

DEPARTMENT OF HEALTH

MISSION

The Department of Health strives to ensure 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 sound and cost-effective quality medical care for all residents; and,
- Reducing infectious diseases such as tuberculosis, measles, mumps and rubella and chronic disabling illnesses such as heart disease, cancer, stroke and respiratory diseases.

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.

ORGANIZATION AND STAFFING

Under the direction of the Commissioner, the Department of Health meets its responsibilities through the Office of Medicaid Management, the Office of Managed Care, the Office of Continuing Care, the centers located in the Office of Public Health, and the Office of Health Systems Management. These entities provide policy and management direction to the Department's system of regional offices. Department staff located in regional offices conduct health facility surveillance, public health monitoring and direct services, and oversee county health department activities.

Additionally, the Department is responsible for five health care facilities engaged in advanced medical research and patient care including the Roswell Park Cancer Institute in Buffalo, the Helen Hayes Hospital in West Haverstraw, and three nursing homes for the care of veterans and their dependents in Oxford, New York City and Batavia. Construction will begin in 1999 on a fourth veterans' nursing home which will be located in 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 will provide Roswell with the flexibility needed to compete more effectively in a changing health care environment.

The Department of Health will have a workforce of approximately 7,200 positions in 1999-2000, with almost twenty percent of those positions employed in the Department's health care facilities. Since 1995-96, the number of positions has increased by approximately 850, reflecting the transfer to the Department of more than 950 positions for Medicaid program and audit activities, and new program initiatives such as the safe drinking water program, offset by the impact of attrition and early retirements.

- Approximately 14.5 percent of these positions are paid exclusively by the General Fund;
- 11 percent are directly supported by fees;
- 60 percent are supported by third party, private patient care and Federal reimbursement; and,
- The remaining 14.5 percent are directly funded by Federal grants.

MEDICAID

Absent any new cost savings measures, total Medicaid spending in New York will exceed \$29 billion next year. While the State's efforts to control the growth of Medicaid spending over the last four years have been successful, with growth rates now held to

a level comparable to other states, New York still leads the nation by far in Medicaid spending. New York continues to be number one in total spending, spending per capita, program cost per recipient, rates paid to providers, and in almost every Medicaid service spending category.

The 1999-2000 Medicaid budget reflects a continued commitment to an effective and affordable delivery system that promotes quality health care, protects patients, assures access to appropriate services, maintains a wide array of optional services and seeks to restructure the program to support the following key principles:

- Consistent with the program's original purpose, Medicaid funds will be used to meet the health care needs of the State's neediest residents.
- Access to quality health care services will be improved through continued expansion of managed care.

These key principles will not only improve the health care system, but together with the budget's proposed restructuring of Medicaid rates, make New York's expenditures more comparable to other states.

Acute Care

Medicaid spending for hospitals and clinics for the Federal fiscal year ending September 1997 totaled approximately \$8.6 billion — more than any other state in the nation. Hospitals will continue to rely on the landmark Health Care Reform Act of 1996 as the basis for their funding. This Act encourages competition in the health care industry by allowing most non-Medicaid payors to negotiate rates with hospitals.

In addition, the State's Medicaid managed care waiver will continue to help hospitals adapt to changes in the acute care delivery system through the Community Health Care Conversion Demonstration Project. This project distributes Federal funding of \$250 million each year for five years to assist hospitals and their affiliated providers in making the transition to this new managed care environment.

The 1999-2000 Executive Budget builds on these attributes by transitioning Medicaid into the market-oriented hospital system that most other payors have operated under since 1997. Medicaid hospital reimbursement rates will be restructured to make New York's spending more affordable, while maintaining high quality service delivery. This restructuring includes providing comprehensive alcohol and substance abuse treatment in outpatient and community-based settings, eliminating rate enhancements that are no longer appropriate in the current health care system environment, and reforming Graduate Medical Education funding.

Long-Term Care

Spending on long-term care services continues to be one of the fastest growing components of the Medicaid budget. For the Federal fiscal year ending September 1997, New York's Medicaid spending on nursing homes and other long-term care services reached \$8.8 billion — \$5.3 billion on nursing homes and \$3.5 billion on community-based care. The spending level for these services is the highest in the nation. New York now spends more than three times as much as California on long term care.

New York State's long-term care system is primarily publicly-funded. For example, Medicaid provides approximately 75 percent of the funding for New York's nursing homes — as opposed to the rest of the nation, where less than half of all long-term care funding is public. As a result, increasing the proportion of less expensive private funding is an important goal.

