## 100% DAY TRAINING

**Objective:** Supports the development of programs for persons with developmental disabilities who do not require the intensive medical orientation of day treatment programs but do need substantive vocational, educational and habilitative services not provided in day treatment or sheltered workshop programs. Day programs for seniors with developmental disabilities are also included in this appropriation.

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities

Specific Program URL: NA

NYS Object Code: 64690 Year Established: 1988

Catalog of Federal Domestic Assistance No.: NA

**Legal Authority:** 

Law: NY Mental Hygiene Law, Articles 13.24 and 41

Regulation: 14 NYCRR Part 635

**Program Contact:** 

Robert Noble NYS Office of Mental Retardation and Developmental Disabilities 44 Holland Avenue Albany, NY 12229

(518) 473-6255 E-Mail: Robert.Noble@omr.state.ny.us **Fiscal Contact:** 

John Smith Director

Community Funding

NYS Office of Mental Retardation and Developmental Disabilities

44 Holland Avenue Albany, NY 12229 (518) 402-4321

E-Mail: John.Smith@omr.state.ny.us

Eligibility: Private Non-Profit Groups.

**Type of Program and Special Restrictions:** Optional, without any State or Federal mandated requirements. Must be used for day training/senior services only.

Action Required to Receive Aid: Agreement between State Office of Mental Retardation and non-profit groups.

#### **Description of Aid:**

Flow of Funds: State to Non-Profits. Monies are provided on an advance basis via direct contract between State and

non-profit provider. **Type of Aid:** Ongoing

Formula: NA

**Matching Requirement:** NA **Maintenance of Effort:** NA

#### **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	NA	3,965,000	NA
SFY 05-06	NA	3,965,000	NA
SFY 06-07	NA	4,062,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	NA	3,248,000	NA
SFY 05-06	NA	3,724,000	NA

## **ARTICLE 16 CLINICS**

**Objective:** Provides habilitation type services to individuals with developmental disabilities.

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities; US Department of

Health and Human Services

Specific Program URL: NA

NYS Object Code: NA Year Established: 1993

Catalog of Federal Domestic Assistance No.: 93.778

**Legal Authority:** 

Law: NY Mental Hygiene Law, Article 16

Regulation: NA

Program Contact:
Kathy Keating
Bureau of Policy Analysis
NYS Office of Mental Retardation
and Developmental Disabilities
44 Holland Avenue
Albany, NY 12229

(518) 473-9697 E-Mail: Kathleen.Keating@omr.state.ny.us Fiscal Contact: Karla Smith Assistant Director

Revenue Support NYS Office of Mental Retardation and Developmental Disabilities

44 Holland Avenue Albany, NY 12229 (518) 402-4333

E-Mail: Karla.Smith@omr.state.ny.us

Eligibility: Non-Profit Groups.

Type of Program and Special Restrictions: Clinical treatment facilities. Must be certified in accordance with

Article 16 of NYS Mental Hygiene Law.

Action Required to Receive Aid: Submission of a Certificate of Need in order to become a certified Article 16

clinic.

## Description of Aid:

Flow of Funds: Federal to State to Non-Profit. Monies are provided as a reimbursement.

Type of Aid: Ongoing.

Formula: NA

Matching Requirement: NA Maintenance of Effort: NA

#### **Amounts Appropriated:**

Federal Funds	State General Funds	State Spec. Rev.
18,128,000	9,789,000	29,474,000
18,128,000	9,789,000	29,474,000
30,156,000	16,230,000	49,030,000
	18,128,000 18,128,000	18,128,000 9,789,000 18,128,000 9,789,000

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	18,128,000	9,789,000	29,474,000
SFY 05-06	18,128,000	9,789,000	29,474,000

## **CARE-AT-HOME WAIVER**

Objective: Assists families with children 18 years of age and younger with severe disabilities and medical needs not covered by the State's regular Medicaid plan.

