau of Emergency Medical Services
NYS Department of Health
Hedley Building
433 River Street
Troy, NY 12180
(518) 402-0996 Ext. 4
E-Mail: ems@health.state.ny.us

Fiscal Contact:

Sarah DelSignore
Sr. Budget Analyst
NYS Department of Health
Bureau of Budget Management
Corning Tower, Room 1384
Albany, NY 12237
(518) 473-1465
E-Mail: NA

Eligibility: Counties, Cities, Private Non-Profit Groups and Health Care Organizations. Must be public or private agency involved in planning for or providing prehospital emergency medical services within a multi-county system.

Type of Program and Special Restrictions: Optional, but once chosen subject to State requirements. Funds may not be used for direct patient services, purchase of medical equipment, purchase or improvement of land or buildings, direct provision of EMS, or operating costs or purchase of equipment for EMS services.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Funds are distributed based on performance of contract deliverables.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	NA	3,000,000
SFY 01-02	NA	NA	3,000,000
SFY 02-03	NA	NA	3,000,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	NA	3,000,000
SFY 01-02	NA	NA	3,000,000

ENVIRONMENTAL LABORATORY APPROVAL PROGRAM (ELAP)

(Technical Assistance Program)

Objective: Assures the accuracy and timeliness of laboratory analysis of environmental samples collected in New York State.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 12000

Year Established: 1983

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: Public Health Law, Title I, Article 5

Regulation: 10 NYCRR Part 55, Subparts 55.2 and 55.3

Program Contact:

Kenneth Jackson, Ph.D.
Director
Environmental Laboratory Approval
Program
NYS Department of Health
Wadsworth Center
P.O. Box 509
Empire State Plaza
Albany, NY 12201-0509
(518) 485-5570
E-Mail: NA

Fiscal Contact:

Mady Pennisi
Supervising Budgeting Analyst
Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Empire State Plaza
Albany, NY 12237
(518) 474-3206
E-Mail: NA

Eligibility: Environmental Laboratories associated with State Governments, Counties, Cities, Towns, Villages, School Districts, Public Authorities, Private Non-Profit Groups and Others.

Type of Program and Special Restrictions: Optional but once chosen subject to mandated State or Federal requirements.

Action Required to Receive Aid: Requested technical assistance may be made during a laboratory inspection.

Description of Aid/Comments:

The proper performance of laboratory analysis of environmental samples is necessary to insure the health and safety of the general public and to protect the environment. Improper or incompetent analysis may allow potentially hazardous situations to go unnoticed and unaddressed. Proper identification of toxics in drinking water, ground water, air and waste sites is necessary before adequate remediation and corrective action occurs. Failure to take such action can result in illness, disease and even death. The Environmental Laboratory Approval Program assures the quality of environmental testing provided in New York State through a coordinated certification program, including annual laboratory inspections and proficiency testing.

Chapter 614 of the Laws of 1983, as modified by Chapter 901 of the Laws of 1984, authorized the Commissioner of Health to issue certificates of approval for laboratory analysis in categories including, but not limited to: potable water, non-potable water, sediment, solid waste and air. ELAP currently certifies laboratories for environmental analysis in all these areas; sediment analyses are included in the solid and hazardous waste category. The State of New York or any of its political subdivisions must contract with a laboratory certified for environmental analyses. Testing required by the Sanitary Code, including testing of public drinking water, swimming pools and bathing beaches, as well as tests required by the Environmental Conservation Law on water, air, and solid and hazardous waste must be performed in ELAP certified laboratories. Effective April 1, 1993 the requirement for ELAP certification of laboratories has been further extended by an amendment to Section 502 of the Public Health Law, Chapter 699 of the Laws of 1992, which requires all laboratories performing environmental analysis of any sample of New York State origin to be ELAP certified if ELAP certification is offered for that analysis. In order to insure the accuracy and reliability of tests performed by these laboratories, annual on-site inspections and semi-annual proficiency tests are required.

EXPANDED COMPREHENSIVE SICKLE CELL SERVICES

Objective: Provides expanded and comprehensive medical and social services to individuals with or at risk for sickle cell anemia or other hemoglobinopathies on a regional or targeted-area basis.

Administering Agency: NYS Department of Health, Wadsworth Center, Division of Genetic Diseases, Laboratory of Newborn Screening and Genetic Services

Specific Program URL: NA

NYS Object Code: 63490

Year Established: 1987

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1987, Chapter 53

Regulation: NA

Program Contact:

Kenneth A. Pass, Ph.D.
Chief
Lab of Newborn Screening
Wadsworth Center
NYS Department of Health
Corning Tower -- Lab
Albany, NY 12201
(518) 473-1993
E-Mail: NA

Fiscal Contact:

Mady Pennisi
Associate Budgeting Analyst
Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Albany, NY 12237
(518) 474-3206
E-Mail: NA

Eligibility: Private Non-Profit Groups

Type of Program and Special Restrictions: Optional without any State or Federal mandated requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Project grant.

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	331,000	NA
SFY 01-02	NA	331,000	NA
SFY 02-03	NA	331,000	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	323,699	NA
SFY 01-02	NA	303,510	NA

FAMILY PLANNING

Objective: Insures the availability and accessibility of high quality, affordable family planning services for low income women throughout New York State.

Administering Agency: NYS Department of Health; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 63402

Year Established: 1982

Catalog of Federal Domestic Assistance No.: 13.217

Legal Authority:

Law: US Public Health Service Act, PL 94-63, Title X, Section 100

Regulation: 10 NYCRR 754.1

Program Contact:

Joan Linton
 Family Planning Program
 NYS Department of Health
 Corning Tower, Room 1805
 Albany, NY 12237
 (518) 474-3368
 E-Mail: jel03@health.state.ny.us

Fiscal Contact:

Connie Buckley
 Chief Budgeting Analyst
 Bureau of Budget Management
 NYS Department of Health
 Corning Tower, Room 1358
 Albany, NY 12237
 (518) 474-3162
 E-Mail: cmb03@health.state.ny.us

Eligibility: Counties and Private Non-Profit Groups. Must be a NY Public Health Law, Article 28 facility with approved family planning services.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State and Federal requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: Consult program contact.

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds*</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	18,817,500	2,497,100
SFY 01-02	NA	15,818,000	2,497,000
SFY 02-03	NA	15,818,000	2,497,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	18,224,176	2,497,100**
SFY 01-02	NA	16,065,930	2,432,782**

*See Family Planning Services (Title X), and Family Planning Services (MCHS Block Grant).

**Disbursements not available. Used expenditures through 8/1/02.

FAMILY PLANNING SERVICES (MCHS BLOCK GRANT)

Objective: Supports the provision and expansion of family planning services, especially to needy individuals.

Administering Agency: NYS Department of Health; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 63402

Year Established: 1982

Catalog of Federal Domestic Assistance No.: 13.994

Legal Authority:

Law: US Omnibus Budget Reconciliation Act of 1981, PL 97-35

Regulation: 45 CFR Parts 16, 74 and 96

Program Contact:

Barbara McTague
Director
Bureau of Women's Health
NYS Department of Health
Corning Tower, Room 878
Albany, NY 12237-0621
(518) 474-3368
E-Mail: NA

Fiscal Contact:

Rhonda Bruno
Senior Budgeting Analyst
Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Albany, NY 12237
(518) 473-7347
E-Mail: NA

Eligibility: Private Non-Profits. Planned Parenthood and other non-profit groups involved in family planning counseling and medical activities.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds may not be used for inpatient services other than for crippled children or high risk pregnant women and infants; cash payments to recipients; purchase or improvement of capital items; purchase of major medical equipment; matching share for other Federal funds; or for research or training in profit-making organizations.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through). Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Project Grant

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	1,900,000	NA	NA
SFY 01-02	1,900,000	NA	NA
SFY 02-03	NA	NA	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	1,747,000 est.	NA	NA
SFY 01-02	1,679,000 est.	NA	NA

FAMILY PLANNING SERVICES (TITLE X)

Objective: Assures that every pregnancy is a wanted pregnancy and that adequate prenatal and perinatal child health care is available to those in need. This program assesses the need for family planning services statewide, develops and implements community outreach and educational programs, and monitors activities statewide.

Administering Agency: NYS Department of Health; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 63402

Year Established: 1972

Catalog of Federal Domestic Assistance No.: 13.217

Legal Authority:

Law: US Public Health Service Act, PL 95-613, Title X, Section 1001

Regulation: 45 CFR Part 74

Program Contact:

Barbara McTague
 Director
 Bureau of Women's Health
 NYS Department of Health
 Corning Tower, Room 878
 Albany, NY 12237-0621
 (518) 474-3368
 E-Mail: NA

Fiscal Contact:

Maria Reardon
 Sr. Budgeting Analyst
 Bureau of Budget Management
 NYS Department of Health
 Corning Tower, Room 1384
 Albany, NY 12237
 (518) 474-3059
 E-Mail: NA

Eligibility: Private Non-Profits. Must be an organization providing family planning counseling and related medical care.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Must be used for family planning activities.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through). Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Project Grant

Formula: NA

Matching Requirement: NA

Maintenance of Effort: Varies with recipient.