Progress has been made in meeting this goal by implementing the provisions of the Long-Term Care Integration and Finance Act of 1997. Continuing Care Retirement Communities are providing the elderly with more affordable and accessible options for comprehensive, independent living arrangements that include a wide array of home care,

nursing care and other medical services. The Managed Long Term Care program is developing a broader and more integrated continuum of long term care service options.

In addition, the Partnership for Long Term Care is providing long term care insurance that protects individuals from having to spend down their assets to qualify for Medicaid in the event of a lengthy illness. This innovative Partnership, used in three other states, now represents a significant portion of the New York's long term care insurance market.

The 1999-2000 budget will build on the significant progress made in delivering a broader range of long-term care services, while achieving the efficiencies and cost savings necessary to make New York's spending for these services more comparable with other states. Rates paid to long term care providers will be restructured to control costs by transitioning to a more market-oriented reimbursement system. This will include the move to a simpler, more regionally-based rate setting system for nursing homes and the reduction of home health care and Long Term Home Health Care Program rates so that they are more comparable to those in other states.

Managed Care

The 1999-2000 budget reflects the continued mandatory enrollment of Medicaid recipients in managed care. Federal approval of New York's 1115 managed care waiver in July 1997 set the stage for mandatory enrollment to commence in October 1997. Mandatory enrollment has already begun in eleven counties — Albany, Broome, Columbia, Erie, Greene, Monroe, Niagara, Onondaga, Ontario, Rensselaer and Saratoga. New York City enrollment is anticipated to begin in early 1999 in Staten Island, and in parts of Manhattan and Brooklyn. The remainder of the State will be phased in at four-month intervals subject to Federal approval. Each phase will include groups of counties and parts of New York City.

During the first half of 1998-99, voluntary enrollment remained nearly level. Enrollment is projected to reach approximately 725,000 by the end of 1998-99 and 1.3 million by the end of 1999-2000. When fully implemented, approximately three-quarters of all Medicaid recipients are expected to be enrolled in mandatory managed care. As a result of existing managed care enrollment, New York State has already seen increased primary care use, lower emergency room use, and fewer inpatient days.

The State's Medicaid Managed Care program ensures that the neediest people receive high quality, accessible health care. Legislation passed in 1996 authorizes the State to certify special managed care plans to provide comprehensive services to individuals infected with the HIV virus or who have a serious mental illness. These Special Needs Plans will begin operation in 1999-2000. Start-up grant funding will be provided to facilitate implementation of these plans. Medicaid Managed Care also incorporates a comprehensive set of consumer protections to ensure that recipients obtain enrollment assistance and quality care, and understand their rights and responsibilities under managed care plans.

Medicaid Administration

The Department of Health is responsible for overall management of the Medicaid program and 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. Payments to health care providers also continue to be made through the State's computerized Medicaid Management Information System (MMIS) which is operated by a private agency with oversight by State personnel. The Department is now in the final stage of re-procuring management and development services for a Replacement Medicaid System (RMS) to replace both MMIS and the Electronic Medicaid Eligibility Verification System (EMEVS). The RMS will replace out-of-date technology

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and bring New York State into compliance with new Federal reporting requirements. In addition, the new system will substantially enhance front-end detection of Medicaid fraud.

CHILD HEALTH PLUS

New York's Child Health Plus program continues to set a national standard for children's health insurance coverage. The Child Health Plus program was significantly expanded with passage of legislation under Governor Pataki's leadership in both 1996 and 1998. Funding levels have increased dramatically and, since 1996, enrollment has increased significantly and benefits have been expanded to include hospitalization and dental, vision, speech, hearing, mental health and substance abuse services for adolescents up to age 19.

New York is eligible for approximately \$256 million in Federal funds in 1999-2000. These funds, when combined with State Health Care Reform Act (HCRA) moneys, will facilitate access to comprehensive Child Health Plus coverage to virtually all eligible children in our State.

OTHER PUBLIC HEALTH PROGRAMS

Excluding Medicaid program costs, General Fund appropriations finance 40 percent of the Department of Health's budget in 1999-2000, down from a high of 62 percent in the mid-1980's.

Other revenue, 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 19 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 41 percent is provided by Federal grants and Fiduciary and Enterprise funds.

Capital Projects appropriations preserve and maintain the Department's hospitals, nursing homes and the three separate laboratory facilities in Albany County which constitute the Wadsworth Center for Laboratories and Research. The cost of projects at the health care facilities are funded from facility revenues, the General Fund, or the proceeds from the sale of bonds issued by the New York State Dormitory Authority. The debt service costs for the bonds are financed by patient care revenue.