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities; US Department of Health and Human Services

Specific Program URL: NA

**NYS Object Code:** NA Year Established: 1991

Catalog of Federal Domestic Assistance No.: 93.778

Legal Authority:

Law: NY Laws of 1989, Chapter 729; US Social Security Act, Section 1915(c)

Regulation: NA

**Program Contact: Fiscal Contact:** Susan Grasso Barbara Baciewicz Care at Home Coordinator Director Waiver Unit **Budget Services** NYS Office of Mental Retardation NYS Office of Mental Retardation

and Developmental Disabilities and Developmental Disabilities 44 Holland Avenue 44 Holland Avenue Albany, NY 12229 Albany, New York 12229 (518) 474-6986 (518) 473-1973

E-Mail: Susan.Grasso@omr.state.ny.us E-Mail: Barbara.Baciewicz@omr.state.ny.us

Eligibility: Individual families directly through their DDSO office. Must meet eligibility requirements of age (under 18) and disability level.

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

Action Required to Receive Aid: Non-competitive application based on eligibility requirements.

#### **Description of Aid:**

Flow of Funds: Federal to State to Families, Non-Profit Agencies and Vendors.

**Type of Aid:** Ongoing

Formula: Funding is based upon an individual plan of care developed jointly with the family, case manager and assessing nurse, in conjunction with the physician's order. There is a funding cap of \$9,000/month, (\$108,000 annually).

Matching Requirement: State 50%, Federal 50%

Maintenance of Effort: NA

#### **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	1,167,000	1,167,000	NA
SFY 05-06	1,167,000	1,167,000	NA
SFY 06-07	1,723,000	1,723,000	NA

ınts Disbursec	l:		
	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	1,167,000	1,167,000	NA
SFY 05-06	1,167,000	1,167,000	NA

## CHAPTER 620 MENTAL RETARDATION SERVICES

**Objective:** Ensures adequate and appropriate community based services for mentally disabled clients who have been institutionalized in State developmental centers for five or more years and then released into the community.

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities

Specific Program URL: NA

NYS Object Code: 64502 Year Established: 1974

Catalog of Federal Domestic Assistance No.: NA

**Legal Authority:** 

Law: NY Mental Hygiene Law, Articles 13.24 and 41.18

Regulation: 14 NYCRR Part 635

**Program Contact:** 

Robert Noble NYS Office of Mental Retardation and Developmental Disabilities 44 Holland Avenue

Albany, NY 12229 (518) 473-6255

E-Mail: Robert.Noble@omr.state.ny.us

**Fiscal Contact:** 

John Smith Director

Community Funding

NYS Office of Mental Retardation and Developmental Disabilities

44 Holland Avenue Albany, NY 12229 (518) 402-4321

E-Mail: John.Smith@omr.state.ny.us

Eligibility: Counties and Private Non-Profit Groups. Must have an approved local services plan.

**Type of Program and Special Restrictions:** Optional, without any State or Federal mandated requirements. Must be used for day services only.

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

#### **Description of Aid:**

Flow of Funds: State to Local. Monies are provided in advance of expenditures by the local government. A portion of the funds are provided by direct contract between non-profit provider and State.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: NA Maintenance of Effort: NA

#### **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	NA	11,559,000	NA
SFY 05-06	NA	9,693,000	NA
SFY 06-07	NA	9,790,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	NA	11,445,000	NA
SFY 05-06	NA	9,693,000	NA

# DIRECT SHELTERED WORKSHOPS (MENTAL RETARDATION)

**Objective:** Supports sheltered workshops for the mentally retarded and developmentally disabled.

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities

Specific Program URL: NA

NYS Object Code: 64503 Year Established: 1977

Catalog of Federal Domestic Assistance No.: NA

**Legal Authority:** 

Law: NY Mental Hygiene Law, Articles 13.24 and 41.39

**Regulation:** 14 NYCRR Part 635

**Program Contact:** 

Robert Noble NYS Office of Mental Retardation and Developmental Disabilities 44 Holland Avenue Albany, NY 12229

(518) 473-6255

E-Mail: Robert.Noble@omr.state.ny.us

**Fiscal Contact:** 

John Smith Director

Community Funding

NYS Office of Mental Retardation and Developmental Disabilities

44 Holland Avenue Albany, NY 12229

(518) 402-4321

E-Mail: John.Smith@omr.state.ny.us

**Eligibility:** Private Non-Profit Groups. Must have program certified by the State Office of Mental Retardation and Developmental Disabilities.

