

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 emergency preparedness initiatives in response to statewide and local epidemic outbreaks. 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 Office of Health Insurance Programs is responsible for Medicaid, Family Health Plus, Child Health Plus, Elderly Pharmaceutical Insurance Coverage, and the AIDS Drug Assistance Program. The Office of Long Term Care oversees the integration of planning and program development for services related to long term care. The Office of Public Health and the Office of Health Systems Management 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.

HEALTH

In 2010-11, the Department of Health will have a workforce of **5,479 positions**, with 28 percent of those positions employed in the Department's health care facilities.

- Approximately 16 percent of these positions are paid by the General Fund;
- 19 percent are directly supported by fees;
- 29 percent are supported by third party and private patient care reimbursement; and,
- The remaining 36 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 \$53.2 billion in 2010-11. The 2010-11 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 the State and local governments. 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:

- Recommending a series of measures to control health care costs, and reforming Medicaid reimbursement for hospitals, nursing homes and home care;
- Including several pharmacy initiatives to ensure that the State maximizes manufacturer rebate revenues and Federal funding;
- Realizing efficiencies in Managed Care;
- Strengthening the integrity of the Medicaid Program by increasing penalties and implementing other fraud detection measures, while continuing to take steps to ensure access to health insurance coverage for low-income and disabled person
- Advancing measures to appropriately manage utilization of health services;
- Recommending several actions to insure that HCRA is fiscally sound; and,
- Reducing or eliminating lower priority programs.

Acute Care

The Health Care Reform Act (HCRA) serves as the statutory basis governing hospital financing. Under HCRA, most non-Medicaid payers negotiate rates with hospitals, encouraging competition in the health care industry. The Executive Budget recommends a series of revenue actions to ensure that HCRA is financially balanced, including:

- **Syrup Excise Tax.** An excise tax on beverage syrups and soft drinks is proposed at a tax rate of \$7.68 per gallon for beverage syrups or simple syrups and \$1.28 per gallon for bottled or powdered soft drinks. Currently one in four New York adults is obese and another 35 percent are overweight. Medical research

demonstrates that price increases discourage individuals, especially children and teenagers, from consumption and help fight obesity rates. The budget reflects \$450 million in revenue to HCRA in 2010-11 from this proposal that would be used to offset health care spending.

- **Increase Cigarette Tax.** The tax on cigarettes is increased by \$1 – from \$2.75 per pack to \$3.75 per pack – and the proceeds directed to HCRA and used to offset health care spending. This increase would generate \$200 million in 2010-11, and result in New York having the highest cigarette tax in the nation and would result in a combined State and local tax of \$5.25 per pack in New York City.
- **Extend Surcharges to Certain Physician Services.** Surcharges currently imposed on hospital and outpatient radiation treatment and ambulatory surgery will be extended to physicians' offices that perform the same procedures, producing \$25 million for HCRA in 2010-11.

Absent efforts to control growth, State Medicaid spending on acute care services will reach \$2.9 billion in 2010-11. The budget continues to rationalize reimbursement methodologies, promote increased transparency and accountability in how funding is utilized and makes needed investments. The budget reflects net State savings of \$245 million in the acute care area through the following actions:

- **Reduce and Restructure Indigent Care Reimbursement.** Total payments to hospitals will be reduced and determined solely based on the costs of services provided to the uninsured, discontinuing the practice of making payments almost exclusively based on a hospitals accounting of bad debts. A portion of funding is reserved to transition facilities to this new payment methodology. Net State savings of \$68 million in 2010-11 is achieved after reflecting the cost of new Federal Disproportionate Share audit requirements.
- **Increase Hospital Assessment on Inpatient Services.** The Executive Budget increases the assessment on hospital inpatient services to 0.75 percent. This action will generate \$130 million of State savings in 2010-11.
- **Limit Payments for Preventable Conditions.** Consistent with reform efforts, the State will establish quality benchmarks to reduce the level of unnecessary treatments for preventable conditions. Hospitals that perform below these standards will receive reduced reimbursement to encourage improved quality of care. This action will generate \$20 million of State savings in 2010-11.
- **Reinvest Indirect Medical Education (IME) Payments.** The current hospital reimbursement methodology overpays for (IME) and under reimburses for other necessary services. Over a three-year period, IME payments will be reduced to better reflect actual costs and these funds will be reinvested in hospital rates to cover the costs of other services. In addition, a portion of these funds will be used to improve access to quality obstetrical care and increase loans to attract physicians to practice in New York, through the Doctors Across New York Program.