As the health care delivery system changes, this recommendation ensures public health priorities are preserved. As such, the 1999-2000 budget:

- Expands the program for diabetes prevention and control in New York State initiated in 1997-98. In 1999-2000 the program will give more emphasis to the problems of childhood diabetes. Over 600,000 individuals are diagnosed with diabetes, and another 600,000 are unaware of their condition. This program increases public awareness and practitioner management of the condition;
- Provides \$200,000 in new funding to support pilot projects to provide asthmatic children with care and to conduct a statewide education campaign to increase awareness of the dangers of asthma;
- Maintains State funding at current levels of over \$13.8 million for critical public health needs including school health, lead poisoning prevention, breast cancer detection and prenatal care;
- Sustains the State's commitment to fighting the AIDS epidemic by continuing statewide spending at about \$1.98 billion, including almost \$106 million to be spent by 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;

- Includes approximately \$147.9 million in General Fund spending to reimburse counties and New York City for providing public health services such as childhood immunizations, primary health care, and control of communicable diseases such as tuberculosis and sexually-transmitted diseases;
- Supports the optional State supplementation of the Federal nutrition assistance program for women, infants and children (WIC) with \$28 million. New York continues to be one of only thirteen states to augment Federal nutrition funds;
- Continues the Elderly Pharmaceutical Insurance Coverage program, which will help approximately 105,000 elderly persons next year with their out-of-pocket prescription expenses;
- Provides Early Intervention services such as speech and physical therapy to infants and toddlers under the age of three who have developmental delays; and,
- Continues funding of \$2.6 million for programs to promote sexual abstinence among adolescents.

PROGRAM HIGHLIGHTS

MEDICAID

Originally established in 1965 by the Federal government as a health insurance program for the poor, New York's Medicaid program grew to \$28 billion in 1998-99, providing coverage to approximately 2.8 million New Yorkers. In addition to the federally-mandated services — inpatient and outpatient hospital care, nursing facility care, physician services, home health care, family planning, laboratory and x-ray services — New York also provides almost all federally permissible optional services.

Traditionally, the Federal government has paid for 50 percent of the State's Medicaid program. The State pays about 35 percent of the remaining costs and counties pay about 15 percent. The Federal government has matched, on an unlimited basis, each State dollar expended on Medicaid.

ACCESS TO QUALITY HEALTH CARE

The Department develops and implements programs to ensure that residents of New York have access to high quality health care. Over the last three years, significant legislation has been enacted that will enhance the availability of appropriate care to all New Yorkers:

- The landmark Health Care Reform Act of 1996 deregulated inpatient hospital reimbursement and introduced a market-based system which allows commercial insurers, managed care entities and self-insured plans to establish rates of payment directly through negotiations with hospitals and without State intervention. While this Act expires on December 31, 1999, successor legislation will retain the State's commitment to ensuring that the hospital system adapts to the changing health care environment;
- Pioneering Consumer Managed Care legislation enacted in 1996 — the Managed Care Bill of Rights — ensures that consumers will be appropriately informed about managed care choices, benefits and guarantees that providers can discuss all appropriate health care options;
- Enhanced consumer protections were added in External Review legislation enacted in 1998 which provide health plan enrollees the opportunity to request an external appeal when coverage of health care services is denied on the grounds that the service is not medically necessary, or that it is experimental or investigational; and

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- The Long-Term Care Integration and Finance Act of 1997 authorizes various managed long-term care models for evaluation, expands service options, increases available financing streams for long-term care, and ensures the tax deductibility of long-term care insurance.

PUBLIC HEALTH

Efforts such as education, research and prevention of injuries and disease 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, 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 in the Labs annually report nearly three million test results to providers. These programs encompass such public health concerns as HIV, tuberculosis, and genetic disorders in newborns. Ongoing research, largely funded by external grants, is carried out for public health problems such as AIDS, Lyme disease, cancer and the toxic effects of chemical substances and radiation. In addition, the Wadsworth Center regulates over 800 environmental laboratories and over 1,800 clinical laboratories and blood banks to ensure testing quality, and the public's health and safety.

RESPONSE TO THE AIDS EPIDEMIC

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. Since 1983, cases of AIDS in New York State total more than 124,000, one-fifth of the U.S. total. 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 \$1.98 billion to combat HIV/AIDS next year.

HEALTH SYSTEMS MANAGEMENT

The Department assures 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 assure that bonded debt is repaid, help to offset program costs.