**Type of Program and Special Restrictions:** Optional, without any State or Federal mandated requirements. Must be used for sheltered workshops only.

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

## **Description of Aid:**

Flow of Funds: State to Non-Profit. Direct contract between non-profit provider and State.

Type of Aid: Ongoing

Formula: NA

**Matching Requirement:** NA **Maintenance of Effort:** NA

#### **Amounts Appropriated:**

		Federal Funds	State General Funds	State Spec. Rev.
SFY	04-05	NA	4,726,000	NA
SFY	7 05-06	NA	4,289,000	NA
SFY	7 06-07	NA	4,336,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	NA	4,519,000	NA
SFY 05-06	NA	3,971,000	NA

## **FAMILY CARE**

**Objective:** Supports clients residing in certified private homes. Also provides developmentally disabled individuals with health care and rehabilitation services needed to maintain them in a family living setting.

**Administering Agency:** NYS Office of Mental Retardation and Developmental Disabilities; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: 64404 Year Established: 1931

Catalog of Federal Domestic Assistance No.: 93.778

**Legal Authority:** 

Law: NY Mental Hygiene Law, Sections 31.03, 16.23

Regulation: 14 NYCRR Part 681

Program Contact:Fiscal Contact:Joyce CloutierBarbara BaciewiczDeputy DirectorDirectorUpstate OperationsBudget Services

NYS Office of Mental Retardation and Developmental Disabilities and Developmental Disabilities 44 Holland Avenue 44 Holland Avenue 44 Holland Avenue

Albany, NY 12229 Albany, NY 12229 (518) 473-6255 (518) 474-6986

**Eligibility:** Family Care Providers and Voluntary Agencies sponsoring Family Care Programs. Family care homes must be certified by NYS OMRDD.

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

Action Required to Receive Aid: Application for aid required.

#### **Description of Aid:**

Flow of Funds: Federal to State to Non-Profit and Family Care Providers. Monies are provided as a reimbursement.

**Type of Aid:** Ongoing **Formula:** NA

**Matching Requirement:** NA **Maintenance of Effort:** NA

#### **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	20,956,000	24,601,000	NA
SFY 05-06	21,852,000	25,652,000	NA
SFY 06-07	22,642,000	26,580,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	20,956,000	24,601,000	NA
SFY 05-06	20,267,000	23,792,000	NA

## FAMILY SUPPORT SERVICES

**Objective:** Strengthens the family's ability to care for a developmentally disabled family member in the home.

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities

Specific Program URL: NA

Year Established: 1982 NYS Object Code: 64408 and 64409

Barbara Baciewicz

**Budget Services** 

NYS Office of Mental Retardation

and Developmental Disabilities

Director

Catalog of Federal Domestic Assistance No.: NA

**Legal Authority:** 

Law: NY Laws of 1984, Chapter 461

Regulation: NA

**Program Contact: Fiscal Contact:** Lori Lehmkuhl Statewide Family Support Services Coordinator NYS Office of Mental Retardation and Developmental Disabilities

44 Holland Avenue 44 Holland Avenue Albany, NY 12229 Albany, NY 12229 (518) 473-7038 (518) 474-6986

E-Mail: Lori.Lehmkuhl@omr.state.ny.us E-Mail: Barbara.Baciewicz@omr.state.ny.us

Eligibility: Counties, Cities, Towns, Villages and Individual Family Units. Must be certified by OMRDD.

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. Application process uses a "business plan" approach. It requires filing a simple two-page request for application (RFA).

## **Description of Aid:**

Flow of Funds: State to Non-Profit. Monies are provided partially as an advance and partially as a reimbursement via direct contract between State and non-profit providers.

