

## 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 02-03	3,377,584	2,600,000	NA
SFY 03-04	3,755,454	2,600,000	NA
SFY 04-05	NA**	2,600,000	NA

\*Federal Grant Award Amount.

\*\*Anticipated Receipt March 05.

**Amounts Disbursed:**

	<u>Federal Funds***</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	3,425,011	2,082,340	NA
SFY 03-04	3,422,339	2,203,086	NA

\*\*\*Total Federal grant funds expended during SFY.

## 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:** 63417<sup>1</sup>

**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 02-03	NA	NA	100,000
SFY 03-04	NA	NA	100,000
SFY 04-05	NA	NA	100,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	17,412	94,561
SFY 03-04	NA	NA	90,053

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**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:** 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.

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

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

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	28,321	471,459
SFY 03-04	NA	NA	425,056

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**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 02-03	NA	NA	1,300,000
SFY 03-04	NA	NA	1,838,000
SFY 04-05	NA	NA	1,838,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.*</u>
SFY 02-03	NA	564,806	1,111,056
SFY 03-04	NA	NA	1,317,115

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

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**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 02-03	NA	NA	2,655,000
SFY 03-04	NA	NA	2,655,000
SFY 04-05	NA	NA	2,655,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	1,423,298	538,542
SFY 03-04	NA	NA	2,493,816

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**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 02-03	NA	NA	925,000
SFY 03-04	NA	NA	925,000
SFY 04-05	NA	NA	925,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	108,393	713,723
SFY 03-04	NA	NA	844,484

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**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 02-03	NA	NA	718,000
SFY 03-04	NA	NA	500,000
SFY 04-05	NA	NA	500,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	28,321	471,459
SFY 03-04	NA	NA	425,056

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**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:** 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 02-03	NA	NA	4,900,000
SFY 03-04	NA	NA	4,900,000
SFY 04-05	NA	NA	4,900,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds*</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	996,359	4,026,610
SFY 03-04	NA	62,410	4,431,573

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

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**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 02-03	NA	NA	300,000
SFY 03-04	NA	NA	300,000
SFY 04-05	NA	NA	300,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	22,654	219,793
SFY 03-04	NA	NA	193,062

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**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 02-03	NA	1,768,000	13,150,000
SFY 03-04	NA	1,062,600	13,150,000
SFY 04-05	NA	NA	13,150,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	NA	11,641,944
SFY 03-04	NA	NA	12,601,982

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**Year Established:** 1983

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

**Legal Authority:**

**Law:** NY Laws of 1990, Chapter 53

**Regulation:** NA

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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 02-03	NA	1,518,000	26,828,000
SFY 03-04	NA	1,062,600	27,291,000
SFY 04-05	NA	NA	27,291,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	7,728,015	22,809,635
SFY 03-04	NA	56,323	28,946,764

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**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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(518) 473-7238  
E-Mail: NA

**Fiscal Contact:**

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Budgeting Analyst  
Bureau of Budget Management  
NYS Department of Health  
Corning Tower, Room 1384  
Empire State Plaza  
Albany, NY 12237  
(518) 474-3058  
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 02-03	NA	NA	6,500,000
SFY 03-04	NA	NA	6,500,000
SFY 04-05	NA	NA	6,500,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	NA	5,056,375
SFY 03-04	NA	NA	5,004,331

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**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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(518) 474-3058  
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 02-03	NA	NA	2,500,000
SFY 03-04	NA	NA	2,500,000
SFY 04-05	NA	NA	2,500,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	573,022	1,304,148
SFY 03-04	NA	NA	2,809,003

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**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:** 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 02-03	NA	1,700,000	NA
SFY 03-04	NA	1,700,000	NA
SFY 04-05	NA	1,700,000	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	1,500,000	NA
SFY 03-04	NA	1,500,000	NA

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**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, 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 02-03	NA	562,500	1,000,000
SFY 03-04	NA	393,750	1,000,000
SFY 04-05	NA	393,800	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 02-03	NA	1,072,757	899,419
SFY 03-04	NA	136,659	769,608

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**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:** 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 02-03	NA	NA	718,000
SFY 03-04	NA	NA	1,200,000
SFY 04-05	NA	NA	1,200,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	126,768	962,218
SFY 03-04	NA	NA	1,133,680

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**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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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 02-03	NA	NA	750,000
SFY 03-04	NA	NA	750,000
SFY 04-05	NA	NA	750,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	351,594	406,252
SFY 03-04	NA	NA	688,117

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**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 02-03	NA	NA	2,100,000
SFY 03-04	NA	NA	2,100,000
SFY 04-05	NA	NA	2,100,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	NA	2,117,223
SFY 03-04	NA	NA	1,369,128