**ALL FUNDS
APPROPRIATIONS**

Category	Available	Appropriations	Change	Reappropriations
	1998-99	Recommended 1999-00		Recommended 1999-00
State Operations	\$3,134,062,950	\$3,320,591,700	+ \$186,528,750	\$2,910,187,226
Aid To Localities	22,774,151,781	23,160,954,500	+ 386,802,719	16,702,274,137
Capital Projects	156,906,000	98,877,000	-58,029,000	225,167,000
Total	\$26,065,120,731	\$26,580,423,200	+ \$515,302,469	\$19,837,628,363

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

1999-00 Recommended Average Fill Level

Program	Available	Personal	Maintenance	Total	Change
	1998-99	Service (Regular)		Undistributed		Recommended 1999-00
Administration and Executive Direction					
General Fund	201	188	....	188	-13
Special Revenue Funds — Federal	159	159	....	159	....
Special Revenue Funds — Other	213	200	....	200	-13
Environmental Health					
General Fund	137	120	....	120	-17
Special Revenue Funds — Federal	143	134	....	134	-9
Special Revenue Funds — Other	65	90	....	90	+ 25
Community Health					
General Fund	78	76	....	76	-2
Special Revenue Funds — Federal	619	639	....	639	+ 20
Special Revenue Funds — Other . . . . .	....	1	....	1	+ 1
AIDS Institute					
General Fund	186	186	....	186	....
Special Revenue Funds — Other	20	20	....	20	....
Laboratories and Research					
General Fund	422	407	....	407	-15
Special Revenue Funds — Federal	91	86	....	86	-5
Special Revenue Funds — Other	164	164	....	164	....
Institution Management					
Special Revenue Funds — Other	2,709	2,709	....	2,709	....
Health Care Financing					
General Fund	95	87	....	87	-8
Special Revenue Funds — Other	73	74	....	74	+ 1
Health Care Standards and Surveillance					
General Fund	281	276	....	276	-5
Special Revenue Funds — Other	235	235	....	235	....
Elderly Pharmaceutical Insurance Coverage					
General Fund	20	20	....	20	....
Child Health Insurance Program					
Special Revenue Funds — Other	46	46	....	46	....
Medicaid Assistance					
General Fund	422	422	....	422	....
Special Revenue Funds — Other	5	5	....	5	....
Office of Medicaid Audit and Fraud Prevention					
General Fund	228	228	....	228	....
Special Revenue Funds — Federal	244	244	....	244	....
Special Revenue Funds — Other	27	27	....	27	....
Office of Continuing Care					
General Fund	369	369	....	369	....
Special Revenue Funds — Other	2	2	....	2	....
Managed Care					
General Fund	152	152	....	152	....
Special Revenue Funds — Other	3	3	....	3	....
Subtotal, Direct Funded Programs	7,409	7,369	....	7,369	-40
Suballocations:					
Special Revenue Funds — Federal	22			22	....
Special Revenue Funds — Other	106			106
Enterprise Funds	16			16
Total	7,553			7,513	-40

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STATE OPERATIONS ALL FUNDS FINANCIAL REQUIREMENTS BY FUND TYPE APPROPRIATIONS

<u>Fund Type</u>	<u>Available 1998-99</u>	<u>Recommended 1999-00</u>	<u>Change</u>
General Fund	\$136,798,500	\$151,516,000	+ \$14,717,500
Special Revenue Funds — Federal	2,541,162,250	2,747,447,600	+ 206,285,350
Special Revenue Funds — Other	453,367,200	418,893,100	-34,474,100
Enterprise Funds	10,000	10,000	. . . .
Fiduciary Funds	2,725,000	2,725,000	. . . .
Total	\$3,134,062,950	\$3,320,591,700	+ \$186,528,750
Adjustments:			
Recommended Deficiency			
Special Revenue Funds — Other	-2,000,000		
Transfer(s) From			
Health, Department of			
General Fund	-937,200		
Transfer(s) To			
Health, Department of			
Special Revenue Funds — Other	+ 937,200		
Appropriated 1998-99	\$3,132,062,950		