Type of Aid: Ongoing

Formula: Funding is based upon the number of eligible individuals living in counties served, amounts previously

allocated, and need assessment as shown on the developmental disabilities profile (DDP) records.

Matching Requirement: NA Maintenance of Effort: NA

#### **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	NA	55,816,000	NA
SFY 05-06	NA	59,877,000	NA
SFY 06-07	NA	62,877,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	NA	52,747,000	NA
SFY 05-06	NA	43,381,000	NA

## **HCBS WAIVER**

**Objective:** Provides residential and employment and training opportunities to developmentally disabled persons; including services provided under NYS-CARES.

**Administering Agency:** NYS Office of Mental Retardation and Developmental Disabilities; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: NA Year Established: 1993

Catalog of Federal Domestic Assistance No.: 93.778

**Legal Authority:** 

Law: NY Mental Hygiene Law, Articles 13, 16 and 41. US Social Security Act, Section 1915(c)

Regulation: NA

 Program Contact:
 Fiscal Contact:

 Kevin O'Dell
 Barbara Baciewicz

 Director
 Director

 Waiver Management Unit
 Budget Services

 NVS Office of Montal Peterdation
 NVS Office of Montal Peterdation

NYS Office of Mental Retardation and Developmental Disabilities NYS Office of Mental Retardation and Developmental Disabilities

 44 Holland Avenue
 44 Holland Avenue

 Albany, NY 12229
 Albany, NY 12229

 (518) 474-5647
 (518) 474-6986

Eligibility: Private Non-Profit Groups. Must be a certified Medicaid provider.

Type of Program and Special Restrictions: Medicaid waiver program.

Action Required to Receive Aid: Must be enrolled in the Medicaid waiver program.

## Description of Aid:

Flow of Funds: Federal to State to Non-Profit. Monies are provided as a reimbursement and are a combination of State and Federal monies.

Type of Aid: Funding is a combination of project grant monies and ongoing monies.

Formula: NA

**Matching Requirement:** NA **Maintenance of Effort:** NA

#### **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	651,246,000	787,553,000	NA
SFY 05-06	709,449,000	867,104,000	NA
SFY 06-07	808,390,000	988,032,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	644,362,000	787,553,000	NA
SFY 05-06	780,394,000	867,104,000	NA

## **HEPATITIS "B" PROGRAM**

Objective: Provides reimbursement for the costs of shots and laboratory fees for employees whose occupational duties in OMRDD operated/certified programs or other work settings might possibly involve exposure to blood or other potentially infectious materials. New OSHA regulations (effective March 6, 1992) require each DDSO to establish bloodborne pathogen "exposure control plans" to ensure the safety of workers whose job duties could pose a hazard of bloodborne pathogen exposure.

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities

Specific Program URL: NA

NYS Object Code: 64690 Year Established: 1986

Catalog of Federal Domestic Assistance No.: NA

**Legal Authority:** 

Law: NA

Regulation: 29 CFR Part 1910.1030, OSHA standards.

Program Contact:Fiscal Contact:Kathy KeatingBarbara BaciewiczBureau of Policy AnalysisDirectorNYS Office of Mental RetardationBudget Services

and Developmental Disabilities

44 Holland Avenue

Albany, NY 12229

NYS Office of Mental Retardation and Developmental Disabilities
44 Holland Avenue

(518) 473-9697 Albany, NY 12229
E-Mail: Kathleen.Keating@omr.state.ny.us (518) 474-6986
E-Mail: Barbara.Baciewicz@omr.state.ny.us

**Eligibility:** Any employee of OMRDD operated/certified program(s) whose job duties might involve exposure to blood or other infectious materials.

**Type of Program and Special Restrictions:** Optional, if desired, shot costs/lab fees are paid by employer. (The employers are then eligible to apply for reimbursement from NYS OMRDD.)

Action Required to Receive Aid: A form must be filed with employer.

