

## **CAREGIVER ASSISTANCE PROGRAM (CAP); CAREGIVER RESOURCE CENTERS (CRC)**

**Objective:** Establishes local resource centers designed to address the multitude of needs of family caregivers responsible for caring for older persons.

**Administering Agency:** NYS Office for the Aging

**Specific Program URL:** NA

**NYS Object Code:** 69490<sup>1</sup>

**Year Established:** 1984

**Catalog of Federal Domestic Assistance No.:** NA

**Legal Authority:**

**Law:** NY Laws of 1992, Chapter 205

**Regulation:** NA

**Program Contact:**

Andrea Hoffman  
Program Director  
Bureau of Community Based Long  
Term Care Services  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 474-0484  
E-Mail: Andrea.Hoffman@ofa.state.ny.us

**Fiscal Contact:**

John J. Lynch  
Principal Accountant  
Division of Finance and Administration  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-4808  
E-Mail: Jack.Lynch@ofa.state.ny.us

**Eligibility:** Counties and Private Non-Profit Groups. Restricted to Area Agencies on Aging as defined in the US Older Americans Act and subsequent amendments.

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

**Action Required to Receive Aid:** Initially a competitive application for aid was required. Renewal funding is provided through a non-competitive application.

**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 02-03	NA	360,000	NA
SFY 03-04	NA	360,000	NA
SFY 04-05	NA	360,000	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	324,110	NA
SFY 03-04	NA	422,336	NA

<sup>1</sup>Refers to Office for the Aging unclassified grants.

# COMMUNITY SERVICES FOR THE ELDERLY (CSE)

**Objective:** Facilitates coordination of the various programs and services provided to the elderly, and provides services which enable the elderly (especially the frail) to remain in their homes and to participate in family and community life.

**Administering Agency:** NYS Office for the Aging

**Specific Program URL:** NA

**NYS Object Code:** 69446

**Year Established:** 1979

**Catalog of Federal Domestic Assistance No.:** NA

**Legal Authority:**

**Law:** NY Executive Law, Article 19-J, Section 541

**Regulation:** NA

**Program Contact:**

Frank DeMarinis  
Deputy Director  
Division of Local Program Operations  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-5705  
E-Mail: Frank.DeMarinis@ofa.state.ny.us

**Fiscal Contact:**

John J. Lynch  
Principal Accountant  
Division of Finance and Administration  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-4808  
E-Mail: Jack.Lynch@ofa.state.ny.us

**Eligibility:** Counties, Private Non-Profit Groups and Indian Reservations. Must be an Area Agency on Aging.

**Type of Program and Special Restrictions:** Optional, but once chosen subject to mandated State requirements. Must be used for specific planning and implementation of community service projects.

**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:** Based on population over age 60. \$4.20 per capita with \$33,600 minimum base allocation.

**Matching Requirement:** Planning and implementation expenditures are 100 percent State aid reimbursable. Services expenditures are reimbursed at 75 percent State aid and 25 percent Local.

**Maintenance of Effort:** NA

**Amounts Appropriated:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	16,573,215	NA
SFY 03-04	NA	16,573,215	NA
SFY 04-05	NA	16,371,000	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	16,381,351	NA
SFY 03-04	NA	17,077,769	NA

## CONGREGATE SERVICES INITIATIVE (CSI)

**Objective:** Provides congregate services for the well elderly to promote socialization and health promotion.

**Administering Agency:** NYS Office for the Aging

**Specific Program URL:** NA

**NYS Object Code:** 69444

**Year Established:** 1994

**Catalog of Federal Domestic Assistance No.:** NA

**Legal Authority:**

**Law:** NY Laws of 1994, Chapter 649

**Regulation:** NA

**Program Contact:**

Marcus Harazin  
Assistant Director  
Division of Local Program Operations  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-5705  
E-Mail: Marcus.Harazin@ofa.state.ny.us

**Fiscal Contact:**

John J. Lynch  
Principal Accountant  
Division of Finance and Administration  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-4808  
E-Mail: Jack.Lynch@ofa.state.ny.us

**Eligibility:** Counties, City of New York, Private Non-Profit Groups and Indian Tribal Organizations designated as an Area Agency on Aging.

**Type of Program and Special Restrictions:** Optional, but once chosen subject to mandated State requirements. No more than five percent of State funding may be spent on administrative costs.

**Action Required to Receive Aid:** County Area Agency on Aging must file a non-competitive application for aid with the NYS Office for the Aging.

