

DEPARTMENT OF HEALTH

MISSION

The Department of Health ensures that high quality appropriate health services are available to all New York State residents at a reasonable cost. Department functions and responsibilities include:

- Promoting and supervising public health activities throughout the State;
- Ensuring high quality medical care in a sound and cost effective manner for all residents;
- Reducing infectious diseases such as food and waterborne illnesses, hepatitis, HIV, meningitis, sexually transmitted infections, tuberculosis, vaccine-preventable diseases and chronic disabling illnesses such as heart disease, cancer, stroke and respiratory diseases; and
- Directing a variety of health-related homeland security measures in conjunction with the Office of Homeland Security. As part of this mission, the Department works with the State's health care community to ensure appropriate readiness and response to potential public health threats.

The Department of Health is also the principal State agency that interacts with the Federal and local governments, health care providers and program participants for the State's Medicaid program. In addition, the Office of Health Insurance Programs is responsible for developing and implementing strategies to improve access to health insurance coverage for the uninsured and providing for an integrated approach to oversight and administration of the Medicaid program to strengthen coordination within the Department and among State agencies.

ORGANIZATION AND STAFFING

Under the direction of the Commissioner, who is appointed by the Governor, the Department of Health meets its responsibilities through the Office of Health Insurance Programs, the Office of Long Term Care, the centers located in the Office of Public Health, and the Office of Health Systems Management. The 2007-08 Executive Budget provided for the Department's reorganization by consolidating all public health insurance programs under a new office, responsible for Medicaid, Family Health Plus, Child Health Plus, Elderly Pharmaceutical Insurance Coverage, and the AIDS Drug Assistance Program and all long term care services under a single office to improve integration of planning and program development. These entities are responsible for providing policy and management direction to the Department's system of regional offices. Department staff located in regional offices conduct health facility surveillance, monitor public health, provide direct services and oversee county health department activities.

Additionally, the Department is responsible for five health care facilities that are engaged in patient care: the Helen Hayes Hospital in West Haverstraw which offers specialty rehabilitation services and four nursing homes for the care of veterans and their dependents in Oxford, New York City, Batavia and Montrose. In early 1999, responsibility for the operations of the Roswell Park Cancer Institute was transferred to a public benefit corporation, the Roswell Park Cancer Institute Corporation, pursuant to an operating agreement between the Corporation and the Department. This has provided Roswell with the flexibility needed to compete more effectively in a changing health care environment.

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In 2009-10, the Department of Health will have a workforce of 5,807 positions, with 27 percent of those positions employed in the Department's health care facilities.

- Approximately 22 percent of these positions are paid by the General Fund;
- 7 percent are directly supported by fees;
- 55 percent are supported by third party and private patient care reimbursement; and
- The remaining 16 percent are directly funded by Federal grants.

BUDGET HIGHLIGHTS

MEDICAID

Without any new cost controlling measures, total Medicaid spending in New York would grow to \$48.2 billion in 2009-10. The 2009-10 Medicaid budget reflects a commitment to an effective and affordable delivery system that promotes high quality health care, protects patients, and ensures access to appropriate services to meet the health care needs of the State's most vulnerable residents.

Medicaid costs represent the single largest spending area in the State's budget. Commensurate with the recent economic decline, Medicaid enrollment has increased in the current year and spending growth continues at a rate that places an unaffordable burden on State and local governments. Accordingly, the 2009-10 Executive Budget includes funding to support the Medicaid cap legislation which provides significant fiscal relief to local governments by capping their share of Medicaid costs up to the amount they will have spent in 2005, as modified by a predictable growth factor. To help control and refocus Medicaid spending, the budget recommends a series of actions to limit Medicaid cost increases keeping the program affordable for State taxpayers while ensuring continued access to needed health care services for recipients. This Budget continues efforts to control costs and furthers the fundamental retooling of New York's health care system by:

- Implementing a Deficit Reduction Plan to achieve savings across all sectors of New York's health care system;
- Recommending a series of measures to control health care costs, reforming Medicaid reimbursement for hospitals, nursing homes and home care and making needed investments in outpatient services, primary and preventive care, community-based services and quality initiatives;
- Requiring insurers to pay their fair share of health related costs;
- Including several pharmacy initiatives to ensure that the State maximizes manufacturer rebate revenues and Federal funding;
- Realizing efficiencies in Managed Care;
- Advancing measures to appropriately manage utilization of health services;
- Achieving additional savings by fighting Medicaid fraud;
- Recommending several actions to insure that HCRA is fiscally sound;
- Reducing or eliminating lower priority programs;
- Streamlining access to health insurance coverage by eliminating unnecessary steps in the enrollment process; and
- Providing additional resources through the HEAL NY program to support reform and restructuring efforts.