#### **Description of Aid:**

Flow of Funds: Non-Profit Provider agencies pay for inoculations and subsequently can apply to State for

reimbursement. **Type of Aid:** Ongoing **Formula:** NA

**Matching Requirement:** NA **Maintenance of Effort:** NA

#### **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	NA	435,000	NA
SFY 05-06	NA	435,000	NA
SFY 06-07	NA	435,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	NA	177,000	NA
SFY 05-06	NA	394,000	NA

## INDIVIDUALIZED SUPPORT SERVICES

**Objective:** Provides developmentally disabled individuals with supports and services to enable them to live independently in their own home/apartment.

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities

Specific Program URL: NA

NYS Object Code: NA Year Established: 1993

Catalog of Federal Domestic Assistance No.: NA

**Legal Authority:** 

Law: NY Mental Hygiene Law, Articles 13 and 41.

Regulation: NA

Program Contact: Alan Metevia

Bureau of Upstate Support
NYS Office of Mental Retardation
and Developmental Disabilities

44 Holland Avenue Albany, NY 12229 (518) 473-1973

E-Mail: Alan.Metevia@omr.state.ny.us

**Fiscal Contact:** 

Barbara Baciewicz

Director Budget Services

NYS Office of Mental Retardation and Developmental Disabilities

44 Holland Avenue Albany, NY 12229 (518) 474-6986

E-Mail: Barbara.Baciewicz@omr.state.ny.us

Eligibility: Non-Profit Groups and Developmentally Disabled Individuals.

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

Action Required to Receive Aid: An individualized service plan, including a budget must be prepared.

#### **Description of Aid:**

Flow of Funds: State to Non-Profit. Monies are provided on an advance basis via direct contract between State and

non-profit providers.

Type of Aid: One-time or ongoing.

Formula: NA

**Matching Requirement:** NA **Maintenance of Effort:** NA

#### **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	NA	13,108,000	NA
SFY 05-06	NA	13,108,000	NA
SFY 06-07	NA	13,208,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	NA	12,241,000	NA
SFY 05-06	NA	11,643,000	NA

## LONG TERM SHELTERED EMPLOYMENT

**Objective:** Provides employment on a regular basis to MR/DD individuals who, as a result of their disability, are unable to participate in the competitive labor market.

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities

Specific Program URL: NA

NYS Object Code: 64690 Year Established: 1990

Catalog of Federal Domestic Assistance No.: NA

**Legal Authority:** 

Law: NY Mental Hygiene Law, Articles 13.24 and 41

Regulation: 14 NYCRR Part 635

**Program Contact:** 

Robert Noble
NYS Office of Mental Retardation
and Developmental Disabilities
44 Holand A venue

Albany, NY 12229 (518) 473-6255

E-Mail: Robert.Noble@omr.state.ny.us

**Fiscal Contact:** 

John Smith Director

Community Funding

NYS Office of Mental Retardation and Developmental Disabilities

44 Holland Avenue Albany, NY 12229 (518) 402-4321

E-Mail: John.Smith@omr.state.ny.us

Eligibility: Private Non-Profit Groups.

**Type of Program and Special Restrictions:** Optional, without any State or Federal mandated requirements. Must be used for sheltered workshops only.

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

**Description of Aid:** 

Flow of Funds: State to Non-Profit. Direct contract between non-profit provider and State.

Type of Aid: Ongoing

Formula: NA

**Matching Requirement:** NA **Maintenance of Effort:** NA

#### **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	NA	29,343,000	NA
SFY 05-06	NA	26,632,000	NA
SFY 06-07	NA	26,929,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	NA	29,225,000	NA
SFY 05-06	NA	26,632,000	NA

## MEDICAID SERVICE COORDINATION

**Objective:** Assists persons with developmental disabilities in gaining access to necessary services and supports appropriate to the needs of the individual.