**STATE OPERATIONS
ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM
APPROPRIATIONS**

Program	Available 1998-99	Recommended 1999-00	Change
Administration and Executive Direction			
General Fund	\$15,720,000	\$15,809,900	+ \$89,900
Special Revenue Funds — Federal	13,774,600	15,666,400	+ 1,891,800
Special Revenue Funds — Other	20,093,200	19,609,000	-484,200
Environmental Health			
General Fund	8,991,100	8,335,600	-655,500
Special Revenue Funds — Federal	12,232,000	12,755,500	+ 523,500
Special Revenue Funds — Other	12,123,100	13,247,600	+ 1,124,500
Community Health			
General Fund	7,454,100	7,475,900	+ 21,800
Special Revenue Funds — Federal	74,633,550	87,366,100	+ 12,732,550
Special Revenue Funds — Other	622,900	593,800	-29,100
AIDS Institute			
General Fund	14,533,500	15,509,900	+ 976,400
Special Revenue Funds — Federal	356,700	200,000	-156,700
Special Revenue Funds — Other	1,858,000	1,967,600	+ 109,600
Laboratories and Research			
General Fund	27,542,400	27,420,100	-122,300
Special Revenue Funds — Federal	7,599,600	7,599,600	. . . . .
Special Revenue Funds — Other	19,068,100	27,556,500	+ 8,488,400
Fiduciary Funds	2,000,000	2,000,000	. . . . .
Institution Management			
Special Revenue Funds — Other	244,101,900	195,460,800	-48,641,100
Enterprise Funds	10,000	10,000	. . . . .
Fiduciary Funds	325,000	325,000	. . . . .
Health Care Financing			
General Fund	5,726,000	5,681,600	-44,400
Special Revenue Funds — Other	6,783,400	6,951,500	+ 168,100
Health Care Standards and Surveillance			
General Fund	22,985,100	22,668,100	-317,000
Special Revenue Funds — Federal	14,600,000	13,400,000	-1,200,000
Special Revenue Funds — Other	37,055,400	37,231,300	+ 175,900
Elderly Pharmaceutical Insurance Coverage			
General Fund	5,844,100	5,864,500	+ 20,400
Child Health Insurance			
Special Revenue Funds — Federal	14,601,000	13,000,000	-1,601,000
Special Revenue Funds — Other	6,620,000	7,000,000	+ 380,000
Maintenance Undistributed			
General Fund	-94,924,900	-89,148,900	+ 5,776,000
Special Revenue Funds — Other	94,924,900	89,148,900	-5,776,000
Medicaid Assistance			
General Fund	39,893,800	41,111,000	+ 1,217,200
Special Revenue Funds — Federal	2,340,861,800	2,528,131,000	+ 187,269,200
Special Revenue Funds — Other	1,350,000	1,350,000	. . . . .
Fiduciary Funds	400,000	. . . . .	-400,000
Medicaid Management Information System			
General Fund	35,457,000	42,880,000	+ 7,423,000
Special Revenue Funds — Federal	28,491,000	42,153,000	+ 13,662,000
Office of Medicaid Audit and Fraud Prevention			
General Fund	13,892,100	14,809,000	+ 916,900
Special Revenue Funds — Federal	34,012,000	27,176,000	-6,836,000
Special Revenue Funds — Other	4,500,000	14,500,000	+ 10,000,000
Office of Continuing Care			
General Fund	20,074,700	20,041,300	-33,400
Special Revenue Funds — Other	3,567,200	3,567,100	-100
Fiduciary Funds . . . . .	. . . . .	400,000	+ 400,000
Managed Care			
General Fund	13,609,500	13,058,000	-551,500
Special Revenue Funds — Other	699,100	709,000	+ 9,900
<u>Total</u>	<u>\$3,134,062,950</u>	<u>\$3,320,591,700</u>	<u>+ \$186,528,750</u>

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STATE OPERATIONS — GENERAL AND OFFSET FUNDS SUMMARY OF PERSONAL SERVICE APPROPRIATIONS AND CHANGES 1999-00 RECOMMENDED

Program	Total Personal Service		Personal Service Regular (Annual Salaried)		Temporary Service (Nonannual Salaried)	
	Amount	Change	Amount	Change	Amount	Change
Administration and Executive						
Direction	\$9,644,700	+ \$89,900	\$9,416,700	+ \$89,900	\$125,000	. . . .
Environmental Health	6,399,400	-144,500	6,202,600	-144,500	186,300	. . . .
Community Health	3,500,000	+ 21,800	3,421,200	+ 21,800	60,000	. . . .
AIDS Institute	8,815,800	+ 386,400	8,800,800	+ 386,400	. . . .	. . . .
Laboratories and Research	18,800,000	+ 38,700	18,478,500	+ 38,700	64,200	. . . .
Health Care Financing	4,813,300	-44,400	4,781,300	-44,400	. . . .	. . . .
Health Care Standards and Surveillance	14,521,400	-223,000	14,422,300	-223,000	20,000	. . . .
Elderly Pharmaceutical Insurance						
Coverage	1,039,300	+ 20,400	1,038,300	+ 20,400	. . . .	. . . .
Medicaid Assistance	21,168,000	+ 152,100	20,948,000	+ 152,100	70,000	. . . .
Office of Medicaid Audit and Fraud						
Prevention	12,273,000	+ 648,100	12,192,200	+ 648,100	48,500	. . . .
Office of Continuing Care	18,742,700	-33,400	18,742,700	-33,400	. . . .	. . . .
Managed Care	8,382,000	-551,600	8,382,000	-551,600	. . . .	. . . .
Total	<u>\$128,099,600</u>	<u>+ \$360,500</u>	<u>\$126,826,600</u>	<u>+ \$360,500</u>	<u>\$574,000</u>	<u>. . . .</u>