Acute Care

The Health Care Reform Act (HCRA) serves as the statutory basis governing hospital financing. Under HCRA, most non-Medicaid payors negotiate rates with hospitals, encouraging competition in the health care industry. The Budget recommends a series of actions – including increases in the tobacco retail fee and sales tax on non-diet soft drinks – to ensure that HCRA is financially balanced. Absent efforts to control growth, State Medicaid spending on acute care services will reach \$2.9 billion in 2009-10. The Budget continues to rationalize reimbursement methodologies, promote increased transparency and accountability in how funding is utilized and makes needed investments. In addition to the savings realized through the Deficit Reduction Plan, the Budget reflects net State savings of \$164 million in the acute care area through the following actions:

- **Restructure Hospital Inpatient Reimbursement.** Continues the hospital reform initiated in 2008-09 that redirects hospital inpatient savings to make investments in primary and ambulatory care. Hospital inpatient rates will be reduced to bring reimbursement closer to costs, the inpatient detoxification reimbursement reform enacted in 2008-09 will be accelerated and other reimbursement reforms implemented.
- **Invest in Primary and Outpatient Care.** Consistent with inpatient reimbursement reform, additional ambulatory care investments are recommended to increase physician/practitioner fees, augment hospital, community, mental hygiene and substance abuse clinic rates and support other primary care enhancements.
- **Redirect Graduate Medical Education Funds.** State-funded Graduate Medical Education moneys will be re-directed to draw down matching Federal funds to support indigent care needs. This action will generate State savings of \$141 million and maintain the same level of aggregate funding for the hospitals, though distributed based on higher priority indigent care needs rather than for Graduate Medical Education.

Long Term Care

State spending on nursing home and community-based care comprises more than half the General Fund Medicaid budget – or an estimated \$5.9 billion in 2009-10. The Executive Budget reflects net State savings of \$215 million, in addition to the Deficit Reduction Savings, through the following actions:

- **Modify Nursing Home Reimbursement.** The Budget replaces the current outdated provider-specific cost-based reimbursement system with a regional pricing model based on quality and efficiency, phases out 6,000 nursing home beds over a five-year period and makes other reimbursement modifications. Under this proposal, the planned update of cost-based rates from 1983 to 2002 would not proceed.
- **Reform Home Care Reimbursement.** Changes from a provider-specific cost based system to a new pricing methodology based upon patient condition, similar to Medicare, and makes investments to improve quality.
- **Invest in Nursing Homes and Community-Based Care.** The Budget includes funding for a number of initiatives including quality incentive pools for both nursing homes and home care, 6,000 new assisted living slots, a falls prevention program, support for geriatric nursing training, cash and counseling

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demonstration programs (to support personally directed home care) and the development of a uniform assessment tool for home care. In addition, the Budget further supports community-based care by lifting moratoriums on the approval of new adult day health care and Certified Home Health Care providers.

- **Establish 0.7 Percent Assessment.** The Budget establishes a 0.7 percent assessment on home care provider revenues. An assessment of 0.6 percent previously existed from 1995-96 through 1998-99.

Pharmacy

Absent efforts to control growth, State Medicaid spending on pharmacy services will reach \$1.5 billion in 2009-10. The budget includes a number of recommendations to control the growth of pharmacy costs. Major budget actions include:

- **Modify Supplemental Rebate Program.** Discontinue participation in the National Medicaid Pooling Initiative allowing the State to negotiate supplemental rebates directly with manufacturers. This generates State savings of \$1.8 million in 2009-10.
- **Require Step Therapy for Certain Drugs.** This requires patients to try equally effective lower cost drugs before using higher cost alternatives, generating State savings of \$600,000 in 2009-10.
- **Allow Denials Based on Medical Necessity.** Allow denial of drugs when the prescriber cannot demonstrate medical necessity. This produces 2009-10 State savings of \$2 million.
- **Establish Drug Utilization Review.** Adopt standards developed by the Office of Mental Health in dispensing psychotropic drugs. This action will save \$1.8 million in 2009-10.
- **Limit Drug Quantity, Frequency and Duration.** Use the existing Medicaid prior authorization process to limit the number of units of certain medications that are subject to fraud or misuse. State savings of \$9.4 million are estimated for 2009-10.

Managed Care

The State's Medicaid managed care program – currently authorized through March 2012 – ensures that the neediest people receive high quality, accessible health care. In addition, the program has Special Needs Plans which provide comprehensive services to individuals infected with HIV/AIDS. Medicaid managed care also incorporates a comprehensive set of consumer protections to ensure that all recipients obtain enrollment assistance and quality care, and understand their rights and responsibilities under managed care plans. To date, New York City and 57 counties are operating managed care programs. New York City and 37 of these counties currently require mandatory enrollment. Managed care enrollment is projected to reach approximately 2.21 million by the end of 2008-09 and 2.26 million in 2009-10. The Budget recommendations will generate savings of \$84 million in 2009-10. Major recommended actions include:

- **Maximize Federal Funding for Family Planning.** The Department will claim costs for family planning services provided by managed care organizations which are eligible for enhanced Federal reimbursement of 90 percent.