<sup>1</sup>Refers 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  
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E-Mail: kxc06@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 02-03	NA	486,000	NA
SFY 03-04	NA	486,000	NA
SFY 04-05	NA	486,000	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	643,712	NA
SFY 03-04	NA	614,522	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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**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 02-03	NA	NA	1,000,000
SFY 03-04	NA	NA	1,000,000
SFY 04-05	NA	NA	1,000,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	NA	108,763
SFY 03-04	NA	NA	312,139

## 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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Director  
Arthropod Disease Program  
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**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 02-03	NA	150,000	NA
SFY 03-04	NA	150,000	NA
SFY 04-05	NA	150,000	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	90,340	NA
SFY 03-04	NA	11,793	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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E-Mail: kxc06@health.state.ny.us

**Eligibility:** Any individual/organization needing information.

**Type of Program and Special Restrictions:** Optional.

**Action Required to Receive Aid:** Assistance through utilization of Department expertise.

**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  
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**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 02-03	NA	4,000,000	3,445,000
SFY 03-04	NA	4,000,000	3,445,000
SFY 04-05	NA	4,000,000	3,445,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	2,668,084	1,440,230
SFY 03-04	NA	3,891,457	2,037,621

## 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:** 10.560 and 10.558

**NYS Object Code:** 63405<sup>1</sup>

**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  
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 Menands, NY 12204-2719  
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 E-Mail: pmp02@health.state.ny.us

**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>
SFY 02-03	187,600,000	NA	NA
SFY 03-04	203,658,000	NA	NA
SFY 04-05	207,903,000	NA	NA

\*The amount appropriated provides contingency for CACFP Entitlement growth.

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	135,177,680	NA	NA
SFY 03-04	140,259,512	NA	NA

<sup>1</sup>Refers 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  
 Bureau of Child and Adolescent Health  
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 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 02-03	7,178,000	NA	NA
SFY 03-04	6,114,000	NA	NA
SFY 04-05	6,114,000	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 02-03	6,114,000	NA	NA
SFY 03-04	5,617,000 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:**

James Raucci  
 Director  
 Lead Program  
 Bureau of Child and Adolescent Health  
 NYS Department of Health  
 Corning Tower, Room 227  
 Albany, NY 12237  
 (518) 473-4602  
 E-Mail: jjr04@health.state.ny.us

**Fiscal Contact:**

Kathleen Czosnykowski  
 Associate Budgeting Analyst  
 Bureau of Budget Management  
 NYS Department of Health  
 Corning Tower, Room 1384  
 Albany, NY 12237  
 (518) 474-3206  
 E-Mail: kxc06@health.state.ny.us

**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 02-03	NA	720,000	400,000
SFY 03-04	NA	4,720,000	400,000
SFY 04-05	NA	4,720,000	400,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	672,808	476,995
SFY 03-04	NA	1,999,406	365,522

# 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:**

Ellis Jacobs, Ph.D.  
Director  
Clinical Laboratory Evaluation Program  
NYS Department of Health  
Wadsworth Laboratory  
P.O. Box 509  
Empire State Plaza  
Albany, NY 12201-0509  
(518) 485-5378  
E-Mail: NA

**Fiscal Contact:**

Mady Pennisi  
Chief Budgeting Analyst  
Bureau of Budget Management  
NYS Department of Health  
Corning Tower, Room 1384  
Empire State Plaza  
Albany, NY 12237  
(518) 474-3162  
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:**

Sarah DelSignore  
 Senior Budgeting Analyst  
 Bureau of Budget Management  
 NYS Department of Health  
 Corning Tower, Room 1384  
 Albany, NY 12237  
 (518) 402-5485  
 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 02-03	1,200,000	NA	NA
SFY 03-04	1,200,000	NA	NA
SFY 04-05	866,000	NA	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	866,000	NA	NA
SFY 03-04	866,000 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:** 63417<sup>1</sup>

**Year Established:** 1995

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

**Legal Authority:**

**Law:** NY Laws of 1990, Chapter 53

**Regulation:** NA

**Program Contact:**

Valerie J. White  
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:**

Kevin Riggi  
Budgeting Analyst  
Bureau of Budget Management  
NYS Department of Health  
Corning Tower, Room 1384  
Empire State Plaza  
Albany, NY 12237  
(518) 474-3058  
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 02-03	NA	NA	75,000
SFY 03-04	NA	NA	75,000
SFY 04-05	NA	NA	75,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	14,303	75,000
SFY 03-04	NA	NA	75,000

<sup>1</sup>Refers 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:**

Kathleen Czosnykowski  
 Associate Budgeting Analyst  
 Bureau of Budget Management  
 NYS Department of Health  
 Corning Tower, Room 1384  
 Albany, NY 12237  
 (518) 474-3206  
 E-Mail: kxc06@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 02-03	NA	550,000	NA
SFY 03-04	NA	148,900	NA
SFY 04-05	NA	148,900	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	512,914	NA
SFY 03-04	NA	364,575	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:** 63408<sup>1</sup>