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities; US Department of Health and Human Services

Specific Program URL: NA

NYS Object Code: NA Year Established: 2000

Catalog of Federal Domestic Assistance No.: NA

**Legal Authority:** 

Law: NY Mental Hygiene Law, Articles 13 and 41

**Regulation:** 14 NYCRR Part 635.5

Program Contact:
Carol Kriss
Program Operations Specialist

Office of Policy, Planning and Service Design

NYS Office of Mental Retardation and Developmental Disabilities

44 Holland Avenue Albany, NY 12229 (518) 474-4904

E-Mail: Carol.Kriss@omr.state.ny.us

**Fiscal Contact:** 

Barbara Baciewicz Director Budget Services

NYS Office of Mental Retardation and Developmental Disabilities

44 Holland Avenue Albany, NY 12229 (518) 474-6986

E-Mail: Barbara.Baciewicz@omr.state.ny.us

Eligibility: Not-for-Profit Groups or Governmental Agencies.

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

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

#### **Description of Aid:**

Flow of Funds: Federal to State to Non-Profit. Monies are provided as a reimbursement.

Type of Aid: Ongoing

**Formula:** Monthly unit of service; based on the type of residential setting in which the consumer lives. **Matching Requirement:** Federal 50%, State 50% (Local share required in non-overburden cases.)

Maintenance of Effort: NA

#### **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-03	5 57,256,000	31,491,000	NA
SFY 05-0	5 70,120,000	37,757,000	NA
SFY 06-0'	7 80,160,000	43,163,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	57,256,000	31,491,000	NA
SFY 05-06	63,329,000	34,100,000	NA

## MENTAL RETARDATION LOCAL & UNIFIED SERVICES

**Objective:** Supports the development of preventive, rehabilitative and treatment services; expansion of existing programs for the mentally ill, the mentally retarded, the developmentally disabled, and those suffering from alcoholism and substance abuse; and integration of community and State services and facilities for the mentally disabled.

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities

Specific Program URL: NA

NYS Object Code: 64507 Year Established: 1954

Catalog of Federal Domestic Assistance No.: NA

**Legal Authority:** 

Law: NY Mental Hygiene Law, Articles 13.24 and 41.18

**Regulation:** 14 NYCRR Part 635

**Program Contact:** 

Robert Noble
NYS Office of Mental Retardation
and Developmental Disabilities
44 Holland Avenue

Albany, NY 12229 (518) 473-6255

E-Mail: Robert.Noble@omr.state.ny.us

Fiscal Contact:

John Smith Director

Community Funding NYS Office of Mental Retardation

and Developmental Disabilities

44 Holland Avenue Albany, NY 12229 (518) 402-4321

E-Mail: John.Smith@omr.state.ny.us

Eligibility: Counties. Must have an approved local services plan.

**Type of Program and Special Restrictions:** Optional, without any State or Federal mandated requirements. Must be used for day services only. For Unified Services funding, the Department of Mental Hygiene, directors of department facilities and local governments must jointly plan, deliver and pay for services.

**Action Required to Receive Aid:** Agreement between State Office of Mental Retardation and Developmental Disabilities and counties.

#### **Description of Aid:**

Flow of Funds: State to Local. Monies are provided in advance of expenditures by the local government. A portion of the funds are provided by direct contract between non-profit provider and State.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: Local Services: State 50%, Local 50%; Unified Services: Local match to State funds varies

among the five Unified Services counties (Warren, Washington, Rockland, Rensselaer and Westchester).

Maintenance of Effort: NA

#### Amounts Appropriated:\*

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	NA	43,120,000	NA
SFY 05-06	NA	33,086,000	NA
SFY 06-07	NA	33,372,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	NA	38,847,000	NA
SFY 05-06	NA	32,994,000	NA

<sup>\*</sup>Since 1991-92, Local and Unified Services have been combined into one appropriation. The amounts reflect funds allocated to counties receiving local services funding.

## SUBCHAPTER A-DAY TREATMENT

**Objective:** Supplies the provision of day treatment services to severely disabled individuals in community-based settings.

**Administering Agency:** NYS Office of Mental Retardation and Developmental Disabilities; US Department of Health and Human Services.