**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:** Based on persons over age 60 with \$1,250 minimum allocation.

**Matching Requirement:** State 75%, Local 25%

**Maintenance of Effort:** NA

**Amounts Appropriated:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	980,000	NA
SFY 03-04	NA	866,000	NA
SFY 04-05	NA	866,000	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	816,010	NA
SFY 03-04	NA	743,272	NA

## EXPANDED IN-HOME SERVICES FOR THE ELDERLY PROGRAM (EISEP)

**Objective:** Provides a uniform Statewide program of in-home, case management ancillary and non-institutional respite services for functionally impaired elderly in the community who need community based long-term care but who are not eligible for medical assistance.

**Administering Agency:** NYS Office for the Aging

**Specific Program URL:** NA

**NYS Object Code:** 69407

**Year Established:** 1986

**Catalog of Federal Domestic Assistance No.:** NA

**Legal Authority:**

**Law:** NY Executive Law, Article 19-J, Section 541

**Regulation:** 9 NYCRR 6654.6 and 6654.15 et seq.

**Program Contact:**

Andrea Hoffman  
Program Director  
Bureau of Community Based Long  
Term Care Services  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 474-0484  
E-Mail: Andrea.Hoffman@ofa.state.ny.us

**Fiscal Contact:**

John J. Lynch  
Principal Accountant  
Division of Finance and Administration  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-4808  
E-Mail: Jack.Lynch@ofa.state.ny.us

**Eligibility:** Counties, Private Non-Profit Groups and Indian Reservations. Must be an Area Agency on Aging.

**Type of Program and Special Restrictions:** Optional, but once chosen subject to mandated State requirements. Recipients of services subject to sharing the cost of non-case management services if adjusted income exceeds 150 percent of poverty level.

**Action Required to Receive Aid:** 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, but based on a yearly appropriation and distributed to Area Agencies on a formula basis.

**Formula:** \$7.30 per capita for those over 60 years of age with a statutory \$91,250 minimum base allocation.

**Matching Requirement:** State 75% Local 25% for service expenditures. Planning/implementation expenditures are 100 percent State aid reimbursable.

**Maintenance of Effort:** Recipients are required to maintain total expenditures for the Community Services for the Elderly Program service projects at the SFY 1985-86 levels unless waived or reduced.

**Amounts Appropriated:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	25,500,030	NA
SFY 03-04	NA	25,500,030	NA
SFY 04-05	NA	24,972,000	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	24,869,616	NA
SFY 03-04	NA	26,051,251	NA

## FOSTER GRANDPARENT PROGRAM (FGP)

**Objective:** Provides low income persons 60 years and over with opportunities to render supportive services to children aged 17 and under who have special needs and are deprived of normal relationships with adults.

**Administering Agency:** NYS Office for the Aging

**Specific Program URL:** NA

**NYS Object Code:** 69448

**Year Established:** 1973

**Catalog of Federal Domestic Assistance No.:** NA

**Legal Authority:**

**Law:** NY Executive Law, Article 19-J, Section 536-A; 42 USC 5011, Title II-B, PL 93-113

**Regulation:** NA

**Program Contact:**

Richard Killian  
 Program Director  
 Division of Local Program Operations  
 NYS Office for the Aging  
 2 Empire State Plaza  
 Albany, NY 12223-1251  
 (518) 474-7252  
 E-Mail: Rich.Killian@ofa.state.ny.us

**Fiscal Contact:**

John J. Lynch  
 Principal Accountant  
 Division of Finance and Administration  
 NYS Office for the Aging  
 2 Empire State Plaza  
 Albany, NY 12223-1251  
 (518) 473-4808  
 E-Mail: Jack.Lynch@ofa.state.ny.us

**Eligibility:** Counties, Cities and Private Non-Profit Groups. Must be a Corporation for National and Community Service certified agency receiving Federal funding.

**Type of Program and Special Restrictions:** Optional, but once chosen subject to mandated State and Federal requirements. Administrative costs may not exceed 15 percent of funds. Funds may not be used as a match for other State funds or as a substitute for Federal funds. Grants may be used to match Federal funds but must be used for expansion of existing Federal programs.

**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:** Allocations were originally based on the number of Federally funded slots.

**Matching Requirement:** NA

**Maintenance of Effort:** NA

**Amounts Appropriated:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	300,000	NA
SFY 03-04	NA	200,000	NA
SFY 04-05	NA	200,000	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	297,318	NA
SFY 03-04	NA	222,720	NA

# LONG TERM CARE OMBUDSMAN PROGRAM

## State LTCOP

**Objective:** Receives, investigates and resolves complaints and concerns regarding skilled nursing and adult care facilities. Volunteers are recruited and trained as certified ombudsmen who advocate on behalf of residents, assisting them, their families and the facilities in the resolution of problems.