Amounts Appropriated:

	<u>Federal Funds*State General Funds</u>		<u>State Spec. Rev.</u>
SFY 00-01	8,358,800 (award)	NA	NA
SFY 01-02	9,689,081	NA	NA
SFY 02-03	9,438,339	NA	NA

*Total grant award.

Amounts Disbursed:

	<u>Federal Funds*State General Funds</u>		<u>State Spec. Rev.</u>
SFY 00-01	8,211,194	NA	NA
SFY 01-02	8,175,441	NA	NA

*Grant award expended.

GENETICS SERVICES

Objective: Ensures that individuals affected with, at-risk for transmitting, or concerned about a genetic disorder are able to make informed health decisions, and that all individuals affected with, at-risk of transmitting, or concerned about a genetic disorder are provided access to comprehensive genetics services including diagnostic, counseling and preventive services.

Administering Agency: NYS Department of Health, Wadsworth Center, Division of Genetic Diseases, Laboratory of Newborn Screening and Genetic Services; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 63408¹

Year Established: 1985

Catalog of Federal Domestic Assistance No.: 93.994

Legal Authority:

Law: NY Laws of 1990, Chapter 53; US Omnibus Budget Reconciliation Act of 1981, PL 97-35

Regulation: NA

Program Contact:

Kenneth A. Pass, Ph.D.
 Chief
 Lab of Newborn Screening
 Wadsworth Center
 NYS Department of Health
 Corning Tower -- Lab
 Albany, NY 12201
 (518) 473-1993
 E-Mail: NA

Fiscal Contact:

Mady Pennisi
 Supervising Budgeting Analyst
 Bureau of Budget Management
 NYS Department of Health
 Corning Tower, Room 1384
 Albany, NY 12237
 (518) 474-3206
 E-Mail: NA

Eligibility: Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Aid is not available for laboratory supplies/personnel/equipment or Ph.D./M.D. salaries.

Action Required to Receive Aid: Competitive application for aid required. Three year program with annual non-competitive renewal.

Description of Aid:

Flow of Funds: Federal to State to Local and State to Local. Monies are provided partially as an advance and ultimately as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds*State General Funds</u>		<u>State Spec. Rev.</u>
SFY 00-01	1,778,900	700,000	NA
SFY 01-02	1,779,000	700,000	NA
SFY 02-03	NA	700,000	NA

*Estimated Grant Year.

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	449,610	690,351	NA
SFY 01-02	NA	676,177	NA

¹Refers to all Wadsworth Center Aid-to-Localities Contracts/Grants.

HEALTHY HEART

Objective: Reduces the morbidity and mortality associated with hypertension of high risk individuals with limited access to care by increasing the number of controlled hypertensives.

Administering Agency: NYS Department of Health; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 63423

Year Established: 1978

Catalog of Federal Domestic Assistance No.: 13.991

Legal Authority:

Law: US Omnibus Budget Reconciliation Act of 1981, PL 97-35

Regulation: 45 CFR Parts 16, 74 and 96

Program Contact:

Sonja Hedlund
 Director
 NYS Healthy Heart Program
 NYS Department of Health
 Corning Tower, Room 515
 Albany, NY 12237
 (518) 474-6683
 E-Mail: sah05@health.state.ny.us

Fiscal Contact:

Marc Kleinhenz
 Sr. Budgeting Analyst
 Bureau of Budget Management
 NYS Department of Health
 Corning Tower, Room 1384
 Albany, NY 12237
 (518) 474-3058
 E-Mail: mlk10@health.state.ny.us

Eligibility: Counties, Cities, Towns, Villages, School Districts and Private Non-Profit Groups. Must be an agency serving high risk populations.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds may not be used for inpatient services, cash payments to recipients of health services; purchase of major medical equipment, purchase or improvement of land or building, direct provision of home health services, operating costs, or purchase of equipment for EMS systems.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	940,200	726,800
SFY 01-02	NA	940,000	727,000
SFY 02-03	NA	940,000	727,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	990,103	734,802
SFY 01-02	NA	1,171,614	545,620

HEALTHY NEIGHBORHOODS (PHHS BLOCK GRANT)

Objective: Provides comprehensive, preventive health services to at-risk populations. Strengthens the community sanitation and safety aspects of the rodent control program and focuses activities on identifying people who need personal health services and linking them to those services.

Administering Agency: NYS Department of Health; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 63425

Year Established: 1985

Catalog of Federal Domestic Assistance No.: 13.991

Legal Authority:

Law: US Omnibus Budget Reconciliation Act of 1981, PL 97-35

Regulation: 45 CFR Parts 16, 74 and 96

Program Contact:

Richard Svenson
Director
Bureau of Community Sanitation
and Food Protection
NYS Department of Health
Corning Tower, Room 557
Albany, NY 12237
(518) 474-0512
E-Mail: NA

Fiscal Contact:

Gail Tedesco
Sr. Budgeting Analyst
Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Albany, NY 12237
(518) 473-7126
E-Mail: gap01@health.state.ny.us

Eligibility: Counties and Cities. Must be a county or city health department proposing to serve high risk areas identified by the NYS Department of Health.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds must be used to improve sanitary conditions in communities.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through). Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: 100%

Maintenance of Effort: NA

Amounts Appropriated:*

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	1,249,368	NA	NA
SFY 01-02	1,249,313	NA	NA
SFY 02-03	NA	NA	NA

*For grant period.

Amounts Disbursed:*

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	1,139,682 (est.)	NA	NA
SFY 01-02	459,266 (est.)	NA	NA

*For grant period.

HIV AND SUBSTANCE ABUSE FELLOWSHIP PROGRAM

Objective: To recruit health professionals to deliver HIV services, to ensure continuing expertise in HIV care, and to develop a cadre of leaders in the field.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1990

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

Program Contact:

Michael J. Nazarko
Director, A&CM
AIDS Institute
NYS Department of Health
Corning Tower
Empire State Plaza
Albany, NY 12237
(518) 473-7238
E-Mail: NA

Fiscal Contact:

Kathleen Czosnykowski
Budgeting Analyst
Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Empire State Plaza
Albany, NY 12237
(518) 486-9145
E-Mail: NA

Eligibility: Hospitals. The hospital must be an AIDS Designated Care Center.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds must be utilized in accordance with approved workplans and contracts and must comply with provisions of the State Finance Law, i.e., funds cannot be used to pay for interest on bridge loans.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	NA	1,488,500
SFY 01-02	NA	NA	1,489,000
SFY 02-03	NA	NA	1,489,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	NA	421,178
SFY 01-02	NA	NA	1,805,778

¹Refers to all Department of Health AIDS contracts.

HIV CLINICAL EDUCATION INITIATIVE

Objective: To increase clinical skills and the number of community-based health care providers offering care for people with HIV and AIDS.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1997

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1997, Chapter 53

Regulation: NA

Program Contact:

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 AIDS Institute
 NYS Department of Health
 Corning Tower
 Empire State Plaza
 Albany, NY 12237
 (518) 473-7238
 E-Mail: NA

Fiscal Contact:

Kathleen Czosnykowski
 Budgeting Analyst
 Bureau of Budget Management
 NYS Department of Health
 Corning Tower, Room 1384
 Empire State Plaza
 Albany, NY 12237
 (518) 486-9145
 E-Mail: NA

Eligibility: Managed Care Plans, Community Health Centers, Substance Abuse Treatment Sites, Community Hospitals, Residential Health Care Facilities and other Diagnostic and Treatment Centers.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds must be utilized in accordance with approved workplans and contracts and must comply with provisions of the State Finance Law.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	NA	1,600,000
SFY 01-02	NA	NA	1,600,000
SFY 02-03	NA	NA	1,600,000

Amounts Disbursed:

SFY 00-01	NA	299,931	993,719
SFY 01-02	NA	NA	1,509,868

¹Refers to all Department of Health AIDS contracts.

Department of Health
HIV COUNSELING & TESTING
IN FAMILY PLANNING CLINICS &
PRENATAL CARE ASSISTANCE PROGRAMS

Objective: To provide HIV counseling and testing services to family planning and Prenatal Care Assistance Program clients at risk of HIV infection.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1988

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

Program Contact:

Joan Linton
 Family Planning Program
 NYS Department of Health
 Corning Tower, Room 1805
 Albany, NY 12237
 (518) 474-3368
 E-Mail: jel03@health.state.ny.us

Fiscal Contact:

Kathleen Czosnykowski
 Budgeting Analyst
 Bureau of Budget Management
 NYS Department of Health
 Corning Tower, Room 1358
 Albany, NY 12237
 (518) 486-9145
 E-Mail: NA

Eligibility: Counties and Private Non-Profit Groups. Must comply with NY Public Health Law, Article 28 facilities requirements and have approved family planning services.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State and Federal requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided as a reimbursement.