- **Cap Marketing and Administrative Costs.** The Budget caps marketing expenses at the statewide average for Medicaid managed care, Family Health Plus and Child Health Plus and caps administrative costs for Managed Long Term Care plans.
- **Other Savings Actions.** The Budget realizes additional savings by maximizing the enrollment of dual eligibles (those eligible for Medicaid and Medicare) in managed care, shifting Child Health Plus rate setting authority from the Insurance Department to the Department of Health, including personal care services in managed care and other actions.

Medicaid Administration

The Department of Health is responsible for overall management of the Medicaid program, including the State's interaction with Federal and local governments, health care providers and Medicaid recipients. Counties will continue their role in making Medicaid eligibility determinations and contracting with providers of Medicaid services. Payments to health care providers are made through the State's computerized payment system – commonly known as eMedNY – that is operated by a private company with oversight by State personnel. The new eMedNY Medicaid System replaced both the Medicaid Management Information System (MMIS) and the Electronic Medicaid Eligibility Verification System (EMEVs) with an integrated claims processing system. The new system provides updated technologies and brings New York State into compliance with new Federal reporting requirements. In addition, eMedNY is being used to substantially enhance front-end detection of Medicaid fraud.

CHILD HEALTH PLUS

New York's Child Health Plus (CHPlus) program continues to set a national standard for children's health insurance coverage for children up to age 19. Federal funds combined with State HCRA moneys allow CHPlus to provide comprehensive health insurance benefits for nearly 370,000 children. The Budget continues to provide State-only funds to fully finance the recent expansion of Child Health Plus from 250 percent to 400 percent of the Federal Poverty Level. Family contribution levels will be increased in the Budget on a graduated scale based on income.

FAMILY HEALTH PLUS

The Family Health Plus (FHP) program offers access to comprehensive health coverage for eligible low-income adults who do not have insurance through their employers, yet have incomes that do not qualify them for other publicly financed health programs. Under Family Health Plus, health coverage is provided to families with incomes up to 150 percent of the Federal Poverty Level (FPL). For individuals without children, coverage is offered to those at 100 percent of the FPL. FHP provides comprehensive health insurance benefits to approximately 528,000 adults, utilizing matching Federal funds to finance the program. This budget continues implementation of the Family Health Plus Buy-In Program, which began in April 2008, that gives employers the option to "buy-in" to Family Health Plus coverage for their employees. The State shares in the cost for employees that would have been eligible for Family Health Plus coverage.

OTHER PUBLIC HEALTH PROGRAMS

General Fund appropriations finance 17 percent of the Department of Health's total budget of \$5.3 billion in 2009-10 after excluding Medicaid and HCRA program costs. Other revenue sources, including: 1) reimbursement for patient care provided at the Department's health care facilities; 2) regulatory fees and audit recoveries; 3) management fees for hospital and nursing home construction projects financed through bond proceeds; and 4) registration, testing and certification fees for various public health services, support 36 percent of the Department of Health's budget, including the Professional Medical Conduct Program, clinical and environmental laboratory certification activities, and health care facilities' operating costs. The remaining 47 percent is provided by Federal grants and Enterprise funds.

Capital Project appropriations promote the efficient operation of healthcare facilities statewide and preserve and maintain the Department's hospitals, nursing homes, and the three separate laboratory facilities in Albany County that constitute the Wadsworth Center for Laboratories and Research. The costs of projects at the health care facilities are funded from the General Fund, HCRA and/or facility revenues.

This overall recommendation ensures that public health priorities are preserved. Major budget actions include:

- **Reducing Cost-of-Living Adjustments:** The recommendation generates savings by reducing the 2008-09 Human Services Cost of Living Adjustment (COLA) from 3.2 percent to 2.2 percent effective January 1, 2009 (savings of \$3.4M). Additionally, the Executive Budget recommends no COLA for 2009-10 (savings of \$16.7M). To continue the State's long-term commitment, these adjustments are planned to resume April 1, 2010, and this budget also recommends extending the COLA for a third year in 2012-13.
- **Early Intervention:** The Budget includes \$160 million for the State share of Early Intervention (EI) which provides services to infants and toddlers under the age of three who have developmental delays. The Budget establishes parental fees at the same levels as recommended for Child Health Plus; requires EI providers to pay an application fee and directly bill third party payors; finances a portion of EI costs with insurance assessments; and modifies EI speech eligibility using evidenced-based criteria.
- **General Public Health Works:** The Budget includes \$201 million for the General Public Health Works Program to reimburse counties for core services. The Budget restructures the GPHW program by discontinuing reimbursement for certain optional services (emergency medical services, laboratories, medical examiners and long-term home health care programs). This generates savings of \$16 million in 2009-10.
- **Elderly Pharmaceutical Insurance Coverage (EPIC) Program:** The Budget includes \$415 million for EPIC to ensure that 315,000 senior citizens receive crucial prescription drug insurance. To ensure that Medicare Part D provides appropriate coverage for EPIC seniors, the Budget eliminates wrap-around coverage for drugs not covered by an individual's Part D plan and requires all EPIC seniors, with no exceptions, who are eligible to enroll in Part D. EPIC will continue to cover Part D premium and "donut hole" costs. Additionally, EPIC would require eligible seniors to enroll in the Medicare Savings Program and