**Administering Agency:** NYS Office for the Aging

**Specific Program URL:** NA

**NYS Object Code:** 69490<sup>1</sup>

**Year Established:** 1999

**Catalog of Federal Domestic Assistance No.:** NA

**Legal Authority:**

**Law:** NY Executive Law, Article 19-J, Section 544-a

**Regulation:** NA

**Program Contact:**

Martha Haase  
Assistant Director, LTC Ombudsman Program  
Executive Division  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 474-0108  
E-Mail: Marty.Haase@ofa.state.ny.us

**Fiscal Contact:**

John J. Lynch  
Principal Accountant  
Division of Finance and Administration  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-4808  
E-Mail: Jack.Lynch@ofa.state.ny.us

**Eligibility:** Counties and Private Non-Profit Groups designated to operate local ombudsman program.

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

**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:** Funding was allocated to Area Agencies on Aging (AAA) or Private Non-Profit Group based on the percentage of long term care beds in their county/facility, with \$3,900 minimum base allocation.

**Matching Requirement:** NA

**Maintenance of Effort:** NA

**Amounts Appropriated:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	804,365	NA
SFY 03-04	NA	804,400	NA
SFY 04-05	NA	746,000	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	729,058	NA
SFY 03-04	NA	896,805	NA

<sup>1</sup>Refers to Office for the Aging unclassified grants.

**NATIONAL FAMILY CAREGIVER  
SUPPORT PROGRAM (NFCSP)  
Title III-E**

**Objective:** Provides aging caregivers with information on: how to access information about available services; assistance to caregivers in gaining access to the services; individual counseling; organization of support groups; and training for caregivers to assist in decision making.

**Administering Agency:** NYS Office for the Aging; US Department of Health and Human Services

**Specific Program URL:** NA

**NYS Object Code:** 69490<sup>1</sup>

**Year Established:** 2000

**Catalog of Federal Domestic Assistance No.:** 93.052

**Legal Authority:**

**Law:** US Older Americans Act of 1965, PL 106-501

**Regulation:** NA

**Program Contact:**

Frank DeMarinis, Deputy Director  
Division of Local Program Operations  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-5705  
E-Mail: Frank.DeMarinis@ofa.state.ny.us

**Fiscal Contact:**

John J. Lynch, Principal Accountant  
Division of Finance and Administration  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-4808  
E-Mail: Jack.Lynch@ofa.state.ny.us

**Eligibility:** State Governments, Counties, Private Non-Profit Groups and Indian Reservations. State must have an approved plan. Local recipient must be a designated Area Agency on Aging.

**Type of Program and Special Restrictions:** Optional, but once chosen subject to mandated State and Federal requirements. No more than 10 percent of funds may be used for area plan administration, and no more than five percent may be used for State plan administration. No more than 10 percent of the service expenditures may be used for Grandparents Caring for Children activities. No more than 20 percent of the service expenditures may be used for supplemental services.

**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:** Population factors include: persons over 75, minorities 60 plus, low income 60 plus, living with others 60 plus, mobility limitation 60 plus.

**Matching Requirement:** 75% Federal, 25% Local

**Maintenance of Effort:** Those Area Agencies that operate Caregiver Resource Centers (CRCs) must maintain the CRCs at that level of funding.

**Amounts Appropriated:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	11,600,000	NA	NA
SFY 03-04	10,600,000	NA	NA
SFY 04-05	11,600,000	NA	NA

**NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM (cont.)**

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	4,652,884	NA	NA
SFY 03-04	10,970,857	NA	NA

<sup>1</sup>Refers to Office for the Aging unclassified grants.

## NUTRITION SERVICES FOR THE AGING, CONGREGATE MEALS (TITLE III-C-1)

**Objective:** Provides a hot, nutritious meal in a congregate setting five or more days a week for any person aged 60 or older (and spouse of any age), as well as allied services, such as nutrition, education, outreach, escort, transportation, information.

**Administering Agency:** NYS Office for the Aging; US Department of Health and Human Services

**Specific Program URL:** NA

**NYS Object Code:** 69422

**Year Established:** 1974

**Catalog of Federal Domestic Assistance No.:** 93.045

**Legal Authority:**

**Law:** US Older Americans Act of 1965, PL 89-73, PL 100-175 and PL 106-501

**Regulation:** 9 NYCRR 6651-6655; 45 CFR 1321

**Program Contact:**

Frank DeMarinis  
Deputy Director  
Division of Local Program Operations  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-5705  
E-Mail: Frank.DeMarinis@ofa.state.ny.us

**Fiscal Contact:**

John J. Lynch  
Principal Accountant  
Division of Finance and Administration  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-4808  
E-Mail: Jack.Lynch@ofa.state.ny.us

**Eligibility:** State Governments, Counties, Private Non-Profit Groups and Indian Reservations. State must have an approved plan. Local recipient must be a designated Area Agency on Aging.