Type of Aid: Ongoing

Formula: Agencies receive a basic grant amount (counselor salary and fringe), and additional funds based on their percentage of total client base and percentage of Statewide tests performed.

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	NA	4,000,000
SFY 01-02	NA	NA	4,000,000
SFY 02-03	NA	NA	4,000,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	99,296	3,807,934
SFY 01-02	NA	NA	4,003,841

¹Refers to all Department of Health AIDS contracts.

HIV OUTREACH AND PREVENTION TO WOMEN AND CHILDREN

Objective: To support innovative HIV outreach, prevention and risk reduction programs serving women and children with a particular focus on hard-to-reach adolescent populations.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1998

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1998, Chapter 53

Regulation: NA

Program Contact:

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AIDS Institute
NYS Department of Health
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Albany, NY 12237
(518) 473-7238
E-Mail: NA

Fiscal Contact:

Kathleen Czosnykowski
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Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Empire State Plaza
Albany, NY 12237
(518) 486-9145
E-Mail: NA

Eligibility: Municipalities, Health Care Entities and Not-for-Profit Groups in underserved regions of the State or serving areas with a demonstrated need for a specific program model.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds must be utilized in accordance with approved workplans and contracts and must comply with provisions of the State Finance Law.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	1,000,000	NA
SFY 01-02	NA	1,000,000	NA
SFY 02-03	NA	NA	1,000,000

Amounts Disbursed:

SFY 00-01	NA	1,243,574	NA
SFY 01-02	NA	1,239,478	NA

¹Refers to all Department of Health AIDS contracts.

HIV SERVICES FOR ADOLESCENTS

Objective: To reduce the transmission and incidence of HIV among adolescents at high risk for HIV infection and to improve the health status of medically indigent HIV+ adolescents.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1990

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

Program Contact:

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 AIDS Institute
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 Albany, NY 12237
 (518) 473-7238
 E-Mail: NA

Fiscal Contact:

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 Bureau of Budget Management
 NYS Department of Health
 Corning Tower, Room 1384
 Empire State Plaza
 Albany, NY 12237
 (518) 486-9145
 E-Mail: NA

Eligibility: Private Non-Profit Groups and Hospitals.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds must be utilized in accordance with approved workplans and contracts and must comply with provisions of the State Finance Law, i.e., funds cannot be used to pay for interest on bridge loans.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	2,321,000	850,000
SFY 01-02	NA	2,321,000	NA
SFY 02-03	NA	NA	2,321,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	1,965,272	763,883
SFY 01-02	NA	1,828,050	775,533

¹Refers to all Department of Health AIDS contracts.

HIV SERVICES FOR HIGH RISK WOMEN AND CHILDREN

Objective: To ensure that women at high risk of HIV receive the information and services they need for themselves and their children.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1990

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

Program Contact:

Michael J. Nazarko
Director, A&CM
AIDS Institute
NYS Department of Health
Corning Tower
Empire State Plaza
Albany, NY 12237
(518) 473-7238
E-Mail: NA

Fiscal Contact:

Kathleen Czosnykowski
Budgeting Analyst
Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Empire State Plaza
Albany, NY 12237
(518) 486-9145
E-Mail: NA

Eligibility: Private Non-Profit Groups and Local Health Units. Organizations must have existing programs providing services to women.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds must be utilized in accordance with approved workplans and contracts and must comply with provisions of the State Finance Law, i.e., funds cannot be used to pay for interest on bridge loans.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	1,375,000	NA
SFY 01-02	NA	1,375,000	NA
SFY 02-03	NA	NA	1,375,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	1,366,543	NA
SFY 01-02	NA	1,094,978	NA

¹Refers to all Department of Health AIDS contracts.

HIV SERVICES FOR PAROLEES

Objective: To ensure that parolees at risk of HIV and their families receive needed information and services.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1990

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

Program Contact:

Michael J. Nazarko
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 AIDS Institute
 NYS Department of Health
 Corning Tower
 Empire State Plaza
 Albany, NY 12237
 (518) 473-7238
 E-Mail: NA

Fiscal Contact:

Kathleen Czosnykowski
 Budgeting Analyst
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 NYS Department of Health
 Corning Tower, Room 1384
 Empire State Plaza
 Albany, NY 12237
 (518) 486-9145
 E-Mail: NA

Eligibility: Private Non-Profit Groups. Organizations must be capable of providing the following services to parolees: HIV education, client services, including case management, information and referral.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds must be utilized in accordance with approved workplans and contracts and must comply with provisions of the State Finance Law, i.e., funds cannot be used to pay for interest on bridge loans.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	1,130,000	NA
SFY 01-02	NA	1,130,000	NA
SFY 02-03	NA	NA	1,130,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	1,225,861	NA
SFY 01-02	NA	1,089,555	NA

¹Refers to all Department of Health AIDS contracts.

HIV TREATMENT ADHERENCE TO COMBINATION ANTIRETROVIRAL THERAPY DEMONSTRATION PROJECTS

Objective: To increase treatment adherence among at-risk clients through technical assistance and education.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1997

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1997, Chapter 53

Regulation: NA

Program Contact:

Michael J. Nazarko
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E-Mail: NA

Fiscal Contact:

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Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Empire State Plaza
Albany, NY 12237
(518) 486-9145
E-Mail: NA

Eligibility: Private Non-Profit Groups. Applicants required to apply as a network of providers consisting of at least one Article 28 licensed medical care provider and at least one HIV/AIDS community service provider.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds must be utilized in accordance with approved workplans and contracts and must comply with provisions of the State Finance Law.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	1,250,000	NA
SFY 01-02	NA	1,250,000*	NA
SFY 02-03	NA	562,500	NA

*Available through interchange.

Amounts Disbursed:

SFY 00-01	NA	758,120	NA
SFY 01-02	NA	586,158	NA

¹Refers to all Department of Health AIDS contracts.

IMMUNIZATION

Objective: To prevent reoccurrence and transmission of the vaccine preventable diseases.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63406

Year Established: 1982

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Public Health Law, Sections 2164, 2165, 613, 2895h, 4405a, 4710a, 2500e

Regulation: NYCRR Title 10 Subparts 66-1 and 66-2, 405.3, 414.17, 730.4, 470.4

Program Contact:

David Lynch
 Immunization Program Manager
 Immunization Program
 Bureau of Communicable Disease Control
 NYS Department of Health
 Corning Tower, Room 649
 Albany, NY 12237
 (518) 473-4437
 E-Mail: NA

Fiscal Contact:

Marc Kleinhenz
 Sr. Budgeting Analyst
 Bureau of Budget Management
 NYS Department of Health
 Corning Tower, Room 1358
 Albany, NY 12237
 (518) 474-3058
 E-Mail: mlk10@health.state.ny.us

Eligibility: Counties and Cities. Organizations must provide vaccine in accordance with State and Federal requirements.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements. Vaccine accounting, adverse event reporting, eligibility screening and informed consent procedures must be followed in order to receive vaccine.

Action Required to Receive Aid: Enrollment in the New York Vaccines for Children program is required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided for vaccine only.

Type of Aid: Ongoing

Formula: Vaccine distribution to local health units is based on live births and population greater than or equal to 185 percent of the poverty level.

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	16,362,819*	4,277,200	1,100,000
SFY 01-02	10,514,428	7,977,000	1,100,000
SFY 02-03	17,825,000	NA	9,100,000

*SFY 99 & SFY 00 combined into one grant award.

Amounts Disbursed:

	<u>Federal Funds*</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	11,454,770	1,754,922	NA
SFY 01-02	2,600,214	4,739,185	NA

*Grant award expended.

INDIAN HEALTH SERVICES

Objective: Administer to the medical and health needs of ambulant sick and needy Indians residing on reservations.

Administering Agency: NYS Department of Health; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 63413, 63427

Year Established: 1982

Catalog of Federal Domestic Assistance No.: 93.994

Legal Authority:

Law: US Omnibus Budget Reconciliation Act of 1981, PL 97-35; PHL Section 201(1)(s)

Regulation: 45 CFR Parts 16, 74 and 96

Program Contact:

Diane Dwire
Manager
Indian Health Program
NYS Department of Health
Syracuse Regional Office
217 So. Salina Street
Syracuse, NY 13202
(315) 426-7640
E-Mail: NA

Fiscal Contact:

David Troeger
Assistant Director
Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Empire State Plaza
Albany, NY 12237
(518) 474-6141
E-Mail: NA

Eligibility: Counties, Cities, Towns, Villages, School Districts and Private Non-Profit Groups. Must be needy Native Americans living on reservation.