**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  
 Chief Budgeting Analyst  
 Bureau of Budget Management  
 NYS Department of Health  
 Corning Tower, Room 1384  
 Albany, NY 12237  
 (518) 474-3162  
 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 02-03	NA	140,000	NA
SFY 03-04	NA	140,000	NA
SFY 04-05	NA	NA	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	137,951	NA
SFY 03-04	NA	70,000	NA

<sup>1</sup>Refers 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:**

Kathleen Czosnykowski  
 Associate Budgeting Analyst  
 Bureau of Budget Management  
 NYS Department of Health  
 Corning Tower, Room 1384  
 Albany, NY 12237  
 (518) 474-3206  
 E-Mail: kxc06@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 02-03	40,052,000	210,000,000	NA
**SFY 03-04	26,098,730	270,000,000	NA
**SFY 04-05	26,210,607	270,000,000	NA

\*Reflects appropriated amount in SFY 02-03 budget including contingency. Grant award value has remained consistent, however, through SFY 04-05.

\*\*Federal grant award amount.

**Amounts Disbursed:**

	<u>Federal Funds***</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	26,211,617	210,096,961	NA
SFY 03-04	27,892,670	218,837,633	NA

\*\*\*Total Federal grant funds expended during SFY.

## 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](mailto: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) 402-5485  
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 02-03	NA	NA	11,000,000
SFY 03-04	NA	NA	11,000,000
SFY 04-05	NA	NA	11,000,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	NA	10,500,000
SFY 03-04	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](mailto: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) 402-5485  
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 02-03	NA	NA	375,000
SFY 03-04	NA	NA	375,000
SFY 04-05	NA	NA	375,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	NA	375,000
SFY 03-04	NA	NA	375,000

## 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) 402-5485  
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 02-03	NA	NA	3,000,000
SFY 03-04	NA	NA	3,000,000
SFY 04-05	NA	NA	3,000,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	NA	3,000,000
SFY 03-04	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  
Chief Budgeting Analyst  
Bureau of Budget Management  
NYS Department of Health  
Corning Tower, Room 1384  
Empire State Plaza  
Albany, NY 12237  
(518) 474-3162  
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  
Chief Budgeting Analyst  
Bureau of Budget Management  
NYS Department of Health  
Corning Tower, Room 1384  
Albany, NY 12237  
(518) 474-3162  
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 02-03	NA	331,000	NA
SFY 03-04	NA	231,000	NA
SFY 04-05	NA	231,000	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	246,910	NA
SFY 03-04	NA	218,265	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  
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(518) 474-3206  
E-Mail: kxc06@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 02-03	10,000,000	15,818,000	2,497,000
SFY 03-04	10,000,000	16,168,000	2,497,000
SFY 04-05	10,000,000	15,818,000	2,497,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	10,885,139	15,372,936	2,586,844
SFY 03-04	11,207,312	15,782,008	2,476,377

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



## 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:**

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Senior Budgeting Analyst  
Bureau of Budget Management  
NYS Department of Health  
Corning Tower, Room 1384  
Albany, NY 12237  
(518) 402-5485  
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 02-03	1,900,000	NA	NA
SFY 03-04	1,900,000	NA	NA
SFY 04-05	1,900,000	NA	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	1,900,000	NA	NA
SFY 03-04	1,900,000 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:**

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 NYS Department of Health  
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 E-Mail: NA

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Maria Reardon  
 Associate Budgeting Analyst  
 Bureau of Budget Management  
 NYS Department of Health  
 Corning Tower, Room 1358  
 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 02-03	9,438,339	NA	NA
SFY 03-04	10,052,420	NA	NA
SFY 04-05	10,296,956	NA	NA

\*Federal grant award amount.

**Amounts Disbursed:**

	<u>Federal Funds**</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	8,807,585	NA	NA
SFY 03-04	9,611,198	NA	NA

\*\*Total Federal grant funds expended during SFY.

## 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:** 63408<sup>1</sup>

**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  
 Chief Budgeting Analyst  
 Bureau of Budget Management  
 NYS Department of Health  
 Corning Tower, Room 1384  
 Albany, NY 12237  
 (518) 474-3162  
 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*</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	700,000	NA
SFY 03-04	NA	700,000	NA
SFY 04-05	NA	700,000	NA

\*Estimated Grant Year.