Long Term Care

State spending on nursing home and community-based care comprises more than half the General Fund Medicaid budget – or an estimated \$6.2 billion in 2010-11. The Executive Budget reflects net State savings of \$520 million through the following actions:

- **Limit Personal Care Utilization.** The Executive Budget caps fee-for-service reimbursement for personal care services at 12 hours per day. Medicaid recipients requiring personal care services in excess of this cap will be redirected to other community-based settings where their care can be more appropriately managed. This action will generate \$30 million of State savings in 2010-11, after reflecting the increased cost for other service settings
- **Increase Provider Assessments.** The Executive Budget increases the nursing home assessment by 1 percent, from 6 percent to 7 percent. This increase will not be Medicaid reimbursable. In addition, the assessment for home care and personal care providers will be increased from 0.35 percent to 0.7 percent. These actions will generate \$85 million of State savings in 2010-11.
- **Nursing Home Reimbursement Reform.** The Executive Budget extends rebasing – the planned update of cost-based rates from 1983 to 2002 – through February 28, 2011 and implements a new regional pricing model on March 1, 2011.

Pharmacy

Absent efforts to control growth, State Medicaid spending on pharmacy services will reach \$1.7 billion in 2010-11. The budget includes a number of recommendations to control the growth of pharmacy costs. Major budget actions include:

- **Increase Supplemental Rebate Collections.** The Executive Budget will eliminate the Preferred Drug Program exemption for anti-depressants, atypical anti-psychotics, anti-retrovirals used in the treatment of HIV/AIDS and anti-rejection drugs in order to collect supplemental rebates on these classes of drugs. However, for these drug classes, prior authorization will not be required. In addition, rebate collections will be enhanced by: reducing the time period required for Pharmacy and Therapeutic Committee recommendations to be considered final from 30 days to 5 days; expanding the list of physician administered drugs; and, dedicating additional resources to conduct rebate dispute resolution activities. These actions will generate \$7 million of State savings in 2010-11.
- **Discontinue Medicare Part D Drug Wrap.** Medicaid coverage for anti-depressants, atypical anti-psychotics, anti-retroviral and anti-rejection drugs for dual eligible enrollees is discontinued, as these drugs are already covered through Medicare Part D. This action will generate \$4 million of State savings in 2010-11.

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 2.7 million by the end of 2009-10 and 3.1 million in 2010-11. The Executive Budget recommendations will generate savings of \$61 million in 2010-11 by reducing premiums for Managed Care and Family Health Plus plans by 1.7 percent.

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 400,000 children. The Executive Budget includes funding to expand coverage for medically necessary orthodontia services, in conformance with requirements of the Federal Child Health Insurance Program Reauthorization Act of 2009.

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 383,000 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 and 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

In 2010-11, General Fund appropriations will finance 18 percent of the Department of Health's total budget of \$5.5 billion, after excluding Medicaid and HCRA program costs. Other revenue sources – including: reimbursement for patient care provided at the Department's health care facilities; regulatory fees and audit recoveries; management fees for hospital and nursing home construction projects financed through bond proceeds; and registration, testing and certification fees for various public health services – support 34 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 48 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:

- **Early Intervention:** The Executive Budget includes \$171 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 quarterly parental fees ranging from \$45 (for family incomes of 251 percent to 400 percent of the FPL) to \$540 (for family incomes above 1,000 percent of the FPL) per child enrolled. The fee collected would be capped at three enrolled children per family. Additional savings are derived from requiring large EI providers to directly bill Medicaid; increasing program reimbursement from commercial insurance; requiring the use of evidence-based criteria for determining eligibility; and adjusting rates to encourage services to be provided in less costly and more appropriate settings. These actions generate savings of \$13 million in 2010-11.
- **General Public Health Works:** The Executive Budget includes \$285 million for the General Public Health Works (GPHW) Program to reimburse counties for various services. The budget restructures the GPHW program by discontinuing reimbursement for certain optional services, including laboratories, home health care programs, and hospice and Early Intervention administration. This generates savings of \$7 million in 2010-11. In addition, the budget transfers the Medical Examiner funding responsibilities to the Division of Criminal Justice Services (DCJS).
- **Elderly Pharmaceutical Insurance Coverage (EPIC) Program:** The Executive Budget includes \$379 million for EPIC to serve approximately 300,000 senior citizens. This proposal would maximize available Federal Medicare funds by eliminating the Part D drug wrap, which was originally designed to enable seniors to access drugs not covered by the Part D formulary. However, Part D now covers all classes of drugs, and eliminating the EPIC drug wrap is consistent with 47 other states. The proposal also requires all enrollees in Medicare Advantage

- plans to enroll in Part D. An investment of \$1.5 million is proposed to assist seniors with navigating through the Federal Medicare Part D enrollment process to avoid any disruption in accessing needed drugs. These actions generate net savings of \$35 million in 2010-11.
- **Program Consolidation Initiatives:** The Executive Budget consolidates various HIV/AIDS, cancer services and obesity/diabetes programs into distinct appropriations. This will allow for more efficient management of the programs, and less administrative burden for not-for-profits that receive funding through the programs. These actions generate \$5 million of savings in 2010-11.
 - **Lower Priority Programs:** The Executive Budget achieves \$14 million in savings by reducing or eliminating lower priority programs. Eliminated programs include: several related to eating disorders; the Spinal Cord Injury Research Program (existing awards will continue to be honored); Maternal and Early Childhood Foundation; Arthritis Foundation; Maternal Mortality Review and Safe Motherhood Initiative; Occupation Health and Safety Training/Education; Umbilical Cord Blood Banking Program; Statewide Health Broadcasts; Shaken Baby Syndrome Public Education Program; Interim Lead Safe Housing; and Center for Translational Neurological Research. Reduced programs include: Red Cross; Health Promotion Initiatives; and the Infertility Grant Program;
 - **Administrative Efficiencies:** The Executive Budget achieves \$22 million of savings by reducing DOH's operating costs through administrative efficiencies.
 - **Program Transfers to Other Agencies:** The Budget recommends shifting funding and oversight of the Rape Crisis program from DOH to DCJS, and the Nutritional Outreach and Education Program (NOEP) and AIDS Homeless Housing to the Office of Temporary and Disability Assistance.
 - **Adult Home Quality Programs:** The Budget consolidates funding for various adult home-related programs into a single program designed to improve adult home quality.
 - **HIV/AIDS:** The Executive Budget sustains the State's commitment to fighting the AIDS epidemic by providing statewide spending of \$3.2 billion for AIDS programs, including \$120 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 continued, with a total investment of \$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 Executive 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.
 - **Roswell Park Cancer Institute:** The Executive Budget recommends \$97 million for the Roswell Park Cancer Institute from HCRA, including \$25 million from HEAL for capital projects. Anti-tobacco funding of \$13.6 million from HCRA for research studies is eliminated.
 - **Lead Poisoning Prevention:** The Executive Budget reflects the annualization of a prior year investment of \$5 million in the Department's Childhood Lead Poisoning Prevention program.

HEALTH

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 nearly 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.

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.