Type of Program and Special Restrictions: Mandated, required by State law and/or regulation.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through), State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	6,300,000	NA
SFY 01-02	NA	6,300,000	NA
SFY 02-03	NA	NA	8,000,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	7,024,220	NA
SFY 01-02	NA	8,778,225	NA

LONG ISLAND ASSOCIATION FOR AIDS CARE (HIV SERVICES)

Objective: To (1) identify the medical and social services gaps for children orphaned by AIDS on Long Island, as well as strategies to link families with AIDS with community services in order to plan for future care needs of their children, and (2) develop innovative comprehensive model service programs for such children.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1995

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

Program Contact:

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Director, A&CM
AIDS Institute
NYS Department of Health
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(518) 473-7238
E-Mail: NA

Fiscal Contact:

Kathleen Czosnykowski
Budgeting Analyst
Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Empire State Plaza
Albany, NY 12237
(518) 486-9145
E-Mail: NA

Eligibility: Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	50,000	NA
SFY 01-02	NA	50,000	NA
SFY 02-03	NA	NA	50,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	50,000	NA
SFY 01-02	NA	50,000	NA

¹Refers to all Department of Health AIDS contracts.

MANAGED CARE GRANT FUND

Objective: Provides funding to local districts to support expenses related to the development and implementation of the local district's managed care program.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: NA

Year Established: 1991

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Social Services Law, Section 364-j

Regulation: NA

Program Contact:

Maureen Connors
Medical Care Administrator
Office of Managed Care
NYS Department of Health
Corning Tower, Room 2074
Albany, NY 12237
(518) 486-9015
E-Mail: NA

Fiscal Contact:

Richard Radzyski
Director
Bureau of Local Financial Operations
NYS Office of Temporary and Disability Assistance
40 N. Pearl Street, 8th Floor
Albany, NY 12243
(518) 474-7527
E-Mail: NA

Eligibility: Counties

Type of Program and Special Restrictions: Grant, subject to DOB approval.

Action Required to Receive Aid: Budget summary submission prior to funds release, then monthly claims submission.

Description of Aid:

Flow of Funds: State to Local. Monies are provided as a reimbursement. Appropriation is transferred to the Office of Temporary and Disability Assistance.

Type of Aid: Grant

Formula: Grant award based on number of Medicaid recipients supplemental awards for special circumstances.

Matching Requirement: No local match required, Federal financial participation.

Maintenance of Effort: NA

Amounts Appropriated and Disbursed: Please see the total for Medical Assistance Administration which includes this fund and appropriation.

MATERNAL AND CHILD HEALTH SERVICES (MCHS BLOCK GRANT)

Objective: Assures all needy individuals access to quality maternal and child health services. Further, reduces infant mortality, preventable diseases and handicapping conditions among children; supports rehabilitation services for blind and disabled children who qualify for Title XVI benefits; and provides medical, surgical and corrective services for children who are crippled or who are suffering from conditions leading to crippling.

Administering Agency: NYS Department of Health; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 63491¹

Year Established: 1982

Catalog of Federal Domestic Assistance No.: 13.994

Legal Authority:

Law: US Omnibus Budget Reconciliation Act of 1989, PL 97-35

Regulation: 45 CFR Parts 16, 74 and 96

Program Contact:

Nancy A. Wade, M.D., MPH
Director
Division of Family & Local Health
NYS Department of Health
Corning Tower, Room 890
Albany, NY 12237
(518) 473-7922
E-Mail: NA

Fiscal Contact:

Rhonda Bruno
Senior Budgeting Analyst
Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Albany, NY 12237
(518) 473-7347
E-Mail: NA

Eligibility: Counties, Cities, Towns, Villages, School Districts and Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds may not be used for inpatient services other than for crippled children or high risk pregnant women and infants; cash payments to recipients; purchase or improvement of capital items; purchase of major medical equipment; matching share for other Federal funds; or for research or training in profit-making organizations.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through). Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Project Grant

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:*

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	42,395,027	NA	NA
SFY 01-02	42,848,561	NA	NA
SFY 02-03	NA	NA	NA

*For grant period.

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	31,047,000 est.	NA	NA
SFY 01-02	24,325,000 est.	NA	NA

*For grant period.

Comments: This summary addresses the entire MCHS Block Grant. Selected individual programs are also summarized in this catalog.

¹Refers to Department of Health MCHS grants.

MEDICAL ASSISTANCE

Objective: Provides medical care for public assistance recipients and medically needy individuals.

Administering Agency: NYS Department of Health; US Department of Health and Human Services, Health Care Financing Administration

Specific Program URL: NA

NYS Object Code: NA

Year Established: 1935

Catalog of Federal Domestic Assistance No.: 93.778

Legal Authority:

Law: US Social Security Act, Title XIX, as amended

Regulation: 42 CFR, Subchapter C

Program Contact:

Kathryn Kuhmerker
Deputy Commissioner
Office of Medicaid Management
NYS Department of Health
Corning Tower
Albany, NY 12237
(518) 474-8646
E-Mail: NA

Fiscal Contact:

Catherine J. Stenson
Chief Budgeting Analyst
Bureau of Budget Management
NYS Department of Health
Corning Tower
Albany, NY 12237
(518) 474-5081
E-Mail: NA

Eligibility: State Governments, Counties. State and local welfare agencies must operate under Department of Health and Human Services approved State plan.

Type of Program and Special Restrictions: Mandated, required by both State and Federal law or regulations.

The Federal government requires the State's Medicaid program to provide in- and out-patient hospital services; rural health clinic services; federally-qualified health center services; other laboratory and x-ray services; nursing facility services; home health services for persons over age 21; family planning services; physicians' services; early and periodic screening, diagnosis, and treatment for individuals under age 21; pediatric or family nurse practitioner services; and services furnished by a nurse-midwife as licensed by the State.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through); State to Local. Monies are paid by the State to vendors or providers on behalf of local governments. Advance grant awards are received quarterly on an estimated basis and later adjusted to actual reported expenditures.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: Generally, 50% Federal, 25% State and 25% Local for Federal eligibles, and 50% State and 50% Local for non-Federal eligibles. Beginning April 1, 1994, the State pays 53.0875% of the non-Federal share for managed care enrollees and 81.24% of the non-Federal share for long-term care services. With approval of the Partnership Plan, the Federal government financially participates in reimbursing services for non-Federal eligibles for services received on or after October 1, 1997.

Maintenance of Effort: Yes

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	15,300,500,000	5,703,300,000	1,153,000,000
SFY 01-02	16,424,000,000	6,197,300,000	1,124,400,000
SFY 02-03	17,054,000,000	5,849,780,000	2,559,800,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	13,481,000,000	5,709,000,000	1,134,000,000
SFY 01-02	14,642,000,000	6,192,000,000	1,157,000,000

MEDICAL ASSISTANCE ADMINISTRATION

Objective: Assists with the costs of administering Medicaid.

Administering Agency: NYS Department of Health; US Department of Health and Human Services, Health Care Financing Administration

Specific Program URL: NA

NYS Object Code: NA

Year Established: 1935

Catalog of Federal Domestic Assistance No.: 93.778

Legal Authority:

Law: US Social Security Act, Title XIX, as amended

Regulation: 42 CFR, Subchapter C

Program Contact:

Kathryn Kuhmerker
Deputy Commissioner
Office of Medicaid Management
NYS Department of Health
Corning Tower
Albany, NY 12237
(518) 474-8646
E-Mail: NA

Fiscal Contact:

Catherine J. Stenson
Chief Budgeting Analyst
Bureau of Budget Management
NYS Department of Health
Corning Tower
Albany, NY 12237
(518) 474-5081
E-Mail: NA

Eligibility: State Governments, Counties. State and local welfare agencies must operate under Department of Health and Human Services approved State plan.

Type of Program and Special Restrictions: Mandated, required by both State and Federal law or regulations.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through); State to Local. Monies provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: Contact program/fiscal contact.

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	378,650,000	87,750,000	NA
SFY 01-02	388,750,000	108,557,000	NA
SFY 02-03	481,800,000	114,350,000	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	304,234,000	114,065,000	NA
SFY 01-02	376,037,000	112,000,000	NA

MIGRANT HEALTH (MCHS BLOCK GRANT)

Objective: Supports the provision of health services to children of migrant farm workers and rural poor.