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	715,906	NA
SFY 03-04	NA	665,594	NA

<sup>1</sup>Refers 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:**

Deborah Spicer  
 Bureau of Risk Reduction  
 NYS Department of Health  
 Riverview Center  
 150 Broadway, 3<sup>rd</sup> Fl. W  
 Menands, NY 12204  
 (518) 474-6683  
 E-Mail: NA

**Fiscal Contact:**

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 Albany, NY 12237  
 (518) 474-3206  
 E-Mail: kxc06@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 02-03	NA	940,000	727,000
SFY 03-04	NA	254,000	727,000
SFY 04-05	NA	254,000	727,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	687,966	707,769
SFY 03-04	NA	402,474	534,129

## 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:**

Michael Cambridge  
Director  
Bureau of Community Environmental  
Health and Food Protection  
NYS Department of Health  
547 River Street  
Troy, NY 12237  
(518) 402-7600  
E-Mail: NA

**Fiscal Contact:**

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Associate Budgeting Analyst  
Bureau of Budget Management  
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Corning Tower, Room 1384  
Albany, NY 12237  
(518) 473-4379  
E-Mail: jdm04@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 02-03	1,250,000	NA	NA
SFY 03-04	1,250,000	NA	NA
SFY 04-05	1,250,000	NA	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	1,104,300	NA	NA
SFY 03-04	1,224,100	NA	NA

## 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:** 63417<sup>1</sup>

**Year Established:** 1990

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

**Legal Authority:**

**Law:** NY Laws of 1990, Chapter 53

**Regulation:** NA

**Program Contact:**

Valerie J. White  
Director, A&CM  
AIDS Institute  
NYS Department of Health  
Corning Tower  
Empire State Plaza  
Albany, NY 12237  
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E-Mail: NA

**Fiscal Contact:**

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Budgeting Analyst  
Bureau of Budget Management  
NYS Department of Health  
Corning Tower, Room 1384  
Empire State Plaza  
Albany, NY 12237  
(518) 474-3058  
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 02-03	NA	NA	1,489,000
SFY 03-04	NA	NA	1,489,000
SFY 04-05	NA	NA	1,489,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	NA	1,538,186
SFY 03-04	NA	NA	1,217,150

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**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  
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 E-Mail: NA

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 Bureau of Budget Management  
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 Empire State Plaza  
 Albany, NY 12237  
 (518) 474-3058  
 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 02-03	NA	NA	1,600,000
SFY 03-04	NA	NA	1,600,000
SFY 04-05	NA	NA	1,600,000

**Amounts Disbursed:**

SFY 02-03	NA	NA	1,298,660
SFY 03-04	NA	NA	1,621,668

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**Year Established:** 1988

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

**Legal Authority:**

**Law:** NY Laws of 1990, Chapter 53

**Regulation:** NA

**Program Contact:**

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 Albany, NY 12237  
 (518) 474-3058  
 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 02-03	NA	NA	4,000,000
SFY 03-04	NA	NA	4,000,000
SFY 04-05	NA	NA	4,000,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	NA	3,979,372
SFY 03-04	NA	NA	4,211,032

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**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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(518) 474-3058  
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 02-03	NA	NA	1,000,000
SFY 03-04	NA	NA	1,000,000
SFY 04-05	NA	NA	1,000,000

**Amounts Disbursed:**

SFY 02-03	NA	153,069	862,147
SFY 03-04	NA	NA	861,191

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**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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 (518) 474-3058  
 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 02-03	NA	NA	2,321,000
SFY 03-04	NA	NA	2,321,000
SFY 04-05	NA	NA	2,321,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	271,853	1,035,817
SFY 03-04	NA	NA	1,778,490

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**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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(518) 474-3058  
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 02-03	NA	NA	1,375,000
SFY 03-04	NA	NA	1,375,000
SFY 04-05	NA	NA	1,375,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	73,621	1,035,817
SFY 03-04	NA	NA	1,124,555

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**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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 Director, A&CM  
 AIDS Institute  
 NYS Department of Health  
 Corning Tower  
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 Albany, NY 12237  
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 Empire State Plaza  
 Albany, NY 12237  
 (518) 474-3058  
 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 02-03	NA	NA	1,130,000
SFY 03-04	NA	NA	1,130,000
SFY 04-05	NA	NA	1,130,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	109,834	763,026
SFY 03-04	NA	NA	1,165,593

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**Year Established:** 1997

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

**Legal Authority:**

**Law:** NY Laws of 1997, Chapter 53

**Regulation:** NA

**Program Contact:**

Valerie J. White  
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:**

Kevin Riggi  
Budgeting Analyst  
Bureau of Budget Management  
NYS Department of Health  
Corning Tower, Room 1384  
Empire State Plaza  
Albany, NY 12237  
(518) 474-3058  
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 02-03	NA	562,500	NA
SFY 03-04	NA	393,750	NA
SFY 04-05	NA	393,800	NA

\*Available through interchange.

**Amounts Disbursed:**

SFY 02-03	NA	361,678	NA
SFY 03-04	NA	182,607	NA

<sup>1</sup>Refers 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:**

Maria Reardon  
 Associate 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 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 02-03	17,825,000	NA	9,100,000
**SFY 03-04	14,336,835	NA	9,100,000
**SFY 04-05	Not Received To Date	NA	9,100,000

\*This grant award was for a two year period – SFY 99 + SFY 00 combined into one grant award.