Program	Holiday/Overtime Pay (Annual Salaried)	
	Amount	Change
Administration and Executive		
Direction	\$103,000	. . . .
Environmental Health	10,500	. . . .
Community Health	18,800	. . . .
AIDS Institute	15,000	. . . .
Laboratories and Research	257,300	. . . .
Health Care Financing	32,000	. . . .
Health Care Standards and Surveillance	79,100	. . . .
Elderly Pharmaceutical Insurance		
Coverage	1,000	. . . .
Medicaid Assistance	150,000	. . . .
Office of Medicaid Audit and Fraud		
Prevention	32,300	. . . .
Office of Continuing Care . . . . .	. . . .	. . . .
Managed Care . . . . .	. . . .	. . . .
Total	<u>\$699,000</u>	<u>. . . .</u>

**STATE OPERATIONS — GENERAL AND OFFSET FUNDS
SUMMARY OF NONPERSONAL SERVICE AND MAINTENANCE UNDISTRIBUTED
APPROPRIATIONS AND CHANGES
1999-00 RECOMMENDED**

Program	Amount	Total		Supplies and Materials	
		Amount	Change	Amount	Change
Administration and Executive					
Direction	\$6,165,200		.....	\$740,000	.....
Environmental Health	1,936,200		-\$511,000	133,600	.....
Community Health	3,975,900		.....	319,800	.....
AIDS Institute	6,694,100		+ 590,000	1,474,000	.....
Laboratories and Research	8,620,100		-161,000	3,117,700	.....
Health Care Financing	868,300		.....	12,200	.....
Health Care Standards and					
Surveillance	8,146,700		-94,000	41,400	.....
Elderly Pharmaceutical					
Insurance Coverage	4,825,200		.....	18,600	-\$1,600
Medicaid Assistance	19,943,000		+ 1,065,100	91,320	+ 100
Medicaid Management					
Information System	42,880,000		+ 7,423,000	.....	.....
Office of Medicaid Audit and					
Fraud Prevention	2,536,000		+ 268,800	85,300	.....
Office of Continuing Care	1,298,600		.....	106,800	.....
Managed Care	4,676,000		+ 100	122,100	+ 100
Total	<u>\$112,565,300</u>		<u>+ \$8,581,000</u>	<u>\$6,262,820</u>	<u>-\$1,400</u>

Program	Amount	Travel		Contractual Services	
		Amount	Change	Amount	Change
Administration and Executive					
Direction	\$262,200		.....	\$5,112,000	.....
Environmental Health	374,400		.....	1,322,600	-\$511,000
Community Health	139,500		.....	3,478,200	.....
AIDS Institute	256,600		.....	3,709,500	.....
Laboratories and Research	76,000		.....	5,071,900	-161,000
Health Care Financing	38,400		.....	804,000	.....
Health Care Standards and					
Surveillance	380,400		.....	6,765,800	.....
Elderly Pharmaceutical					
Insurance Coverage	9,700		.....	4,723,000	+ 1,600
Medicaid Assistance	320,800		.....	3,597,080	.....
Medicaid Management					
Information System	.....		.....	42,880,000	+ 7,423,000
Office of Medicaid Audit and					
Fraud Prevention	180,000		.....	1,095,200	+ 268,500
Office of Continuing Care	766,900		377,400
Managed Care	292,000		3,861,400
Total	<u>\$3,096,900</u>		<u>.....</u>	<u>\$82,798,080</u>	<u>+ \$7,021,100</u>

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Program	Equipment		General State Charges	
	Amount	Change	Amount	Change
Administration and Executive				
Direction	\$51,000	. . . .	. . . .	. . . .
Environmental Health	105,600	. . . .	. . . .	. . . .
Community Health	38,400	. . . .	. . . .	. . . .
AIDS Institute	214,000	. . . .	. . . .	. . . .
Laboratories and Research	354,500	. . . .	. . . .	. . . .
Health Care Financing	13,700	. . . .	. . . .	. . . .
Health Care Standards and Surveillance	147,400	. . . .	\$811,700	-\$94,000
Elderly Pharmaceutical Insurance Coverage	3,500	. . . .	. . . .	. . . .
Medicaid Assistance	68,800	. . . .	. . . .	. . . .
Medicaid Management Information System . . . . .	. . . .	. . . .	. . . .	. . . .
Office of Medicaid Audit and Fraud Prevention	26,500	. . . .	. . . .	. . . .
Office of Continuing Care	47,500	. . . .	. . . .	. . . .
Managed Care	400,500	. . . .	. . . .	. . . .
Total	\$1,471,400	. . . .	\$811,700	-\$94,000