Administering Agency: NYS Department of Health; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 63411

Year Established: 1982

Catalog of Federal Domestic Assistance No.: 93.994

Legal Authority:

Law: US Omnibus Budget Reconciliation Act of 1982, PL 97-35

Regulation: 45 CFR Parts 16, 74 and 96

Program Contact:

Taimi Carnahan, Ph.D.
 Director
 Preventive Services
 Bureau of Child and Adolescent Health
 NYS Department of Health
 Corning Tower, Room 208
 Albany, NY 12237-0618
 (518) 474-2084
 E-Mail: NA

Fiscal Contact:

Rhonda Bruno
 Senior Budgeting Analyst
 Bureau of Budget Management
 Division of Family and Local Health
 NYS Department of Health
 Corning Tower, Room 1384
 Albany, NY 12237
 (518) 473-7347
 E-Mail: NA

Eligibility: Counties, Cities, Towns, Villages, School Districts and Private Non-Profit Groups. Must be an established organization which has been treating children of migratory farm workers.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds may not be used for inpatient services other than for crippled children or high risk pregnant women and infants, cash payments to recipients, purchase or improvement of capital items, purchase of major medical equipment, matching share for other Federal funds, or for research or training in profit-making organization.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through). Monies are provided partially as an advance and partially as a reimbursement.
Type of Aid: Project Grant
Formula: NA
Matching Requirement: NA
Maintenance of Effort: NA

Amounts Appropriated:*

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	142,000	NA	NA
SFY 01-02	142,000	NA	NA
SFY 02-03	NA	NA	NA

*Amounts are program allocations for the grant duration.

Amounts Disbursed:*

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	142,000	NA	NA
SFY 01-02	119,000 est.	NA	NA

*Expenditures for grant period.

NEW YORK CITY HEALTH PROGRAMS (MCHS BLOCK GRANT)

Objective: Supports the provision of maternal and infant care, family planning services, and children and youth services in clinical settings in New York City.

Administering Agency: NYS Department of Health; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 63420

Year Established: 1982

Catalog of Federal Domestic Assistance No.: 13.994

Legal Authority:

Law: US Omnibus Budget Reconciliation Act of 1989, PL 97-35

Regulation: 45 CFR Parts 16, 74 and 96

Program Contact:

Nancy A. Wade, M.D., MPH
 Director
 Division of Family & Local Health
 NYS Department of Health
 Corning Tower, Room 890
 Albany, NY 12237
 (518) 473-7922
 E-Mail: NA

Fiscal Contact:

Rhonda Bruno
 Senior Budgeting Analyst
 Bureau of Budget Management
 NYS Department of Health
 Corning Tower, Room 1384
 Albany, NY 12237
 (518) 473-7347
 E-Mail: NA

Eligibility: New York City Health Providers.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds may not be used for inpatient services other than for crippled children or high risk pregnant women and infants, cash payments to recipients, purchase or improvement of capital items, purchase of major medical equipment, matching share for other Federal funds, or for research or training in profit-making organization.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through). Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:*

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	6,100,000 est.	NA	NA
SFY 01-02	6,100,000 est.	NA	NA
SFY 02-03	NA	NA	NA

*For grant period.

Amounts Disbursed:*

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	5,493,000 est.	NA	NA
SFY 01-02	2,943,000 est.	NA	NA

*For grant period.

NUTRITION OUTREACH

Objective: To enroll eligible targeted population in underutilized Federal and State funded Local Assistance programs in order to insure better nutrition among the needy.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63405¹

Year Established: 1987

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1987, Chapter 820

Regulation: NA

Program Contact:

Sara Bonam
 Director
 Bureau of Nutrition Training and
 Technical Assistance
 NYS Department of Health
 1215 Western Avenue
 Albany, NY 12203-3399
 (518) 458-6313
 E-Mail: sbb01@health.state.ny.us

Fiscal Contact:

Peter Phelps
 Bureau of Budget Management
 NYS Department of Health
 Corning Tower, Room 1384
 Empire State Plaza
 Albany, NY 12237
 (518) 474-6141
 E-Mail: pmp02@health.state.ny.us

Eligibility: Private Non-Profit Groups. Must be a subcontractor in a location with high need as defined by poverty and employment statistics.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. The contractor and its subcontractor are prohibited from using funding for political activity or lobbying. Also 60 percent of the funding must be related to Food Stamp Outreach activity.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through), State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds*</u>	<u>State General Funds**</u>	<u>State Spec. Rev.</u>
SFY 00-01	450,000	850,000	NA
SFY 01-02	450,000	850,000	NA
SFY 02-03	450,000	850,000	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	450,000	850,000	NA
SFY 01-02	450,000	849,999	NA

* Funds suballocated to NYSDOH from Department of Family Assistance/OTDA.

** An additional \$150,000 has been suballocated to the Dept. of Family Assistance/OTDA each year.

¹Refers to Department of Health food and nutrition services.

PHYSICALLY HANDICAPPED CHILDREN

Objective: Provides surgical, medical, therapeutic treatment, hospital care or necessary appliances and devices for any physically handicapped child who is not in a State institution and not requiring permanent custodial care.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63404

Year Established: 1949

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Public Health Law, Section 608

Regulation: 10 NYCRR 46

Program Contact:

Nancy Kehoe
Administrator
Bureau of Child and Adolescent Health
NYS Department of Health
Corning Tower, Room 208
Albany, NY 12237-0618
(518) 474-2001
E-Mail: NA

Fiscal Contact:

David Troeger
Assistant Director
Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Albany, NY 12237-0657
(518) 474-6141
E-Mail: NA

Eligibility: Counties and Cities. Person receiving aid must be under 21 years of age, Medicaid eligibility must have been denied, and must have a condition determined eligible by Department of Health.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided as a reimbursement.

Type of Aid: Ongoing

Formula: Fifty percent of net expenditures.

Matching Requirement: State 50%, Local 50%

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	NA	4,000,000
SFY 01-02	NA	NA	4,000,000
SFY 02-03	NA	NA	4,000,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	NA	2,356,700
SFY 01-02	NA	NA	1,636,915

**PHYSICALLY HANDICAPPED CHILDREN
CASE MANAGEMENT SERVICES -
MCHS BLOCK GRANT**

Objective: Provides comprehensive case management services for children with chronic illness and physical disabilities.

Administering Agency: NYS Department of Health; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: NA

Year Established:

Catalog of Federal Domestic Assistance No.: 93.994

Legal Authority:

Law: NY Public Health Law, Article 28; Laws of 1978, Chapter 198

Regulation: NA

Program Contact:

Nancy Kehoe
Administrator
Physically Handicapped Children's Program
Bureau of Child and Adolescent Health
NYS Department of Health
Corning Tower, Room 208
Albany, NY 12237-0618
(518) 474-2001
E-Mail: NA

Fiscal Contact:

Rhonda Bruno
Senior Budgeting Analyst
Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Albany, NY 12237
(518) 473-7347
E-Mail: NA

Eligibility: Local Health Units.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through).

Type of Aid: Project Grant

Formula: NA

Matching Requirement: In kind 10%

Maintenance of Effort: NA

Amounts Appropriated:*

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	1,800,000	NA	NA
SFY 01-02	1,800,000	NA	NA
SFY 02-03	NA	NA	NA

*For grant period.

Amounts Disbursed:*

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	1,750,000	NA	NA
SFY 01-02	592,000 est.	NA	NA

*For grant period.

PILOT AIDS SURVEILLANCE PROJECT

Objective: To conduct surveillance of reported AIDS cases at the county level as authorized by the Commissioner of Health.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1988

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Public Health Law, Section 206(I)(J), Laws of 1990, Chapter 53

Regulation: Department of Health Memorandums 83-88 and 84-12, Sanitary Code 24.1

Program Contact:

AIDS Epidemiology Program
 NYS Department of Health
 Corning Tower
 Empire State Plaza
 Albany, NY 12237
 (518) 474-4284
 E-Mail: NA

Fiscal Contact:

Kathleen Czosnykowski
 Budgeting Analyst
 Bureau of Budget Management
 NYS Department of Health
 Corning Tower, Room 1384
 Empire State Plaza
 Albany, NY 12237
 (518) 486-9145
 E-Mail: NA

Eligibility: Counties. Must be willing to comply with stringent surveillance protocols to ensure confidentiality.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements. Funds may not be used for partisan political activity.

Action Required to Receive Aid: Competitive applications for aid required. These applications can be for more than one year.

Description of Aid:

Flow of Funds: State to Local. Monies are provided as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	90,000	NA
SFY 01-02	NA	90,000	NA
SFY 02-03	NA	NA	90,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	84,599	NA
SFY 01-02	NA	83,023	NA

¹Refers to all Department of Health AIDS contracts.

PRENATAL CARE ASSISTANCE PROGRAM

Objective: Improves birth outcomes by ensuring access to quality prenatal care services by Medicaid eligible pregnant women.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63101

Year Established: 1992

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Public Health Law, Article 25

Regulation: 10 NYCRR 85.40

Program Contact:

Linda Thornton
Program Manager
Bureau of Women's Health
NYS Department of Health
Corning Tower, Room 1882
Albany, NY 12237
(518) 474-1911
E-Mail: NA

Fiscal Contact:

Marc Kleinhenz
Sr. Budgeting Analyst
Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Albany, NY 12237
(518) 474-3058
E-Mail: mlk10@health.state.ny.us

Eligibility: Counties and Non-Profit Groups.