**Type of Program and Special Restrictions:** Optional, but once chosen subject to mandated State and Federal requirements. No more than ten percent of funds may be used for area plan administration, and no more than five percent may be used for State administration. Funds may not be used for home delivered meals. Escort, transportation, information and referral and recreation services may only be funded from program income.

**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). Monies are provided partially as an advance and partially as a reimbursement.

**Type of Aid:** Ongoing

**Formula:** Population factors include: persons over age 60, below poverty level, minorities, minorities below poverty level, frail elderly. Complex formula. See CFDA listing.

**Matching Requirement:** Service expenditures: State 5%, Federal 85%, Local 10%. Administrative expenditures: Federal 75% State/Local 25%.

**Maintenance of Effort:** NA

**Amounts Appropriated:**

	<u>Federal Funds*State General Funds</u>	<u>State Spec. Rev.</u>	
SFY 02-03	40,000,000	NA	NA
SFY 03-04	40,000,000	NA	NA
SFY 04-05	40,000,000	NA	NA

\*There is a single appropriation for Congregate Meals and Home Delivered Meals.

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	36,414,227	NA	NA
SFY 03-04	42,002,986	NA	NA

## NUTRITION SERVICES FOR THE AGING, HOME-DELIVERED MEALS (TITLE III-C-2)

**Objective:** Provide home delivered meal(s), five or more days per week, to homebound elderly.

**Administering Agency:** NYS Office for the Aging; US Department of Health and Human Services

**Specific Program URL:** NA

**NYS Object Code:** 69423

**Year Established:** 1979

**Catalog of Federal Domestic Assistance No.:** 93.045

**Legal Authority:**

**Law:** US Older Americans Act of 1965, Title III-C-2, PL 89-73, PL 100-175 and PL 106-501

**Regulation:** 9 NYCRR 6651-6655; 45 CFR 1321

**Program Contact:**

Frank DeMarinis  
Deputy Director  
Division of Local Program Operations  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-5705  
E-Mail: Frank.DeMarinis@ofa.state.ny.us

**Fiscal Contact:**

John J. Lynch  
Principal Accountant  
Division of Finance and Administration  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-4808  
E-Mail: Jack.Lynch@ofa.state.ny.us

**Eligibility:** State Governments, Counties, Private Non-Profit Groups and Indian Reservations. State must have an approved plan. Local recipient must be a designated Area Agency on Aging.

**Type of Program and Special Restrictions:** Optional, but once chosen subject to mandated State and Federal requirements. Not more than ten percent of aid may be used for area plan administration and not more than five percent for State administration. Funds cannot be used for congregate meals. Escort, transportation, information, referral and recreation services may only be funded with program income.

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

**Description of Aid:**

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

**Type of Aid:** Ongoing

**Formula:** Population factors include: persons over age 60, below poverty level, minorities, minorities below poverty level, frail elderly. Complex formula. See CFDA listing.

**Matching Requirement:** Service expenditures: Federal 85%, State 5%, Local 10%. Administrative expenditures: Federal 75%, State/Local 25%.

**Maintenance of Effort:** NA

**Amounts Appropriated:**

	<u>Federal Funds*State General Funds</u>		<u>State Spec. Rev.</u>
SFY 02-03	40,000,000	NA	NA
SFY 03-04	40,000,000	NA	NA
SFY 04-05	40,000,000	NA	NA

\*There is a single appropriation for Congregate Meals and Home Delivered Meals.

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	36,414,227	NA	NA
SFY 03-04	42,002,986	NA	NA

# NUTRITION SERVICES INCENTIVE PROGRAM (NSIP)

**Objective:** Provides commodity foods and/or cash reimbursement to Area Agency on Aging for serving meals to individuals 60 and over.

**Administering Agency:** NYS Office for the Aging; US Department of Agriculture; US Department of Health and Human Services<sup>1</sup>

**Specific Program URL:** NA

**NYS Object Code:** 69421<sup>2</sup>

**Year Established:** 1965

**Catalog of Federal Domestic Assistance No.:** 93.053

**Legal Authority:**

**Law:** US Older Americans Act of 1965, PL 89-73, PL 100-175 and PL 106-501

**Regulation:** See CFDA Listing

**Program Contact:**

Frank DeMarinis  
Deputy Director  
Division of Local Program Operations  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-5705  
E-Mail: Frank.DeMarinis@ofa.state.ny.us

**Fiscal Contact:**

John J. Lynch  
Principal Accountant  
Division of Finance and Administration  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-4808  
E-Mail: Jack.Lynch@ofa.state.ny.us

**Eligibility:** Counties, Private Non-Profit Groups and Indian Reservations. Must be an Area Agency on Aging.

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

**Action Required to Receive Aid:** Notifications of grant award are issued based on the number of eligible meals served.