- cover EPIC mail order purchases. Finally, while EPIC will no longer cover lifestyle drugs, coverage will be offered for mail order purchases. These actions generate savings of \$64.4 million in 2009-10.
- **Support for EPIC Seniors:** The Budget includes \$10 million to reduce out-of-pocket expenses for EPIC seniors with incomes below 150 percent of the Federal Poverty Level by eliminating their EPIC fees, and capping co-payments at \$15. Currently, that benefit is provided to those with incomes below 135 percent of FPL. Funding of \$2 million will be provided to local Area Agencies on Aging and community-based organizations, through the State Office for the Aging's Budget, to assist EPIC seniors in obtaining appropriate Medicare Part D prescription drug coverage.
 - **Wadsworth Center/Clinical Laboratories:** Maintains funding for the Wadsworth Center for Laboratories and Research to purchase critical equipment, as well as \$8 million for capital improvements. The Budget restructures the clinical laboratories fee methodology by replacing the current method of determining fees with a one percent assessment on each laboratory's gross annual receipts.
 - **Physician Registration Fees:** The Budget increases the biennial physician registration fee, last raised in 1996, from \$600 to \$1,000 to support ongoing activities.
 - **Other Savings Actions:** The Budget saves \$9 million in 2009-10 by reducing non-essential spending for certain public health programs and achieving savings in state operations spending.
 - **HIV/AIDS:** The Budget sustains the State's commitment to fighting the AIDS epidemic by providing statewide spending of \$3.5 billion for AIDS programs, including \$125 million for the AIDS Institute. Emphasis will continue to be placed on prevention and specialized services which target resources to populations with the greatest risk of infection.
 - **HEAL NY:** The Healthcare Efficiency and Affordability Law for New Yorkers (HEAL NY) is extended for two years for an additional investment of \$650 million, bringing the total investment in this program to \$1.7 billion. HEAL supports healthcare projects to upgrade information and healthcare technology, enhance the efficiency of facility operations and support facility improvement, reconfiguration and consolidation.
 - **Emergency Preparedness:** The Budget continues the \$40 million reserve appropriation to address any public health emergencies and provides funding to maintain pharmaceutical supplies and medical equipment in the event of an emergency.
 - **Lead Poisoning Prevention:** The Budget recommends a new investment of \$2.5 million to enhance the Department's current Childhood Lead Poisoning Prevention program provide for the screening of a wider spectrum of individuals in targeted areas across the State.
 - **Roswell Park Cancer Institute:** The Budget recommends \$101.4 million for the Roswell Park Cancer Institute from HCRA, including \$25 million from HEAL for capital projects. Anti-tobacco funding of \$14.5 million from HCRA for research studies is eliminated.

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- **Certificate of Need (CON) Reform:** The Budget includes several changes to the Certificate of Need fee schedule that will generate approximately \$4 million in new revenue to be used for various enhancements to the CON process, including the development of an electronic submission process.
- **Other Public Health Investments:** The Budget recommends additional funding to increase awareness and reduce obesity levels, conduct cancer screenings and support food banks.

PROGRAM HIGHLIGHTS

MEDICAID

Medicaid was established in 1965 by the Federal government as a health insurance program for the poor. In addition to the federally mandated services – inpatient and outpatient hospital care, nursing facility care, physician services, home health care, family planning, and laboratory and x-ray services – New York also provides almost all federally permissible optional services.

PUBLIC HEALTH

Efforts such as education, research and disease prevention are aimed at improving the health of all New Yorkers. Particular focus is placed on nutrition, prenatal and perinatal care, child health, treatment and control of sexually-transmitted diseases and tuberculosis, childhood immunization, the health risks of environmental contaminants, drinking water purity, cancer education and outreach and follow-up investigations of disease outbreak. In addition, the Department serves as primary liaison with local and county health departments to ensure the quality of public health services throughout New York State.