Type of Program and Special Restrictions: Entitlement with provision for pregnant women up to 185 percent of the Federal poverty level. Medicaid matches dollar for dollar.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	NA	2,640,000
SFY 01-02	4,869,766	996,116	2,840,827
SFY 02-03	4,298,114	1,499,000	2,994,726

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	3,898,509	869,468	2,278,287
SFY 01-02	3,877,898	997,342	2,258,037

PREVENTIVE HEALTH AND HEALTH SERVICES (PHHS BLOCK GRANT)

Objective: Supports the provision of comprehensive public health services including: rodent control activities, fluoridation programs, risk reduction, health education, rape prevention and counseling, and planning, establishing and improving emergency medical service systems.

Administering Agency: NYS Department of Health; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 63492¹

Year Established: 1982

Catalog of Federal Domestic Assistance No.: 93.991

Legal Authority:

Law: US Omnibus Budget Reconciliation Act of 1981, PL 97-35

Regulation: 45 CFR Parts 16, 74 and 96

Program Contact:

Robert Burhans
Environmental Health Program
Manager
Division of Environmental Protection
NYS Department of Health
II University Place
Albany, NY 12203
(518) 458-6423
E-Mail: NA

Fiscal Contact:

Gail Tedesco
Sr. Budgeting Analyst
Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Albany, NY 12237
(518) 473-7126
E-Mail: gap01@health.state.ny.us

Eligibility: Counties, Cities, Towns, Villages, School Districts and Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds may not be used for inpatient services, cash payments to recipients of health services, purchase of major medical equipment, purchase or improvement of land or buildings, direct provision of home health services, operating costs or purchase of equipment for EMS systems.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through). Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:*

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	12,084,827	NA	NA
SFY 01-02	9,429,807	NA	NA
SFY 02-03	NA	NA	NA

*For grant period.

Amounts Disbursed:*

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	11,206,634 est.	NA	NA
SFY 01-02	6,847,824 est.	NA	NA

*For grant period.

¹Refers to Other Preventive Health and Health Services grants.

PRIMARY CARE IN DRUG TREATMENT PROGRAMS

Objective: Increase access and availability of comprehensive primary health care service for persons at risk of HIV infection in substance abuse treatment.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1989

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

Program Contact:

Michael J. Nazarko
 Director, A&CM
 AIDS Institute
 NYS Department of Health
 Corning Tower
 Empire State Plaza
 Albany, NY 12237
 (518) 473-7238
 E-Mail: NA

Fiscal Contact:

Kathleen Czosnykowski
 Budgeting Analyst
 Bureau of Budget Management
 NYS Department of Health
 Corning Tower, Room 1384
 Empire State Plaza
 Albany, NY 12237
 (518) 486-9145
 E-Mail: NA

Eligibility: Private Non-Profit Groups. Organizations must be large substance abuse treatment providers that offer multi-modality substance abuse services or that have multiple sites with ability to provide primary care services on site. Programs must have a client capacity of no less than 75 residential beds per site or 90 treatment slots per program.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds must be utilized in accordance with approved workplans and contracts and must comply with provisions of the State Finance Law, i.e., funds cannot be used to pay for interest on bridge loans.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.
Type of Aid: Ongoing
Formula: NA
Matching Requirement: NA
Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	NA	3,034,000
SFY 01-02	NA	NA	3,034,000
SFY 02-03	NA	NA	3,034,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	604,960	2,284,912
SFY 01-02	NA	NA	2,223,048

¹Refers to all Department of Health AIDS contracts.

PRIMARY CARE INITIATIVE

Objective: Provides eligible health care providers with funding for the purpose of expanding primary health care services to the medically indigent and underserved.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: NA

Year Established: 1990

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapters 922 and 923, Laws of 1993, Chapter 731 and Health Care Reform Act of 1996, Section 79

Regulation: NA

Program Contact:

Mary Ann Anglin
Program Manager
Primary Care Initiative Program
NYS Department of Health
Corning Tower, Room 1656
Empire State Plaza
Albany, NY 12237
(518) 473-4704
E-Mail: maa05@health.state.ny.us

Fiscal Contact:

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Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Empire State Plaza
Albany, NY 12237
(518) 473-9353
E-Mail: clf06@health.state.ny.us

Eligibility: State Governments, Counties, Cities, Non-Profit Organizations: Planning Groups, Hospitals, Private Practitioners; Diagnostic and Treatment Centers.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Project Grant

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated/Authorized:

	<u>State Spec. Rev.</u>	<u>HCRA Funds</u>
SFY 00-01	1,139,000	NA
SFY 01-02	1,214,000	NA
SFY 02-03	935,000	NA

Amounts Disbursed:

	<u>State Spec. Rev.</u>	<u>HCRA Funds</u>
SFY 00-01	736,256	NA
SFY 01-02	605,891	6,520,137*

*Funding authorized in HCRA 1996.

PUBLIC HEALTH CAMPAIGN

Objective: Disease prevention and education efforts focusing on tuberculosis, immunization, lead poisoning prevention and syphilis screening.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: NA

Year Established: 1992

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1992, Chapter 53

Regulation: NA

Program Contact:

Marie Miller
Program Manager
Bureau of Local Health
NYS Department of Health
Corning Tower, Room 821
Albany, NY 12237
(518) 473-4223
E-Mail: mdm04@health.state.ny.us

Fiscal Contact:

Marc Kleinhenz
Sr. Budgeting Analyst
Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Albany, NY 12237
(518) 474-3058
E-Mail: mlk10@health.state.ny.us

Eligibility: Counties, Private Non-Profit Groups, Universities and Hospitals.

Type of Program and Special Restrictions: Optional.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	6,160,300	650,000
SFY 01-02	NA	NA	6,850,000
SFY 02-03	NA	NA	6,850,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	266,093	5,470,368
SFY 01-02	NA	NA	6,482,807

PUBLIC HEALTH WORK

Objective: Supports the operation of local public health programs.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63101¹, 63201²

Year Established: 1924

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Public Health Law, Sections 605 and 609; Laws of 1996, Ch. 474

Regulation: 10 NYCRR 40

Program Contact:

Claudia Lee
 Assistant Director
 Bureau of Local Health
 NYS Department of Health
 Corning Tower, Room 821
 Albany, NY 12237
 (518) 473-4223
 E-Mail: NA

Fiscal Contact:

David Troeger
 Assistant Director
 Bureau of Budget Management
 NYS Department of Health
 Corning Tower, Room 1384
 Albany, NY 12237-0012
 (518) 486-1409
 E-Mail: NA

Eligibility: Counties, Cities, Towns and Villages. Submission and approval of annual State aid application by municipalities for public health work programs required. Towns and villages are eligible only for sector control programs. Counties and cities with populations of 50,000 or more are eligible for all public health work programs. Annual applications are reviewed by program and fiscal office and approval letters are mailed by Regional Health Directors.

Type of Program and Special Restrictions: Mandated, required by State law or regulation.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided as a reimbursement.

Type of Aid: Ongoing

Formula: \$.25 per capita or \$250,000, 40 percent of balance effective through August 1, 1996. Formula then changes: \$.45 per capita or \$450,000, 36 percent of balance; for optional reimbursement of 30 percent.

Matching Requirement: State 40%, Local 60%

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	166,000,000	1,050,000
SFY 01-02	NA	214,900,000	1,050,000
SFY 02-03	NA	213,500,000	1,050,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	155,704,550	1,050,000
SFY 01-02	NA	227,654,840	1,050,000

¹Refers to Department of Health General Public Health Services.

²Includes Laboratories as of 4/1/91.

Department of Health

RABIES

Objective: Assist counties with preventing the transmission of rabies from animals to humans.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63490

Year Established: 1993

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Public Health Law 21.44; Annual local assistance budget bills.

Regulation: NA

Program Contact:

Dr. Millicent Eidson
Director
Zoonoses Program
NYS Department of Health
Corning Tower, Room 621
Empire State Plaza
Albany, NY 12237
(518) 474-3186
E-Mail: mxeo4@health.state.ny.us

Fiscal Contact:

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Albany, NY 12237
(518) 474-3058
E-Mail: mlk10@health.state.ny.us

Eligibility: Counties. Must submit a rabies protocol to the State Department of Health.

Type of Program and Special Restrictions: Mandated, required by State law or regulation. Reimbursement is available for human postexposure treatment, specimen preparation and shipment, and pet vaccination clinics.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds*</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	1,085,800	NA
SFY 01-02	NA	1,086,000	NA
SFY 02-03	NA	1,486,000	NA

*Portion of the appropriation set aside for distribution to counties.

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds**</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	1,460,246	NA
SFY 01-02	NA	1,231,872	NA

**Deficits met through use of reappropriated funds and interchange authority.

Department of Health

RABIES

(Technical Assistance Program)

Objective: Assist counties with preventing the transmission of rabies from animals to people.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: NA

Year Established: 1987

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Public Health Law 21.44

Regulation: NA

Program Contact:

Dr. Millicent Eidson
Director
Zoonoses Program
NYS Department of Health
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E-Mail: mxeo4@health.state.ny.us

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Bureau of Budget Management
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Empire State Plaza
Albany, NY 12237
(518) 474-3058
E-Mail: mlk10@health.state.ny.us

Eligibility: Counties, Health Care Providers and the General Public.