\*\*Federal grant award amount.

**Amounts Disbursed:**

	<u>Federal Funds***</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	10,569,705	3,879,610	NA
SFY 03-04	9,125,768	NA	1,589,598

\*\*\*Total Federal grant funds expended during SFY.

# 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:**

Edward McMullen  
 Sr. Budgeting Analyst  
 Bureau of Budget Management  
 NYS Department of Health  
 Corning Tower, Room 1384  
 Empire State Plaza  
 Albany, NY 12237  
 (518) 486-1410  
 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 02-03	NA	NA	8,000,000
SFY 03-04	NA	NA	12,427,923*
SFY 04-05	NA	NA	13,500,000

\*Difference from enacted appropriation of \$10,000,000 reflects interchange from Physically Handicapped Children Program.

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	8,440,363	NA
SFY 03-04	NA	11,076,292	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:** 63417<sup>1</sup>

**Year Established:** 1995

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

**Legal Authority:**

**Law:** NY Laws of 1990, Chapter 53

**Regulation:** NA

**Program Contact:**

Valerie J. White  
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:**

Kevin Riggi  
Budgeting Analyst  
Bureau of Budget Management  
NYS Department of Health  
Corning Tower, Room 1384  
Empire State Plaza  
Albany, NY 12237  
(518) 474-3058  
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 02-03	NA	NA	50,000
SFY 03-04	NA	NA	50,000
SFY 04-05	NA	NA	50,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	NA	50,000
SFY 03-04	NA	NA	50,000

<sup>1</sup>Refers to all Department of Health AIDS contracts.



# 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:** 63491<sup>1</sup>

**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:**

Sarah DelSignore  
Senior Budgeting Analyst  
Bureau of Budget Management  
NYS Department of Health  
Corning Tower, Room 1384  
Albany, NY 12237  
(518) 402-5485  
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 02-03	22,545,000	NA	NA
SFY 03-04	21,908,000	NA	NA
SFY 04-05	23,000,000	NA	NA

\*For grant period.

**MATERNAL AND CHILD HEALTH SERVICES (cont.)**

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	37,500,000	NA	NA
SFY 03-04	42,100,000	NA	NA

\*For grant period.

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

<sup>1</sup>Refers 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  
Director, Agency Budgeting Services  
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:** Reflects new appropriations in DOH only.

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.*</u>
SFY 02-03	17,054,000,000	5,949,780,000	3,509,800,000
SFY 03-04	21,628,087,000	6,068,121,000	4,240,300,000
SFY 04-05	22,101,002,000	6,767,809,000	4,274,700,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds**</u>	<u>State Spec. Rev.* , **</u>
SFY 02-03	17,078,000,000	6,469,400,000	3,975,200,000
SFY 03-04	19,046,000,000	6,692,700,000	4,826,700,000

\*Includes Fund 169

\*\*Includes transfers from other State agencies.

# 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  
Director, Agency Budgeting Services  
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 02-03	481,800,000	114,350,000	NA
SFY 03-04	481,800,000	113,350,000	NA
SFY 04-05	481,800,000	115,850,000	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	370,604,000	112,279,000	NA
SFY 03-04	420,358,000	121,654,000	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:**

Sarah DelSignore  
 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) 402-5485  
 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 02-03	200,000	NA	NA
SFY 03-04	240,000	NA	NA
SFY 04-05	240,000	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 02-03	190,000	NA	NA
SFY 03-04	240,000 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:**

Sarah DelSignore  
Senior Budgeting Analyst  
Bureau of Budget Management  
NYS Department of Health  
Corning Tower, Room 1384  
Albany, NY 12237  
(518) 402-5485  
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 02-03	3,200,000	NA	NA
SFY 03-04	3,200,000	NA	NA
SFY 04-05	3,200,000	NA	NA

\*For grant period.

**Amounts Disbursed:\***

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	2,524,000	NA	NA
SFY 03-04	2,800,000 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:** 63405<sup>1</sup>

**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:**

Edward McMullen  
 Sr. Budgeting Analyst  
 Bureau of Budget Management  
 NYS Department of Health  
 Corning Tower, Room 1384  
 Empire State Plaza  
 Albany, NY 12237  
 (518) 486-1410  
 E-Mail: NA

**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 02-03	450,000	850,000	NA
SFY 03-04	1,450,000	1,850,000	NA
SFY 04-05	1,450,000	1,850,000	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	404,123	849,999	NA
SFY 03-04	495,265	1,850,000	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.