**Description of Aid:**

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

**Type of Aid:** Ongoing

**Formula:** Actual reimbursement for FFY 03-04, as set by AOA, of 58.60 cents per meal served to eligible participant.

**Matching Requirement:** NA

**Maintenance of Effort:** NA

**Amounts Appropriated:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	15,500,000	NA	NA
SFY 03-04	16,000,000	NA	NA
SFY 04-05	16,000,000	NA	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	14,163,343	NA	NA
SFY 03-04	15,603,743	NA	NA

<sup>1</sup>Funds received from Department of Health and Human Services effective SFY 03-04.

<sup>2</sup>Refers to Title VII elderly feeding programs.

# OLDER AMERICANS ACT, TITLE III-B, (OAA) SUPPORTIVE SERVICES AND MULTI-PURPOSE SENIOR CENTERS

**Objective:** Supports comprehensive planning, coordination and the provision of supportive services for the elderly, i.e., transportation, information and referral, outreach, in-home services, legal services, and multi-purpose senior citizen centers.

**Administering Agency:** NYS Office for the Aging; US Department of Health and Human Services

**Specific Program URL:** NA

**NYS Object Code:** 69403, 69404

**Year Established:** 1979

**Catalog of Federal Domestic Assistance No.:** 93.044

**Legal Authority:**

**Law:** US Older Americans Act of 1965, PL 89-73 and PL 100-175

**Regulation:** 9 NYCRR 6651-6655; 45 CFR 1321

**Program Contact:**

Frank DeMarinis  
Deputy Director  
Division of Local Program Operations  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-5705  
E-Mail: Frank.DeMarinis@ofa.state.ny.us

**Fiscal Contact:**

John J. Lynch  
Principal Accountant  
Division of Finance and Administration  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-4808  
E-Mail: Jack.Lynch@ofa.state.ny.us

**Eligibility:** State Governments, Counties, Private Non-Profit Groups and Indian Reservations. Must be an Area Agency on Aging. State must have an approved plan and have an Agency on Aging.

**Type of Program and Special Restrictions:** Optional, but once chosen subject to mandated State and Federal requirements. No more than 10 percent of funds may be used for area plan administration. Specified minimum percentages must be used for priority services and at least one percent must be used for a long-term care ombudsman program. No more than five percent of aid to State may be used for administration.

**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:** Population factors include: persons over age 60, below poverty level, minorities, minorities below poverty level, functionally impaired. Complex formula. Consult CFDA listing.

**Matching Requirement:** Federal 85%, State 5%, Local 10% for service expenditures. For administrative expenditures reimbursement is 75% Federal with 25% State/Local.

**Maintenance of Effort:** NA

**Amounts Appropriated:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	26,000,000	NA	NA
SFY 03-04	26,000,000	NA	NA
SFY 04-05	26,000,000	NA	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	20,861,757	NA	NA
SFY 03-04	22,151,564	NA	NA

# OLDER AMERICANS ACT, TITLE III-D, PREVENTIVE HEALTH SERVICES

**Objective:** Promotes health and well being among elderly persons and establishes Disease Prevention programs for the most vulnerable and low-income elderly.

**Administering Agency:** NYS Office for the Aging; US Department of Health and Human Services

**Specific Program URL:** NA

**NYS Object Code:** 69434

**Year Established:** 1992

**Catalog of Federal Domestic Assistance No.:** 93.043

**Legal Authority:**

**Law:** US Older Americans Act of 1965, as amended, PL 100-175 and PL 106-501

**Regulation:** 45 CFR 1321

**Program Contact:**

Marcus Harazin  
Assistant Director  
Division of Local Program Operations  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-5705  
E-Mail: Marcus.Harazin@ofa.state.ny.us

**Fiscal Contact:**

John J. Lynch  
Principal Accountant  
Division of Finance and Administration  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-4808  
E-Mail: Jack.Lynch@ofa.state.ny.us

**Eligibility:** Counties, City of New York, Private Non-Profit Groups and Indian Tribal Organizations designated as an Area Agency on Aging.

**Type of Program and Special Restrictions:** Optional, but once chosen subject to mandated State and Federal requirements. Federal funds may not be used for administrative costs at the local level. A maximum of five percent of funds may be used for administration at the State level. Each grantee must spend a specified amount on medication management activities.