**ALL FUNDS
APPROPRIATIONS
(dollars)**

Category	Available 2009-10	Appropriations Recommended 2010-11	Change	Reappropriations Recommended 2010-11
State Operations	2,140,603,500	2,036,067,287	(104,536,213)	3,441,094,000
Aid To Localities	53,933,996,458	53,363,067,990	(570,928,468)	54,121,487,123
Capital Projects	463,125,000	497,783,000	34,658,000	1,152,154,000
Total	56,537,724,958	55,896,918,277	(640,806,681)	58,714,735,123

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

Full-Time Equivalent Positions (FTE)

Program	2009-10 Estimated FTEs 03/31/10	2010-11 Estimated FTEs 03/31/11	FTE Change
Administration and Executive Direction			
General Fund	108	107	(1)
Special Revenue Funds - Federal	58	58	0
Special Revenue Funds - Other	227	227	0
AIDS Institute			
General Fund	158	156	(2)
Child Health Insurance			
Special Revenue Funds - Other	41	41	0
Community Health			
General Fund	25	24	(1)
Special Revenue Funds - Federal	612	612	0
Special Revenue Funds - Other	118	118	0
Elderly Pharmaceutical Insurance Coverage			
Special Revenue Funds - Other	28	28	0
Environmental Health			
General Fund	103	106	3
Special Revenue Funds - Federal	127	127	0
Special Revenue Funds - Other	72	72	0
Capital Projects Funds - Other	80	80	0
Health Care Financing			
General Fund	59	65	6
Special Revenue Funds - Other	66	66	0
Health Insurance Programs, Office of			
General Fund	375	373	(2)
Special Revenue Funds - Federal	71	71	0
Special Revenue Funds - Other	1	1	0
Health Systems Management, Office of			
General Fund	218	215	(3)
Special Revenue Funds - Other	260	260	0
Institution Management			
Special Revenue Funds - Other	1,510	1,510	0
Long Term Care, Office of			
General Fund	347	342	(5)
Laboratories and Research			
General Fund	403	398	(5)
Special Revenue Funds - Federal	74	74	0
Special Revenue Funds - Other	210	210	0
Managed Care and Program Evaluation, Division of			
General Fund	140	138	(2)
Total	5,491	5,479	(12)

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

Fund Type	Available 2009-10	Recommended 2010-11	Change
General Fund	309,992,400	284,329,500	(25,662,900)
Special Revenue Funds - Federal	1,260,651,000	1,211,800,200	(48,850,800)
Special Revenue Funds - Other	569,950,100	539,927,587	(30,022,513)
Enterprise Funds	10,000	10,000	0
Total	2,140,603,500	2,036,067,287	(104,536,213)