<sup>1</sup>Refers 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:**

Edward McMullen  
 Sr. Budgeting Analyst  
 Bureau of Budget Management  
 NYS Department of Health  
 Corning Tower, Room 1384  
 Albany, NY 12237-0657  
 (518) 486-1410  
 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 02-03	NA	NA	4,000,000
SFY 03-04	NA	NA	1,588,214*
SFY 04-05	NA	NA	4,000,000

\*Difference from enacted appropriation of \$4,000,000 reflects interchange to Indian Health Program. These funds were not needed to pay Physically Handicapped Children Program vouchers.

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	NA	1,210,031
SFY 03-04	NA	NA	1,669,748



**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:**

Sarah DelSignore  
Senior Budgeting Analyst  
Bureau of Budget Management  
NYS Department of Health  
Corning Tower, Room 1384  
Albany, NY 12237  
(518) 402-5485  
E-Mail: NA

**Eligibility:** Local Health Units.

**Type of Program and Special Restrictions:** Optional, without any State of 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 02-03	1,800,000	NA	NA
SFY 03-04	1,800,000	NA	NA
SFY 04-05	1,800,000	NA	NA

\*For grant period.

**Amounts Disbursed:\***

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	1,650,000	NA	NA
SFY 03-04	1,650,000 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:** 63417<sup>1</sup>

**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:**

Kevin Riggi  
 Budgeting Analyst  
 Bureau of Budget Management  
 NYS Department of Health  
 Corning Tower, Room 1384  
 Empire State Plaza  
 Albany, NY 12237  
 (518) 474-3058  
 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 02-03	NA	NA	90,000
SFY 03-04	NA	NA	90,000
SFY 04-05	NA	NA	90,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	25,097	36,237
SFY 03-04	NA	NA	116,763

<sup>1</sup>Refers 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:**

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

**Fiscal Contact:**

Kathleen Czosnykowski  
 Associate Budgeting Analyst  
 Bureau of Budget Management  
 NYS Department of Health  
 Corning Tower, Room 1358  
 Albany, NY 12237  
 (518) 474-3206  
 E-Mail: kxc06@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 02-03	4,298,114	1,499,000	2,994,726
SFY 03-04	3,895,673	698,360	3,197,313
SFY 04-05	3,895,673	698,360	3,197,313

**Amounts Disbursed:\***

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	3,654,325	615,376	3,038,949
SFY 03-04	3,559,767	571,454	3,042,313

\*Appropriation and Disbursement amounts include funds allocated by Nutrition and AIDS programs. Federal funds reflect available Medicaid match funding.

## 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:** 63492<sup>1</sup>

**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:**

G. Anders Carlson  
Director  
Division of Environmental Health Investigations  
NYS Department of Health  
547 River Street  
Troy, NY 12180  
(518) 402-7501  
E-Mail: NA

**Fiscal Contact:**

Jeffrey Mattice  
Associate Budgeting Analyst  
Bureau of Budget Management  
NYS Department of Health  
Corning Tower, Room 1384  
Albany, NY 12237  
(518) 473-4379  
E-Mail: jdm04@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 02-03	9,052,200	NA	NA
SFY 03-04	9,939,000	NA	NA
SFY 04-05	11,430,000	NA	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	4,703,200	NA	NA
SFY 03-04	3,865,800	NA	NA

<sup>1</sup>Refers 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:** 63417<sup>1</sup>

**Year Established:** 1989

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

**Legal Authority:**

**Law:** NY Laws of 1990, Chapter 53

**Regulation:** NA

**Program Contact:**

Valerie J. White  
 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:**

Kevin Riggi  
 Budgeting Analyst  
 Bureau of Budget Management  
 NYS Department of Health  
 Corning Tower, Room 1384  
 Empire State Plaza  
 Albany, NY 12237  
 (518) 474-3058  
 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 02-03	NA	NA	3,034,000
SFY 03-04	NA	NA	3,034,000
SFY 04-05	NA	NA	3,034,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	NA	2,463,605
SFY 03-04	NA	NA	2,407,485

<sup>1</sup>Refers 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.

**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:**

Christopher Fay  
Associate Budgeting Analyst  
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 02-03	935,000	NA
SFY 03-04	832,000	NA
SFY 04-05	856,000	NA

**Amounts Disbursed:**

	<u>State Spec. Rev.</u>	<u>HCRA Funds</u>
SFY 02-03	606,195	7,165,321*
SFY 03-04	618,820	6,519,113*

\*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:**

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:**

Kathleen Czosnykowski  
Associate Budgeting Analyst  
Bureau of Budget Management  
NYS Department of Health  
Corning Tower, Room 1384  
Albany, NY 12237  
(518) 474-3206  
E-Mail: kxc06@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 02-03	NA	NA	6,850,000
SFY 03-04	NA	NA	6,850,000
SFY 04-05	NA	NA	6,850,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	1,467,541	3,872,165
SFY 03-04	NA	NA	5,757,660

## 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:** 63101<sup>1</sup>, 63201<sup>2</sup>

**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:**

Edward McMullen  
 Sr. Budgeting Analyst  
 Bureau of Budget Management  
 NYS Department of Health  
 Corning Tower, Room 1384  
 Albany, NY 12237-0012  
 (518) 486-1410  
 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 02-03	NA	213,500,000	1,050,000
SFY 03-04	NA	200,300,000	1,050,000
SFY 04-05	NA	261,900,000	3,050,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	203,596,937	1,050,000
SFY 03-04	NA	230,322,955	1,050,000

<sup>1</sup>Refers to Department of Health General Public Health Services.