Specific Program URL: NA

NYS Object Code: 64506 Year Established: 1978

Catalog of Federal Domestic Assistance No.: 13.714

**Legal Authority:** 

Law: NY Mental Hygiene Law, Article 16.05; US Social Security Act of 1935, Title XIX

Regulation: 14 NYCRR Part 690

**Program Contact:** 

Robert Noble NYS Office of Mental Retardation and Developmental Disabilities

44 Holland Avenue Albany, NY 12229 (518) 473-6255

E-Mail: Robert.Noble@omr.state.ny.us

**Fiscal Contact:** 

Barbara Baciewicz Director Budget Services

NYS Office of Mental Retardation and Developmental Disabilities

44 Holland Avenue Albany, NY 12229 (518) 474-6986

E-Mail: Barbara.Bacierwicz@omr.state.ny.us

**Eligibility:** State Governments and Non-Profit Groups. Must be certified by NYS Office of Mental Retardation and Developmental Disabilities (OMRDD).

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

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

## Description of Aid:

**Flow of Funds:** Federal to State to Non-Profit. Monies are provided as a reimbursement, and are a combination of State and Federal monies.

Type of Aid: Ongoing

Formula: Based on clients' days of treatment. Reimbursement schedule varies by non-profit group.

Matching Requirement: Federal 50%, State 50%

Maintenance of Effort: NA

## **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	41,712,000	41,712,000	NA
SFY 05-06	39,063,000	39,063,000	NA
SFY 06-07	34,159,000	34,159,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	41,712,000	41,712,000	NA
SFY 05-06	39,063,000	39,063,000	NA

## SUPPORTED EMPLOYMENT

**Objective:** Supports programs to serve developmentally disabled persons over age 21, including the aging and other individuals living at home.

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities

Specific Program URL: NA

NYS Object Code: 64505 Year Established: 1985

Catalog of Federal Domestic Assistance No.: NA

**Legal Authority:** 

Law: NY Laws of 1990, Chapter 53

Regulation: 14 NYCRR - Subpart 635-10, Subdivision 635-10.5(d)

Program Contact: Fiscal Contact:

Robert Noble Barbara Baciewicz
NYS Office of Mental Retardation Director
and Developmental Disabilities Budget Services

44 Holland Ävenue NYS Office of Mental Retardation Albany, NY 12229 and Developmental Disabilities (518) 473-6255 44 Holland Ävenue

E-Mail: Robert.Noble@omr.state.ny.us

Albany, NY 12229
(518) 474-6986

E-Mail: Barbara.Bacierwicz@omr.state.ny.us

**Eligibility:** Private Non-Profit Groups. Must offer day programming to underserved over age 21 including aging and other individuals living at home.

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

Action Required to Receive Aid: Application for aid required.

**Description of Aid:** 

Flow of Funds: Federal to State to Non-Profit; State to Non-Profit. Monies are provided as a reimbursement.

Type of Aid: Ongoing

Formula: NA

Matching Requirement: Federal 50%, State 25% if participant is HCBS enrolled.

Maintenance of Effort: NA

#### **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	NA	NA	NA
SFY 05-06	NA	NA	NA
SFY 06-07	NA	NA	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	NA	NA	NA
SFY 05-06	NA	NA	NA

## TRANSPORTATION FOR MEDICAL SERVICES

Objective: Supports the transportation of client to State-operated day activities by non-State transportation vendors.

**Administering Agency:** NYS Office of Mental Retardation and Developmental Disabilities; US Department of Health and Human Services.

Specific Program URL: NA

NYS Object Code: 64602 Year Established: 1985

Catalog of Federal Domestic Assistance No.: 13.714

**Legal Authority:** 

Law: US Social Security Act of 1935, Title XIX

Regulation: NA

Program Contact: Fiscal Contact:
NA Barbara Baciewicz

Director Budget Services

NYS Office of Mental Retardation and Developmental Disabilities

44 Holland Avenue Albany, NY 12229 (518) 474-6986

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**Eligibility:** For-Profit and Not-For-Profit Transportation Vendors. Also, for mileage reimbursement, family care providers.