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

Program	Available 2009-10	Recommended 2010-11	Change
Administration and Executive Direction			
General Fund	31,031,500	32,153,200	1,121,700
Special Revenue Funds - Federal	9,876,000	10,338,200	462,200
Special Revenue Funds - Other	39,119,700	31,470,500	(7,649,200)
AIDS Institute			
General Fund	17,899,000	16,000,100	(1,898,900)
Child Health Insurance			
Special Revenue Funds - Federal	64,130,000	64,108,000	(22,000)
Special Revenue Funds - Other	16,496,400	15,333,400	(1,163,000)
Community Health			
General Fund	12,985,000	12,120,000	(865,000)
Special Revenue Funds - Federal	203,578,000	154,265,000	(49,313,000)
Special Revenue Funds - Other	6,548,700	4,760,000	(1,788,700)
Elderly Pharmaceutical Insurance Coverage			
Special Revenue Funds - Other	21,911,000	20,378,000	(1,533,000)
Environmental Health			
General Fund	9,932,800	10,311,900	379,100
Special Revenue Funds - Federal	18,184,000	18,184,000	0
Special Revenue Funds - Other	26,960,600	30,783,200	3,822,600
Health Care Financing			
General Fund	7,977,100	8,843,000	865,900
Special Revenue Funds - Other	12,513,600	9,501,700	(3,011,900)
Health Insurance Programs, Office of			
General Fund	93,411,700	85,608,400	(7,803,300)
Special Revenue Funds - Federal	846,697,000	846,414,000	(283,000)
Special Revenue Funds - Other	13,875,800	15,505,400	1,629,600
Health Systems Management, Office of			
General Fund	36,414,600	29,538,700	(6,875,900)
Special Revenue Funds - Federal	0	343,000	343,000
Special Revenue Funds - Other	57,787,000	58,929,500	1,142,500
Institution Management			
Special Revenue Funds - Other	165,742,100	158,118,787	(7,623,313)
Enterprise Funds	10,000	10,000	0
Long Term Care, Office of			
General Fund	53,914,000	46,770,700	(7,143,300)
Special Revenue Funds - Other	9,477,200	9,909,100	431,900
Laboratories and Research			
General Fund	46,018,500	43,924,000	(2,094,500)
Special Revenue Funds - Federal	12,932,000	12,929,000	(3,000)
Special Revenue Funds - Other	86,696,000	72,416,000	(14,280,000)
Maintenance Undistributed			
General Fund	(112,822,000)	(112,822,000)	0
Special Revenue Funds - Other	112,822,000	112,822,000	0
Managed Care and Program Evaluation, Division of			
General Fund	18,725,200	17,376,500	(1,348,700)
Medicaid Management Information System			
General Fund	94,505,000	94,505,000	0
Special Revenue Funds - Federal	105,254,000	105,219,000	(35,000)
Total	2,140,603,500	2,036,067,287	(104,536,213)

**STATE OPERATIONS - GENERAL AND OFFSET FUNDS
SUMMARY OF PERSONAL SERVICE APPROPRIATIONS AND CHANGES
2010-11 RECOMMENDED
(dollars)**

Program	Total		Personal Service Regular (Annual Salaried)	
	Amount	Change	Amount	Change
Administration and Executive Direction	9,169,000	351,700	9,109,000	351,700
AIDS Institute	10,452,000	(1,486,000)	10,432,000	(1,486,000)
Community Health	2,763,000	(108,000)	2,743,000	(108,000)
Environmental Health	8,241,900	546,100	7,974,200	546,100
Health Care Financing	4,396,000	(1,074,100)	4,346,000	(1,074,100)
Health Insurance Programs, Office of	28,918,400	(401,300)	28,567,400	(401,300)
Health Systems Management, Office of	22,675,700	(342,900)	22,076,700	(342,900)
Long Term Care, Office of	25,095,700	(5,414,300)	24,159,700	(5,414,300)
Laboratories and Research	28,603,000	(1,397,500)	27,732,500	(1,397,500)
Managed Care and Program Evaluation, Division of	11,312,500	(966,700)	11,312,500	(966,700)
Total	151,627,200	(10,293,000)	148,453,000	(10,293,000)

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	0
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	0

HEALTH

STATE OPERATIONS - GENERAL AND OFFSET FUNDS
SUMMARY OF NONPERSONAL SERVICE AND MAINTENANCE UNDISTRIBUTED
APPROPRIATIONS AND CHANGES
2010-11 RECOMMENDED
(dollars)

Program	Total		Supplies and Materials	
	Amount	Change	Amount	Change
Administration and Executive Direction	22,984,200	770,000	1,077,400	0
AIDS Institute	5,548,100	(412,900)	1,333,881	0
Community Health	9,357,000	(757,000)	201,000	0
Environmental Health	2,070,000	(167,000)	101,000	0
Health Care Financing	4,447,000	1,940,000	99,000	0
Health Insurance Programs, Office of	56,690,000	(7,402,000)	536,000	0
Health Systems Management, Office of	6,863,000	(6,533,000)	186,000	0
Long Term Care, Office of	21,675,000	(1,729,000)	350,000	0
Laboratories and Research	15,321,000	(697,000)	3,352,000	0
Managed Care and Program Evaluation, Division of	6,064,000	(382,000)	156,000	0
Medicaid Management Information System	94,505,000	0	0	0
Total	245,524,300	(15,369,900)	7,392,281	0