Type of Program and Special Restrictions: Mandated, required by State law or regulation.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Consultation on all aspects of preventing human rabies.

RAPE CRISIS

Objective: To insure all people in New York State have access to basic treatment and prevention services related to sexual assault.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63422

Year Established: 1982

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NA

Regulation: NA

Program Contact:

Kathleen Martin
Director, Rape Crisis Program
Bureau of Women's Health
NYS Department of Health
Corning Tower, Room 1805
Albany, NY 12237
(518) 474-3368
E-Mail: kmm10@health.state.ny.us

Fiscal Contact:

Connie Buckley
Chief Budget Analyst
Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1358
Albany, NY 12237
(518) 474-3162
E-Mail: cmb03@health.state.ny.us

Eligibility: Counties and Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	2,824,245	1,823,500	131,000
SFY 01-02	2,788,175	1,584,000	131,000
SFY 02-03	4,810,800	1,584,000	131,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.*</u>
SFY 00-01	2,824,245	1,825,814	NA
SFY 01-02**	771,878	933,589	NA

*Disbursements not available. Used expenditures through 8/1/02.

**Grant award expended.

REFUGEE HEALTH ASSURANCE

Objective: Assesses the health status of refugees, identifies providers and referral services for diagnostic treatment and preventive services, and assists in followup for health care.

Administering Agency: NYS Department of Health; US Department of Health and Human Services, Office of Refugee Resettlement

Specific Program URL: NA

NYS Object Code: 63424

Year Established: 1984

Catalog of Federal Domestic Assistance No.: 93.987

Legal Authority:

Law: US Immigration and Nationality Act, Section 412-C(3)

Regulation: 45 CFR Part 76

Program Contact:

Sandra Gnirke
Health Program Administrator
Bureau of TB Control
NYS Department of Health
Corning Tower, Room 840
Albany, NY 12237
(518) 474-4845
E-Mail: NA

Fiscal Contact:

Maria Reardon
Senior Budgeting Analyst
Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1358
Albany, NY 12237
(518) 474-3059
E-Mail: NA

Eligibility: Counties, Cities, Towns, Villages and Private Non-Profit Groups. Must be an organization actively interfacing with refugees.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds are restricted to refugee health assessments and interpreter services.

Action Required to Receive Aid: Providers voucher NYS for costs of refugee health assessments and interpreter services for reimbursement.

Description of Aid:

Flow of Funds: Federal to State to Local. Monies are provided as a reimbursement.

Type of Aid: Project Grant - Multi-year, renewable annually dependent upon availability of funds.

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	205,000	NA	NA
SFY 01-02	230,000	NA	NA
SFY 02-03	230,000	NA	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01*	170,419	NA	NA
SFY 01-02*	73,396	NA	NA

*Grant award expended.

RURAL HEALTH CARE ACCESS DEVELOPMENT GRANT

Objective: Promotes the transition of hospital operations to use existing rural health care resources better, to diversify operations, to reorganize and/or to integrate with other community providers.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: NA

Year Established: 1996

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: Health Care Reform Act of 1996, Title II

Regulation: NA

Program Contact:

Karen Madden
Acting Director
Office of Rural Health
Division of Planning, Policy and
Resource Development
NYS Department of Health
Corning Tower, Room 1119
Albany, NY 12237
(518) 474-5565
E-Mail: kam13@health.state.ny.us

Fiscal Contact:

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Sr. Budgeting Analyst
Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Albany, NY 12237
(518) 473-9353
E-Mail: clf06@health.state.ny.us

Eligibility: Rural Hospitals

Type of Program and Special Restrictions: Optional but once chosen subject to mandated State requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Project Grant

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>State General Funds</u>	<u>State Spec. Rev.</u>	<u>HCRA Funds</u>
SFY 00-01	NA	331,850	10,000,000
SFY 01-02	NA	428,000	10,000,000
SFY 02-03	NA	442,000	10,000,000

Amounts Disbursed:

	<u>State General Funds</u>	<u>State Spec. Rev.</u>	<u>HCRA Funds</u>
SFY 00-01	NA	223,966	4,518,485
SFY 01-02	NA	274,014	3,452,430

RURAL HEALTH NETWORK DEVELOPMENT

Objective: Assists community based health care providers, consumers and organizations in rural areas to promote effective health care delivery through coordination, development, planning, implementation and operation of rural health networks. The Office of Rural Health provides technical assistance to networks under this program.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: NA

Year Established: 1993

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: Health Care Reform Act of 1996, Title I, NY Laws of 1993, Chapter 731

Regulation: NA

Program Contact:

Karen Madden
Acting Director
Office of Rural Health
Division of Planning, Policy and
Resource Development
NYS Department of Health
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Fiscal Contact:

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Eligibility: Counties, Cities, Towns, Villages, School Districts, Public Authorities, Public Non-Profit Groups and Others.

Type of Program and Special Restrictions: Optional but once chosen subject to mandated State requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Project Grant

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>State General Funds</u>	<u>State Spec. Rev.</u>	<u>HCRA Funds</u>
SFY 00-01	267,300	331,850	7,000,000
SFY 01-02	267,000	428,000	7,000,000
SFY 02-03	267,000	442,000	7,000,000

Amounts Disbursed:

	<u>State General Funds</u>	<u>State Spec. Rev.</u>	<u>HCRA Funds</u>
SFY 00-01	NA	223,966	7,202,815
SFY 01-02	NA	274,014	6,130,707

SCHOOL HEALTH PROGRAMS

Objective: Makes available comprehensive health services to a total of 140 preschool, elementary and junior high school sites.

Administering Agency: NYS Department of Health; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 63407

Year Established: 1982

Catalog of Federal Domestic Assistance No.: 13.994

Legal Authority:

Law: NY Public Health Law, Article 28; Laws of 1978, Chapter 198; US Omnibus Budget Reconciliation Act of 1981, PL 97-35

Regulation: 45 CFR Parts 16, 74 and 96

Program Contact:

Annette Johnson
 Director
 School Health Program
 Bureau of Child and Adolescent Health
 NYS Department of Health
 Corning Tower, Room 208
 Albany, NY 12237
 (518) 486-4966
 E-Mail: amj02@health.state.ny.us

Fiscal Contact:

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 Bureau of Budget Management
 NYS Department of Health
 Corning Tower, Room 1384
 Albany, NY 12237
 (518) 474-3058
 E-Mail: mlk10@health.state.ny.us

Eligibility: School Districts and/or a NY Public Health Law Article 28 approved facility.

Type of Program and Special Restrictions: Mandated, required by Federal and State law or regulations.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local.
Type of Aid: Ongoing and Project Grants
Formula: NA
Matching Requirement: NA
Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	1,000,000	6,500,000
SFY 01-02	NA	NA	6,500,000
SFY 02-03	NA	NA	6,500,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	952,312	4,681,625
SFY 01-02	NA	864,961	3,841,477

SEROPREVALENCE

Objective: Provides for services and expenses of surveillance projects for investigation of reported AIDS cases, including seroprevalence studies, as authorized by the Commissioner of Health.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63417¹

Year Established: 1988

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Laws of 1990, Chapter 53

Regulation: NA

Program Contact:

AIDS Epidemiology Program
NYS Department of Health
Corning Tower
Empire State Plaza
Albany, NY 12237
(518) 474-4284
E-Mail: NA

Fiscal Contact:

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Budgeting Analyst
Bureau of Budget Management
NYS Department of Health
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Albany, NY 12237
(518) 486-9145
E-Mail: NA

Eligibility: Private Non-Profit Group.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local.
Type of Aid: Ongoing
Formula: NA
Matching Requirement: NA
Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	330,000	NA
SFY 01-02	NA	330,000	NA
SFY 02-03	NA	NA	330,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	318,190	NA
SFY 01-02	NA	234,408	NA

¹Refers to all Department of Health AIDS contracts.

SEXUALLY TRANSMITTED DISEASE (STD) CONTROL

Objective: Provides primary focus for the epidemiology and prevention of gonorrhea, syphilis, genital herpes, chlamydia, trichomoniasis, nonspecific urethritis candidiasis, pediculosis pubis and the congenital maladies associated with some of these infections.