The Wadsworth Center for Laboratories and Research assists the Department in accomplishing its public health mission. Screening programs conducted by the Wadsworth Laboratories address public health concerns such as HIV, tuberculosis, environmental contamination and genetic disorders in newborns. The newborn screening program tests for 45 disorders, making New York State a national leader in the area of newborn testing. Ongoing research, largely funded by external grants, is carried out for public health problems such as AIDS, West Nile virus, cancer and the toxic effects of chemical substances and radiation. The Wadsworth Center regulates more than 700 environmental laboratories and more than 1,800 clinical laboratories and patient service centers to ensure testing quality, and the public's health and safety. In addition, the Wadsworth Center and DOH's Centers for Community and Environmental Health continue to play key roles in managing the State's preparation for response to bio-terrorism.

The Department develops and funds HIV prevention and health care programs, educates the public and health care providers, formulates policy and directs regional and statewide HIV/AIDS planning. New York remains a leader in combating this complex epidemic by responding to changes in incidence with even greater attention to population-based programming, long-term care and policies designed to reduce discrimination and guarantee basic medical care and treatment for the uninsured. New York State will spend \$3.5 billion to combat HIV/AIDS next year.

HEALTH SYSTEMS MANAGEMENT

The Department ensures that quality health care is available to all New York residents by overseeing the services provided by hospitals, nursing homes, diagnostic and treatment centers and home care providers. The Department strives to ensure that limited health care dollars are prudently spent through its reimbursement rate methodologies, rate setting, and review and monitoring of health facility plans for construction and expansion. Federal reimbursement for surveillance and certification, and fees for overseeing facilities to ensure that bonded debt is repaid, help to offset program costs.

Responsibility for setting Medicaid reimbursement rates for hospitals, nursing homes, home health agencies and diagnostic and treatment centers, as well as oversight of the HCRA surcharges and assessments, is overseen by the Office of Health Insurance Programs, which was established in 2007-08.

**ALL FUNDS
APPROPRIATIONS
(dollars)**

Category	Available 2008-09	Appropriations Recommended 2009-10	Change	Reappropriations Recommended 2009-10
State Operations	2,041,768,000	2,090,072,500	48,304,500	4,437,548,800
Aid To Localities	48,536,370,128	47,243,241,300	(1,293,128,828)	34,284,062,340
Capital Projects	277,580,000	350,580,000	73,000,000	829,603,000
Total	50,855,718,128	49,683,893,800	(1,171,824,328)	39,551,214,140

**ALL FUND TYPES
PROJECTED LEVELS OF EMPLOYMENT BY PROGRAM
FILLED ANNUAL SALARIED POSITIONS**

Full-Time Equivalent Positions (FTE)			
Program	2008-09 Estimated FTEs 03/31/09	2009-10 Estimated FTEs 03/31/10	FTE Change
Administration and Executive Direction			
General Fund	114	114	0
Special Revenue Funds - Federal	58	58	0
Special Revenue Funds - Other	253	253	0
AIDS Institute			
General Fund	179	179	0
Child Health Insurance			
Special Revenue Funds - Other	41	41	0
Community Health			
General Fund	26	26	0
Special Revenue Funds - Federal	612	612	0
Special Revenue Funds - Other	131	131	0
Elderly Pharmaceutical Insurance Coverage			
Special Revenue Funds - Other	32	32	0
Environmental Health			
General Fund	109	109	0
Special Revenue Funds - Federal	127	127	0
Special Revenue Funds - Other	92	92	0
Capital Projects Funds - Other	80	80	0
Health Care Financing			
General Fund	65	65	0
Special Revenue Funds - Other	75	75	0
Health Insurance Programs, Office of			
General Fund	414	414	0
Special Revenue Funds - Federal	71	71	0
Special Revenue Funds - Other	5	5	0
Health Systems Management, Office of			
General Fund	237	237	0
Special Revenue Funds - Other	292	292	0
Institution Management			
Special Revenue Funds - Other	1,567	1,567	0
Long Term Care, Office of			
General Fund	375	375	0
Laboratories and Research			
General Fund	410	410	0
Special Revenue Funds - Federal	74	74	0
Special Revenue Funds - Other	218	218	0
Managed Care and Program Evaluation, Division of			
General Fund	150	150	0
Total	5,807	5,807	0

**STATE OPERATIONS
ALL FUNDS FINANCIAL REQUIREMENTS BY FUND TYPE
APPROPRIATIONS
(dollars)**

Fund Type	Available 2008-09	Recommended 2009-10	Change
General Fund	271,145,800	303,992,400	32,846,600
Special Revenue Funds - Federal	1,199,247,000	1,208,651,000	9,404,000
Special Revenue Funds - Other	571,365,200	577,419,100	6,053,900
Enterprise Funds	10,000	10,000	0
Total	2,041,768,000	2,090,072,500	48,304,500
Adjustments:			
Transfer(s) From			
Special Pay Bill			
General Fund	(11,503,000)		
Special Revenue Funds - Federal	(7,754,000)		
Special Revenue Funds - Other	(18,452,000)		
Appropriated 2008-09	2,004,059,000		