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

Action Required to Receive Aid: Application for aid required.

**Description of Aid:** 

Flow of Funds: Federal to State to Non-Profit. Monies are provided as a reimbursement.

Type of Aid: Ongoing

Formula: Consult fiscal contact.

Matching Requirement: Federal 50%, State 50%

Maintenance of Effort: NA

#### **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	5,756,000	5,756,000	NA
SFY 05-06	5,948,000	5,948,000	NA
SFY 06-07	7,652,000	7,652,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	5,551,000	5,551,000	NA
SFY 05-06	5,825,000	5,825,000	NA

## **VOLUNTARY COMMUNITY RESIDENCES**

**Objective:** Provides supervised and supportive living situations for developmentally disabled persons capable of living in the community in lieu of institutional placement. Also provides grants for program development.

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities; US Department of

Health and Human Services

Specific Program URL: NA

NYS Object Code: 64403 Year Established: 1967

Catalog of Federal Domestic Assistance No.: 93.778

**Legal Authority:** 

Law: NY Mental Hygiene Law, Articles 13 and 41

Regulation: NA

Program Contact: Fiscal Contact:

NA Barbara Baciewicz Director

Budget Services

NYS Office of Mental Retardation and Developmental Disabilities

44 Holland Avenue Albany, NY 12229 (518) 474-6986

E-Mail: Barbara.Baciewicz@omr.state.ny.us

Eligibility: Private Non-Profit Groups. Must be a certified community residence provider.

**Type of Program and Special Restrictions:** Mandated, required by State law or regulations. Development funds are restricted by legislation, Article 41, Section 37 of the NY Mental Hygiene Law.

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

## Description of Aid:

Flow of Funds: Federal to State Non-Profit; State to Non-Profit. Monies are provided as a reimbursement.

Type of Aid: Ongoing.

Formula: NA

Matching Requirement: Federal 50%, State 50% if participant is HCBS enrolled. (Local share is required in non-

overburden cases.)

Maintenance of Effort: NA

## **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	18,000,000	39,530,000	NA
SFY 05-06	14,939,000	33,251,000	NA
SFY 06-07	12,325,000	27,432,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	16,011,000	26,123,000	NA
SFY 05-06	6,282,000	10.250.000	NA

## VOLUNTARY OPERATED INTERMEDIATE CARE FACILITY (STATE SHARE)

**Objective:** Provides individuals in these facilities with room and board, continuous 24 hour-a-day supervision, professionally developed and supervised activities, experiences or therapies as developed for each individual by an interdisciplinary team.

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities; US Department of

Health and Human Services

Specific Program URL: NA

NYS Object Code: 64402 Year Established: 1978

Catalog of Federal Domestic Assistance No.: 93.778

**Legal Authority:** 

Law: NY Mental Hygiene Law, Article 41.44; US Social Security Act, Title XIX

Regulation: 14 NYCRR Part 681

Program Contact:Fiscal Contact:NABarbara Baciewicz

Director

Budget Services

NYS Office of Mental Retardation and Developmental Disabilities

44 Holland Avenue Albany, NY 12229 (518) 474-6986

E-Mail: Barbara.Baciewicz@omr.state.ny.us

Eligibility: Non-Profit Groups. Must be certified by NYS OMRDD.

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

requirements.

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

#### **Description of Aid:**

Flow of Funds: Federal to State to Non-Profit. Monies are provided as a reimbursement.

Type of Aid: Ongoing

**Formula:** Based on consumers days at the residence; reimbursement schedule varies by non-profit group. **Matching Requirement:** Federal 50%, State 50% (Local share required in non-overburden cases)

Maintenance of Effort: NA

#### **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	474,117,000	329,037,000	NA
SFY 05-06	490,782,000	341,052,000	NA
SFY 06-07	475,649,000	330,536,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 04-05	454,384,000	329,037,000	NA
SFY 05-06	465,222,000	336,885,000	NA