Program	Maintenance Undistributed	
	Amount	Change
Administration and Executive		
Direction . . . . .	. . . .	. . . .
Environmental Health . . . . .	. . . .	. . . .
Community Health . . . . .	. . . .	. . . .
AIDS Institute	\$1,040,000	+ \$590,000
Laboratories and Research . . . . .	. . . .	. . . .
Health Care Financing . . . . .	. . . .	. . . .
Health Care Standards and Surveillance . . . . .	. . . .	. . . .
Elderly Pharmaceutical Insurance Coverage	70,400	. . . .
Medicaid Assistance	15,865,000	+ 1,065,000
Medicaid Management Information System . . . . .	. . . .	. . . .
Office of Medicaid Audit and Fraud Prevention	1,149,000	+ 300
Office of Continuing Care . . . . .	. . . .	. . . .
Managed Care . . . . .	. . . .	. . . .
Total	\$18,124,400	+ \$1,655,300

**STATE OPERATIONS — OTHER THAN GENERAL AND OFFSET FUNDS
SUMMARY OF APPROPRIATIONS AND CHANGES
1999-00 RECOMMENDED**

Program	Total		Personal Service	
	Amount	Change	Amount	Change
Administration and Executive				
Direction	\$35,275,400	+ \$1,407,600	\$10,505,200	-\$535,500
Environmental Health	26,003,100	+ 1,648,000	3,200,200	+ 551,400
Community Health	87,959,900	+ 12,703,450	25,000	-14,800
AIDS Institute	2,167,600	-47,100	764,300	. . . .
Laboratories and Research	37,156,100	+ 8,488,400	8,288,500	-5,100
Institution Management	195,795,800	-48,641,100	. . . .	. . . .
Health Care Financing	6,951,500	+ 168,100	4,131,300	-151,900
Health Care Standards and				
Surveillance	50,631,300	-1,024,100	11,702,300	+ 458,800
Child Health Insurance	20,000,000	-1,221,000	2,174,000	-1,837,400
Office of Medicaid Management	2,529,481,000	+ 186,869,200	. . . .	. . . .
Medicaid Management				
Information System	42,153,000	+ 13,662,000	. . . .	. . . .
Office of Medicaid Audit and				
Fraud Prevention	41,676,000	+ 3,164,000	. . . .	. . . .
Office of Continuing Care	3,967,100	+ 399,900	121,800	. . . .
Managed Care	709,000	+ 9,900	120,000	+ 6,100
Total	\$3,079,926,800	+ \$177,587,250	\$41,032,600	-\$1,528,400

Program	Nonpersonal Service		Maintenance Undistributed	
	Amount	Change	Amount	Change
Administration and Executive				
Direction	\$9,103,800	+ \$51,300	\$15,666,400	+ \$1,891,800
Environmental Health	8,022,400	-364,700	14,780,500	+ 1,461,300
Community Health	115,400	-14,300	87,819,500	+ 12,732,550
AIDS Institute	1,203,300	+ 109,600	200,000	-156,700
Laboratories and Research	10,768,000	-6,500	18,099,600	+ 8,500,000
Institution Management . . . . .	. . . .	. . . .	195,795,800	-48,641,100
Health Care Financing	2,820,200	+ 320,000	. . . .	. . . .
Health Care Standards and				
Surveillance	10,216,500	-282,900	28,712,500	-1,200,000
Child Health Insurance	17,826,000	+ 4,526,100	. . . .	-3,909,700
Office of Medicaid Management . . . . .	. . . .	. . . .	2,529,481,000	+ 186,869,200
Medicaid Management				
Information System . . . . .	. . . .	. . . .	42,153,000	+ 13,662,000
Office of Medicaid Audit and				
Fraud Prevention	10,000,000	+ 10,000,000	31,676,000	-6,836,000
Office of Continuing Care	3,445,300	-100	400,000	+ 400,000
Managed Care	89,000	+ 3,800	500,000	. . . .
Total	\$73,609,900	+ \$14,342,300	\$2,965,284,300	+ \$164,773,350