**Action Required to Receive Aid:** County Area Agency on Aging must file a non-competitive application for aid with the NYS Office for the Aging.

**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:** Based on persons over age 60, low income, minority, low-income minority and functionally impaired. Priority is given to medically underserved areas.

**Matching Requirement:** Federal 85%, State 5%, Local 10%. Matching funds may not be used for any other Federal or State programs.

**Maintenance of Effort:** NA

**Amounts Appropriated:**

	<u>Federal Funds*</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	4,900,000	NA	NA
SFY 03-04	4,900,000	NA	NA
SFY 04-05	4,900,000	NA	NA

\*The appropriations cover other miscellaneous Federal programs in addition to Title III-D.

**OLDER AMERICANS ACT, TITLE III-D, PREVENTIVE HEALTH SERVICES (cont.)**

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	789,256	NA	NA
SFY 03-04	1,387,913	NA	NA

# RETIRED AND SENIOR VOLUNTEER PROGRAM (RSVP)

**Objective:** Recruit, train and place senior volunteers, 55+.

**Administering Agency:** NYS Office for the Aging

**Specific Program URL:** NA

**NYS Object Code:** 69490<sup>1</sup>

**Year Established:** 1989<sup>2</sup>

**Catalog of Federal Domestic Assistance No.:** NA

**Legal Authority:**

**Law:** NY Executive Law, Article 19-J, Chapter 163 of the Laws of 1999

**Regulation:** NA

**Program Contact:**

Richard Killian  
Program Director  
Division of Local Program Operations  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 474-7252  
E-Mail: Rich.Killian@ofa.state.ny.us

**Fiscal Contact:**

John J. Lynch  
Principal Accountant  
Division of Finance and Administration  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-4808  
E-Mail: Jack.Lynch@ofa.state.ny.us

**Eligibility:** Must be current RSVP grant recipient.

**Type of Program and Special Restrictions:** Subject to mandated State and Federal requirements.  
Administrative costs may not exceed 10 percent of funds.

**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 02-03	NA	500,000	NA
SFY 03-04	NA	442,000	NA
SFY 04-05	NA	442,000	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	499,563	NA
SFY 03-04	NA	489,108	NA

<sup>1</sup>Refers to Office for the Aging unclassified grants.

<sup>2</sup>No funds received 1991-1996.

## SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (TITLE V)

**Objective:** Provides low income older persons age 55 and older with training and part-time employment opportunities in public and private non-profit organizations.

**Administering Agency:** NYS Office for the Aging; US Department of Labor Employment and Training Administration.

**Specific Program URL:** NA

**NYS Object Code:** 69409

**Year Established:** 1984

**Catalog of Federal Domestic Assistance No.:** 17.235

**Legal Authority:**

**Law:** US Older Americans Act of 1965, Title V; PL 89-73, PL 100-175 and PL 106-501

**Regulation:** 20 CFR Part 641

**Program Contact:**

Laurence Shapiro  
Special Projects Unit  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 474-5636  
E-Mail: Larry.Shapiro@ofa.state.ny.us

**Fiscal Contact:**

John J. Lynch  
Principal Accountant  
Division of Finance and Administration  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-4808  
E-Mail: Jack.Lynch@ofa.state.ny.us

**Eligibility:** Local Area Agencies on Aging, Counties, Private Non-Profit Groups and Cities providing training and employment services to 55+ older workers.

**Type of Program and Special Restrictions:** Optional, but once chosen subject to mandated State and Federal requirements. At least 75 percent of Federal funds must be spent on enrollee wages and fringe benefits. Not more than 9.45 percent of Federal funds may be spent on area agency administration; not more than 13.5 percent on State and area administration.

**Action Required to Receive Aid:** SOFA approved subsponsor submits application for annual renewal of aid.

**Description of Aid:**

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

**Type of Aid:** Ongoing, renewable annually.

**Formula:** Population over age 55 and number of positions funded with a provision for a minimum allocation. Complex formula. Consult CFDA listing.

**Matching Requirement:** Federal 90%, Local 10%

**Maintenance of Effort:** NA

**Amounts Appropriated:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	7,000,000	NA	NA
SFY 03-04	7,000,000	NA	NA
SFY 04-05	7,000,000	NA	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	5,669,849	NA	NA
SFY 03-04	5,381,189	NA	NA

## SOCIAL ADULT DAY SERVICES (SADS)

**Objective:** To operate social adult day services programs that provide a variety of long term care services to a group of individuals possessing functional impairments, whether due to physical or cognitive impairments, in a congregate setting.