STATE OPERATIONS
ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM
APPROPRIATIONS
(dollars)

Program	Available 2008-09	Recommended 2009-10	Change
Administration and Executive Direction			
General Fund	33,949,500	31,031,500	(2,918,000)
Special Revenue Funds - Federal	17,757,000	9,876,000	(7,881,000)
Special Revenue Funds - Other	55,562,800	39,119,700	(16,443,100)
AIDS Institute			
General Fund	17,008,000	17,899,000	891,000
Child Health Insurance			
Special Revenue Funds - Federal	64,130,000	64,130,000	0
Special Revenue Funds - Other	16,045,000	16,496,400	451,400
Community Health			
General Fund	12,774,800	12,985,000	210,200
Special Revenue Funds - Federal	143,903,000	151,578,000	7,675,000
Special Revenue Funds - Other	6,062,000	6,548,700	486,700
Elderly Pharmaceutical Insurance Coverage			
Special Revenue Funds - Other	20,911,000	21,911,000	1,000,000
Environmental Health			
General Fund	9,515,000	9,932,800	417,800
Special Revenue Funds - Federal	18,105,000	18,184,000	79,000
Special Revenue Funds - Other	21,207,400	26,266,600	5,059,200
Health Care Financing			
General Fund	7,577,000	7,977,100	400,100
Special Revenue Funds - Other	11,363,000	12,513,600	1,150,600
Health Insurance Programs, Office of			
General Fund	63,517,000	93,411,700	29,894,700
Special Revenue Funds - Federal	846,697,000	846,697,000	0
Special Revenue Funds - Other	14,200,000	13,875,800	(324,200)
Health Systems Management, Office of			
General Fund	34,027,000	30,414,600	(3,612,400)
Special Revenue Funds - Other	51,944,000	65,950,000	14,006,000
Institution Management			
Special Revenue Funds - Other	155,157,000	165,742,100	10,585,100
Enterprise Funds	10,000	10,000	0
Long Term Care, Office of			
General Fund	49,886,000	53,914,000	4,028,000
Special Revenue Funds - Other	20,283,000	9,477,200	(10,805,800)
Laboratories and Research			
General Fund	43,881,500	46,018,500	2,137,000
Special Revenue Funds - Federal	12,932,000	12,932,000	0
Special Revenue Funds - Other	85,308,000	86,696,000	1,388,000
Maintenance Undistributed			
General Fund	(113,322,000)	(112,822,000)	500,000
Special Revenue Funds - Other	113,322,000	112,822,000	(500,000)
Managed Care and Program Evaluation, Division of			
General Fund	17,827,000	18,725,200	898,200
Medicaid Management Information System			
General Fund	94,505,000	94,505,000	0
Special Revenue Funds - Federal	95,723,000	105,254,000	9,531,000
Total	<u>2,041,768,000</u>	<u>2,090,072,500</u>	<u>48,304,500</u>

**STATE OPERATIONS - GENERAL AND OFFSET FUNDS
SUMMARY OF PERSONAL SERVICE APPROPRIATIONS AND CHANGES
2009-10 RECOMMENDED
(dollars)**

Program	Total		Personal Service Regular (Annual Salaried)	
	Amount	Change	Amount	Change
Administration and Executive Direction	8,817,300	(1,668,000)	8,757,300	(1,668,000)
AIDS Institute	11,938,000	891,000	11,918,000	891,000
Community Health	2,871,000	210,200	2,851,000	210,300
Environmental Health	7,695,800	570,800	7,428,100	570,800
Health Care Financing	5,470,100	400,100	5,420,100	400,100
Health Insurance Programs, Office of	29,319,700	2,144,700	28,968,700	2,144,700
Health Systems Management, Office of	23,018,600	(2,862,400)	22,419,600	(2,862,400)
Long Term Care, Office of	30,510,000	4,128,000	29,574,000	4,128,000
Laboratories and Research	30,000,500	2,330,000	29,130,000	2,330,000
Managed Care and Program Evaluation, Division of	12,279,200	898,200	12,279,200	898,200
Total	161,920,200	7,042,600	158,746,000	7,042,700

Program	Temporary Service (Nonannual Salaried)		Holiday/Overtime Pay	
	Amount	Change	Amount	Change
Administration and Executive Direction	10,000	0	50,000	0
AIDS Institute	0	0	20,000	0
Community Health	0	0	20,000	(100)
Environmental Health	243,700	0	24,000	0
Health Care Financing	10,000	0	40,000	0
Health Insurance Programs, Office of	1,000	0	350,000	0
Health Systems Management, Office of	53,000	0	546,000	0
Long Term Care, Office of	82,000	0	854,000	0
Laboratories and Research	70,000	0	800,500	0
Managed Care and Program Evaluation, Division of	0	0	0	0
Total	469,700	0	2,704,500	(100)