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

Fund Type	Available	Recommended	Change
	1998-99	1999-00	
General Fund	\$6,157,602,331	\$6,104,789,500	-\$52,812,831
Special Revenue Funds — Federal	15,148,400,950	15,631,996,500	+ 483,595,550
Special Revenue Funds — Other	1,093,148,500	924,168,500	-168,980,000
Fiduciary Funds	375,000,000	500,000,000	+ 125,000,000
Total	\$22,774,151,781	\$23,160,954,500	+ \$386,802,719
Adjustments:			
Recommended Deficiency			
General Fund		-97,973,000	
Appropriated 1998-99	\$22,676,178,781		

**AID TO LOCALITIES
ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM
APPROPRIATIONS**

Program	Available 1998-99	Recommended 1999-00	Change
Administration and Executive Direction			
General Fund	\$869,300	\$869,300	. . . .
Environmental Health			
Special Revenue Funds — Federal	2,487,400	2,487,400	. . . .
Special Revenue Funds — Other	200,000	200,000	. . . .
Community Health			
General Fund	317,101,100	339,316,100	+ \$22,215,000
Special Revenue Funds — Federal	473,204,750	561,603,300	+ 88,398,550
Special Revenue Funds — Other	18,647,000	18,647,000	. . . .
AIDS Institute			
General Fund	74,393,200	77,217,200	+ 2,824,000
Special Revenue Funds — Other	10,933,500	10,933,500	. . . .
Laboratories and Research			
General Fund	1,171,000	1,071,000	-100,000
Special Revenue Funds — Federal	2,059,800	2,059,800	. . . .
Health Care Standards and Surveillance			
General Fund	9,513,900	9,184,900	-329,000
Elderly Pharmaceutical Insurance Coverage			
General Fund	120,500,000	138,000,000	+ 17,500,000
Child Health Insurance			
Special Revenue Funds — Federal	369,399,000	243,000,000	-126,399,000
Special Revenue Funds — Other	157,380,000	200,000,000	+ 42,620,000
Maintenance Undistributed			
General Fund	-41,988,000	-44,388,000	-2,400,000
Special Revenue Funds — Other	41,988,000	44,388,000	+ 2,400,000
Medicaid Assistance			
General Fund	5,553,182,000	5,497,600,000	-55,582,000
Special Revenue Funds — Federal	14,059,550,000	14,500,000,000	+ 440,450,000
Special Revenue Funds — Other	864,000,000	650,000,000	-214,000,000
Fiduciary Funds	375,000,000	500,000,000	+ 125,000,000
Medical Assistance Administration			
General Fund	111,150,000	79,650,000	-31,500,000
Special Revenue Funds — Federal	241,700,000	322,846,000	+ 81,146,000
Office of Continuing Care			
General Fund	6,269,000	6,269,000	. . . .
Legislative Initiatives			
General Fund	5,440,831	. . . .	-5,440,831
Total	\$22,774,151,781	\$23,160,954,500	+ \$386,802,719

**CAPITAL PROJECTS
ALL FUNDS FINANCIAL REQUIREMENTS BY PROGRAM
APPROPRIATIONS**

<u>Comprehensive Construction Programs</u>	<u>Available 1998-99</u>	<u>Recommended 1999-00</u>	<u>Change</u>	<u>Reappropriations 1999-00</u>
Rehabilitation And Improvements				
Capital Projects Fund	\$3,750,000	.....	-\$3,750,000	\$5,177,000
St. Albans Rehabilitation & Improvement	.....	\$200,000	+ 200,000	.....
Oxford Rehabilitation & Improvement	.....	1,000,000	+ 1,000,000	.....
Helen Hayes Rehabilitation & Improvement	.....	9,700,000	+ 9,700,000	.....
Batavia Rehabilitation & Improvement	.....	500,000	+ 500,000	.....
Laboratories and Research				
Capital Projects Fund	1,250,000	3,700,000	+ 2,450,000	3,697,000
Maintenance and Improvements of Existing Institutions				
Capital Projects Fund	750,000	.....	-750,000	13,815,000
New Institution Construction				
Capital Projects Fund - Advances	.....	.....	.....	26,500,000
Department of Health Facilities Capital Improvement Fund	.....	.....	.....	28,724,000
Water Resources				
Federal Capital Projects Fund	101,156,000	33,777,000	-67,379,000	144,590,000
Safe Drinking Water - Clean Water/Clean Air 96				
Capital Projects Fund - 1996 CWA (Bondable)	50,000,000	50,000,000	.....	.....
Design and Construction Supervision				
Capital Projects Fund	.....	.....	.....	2,664,000
Total	<u>\$156,906,000</u>	<u>\$98,877,000</u>	<u>-\$58,029,000</u>	<u>\$225,167,000</u>