**Administering Agency:** NYS Office for the Aging

**Specific Program URL:** NA

**NYS Object Code:** 69490<sup>1</sup>

**Year Established:** 2000

**Catalog of Federal Domestic Assistance No.:** NA

**Legal Authority:**

**Law:** NY Executive Law, Article 19J, Section 541a

**Regulation:** 9 NYCRR 6654.20

**Program Contact:**

Andrea Hoffman  
 Program Director  
 Bureau of Community Based Long  
 Term Care Services  
 NYS Office for the Aging  
 2 Empire State Plaza  
 Albany, NY 12223-1251  
 (518) 474-0484  
 E-Mail: Andrea.Hoffman@ofa.state.ny.us

**Fiscal Contact:**

John J. Lynch  
 Principal Accountant  
 Division of Finance and Administration  
 NYS Office for the Aging  
 2 Empire State Plaza  
 Albany, NY 12223-1251  
 (518) 473-4808  
 E-Mail: Jack.Lynch@ofa.state.ny.us

**Eligibility:** Incorporated Not-for-Profit or a local government operating a social adult day services program for functionally impaired elderly (60 or older).

**Type of Program and Special Restrictions:** Subject to mandated State requirements. Funding is primarily to cover operating expenses, rather than capital expenses. Required services include socialization, supervision and monitoring, personal care and nutrition. Applications cannot be fully subcontracted.

**Action Required to Receive Aid:** Initially a competitive proposal for aid was required. Renewal funding is provided through a non-competitive application for aid.

**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:** Expenditures are reimbursed 75 percent State and 25 percent Local. The State may waive the matching requirements based on demonstrated financial need.

**Maintenance of Effort:** NA

**Amounts Appropriated:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	946,276	NA
SFY 03-04	NA	946,300	NA
SFY 04-05	NA	946,300	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	220,031	NA
SFY 03-04	NA	829,227	NA

<sup>1</sup>Refers to Office for the Aging unclassified grants.

# STATE HEALTH INSURANCE ASSISTANCE PROGRAM (SHIP), HEALTH INSURANCE INFORMATION COUNSELING AND ASSISTANCE PROGRAM (HIICAP)

**Objective:** Provides free, confidential, accurate and unbiased health insurance information, counseling and assistance.

**Administering Agency:** NYS Office for the Aging; US Department of Health and Human Services

**Specific Program URL:** <http://www.hiicap.state.ny.us>

**NYS Object Code:** 69490<sup>1</sup>

**Year Established:** 1992

**Catalog of Federal Domestic Assistance No.:** 93.779

**Legal Authority:**

**Law:** NA

**Regulation:** Section 4360 OBRA 1990, PL 101-508

**Program Contact:**

Nanci Hawver  
Program Director  
Division of Local Program Operations  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-7259  
E-Mail: [Nanci.Hawver@ofa.state.ny.us](mailto:Nanci.Hawver@ofa.state.ny.us)

**Fiscal Contact:**

John J. Lynch  
Principal Accountant  
Division of Finance and Administration  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-4808  
E-Mail: [Jack.Lynch@ofa.state.ny.us](mailto:Jack.Lynch@ofa.state.ny.us)

**Eligibility:** Counties, Private Non-Profit Groups and Indian Reservations. Restricted to Area Agencies on Aging.

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

**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:** Project Grant

**Formula:** Weighted population percentages with a minimum allocation level of \$8,000 (\$4,000 for the Indian Reservations.)

**Matching Requirement:** NA

**Maintenance of Effort:** NA

**Amounts Appropriated:**

	<u>Federal Funds*</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	4,900,000	NA	NA
SFY 03-04	4,900,000	NA	NA
SFY 04-05	4,900,000	NA	NA

\*The appropriation includes other Miscellaneous Federal programs in addition to SHIP.

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	336,039	NA	NA
SFY 03-04	172,947	NA	NA

<sup>1</sup>Refers to Office for the Aging unclassified grants.

## SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

**Objective:** Provides nutritional services to individuals 60 and over deemed to be at high nutritional risk.

**Administering Agency:** NYS Office for the Aging

**Specific Program URL:** NA

**NYS Object Code:** 69424

**Year Established:** 1984

**Catalog of Federal Domestic Assistance No.:** NA

**Legal Authority:**

**Law:** NY Laws of 1992, Chapter 53

**Regulation:** NA

**Program Contact:**

Frank DeMarinis  
Deputy Director  
Division of Local Program Operations  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-5705  
E-Mail: Frank.DeMarinis@ofa.state.ny.us

**Fiscal Contact:**

John J. Lynch  
Principal Accountant  
Division of Finance and Administration  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-4808  
E-Mail: Jack.Lynch@ofa.state.ny.us

**Eligibility:** Counties and Private Non-Profit Groups. Must be an Area Agency on Aging.

**Type of Program and Special Restrictions:** Optional, but once chosen subject to mandated State requirements.  
Not more than five percent of the funds may be used for administration.