<sup>2</sup>Includes Laboratories as of 4/1/91.



# 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: mxco4@health.state.ny.us

**Fiscal Contact:**

Kathleen Czosnykowski  
Associate 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: kxc06@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 02-03	NA	1,486,000	NA
SFY 03-04	NA	1,486,000	NA
SFY 04-05	NA	1,486,000	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	1,677,315	NA
SFY 03-04	NA	1,231,079	NA

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  
Corning Tower, Room 621  
Empire State Plaza  
Albany, NY 12237  
(518) 474-3186  
E-Mail: mxeo4@health.state.ny.us

**Fiscal Contact:**

Kathleen Czosnykowski  
Associate 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: kxc06@health.state.ny.us

**Eligibility:** Counties, Health Care Providers, Veterinarians, Other State Agencies and Non-Governmental Organizations and the General Public.

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

**Action Required to Receive Aid:** Assistance through utilization of Department expertise.

**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:**

Marilee Grygelko  
 Principal Health Systems Management Analyst  
 Bureau of Women's Health  
 NYS Department of Health  
 Corning Tower, Room 1882  
 Albany, NY 12237  
 (518) 474-1911  
 E-Mail: NA

**Fiscal Contact:**

Maria Reardon  
 Associate 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 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 02-03	4,810,800	1,584,000	131,000
**SFY 03-04	2,756,390	1,476,000	131,000
**SFY 04-05	2,742,528	1,224,000	131,000

\*Appropriated amount in SFY 2002-03 budget.

\*\*Federal grant award amount.

**Amounts Disbursed:**

	<u>Federal Funds***</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	2,001,253	1,230,744	201,088
SFY 03-04	5,737,600	1,336,911	107,130

\*\*\*Total Federal grant funds expended during SFY.

## 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:**

Eric McShane  
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  
Associate 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 02-03	230,000	NA	NA
SFY 03-04	175,000	NA	NA
SFY 04-05	175,000	NA	NA

\*Federal grant award amount.

**Amounts Disbursed:**

	<u>Federal Funds**</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	54,055	NA	NA
SFY 03-04	151,564	NA	NA

\*\*Total Federal grant funds expended during SFY.

## 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:** Chapter 62 of the Laws of 2003; Health Care Reform Act of 2000; Title II, 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  
Corning Tower, Room 1119  
Albany, NY 12237  
(518) 474-5565  
E-Mail: kam13@health.state.ny.us

**Fiscal Contact:**

Christopher Fay  
Associate 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 02-03	NA	442,000	10,000,000
SFY 03-04	NA	402,000	9,200,000
SFY 04-05	NA	411,000	9,200,000

**Amounts Disbursed:**

	<u>State General Funds</u>	<u>State Spec. Rev.</u>	<u>HCRA Funds</u>
SFY 02-03	NA	224,110	8,792,299
SFY 03-04	NA	223,660	6,020,093

## 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:** Chapter 62 of the Laws of 2003; Health Care Reform Act of 2000; 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  
Corning Tower, Room 1119  
Albany, NY 12237  
(518) 474-5565  
E-Mail: kam13@health.state.ny.us

**Fiscal Contact:**

Christopher Fay  
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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:** 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 02-03	267,000	442,000	7,000,000
SFY 03-04	267,000	402,000	6,600,000
SFY 04-05	NA	410,000	6,600,000

**Amounts Disbursed:**

	<u>State General Funds</u>	<u>State Spec. Rev.</u>	<u>HCRA Funds</u>
SFY 02-03	NA	224,110	4,194,899
SFY 03-04	NA	223,660	6,463,658

## 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:**

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

**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 02-03	NA	NA	6,500,000
SFY 03-04	3,500,000	NA	6,500,000
SFY 04-05	3,325,000	NA	6,500,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	NA	8,280,779
SFY 03-04	2,091,883	NA	6,069,633

# 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:** 63417<sup>1</sup>

**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:**

Kevin Riggi  
Budgeting Analyst  
Bureau of Budget Management  
NYS Department of Health  
Corning Tower, Room 1384  
Empire State Plaza  
Albany, NY 12237  
(518) 474-3058  
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 02-03	NA	NA	330,000
SFY 03-04	NA	NA	330,000
SFY 04-05	NA	NA	330,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	130,751	150,320
SFY 03-04	NA	NA	352,800

<sup>1</sup>Refers 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  
 Associate 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. 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 02-03	3,944,900	NA	NA
SFY 03-04	3,836,741	NA	NA
SFY 04-05	NA**	NA	NA

\*Federal grant award amount.