Administering Agency: NYS Department of Health; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 63416

Year Established: 1983

Catalog of Federal Domestic Assistance No.: 93.977

Legal Authority:

Law: US Public Health Service Act, Section 318

Regulation: 45 CFR Part 51

Program Contact:

Charles Silberman
 Program Manager
 Bureau of STD Control
 NYS Department of Health
 Corning Tower, Room 1168
 Albany, NY 12237
 (518) 474-3598
 E-Mail: NA

Fiscal Contact:

Maria Reardon
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 Bureau of Budget Management
 NYS Department of Health
 Corning Tower, Room 1358
 Albany, NY 12237
 (518) 474-3059
 E-Mail: NA

Eligibility: Counties. Must be a county health department.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds may not be used for physician salaries.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through). Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Project Grant

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	2,363,475	NA	NA
SFY 01-02	2,918,090	NA	NA
SFY 02-03	3,944,900	NA	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01*	1,762,585	NA	NA
SFY 01-02*	763,711	NA	NA

*Grant award expended.

SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)

Objective: Provides supplemental food and nutrition education to prevent health problems and to improve the health status of pregnant, post-partum, and breast-feeding women, infants and young children up to the age of five determined to be at nutritional risk.

Administering Agency: NYS Department of Health; US Department of Agriculture

Specific Program URL: NA

NYS Object Code: 63405

Year Established: 1966

Catalog of Federal Domestic Assistance No.: 10.557

Legal Authority:

Law: US PL 92-433 Special Supplemental Food Program, PL 95-627 Child Nutrition Amendments of 1978, PL 101-147 Child Nutrition and WIC Reauthorization Act of 1989

Regulation: 7 CFR 246

Program Contact:

Frances Porter
Director
Bureau of Supplemental Food
Division of Nutrition Programs
NYS Department of Health
1215 Western Avenue
Albany, NY 12203-3399
(518) 458-6835
E-Mail: fxp04@health.state.ny.us

Fiscal Contact:

Peter Phelps
Associate Budgeting Analyst
Bureau of Budget Management
NYS Department of Health
Corning Tower, Room 1384
Albany, NY 12237
(518) 473-7004
E-Mail: pmp02@health.state.ny.us

Eligibility: State Governments, Counties, Private Non-Profit Groups and Hospitals. Must be a public or-non-profit agency with sufficient health care resources and in a high risk area.

Type of Program and Special Restrictions: Optional, but once chosen subject to mandated State and Federal requirements. Nutrition education must be at least one-sixth of administrative budget.

Action Required to Receive Aid: Non-competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State, Federal to State to Local (Pass-through), State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds*</u>	<u>State General Funds**</u>	<u>State Spec. Rev.</u>
SFY 00-01	236,185,310	7,828,263	8,838,000
SFY 01-02	246,967,736	14,327,232	10,987,850
SFY 02-03	249,972,296	10,947,418	8,837,850

*Based on Federal fiscal year.

**Portion used for WIC purposes.

Amounts Disbursed:

	<u>Federal Funds*</u>	<u>State General Funds**</u>	<u>State Spec. Rev.</u>
SFY 00-01	235,079,754	14,194,869	10,838,040
SFY 01-02	200,544,492	11,356,519	8,810,222

*Disbursements during life of appropriation, not just twelve months for FFY.

**State funds reappropriated and rebudgeted.

STATE PUBLIC WATER SYSTEM SUPERVISION

(Technical Assistance Program)

Objective: Fosters development and maintenance of State programs which implement the Safe Drinking Water Act. The State provides general assistance to local water operators and project development aid to small water systems.

Administering Agency: NYS Department of Health - Bureau of Water Supply

Specific Program URL: NA

NYS Object Code: NA

Year Established: General Program - 1900; Small System Program - 1989

Catalog of Federal Domestic Assistance No.: 66.432

Legal Authority:

Law: NY Public Health Law

Regulation: Part 5 of NYS Sanitary Code

Program Contact:

Michael Burke
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Bureau of Water Supply Protection
NYS Department of Health
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(518) 458-6731
E-Mail: NA

Fiscal Contact:

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NYS Department of Health
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Albany, NY 12237
(518) 474-6141
E-Mail: NA

Eligibility: Local Water Systems.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Non-competitive application for aid required annually.

Description of Aid:

General assistance to local water operators and project development aid to small water systems.

SUDDEN INFANT DEATH SYNDROME

Objective: Bereavement counseling of parents, training of counselors and first responders.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63409

Year Established: 1985

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Public Health Law, Section 2500.b

Regulation: NA

Program Contact:

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Fiscal Contact:

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Eligibility: Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	152,000	NA
SFY 01-02	NA	152,000	NA
SFY 02-03	NA	152,000	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	152,000	NA
SFY 01-02	NA	152,000	NA

SUDDEN INFANT DEATH SYNDROME (MCHS BLOCK GRANT)

Objective: Supports training of public health nurses and builds a supportive and professional community network for bereaved families of SIDS children.

Administering Agency: NYS Department of Health; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 63409

Year Established: 1982

Catalog of Federal Domestic Assistance No.: 93.994

Legal Authority:

Law: US Omnibus Budget Reconciliation Act of 1981, PL 97-35

Regulation: 45 CFR Parts 16, 74 and 96

Program Contact:

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Acting Director
Bureau of Child and Adolescent Health
NYS Department of Health
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Fiscal Contact:

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Albany, NY 12237
(518) 473-7347
E-Mail: NA

Eligibility: Private Non-Profit Groups.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through).

Type of Aid: Project Grant

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	255,726	152,000	NA
SFY 01-02	255,000	NA	NA
SFY 02-03	NA	NA	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	255,000	NA	NA
SFY 01-02	154,080 est.	NA	NA

TOBACCO ENFORCEMENT AND EDUCATION PROGRAM

Objective: To reduce the prevalence of youth using tobacco products.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: 63490

Year Established: 1997

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: NY Public Health Law, Article 13-F

Regulation: NA

Program Contact:

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Coordinator
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Fiscal Contact:

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Eligibility: Counties and New York City; Not-for-Profit Contractors.

Type of Program and Special Restrictions: Reimbursement for program authorized activities related to youth tobacco product use prevention and reduction.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local.

Type of Aid: Reimbursement for authorized activities.

Formula: County and New York City reimbursement based on number of tobacco retailers.

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	NA	2,500,000
SFY 01-02	NA	NA	2,500,000
SFY 02-03	NA	NA	2,500,000

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	NA	713,715	1,477,630
SFY 01-02	NA	NA	2,268,615

TUBERCULOSIS CONTROL

Objective: To prevent and control tuberculosis disease and infection. To establish an annual reduction of at least five percent in reported cases of tuberculosis.

Administering Agency: NYS Department of Health; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 63414

Year Established: 1983

Catalog of Federal Domestic Assistance No.: 93.116

Legal Authority:

Law: US Public Health Service Act, Section 317

Regulation: 45 CFR Part 74

Program Contact:

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Health Program Administrator
Bureau of TB Control
NYS Department of Health
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E-Mail: NA

Fiscal Contact:

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Albany, NY 12237
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E-Mail: NA

Eligibility: Counties, Cities, and Private Groups. Must be an organization responsible for monitoring incidences of tuberculosis.

Type of Program and Special Restrictions: Optional, without any State or Federal mandated requirements. Funds may not be used to purchase equipment.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: Federal to State to Local (Pass-through). Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Multi-year Project Grant, renewable annually, dependent upon availability of funds.

Formula: NA

Matching Requirement: NA

Maintenance of Effort: NA

Amounts Appropriated:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01	5,715,000	NA	NA
SFY 01-02	5,695,900	NA	NA
SFY 02-03	7,364,100	NA	NA

Amounts Disbursed:

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 00-01*	4,797,897	NA	NA
SFY 01-02*	1,718,975	NA	NA

*Grant award expended.

WORKFORCE RETRAINING INITIATIVE

Objective: Supports the training and retraining of health care employees affected by changing health care systems with preference given to areas and organizations likely to experience job loss.

Administering Agency: NYS Department of Health

Specific Program URL: NA

NYS Object Code: NA

Year Established: 1996

Catalog of Federal Domestic Assistance No.: NA

Legal Authority:

Law: Health Care Reform Act of 1996; Public Health Law, Section 2807-G

Regulation: NA

Program Contact:

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Program Manager
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Eligibility: State Governments, Counties, School Districts, Private Non-Profit Groups and Others.

Type of Program and Special Restrictions: Optional but once chosen subject to mandated State requirements.

Action Required to Receive Aid: Competitive application for aid required.

Description of Aid:

Flow of Funds: State to Local. Monies are provided partially as an advance and partially as a reimbursement.

Type of Aid: Project Grant

Formula: To be determined.

Matching Requirement: NA

Maintenance of Effort: To be determined.

Amounts Appropriated/Authorized:

	<u>State General Funds</u>	<u>State Spec. Rev.</u>	<u>HCRA Funds</u>
SFY 00-01	NA	1,865,800	30,000,000
SFY 01-02	NA	2,250,000	40,000,000
SFY 02-03	NA	2,152,000	50,000,000

Amounts Disbursed:

	<u>State General Funds</u>	<u>State Spec. Rev.</u>	<u>HCRA Funds</u>
SFY 00-01	NA	1,770,062	165,167
SFY 01-02	NA	1,648,546	5,257,915