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**STATE OPERATIONS - GENERAL AND OFFSET FUNDS
SUMMARY OF NONPERSONAL SERVICE AND MAINTENANCE UNDISTRIBUTED
APPROPRIATIONS AND CHANGES
2009-10 RECOMMENDED
(dollars)**

Program	Total		Supplies and Materials	
	Amount	Change	Amount	Change
Administration and Executive Direction	22,214,200	(1,250,000)	1,077,400	0
AIDS Institute	5,961,000	0	1,333,881	0
Community Health	10,114,000	0	201,000	100
Environmental Health	2,237,000	(153,000)	101,000	0
Health Care Financing	2,507,000	0	99,000	0
Health Insurance Programs, Office of	64,092,000	27,750,000	536,000	0
Health Systems Management, Office of	7,396,000	(750,000)	186,000	0
Long Term Care, Office of	23,404,000	(100,000)	350,000	0
Laboratories and Research	16,018,000	(193,000)	3,352,000	0
Managed Care and Program Evaluation, Division of	6,446,000	0	156,000	0
Medicaid Management Information System	94,505,000	0	0	0
Total	254,894,200	25,304,000	7,392,281	100

Program	Travel		Contractual Services	
	Amount	Change	Amount	Change
Administration and Executive Direction	406,500	0	19,352,000	0
AIDS Institute	311,700	0	3,636,900	0
Community Health	117,000	200	9,487,000	0
Environmental Health	374,400	0	1,661,000	0
Health Care Financing	40,000	0	2,318,000	0
Health Insurance Programs, Office of	823,000	0	29,902,000	0
Health Systems Management, Office of	237,000	0	6,499,000	0
Long Term Care, Office of	1,065,000	0	19,574,000	4,900,000
Laboratories and Research	76,000	0	7,285,000	200,000
Managed Care and Program Evaluation, Division of	130,000	0	6,000,000	0
Medicaid Management Information System	0	0	94,505,000	0
Total	3,580,600	200	200,219,900	5,100,000

Program	Equipment		Maintenance Undistributed	
	Amount	Change	Amount	Change
Administration and Executive Direction	628,300	0	750,000	(1,250,000)
AIDS Institute	228,519	0	450,000	0
Community Health	309,000	(300)	0	0
Environmental Health	100,600	0	0	(153,000)
Health Care Financing	50,000	0	0	0
Health Insurance Programs, Office of	831,000	0	32,000,000	27,750,000
Health Systems Management, Office of	201,000	0	273,000	(750,000)
Long Term Care, Office of	415,000	0	2,000,000	(5,000,000)
Laboratories and Research	5,305,000	0	0	(393,000)
Managed Care and Program Evaluation, Division of	160,000	0	0	0
Medicaid Management Information System	0	0	0	0
Total	8,228,419	(300)	35,473,000	20,204,000

**STATE OPERATIONS - OTHER THAN GENERAL FUND AND OFFSET FUNDS
SUMMARY OF APPROPRIATIONS AND CHANGES
2009-10 RECOMMENDED
(dollars)**

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Administration and Executive Direction	48,995,700	(24,324,100)	18,925,500	(15,500,500)
Child Health Insurance	80,626,400	451,400	3,228,400	451,400
Community Health	158,126,700	8,161,700	2,767,700	486,700
Elderly Pharmaceutical Insurance Coverage	21,911,000	1,000,000	2,141,600	139,600
Environmental Health	44,450,600	5,138,200	9,245,500	1,923,400
Health Care Financing	12,513,600	1,150,600	6,517,700	1,097,700
Health Insurance Programs, Office of	860,572,800	(324,200)	1,184,800	(324,200)
Health Systems Management, Office of	65,950,000	14,006,000	22,078,800	7,618,800
Institution Management	165,752,100	10,585,100	98,522,100	10,585,100
Long Term Care, Office of	9,477,200	(10,805,800)	1,853,200	194,200
Laboratories and Research	99,628,000	1,388,000	10,255,000	1,030,000
Medicaid Management Information System	105,254,000	9,531,000	0	0
Total	1,673,258,100	15,957,900	176,720,300	7,702,200

Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Administration and Executive Direction	20,194,200	(8,696,600)	9,876,000	(127,000)
Child Health Insurance	13,268,000	0	64,130,000	0
Community Health	3,781,000	0	151,578,000	7,675,000
Elderly Pharmaceutical Insurance Coverage	19,544,400	860,400	225,000	0
Environmental Health	16,871,100	4,535,800	18,334,000	(1,321,000)
Health Care Financing	5,995,900	52,900	0	0
Health Insurance Programs, Office of	12,691,000	0	846,697,000	0
Health Systems Management, Office of	27,576,200	6,387,200	16,295,000	0
Institution Management	67,230,000	0	0	0
Long Term Care, Office of	7,624,000	0	0	(11,000,000)
Laboratories and Research	26,441,000	358,000	62,932,000	0
Medicaid Management Information System	0	0	105,254,000	9,531,000
Total	221,216,800	3,497,700	1,275,321,000	4,758,000