Program	Travel		Contractual Services	
	Amount	Change	Amount	Change
Administration and Executive Direction	406,500	0	20,122,000	770,000
AIDS Institute	311,700	0	3,224,000	(412,900)
Community Health	117,000	0	8,730,000	(757,000)
Environmental Health	374,400	0	1,494,000	(167,000)
Health Care Financing	40,000	0	4,258,000	1,940,000
Health Insurance Programs, Office of	823,000	0	27,500,000	(2,402,000)
Health Systems Management, Office of	237,000	0	5,966,000	(533,000)
Long Term Care, Office of	1,065,000	0	17,845,000	(1,729,000)
Laboratories and Research	76,000	0	6,588,000	(697,000)
Managed Care and Program Evaluation, Division of	130,000	0	5,518,000	(482,000)
Medicaid Management Information System	0	0	94,505,000	0
Total	3,580,600	0	195,750,000	(4,469,900)

Program	Equipment		Maintenance Undistributed	
	Amount	Change	Amount	Change
Administration and Executive Direction	628,300	0	750,000	0
AIDS Institute	228,519	0	450,000	0
Community Health	309,000	0	0	0
Environmental Health	100,600	0	0	0
Health Care Financing	50,000	0	0	0
Health Insurance Programs, Office of	831,000	0	27,000,000	(5,000,000)
Health Systems Management, Office of	201,000	0	273,000	(6,000,000)
Long Term Care, Office of	415,000	0	2,000,000	0
Laboratories and Research	5,305,000	0	0	0
Managed Care and Program Evaluation, Division of	160,000	0	100,000	100,000
Medicaid Management Information System	0	0	0	0
Total	8,228,419	0	30,573,000	(10,900,000)

**STATE OPERATIONS - OTHER THAN GENERAL FUND AND OFFSET FUNDS
SUMMARY OF APPROPRIATIONS AND CHANGES
2010-11 RECOMMENDED
(dollars)**

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Administration and Executive Direction	41,808,700	(7,187,000)	16,084,000	(2,841,500)
Child Health Insurance	79,441,400	(1,185,000)	3,073,400	(155,000)
Community Health	159,025,000	(51,101,700)	2,165,000	(602,700)
Elderly Pharmaceutical Insurance Coverage	20,378,000	(1,533,000)	2,109,600	(32,000)
Environmental Health	48,967,200	3,822,600	8,462,600	(782,900)
Health Care Financing	9,501,700	(3,011,900)	4,900,200	(1,617,500)
Health Insurance Programs, Office of	861,919,400	1,346,600	2,251,100	1,066,300
Health Systems Management, Office of	59,272,500	1,485,500	18,196,300	1,399,700
Institution Management	158,128,787	(7,623,313)	95,350,706	(3,171,394)
Long Term Care, Office of	9,909,100	431,900	1,504,300	(348,900)
Laboratories and Research	85,345,000	(14,283,000)	10,119,000	(136,000)
Medicaid Management Information System	105,219,000	(35,000)	0	0
Total	1,638,915,787	(78,873,313)	164,216,206	(7,221,894)

Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Administration and Executive Direction	15,386,500	(4,807,700)	10,338,200	462,200
Child Health Insurance	12,260,000	(1,008,000)	64,108,000	(22,000)
Community Health	2,595,000	(1,186,000)	154,265,000	(49,313,000)
Elderly Pharmaceutical Insurance Coverage	18,043,400	(1,501,000)	225,000	0
Environmental Health	16,961,900	90,800	23,542,700	4,514,700
Health Care Financing	4,601,500	(1,394,400)	0	0
Health Insurance Programs, Office of	13,254,300	563,300	846,414,000	(283,000)
Health Systems Management, Office of	39,743,200	15,047,800	1,333,000	(14,962,000)
Institution Management	62,778,081	(4,451,919)	0	0
Long Term Care, Office of	8,404,800	780,800	0	0
Laboratories and Research	17,497,000	(8,944,000)	57,729,000	(5,203,000)
Medicaid Management Information System	0	0	105,219,000	(35,000)
Total	211,525,681	(6,810,319)	1,263,173,900	(64,841,100)