**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:** Population factors including: over age 60 minorities, below 150 percent poverty, persons over age 85, over age 60 living alone, over age 60 hospital discharged.

**Matching Requirement:** NA

**Maintenance of Effort:** NA

**Amounts Appropriated:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	17,209,000	NA
SFY 03-04	NA	17,209,000	NA
SFY 04-05	NA	17,209,000	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	18,224,922	NA
SFY 03-04	NA	17,427,090	NA

# TITLE VII; CHAPTER 2 - LONG TERM CARE OMBUDSMAN SERVICES FOR OLDER INDIVIDUALS PROGRAM (LTCOP)

**Objective:** Receives, investigates and resolves complaints and concerns regarding skilled nursing and adult care facilities. Volunteers are recruited and trained as certified ombudsmen who advocate on behalf of residents, assisting them, their families and the facilities in the resolution of problems.

**Administering Agency:** NYS Office for the Aging; US Department of Health and Human Services

**Specific Program URL:** [www.ombudsman.state.ny.us](http://www.ombudsman.state.ny.us)

**NYS Object Code:** 69490<sup>1</sup>

**Year Established:** 1992

**Catalog of Federal Domestic Assistance No.:** 93.042

**Legal Authority:**

**Law:** US Older Americans Act of 1965, PL 100-175 and PL 106-501

**Regulation:** NA

**Program Contact:**

Martha Haase  
Assistant Director, LTC Ombudsman Program  
Executive Division  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 474-0108  
E-Mail: Marty.Haase@ofa.state.ny.us

**Fiscal Contact:**

John J. Lynch  
Principal Accountant  
Division of Finance and Administration  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-4808  
E-Mail: Jack.Lynch@ofa.state.ny.us

**Eligibility:** Counties and Private Non-Profit Groups designated to operate local ombudsman program.

**Type of Program and Special Restrictions:** Optional, but once chosen subject to mandated State and Federal requirements. Funds may not be used for administrative costs.

**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:** Funding was allocated to the Area Agencies on Aging (AAA) or Private Non-Profit Group based on the percentage of long term care beds in their county/facility, with \$8,000 minimum base allocation.

**Matching Requirement:** NA

**Maintenance of Effort:** The amount expended on LTCOP services cannot be less than the total amount expended by the agency in FY 2000.

**Amounts Appropriated:**

	<u>Federal Funds*</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	4,900,000	NA	NA
SFY 03-04	4,900,000	NA	NA
SFY 04-05	4,900,000	NA	NA

\*The appropriations cover other miscellaneous Federal programs in addition to LTCOP.

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	662,725	NA	NA
SFY 03-04	783,334	NA	NA

<sup>1</sup>Refers to Office for the Aging unclassified grants.

## WEATHERIZATION REFERRAL AND PACKAGING PROGRAM (WRAP)

**Objective:** Limited energy case management services for low income, energy vulnerable elderly.

**Administering Agency:** NYS Office for the Aging; US Department of Health and Human Services

**Specific Program URL:** NA

**NYS Object Code:** 69412

**Year Established:** 1993

**Catalog of Federal Domestic Assistance No.:** 93.568

**Legal Authority:**

**Law:** US Low Income Home Energy Assistance Act of 1981

**Regulation:** NA

**Program Contact:**

Richard Killian  
Program Director  
Energy Programs  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 4747252  
E-Mail: Rich.Killian@ofa.state.ny.us

**Fiscal Contact:**

John J. Lynch  
Principal Accountant  
Division of Finance and Administration  
NYS Office for the Aging  
2 Empire State Plaza  
Albany, NY 12223-1251  
(518) 473-4808  
E-Mail: Jack.Lynch@ofa.state.ny.us

**Eligibility:** Area Agencies on Aging.

**Type of Program and Special Restrictions:** Optional, but once chosen subject to mandated State and Federal requirements. Funds are used for cost of programmatic services and assistance to beneficiaries.

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

**Description of Aid:**

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

**Type of Aid:** Ongoing

**Formula:** Based on population over age 60 and local performance.

**Matching Requirement:** NA

**Maintenance of Effort:** NA

**Amounts Appropriated:**

	<u>Federal Funds*</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	NA	NA
SFY 03-04	NA	NA	NA
SFY 04-05	NA	NA	NA

\*Appropriations are included in the NYS Office of Temporary and Disability Assistance budget.

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	3,304,226	NA	NA
SFY 03-04	4,365,780	NA	NA

\*Disbursements were made through NYS Office of Temporary and Disability Assistance accounts.