**AID TO LOCALITIES
ALL FUNDS FINANCIAL REQUIREMENTS BY FUND TYPE
APPROPRIATIONS
(dollars)**

Fund Type	Available 2008-09	Recommended 2009-10	Change
General Fund	12,826,158,422	11,732,542,600	(1,093,615,822)
Special Revenue Funds - Federal	27,543,167,280	28,395,708,000	852,540,720
Special Revenue Funds - Other	6,395,844,426	7,114,990,700	719,146,274
Fiduciary Funds	1,771,200,000	0	(1,771,200,000)
Total	48,536,370,128	47,243,241,300	(1,293,128,828)

**AID TO LOCALITIES
ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM
APPROPRIATIONS
(dollars)**

Program	Available 2008-09	Recommended 2009-10	Change
Administration and Executive Direction			
General Fund	561,040	561,000	(40)
AIDS Institute			
General Fund	25,782,271	25,166,000	(616,271)
Special Revenue Funds - Other	81,898,811	81,418,000	(480,811)
Child Health Insurance			
Special Revenue Funds - Federal	487,800,000	487,800,000	0
Special Revenue Funds - Other	442,500,000	442,500,000	0
Community Health			
General Fund	680,898,078	554,655,000	(126,243,078)
Special Revenue Funds - Federal	745,491,000	802,791,000	57,300,000
Special Revenue Funds - Other	61,233,606	62,257,000	1,023,394
Elderly Pharmaceutical Insurance Coverage			
Special Revenue Funds - Other	661,650,000	393,150,000	(268,500,000)
Environmental Health			
General Fund	7,510,600	10,010,600	2,500,000
Special Revenue Funds - Federal	3,687,000	3,687,000	0
Special Revenue Funds - Other	196,000	196,000	0
Health Care Financing			
General Fund	798,000	798,000	0
Health Care Reform Act Program			
Special Revenue Funds - Other	1,264,016,229	654,270,000	(609,746,229)
Health Insurance Programs, Office of			
General Fund	1,391,200	1,391,200	0
Special Revenue Funds - Federal	300,000,000	0	(300,000,000)
Special Revenue Funds - Other	300,000,000	300,000,000	0
Health Systems Management, Office of			
General Fund	16,041,120	14,458,500	(1,582,620)
Special Revenue Funds - Federal	400,000	400,000	0
Long Term Care, Office of			
General Fund	23,689,725	29,763,300	6,073,575
Special Revenue Funds - Other	4,311,780	4,311,700	(80)
Laboratories and Research			
General Fund	882,248	871,000	(11,248)
Special Revenue Funds - Federal	3,682,000	3,682,000	0
Maintenance Undistributed			
General Fund	(7,288,000)	(7,288,000)	0
Special Revenue Funds - Other	7,288,000	7,288,000	0
Medical Assistance			
General Fund	11,525,813,280	10,553,656,000	(972,157,280)
Special Revenue Funds - Federal	25,420,307,280	26,515,548,000	1,095,240,720
Special Revenue Funds - Other	3,572,750,000	5,169,600,000	1,596,850,000
Fiduciary Funds	1,771,200,000	0	(1,771,200,000)
Medical Assistance Administration			
General Fund	540,950,000	548,500,000	7,550,000
Special Revenue Funds - Federal	581,800,000	581,800,000	0
Community Projects			
General Fund	9,128,860	0	(9,128,860)
Total	<u>48,536,370,128</u>	<u>47,243,241,300</u>	<u>(1,293,128,828)</u>

**CAPITAL PROJECTS
ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM
APPROPRIATIONS
(dollars)**

Comprehensive Construction Program	Available 2008-09	Recommended 2009-10	Change	Reappropriations 2009-10
Health Care Efficiency and Affordability Law for New Yorkers				
Capital Projects Fund	165,000,000	217,000,000	52,000,000	362,351,000
Capital Projects Fund - Advances	85,000,000	108,000,000	23,000,000	343,777,000
Laboratories and Research				
Capital Projects Fund	10,000,000	8,000,000	(2,000,000)	21,453,000
Capital Projects Fund - Authority Bonds	0	0	0	5,000,000
Maintenance and Improvements of Existing Institutions				
Capital Projects Fund	7,600,000	7,600,000	0	19,742,000
Water Resources				
Federal Capital Projects Fund	9,980,000	9,980,000	0	77,280,000
Total	<u>277,580,000</u>	<u>350,580,000</u>	<u>73,000,000</u>	<u>829,603,000</u>