\*\*Anticipated receipt of grant 1/05.

**Amounts Disbursed:**

	<u>Federal Funds***</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	2,373,538	NA	NA
SFY 03-04	2,055,884	NA	NA

\*\*\*Total Federal grant funds expended during SFY.

## 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  
150 Broadway  
Menands, NY 12204-2719  
(518) 402-7093  
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 02-03	249,972,296	10,947,418	8,837,850
SFY 03-04	357,705,000	10,060,370	8,837,850
SFY 04-05	374,840,000	12,092,985	8,837,850

\*Portion used for WIC purposes.

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds*</u>	<u>State Spec. Rev.</u>
SFY 02-03	271,861,468	15,314,277	10,626,514
SFY 03-04	306,186,896	11,749,213	(1,955,832)

\*State funds can be 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  
Director  
Bureau of Water Supply Protection  
NYS Department of Health  
547 River Street  
Troy, NY 12180  
(518) 458-6731  
E-Mail: NA

**Fiscal Contact:**

Jeffrey Mattice  
Bureau of Budget Management  
NYS Department of Health  
Corning Tower, Room 1384  
Albany, NY 12237  
(518) 474-4379  
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:**

James J. Raucci  
Bureau of Child and  
Adolescent Health  
NYS Department of Health  
Corning Tower, Room 208  
Albany, NY 12237  
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Bureau of Budget Management  
NYS Department of Health  
Corning Tower, Room 1384  
Albany, NY 12237  
(518) 474-3306  
E-Mail: kxco6@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 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	152,000	NA
SFY 03-04	NA	41,100	NA
SFY 04-05	NA	41,100	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	152,000	NA
SFY 03-04	NA	111,859	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:**

Marta Riser  
Acting Director  
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:**

Sarah DelSignore  
Senior Budgeting Analyst  
Bureau of Budget Management  
NYS Department of Health  
Corning Tower, Room 1384  
Albany, NY 12237  
(518) 402-5485  
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 02-03	NA	NA	NA
SFY 03-04	255,000	NA	NA
SFY 04-05	255,000	NA	NA

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	255,000	NA	NA
SFY 03-04	255,000 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:**

Brian M. Miner  
Principal Sanitarian  
Center for Environmental Health  
Flanigan Square  
547 River Street  
Troy, NY 12180  
(518) 402-7600  
E-Mail: NA

**Fiscal Contact:**

Kathleen Czosnykowski  
Associate Budgeting Analyst  
Bureau of Budget Management  
NYS Department of Health  
Corning Tower, Room 1384  
Albany, NY 12237  
(518) 474-3206  
E-Mail: kxc06@health.state.ny.us

**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 02-03	NA	NA	2,500,000
SFY 03-04	NA	NA	2,500,000
SFY 04-05	NA	NA	2,500,000

**Amounts Disbursed:**

	<u>Federal Funds</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	NA	NA	1,163,396
SFY 03-04	NA	NA	2,237,762

## 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:**

Eric McShane  
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  
Associate 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, 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 02-03	7,364,100	NA	NA
SFY 03-04	4,710,367	NA	NA
SFY 04-05	NA**	NA	NA

\*Federal grant award amount – SFY 02-03 includes unexpended carryover from SFY 01-02.

\*\*Anticipated receipt of grant 1/05.

**Amounts Disbursed:**

	<u>Federal Funds***</u>	<u>State General Funds</u>	<u>State Spec. Rev.</u>
SFY 02-03	5,089,631	NA	NA
SFY 03-04	5,431,182	NA	NA

\*\*\*Total Federal grant funds expended during SFY.

## 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:** Chapter 62 of the Laws of 2003; Health Care Reform Act of 2000; Public Health Law, Section 2807-G

**Regulation:** NA

**Program Contact:**

Barry Gray  
 Program Manager  
 Bureau of Health Resources Development  
 Division of Planning, Policy and  
 Resource Development  
 NYS Department of Health  
 Corning Tower, Room 1084  
 Albany, NY 12237  
 (518) 473-4700  
 E-Mail: bmg01@health.state.ny.us

**Fiscal Contact:**

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 Associate 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:** 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 02-03	NA	2,152,000	50,000,000
SFY 03-04	NA	2,126,000	41,150,000
SFY 04-05	NA	2,158,000	41,150,000

**Amounts Disbursed:**

	<u>State General Funds</u>	<u>State Spec. Rev.</u>	<u>HCRA Funds</u>
SFY 02-03	NA	1,450,990	7,465,334
SFY 03-04	NA	1,343,960	3,703,371