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

Fund Type	Available 2009-10	Recommended 2010-11	Change
General Fund	13,653,548,360	11,454,748,690	(2,198,799,670)
Special Revenue Funds - Federal	34,062,221,000	35,081,612,000	1,019,391,000
Special Revenue Funds - Other	6,218,227,098	6,826,707,300	608,480,202
Total	53,933,996,458	53,363,067,990	(570,928,468)

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

Program	Available 2009-10	Recommended 2010-11	Change
Administration and Executive Direction			
General Fund	561,000	561,000	0
Special Revenue Funds - Federal	110,000,000	0	(110,000,000)
AIDS Institute			
General Fund	27,778,289	28,912,000	1,133,711
Special Revenue Funds - Other	78,730,419	75,016,000	(3,714,419)
Child Health Insurance			
Special Revenue Funds - Federal	519,200,000	519,200,000	0
Special Revenue Funds - Other	437,017,488	480,200,000	43,182,512
Community Health			
General Fund	619,480,608	653,340,090	33,859,482
Special Revenue Funds - Federal	863,391,000	890,856,000	27,465,000
Special Revenue Funds - Other	59,173,833	73,369,600	14,195,767
Elderly Pharmaceutical Insurance Coverage			
Special Revenue Funds - Other	446,450,000	358,150,000	(88,300,000)
Environmental Health			
General Fund	9,319,700	12,296,600	2,976,900
Special Revenue Funds - Federal	3,687,000	3,687,000	0
Special Revenue Funds - Other	196,000	0	(196,000)
Health Care Financing			
General Fund	798,000	951,000	153,000
Health Care Reform Act Program			
Special Revenue Funds - Other	595,019,658	503,316,000	(91,703,658)
Health Insurance Programs, Office of			
General Fund	1,891,200	1,391,200	(500,000)
Special Revenue Funds - Other	300,000,000	300,000,000	0
Health Systems Management, Office of			
General Fund	14,458,500	14,458,500	0
Special Revenue Funds - Federal	400,000	400,000	0
Long Term Care, Office of			
General Fund	31,314,764	25,234,300	(6,080,464)
Special Revenue Funds - Other	4,311,700	4,311,700	0
Laboratories and Research			
General Fund	871,000	871,000	0
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	12,403,047,000	10,142,771,000	(2,260,276,000)
Special Revenue Funds - Federal	31,980,061,000	33,085,537,000	1,105,476,000
Special Revenue Funds - Other	4,290,040,000	5,025,056,000	735,016,000
Medical Assistance Administration			
General Fund	548,500,000	581,250,000	32,750,000
Special Revenue Funds - Federal	581,800,000	578,250,000	(3,550,000)
Community Projects			
General Fund	2,816,299	0	(2,816,299)
Total	<u>53,933,996,458</u>	<u>53,363,067,990</u>	<u>(570,928,468)</u>

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

Comprehensive Construction Program	Available 2009-10	Recommended 2010-11	Change	Reappropriations 2010-11
Health Care Efficiency and Affordability Law for New Yorkers				
Capital Projects Fund	217,000,000	217,000,000	0	511,000,000
Capital Projects Fund - Advances	108,000,000	108,000,000	0	425,893,000
Laboratories and Research				
Capital Projects Fund	8,000,000	8,000,000	0	26,302,000
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	20,728,000
Water Resources				
Federal Capital Projects Fund	35,525,000	157,183,000	121,658,000	76,231,000
Federal Stimulus	87,000,000	0	(87,000,000)	87,000,000
Total	<u>463,125,000</u>	<u>497,783,000</u>	<u>34,658,000</u>	<u>1,152,154,000</u>

