# 100% DAY TRAINING

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

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities

**Specific Program URL: NA** 

NYS Object Code: 64690 Year Established: 1988

Catalog of Federal Domestic Assistance No.: NA

**Legal Authority:** 

Law: NY Mental Hygiene Law, Articles 13.24 and 41

**Regulation:** 14 NYCRR Part 635

**Program Contact:** 

Theresa Tomaszewska Director of Day Employment Services NYS Office of Mental Retardation and Developmental Disabilities

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

E-Mail: Theresa.Tomaszewska@omr.state.ny.us

**Fiscal Contact:** 

Bill Murray Director

Community Funding
NYS Office of Mental Retardation
and Developmental Disabilities

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

E-Mail: William.Murray@omr.state.ny.us

Eligibility: Private Non-Profit Groups.

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

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

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

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

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

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

## **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	NA	3,872,000	NA
SFY 01-02	NA	3,902,000	NA
SFY 02-03	NA	3,902,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	NA	3,574,000	NA
SFY 01-02	NA	4,477,000	NA

# **ARTICLE 16 CLINICS**

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

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

Health and Human Services

**Specific Program URL: NA** 

NYS Object Code: NA Year Established: 1993

**Catalog of Federal Domestic Assistance No.:** 93.778

**Legal Authority:** 

Law: NY Mental Hygiene Law, Article 16

Regulation: NA

Program Contact:Fiscal Contact:Kathy KeatingDennis CollinsBureau of Policy AnalysisAssistant DirectorNYS Office of Mental RetardationRevenue Supportand Developmental DisabilitiesNYS Office of Mental Retardation

44 Holland Avenue and Developmental Disabilities
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(518) 473-9697
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Albany, NY 12229
Albany, NY 12229

E-Mail: Kathleen.Keating@omr.state.ny.us (518) 402-4333

E-Mail: Dennis.Collins@omr.state.ny.us

Eligibility: Non-Profit Groups.

**Type of Program and Special Restrictions:** Clinical treatment facilities. Must be certified in accordance with Article 16 of NYS Mental Hygiene Law.

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

## **Description of Aid:**

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

Type of Aid: Ongoing.

Formula: NA

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

## **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	13,767,296	6,854,000	11,988,000
SFY 01-02	2 10,448,000	5,642,000	11,988,000
SFY 02-03	9,730,000	5,254,000	17,894,000

	<u>Federal Funds</u>	State General Funds	State Spec. Rev.
SFY 00-01	10,735,000	5,797,000	8,223,000
SFY 01-02	10,448,000	5,642,000	10,389,000

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

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

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

**Specific Program URL:** NA

NYS Object Code: NA Year Established: 1991

Catalog of Federal Domestic Assistance No.: 93.778

**Legal Authority:** 

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

**Regulation:** NA

Program Contact:Fiscal Contact:Susan GrassoPeter J. BradyCare at Home CoordinatorDirector

Waiver Unit MR Budget Services

NYS Office of Mental Retardation and Developmental Disabilities and Developmental Disabilities

 44 Holland Avenue
 44 Holland Avenue

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 Albany, NY 12229

 (518) 473-1973
 (518) 474-6986

E-Mail: Susan.Grasso@omr.state.ny.us E-Mail: Peter.Brady@omr.state.ny.us

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

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

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

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

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

Type of Aid: Ongoing

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

annually).

Matching Requirement: State 50%, Federal 50%

**Maintenance of Effort: NA** 

#### **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	1,050,000	1,050,000	NA
SFY 01-02	1,414,000	1,414,000	NA
SFY 02-03	1,500,000	1,500,000	NA

	<u>Federal Funds</u>	State General Funds	State Spec. Rev.
SFY 00-01	1,293,000	1,293,000	NA
SFY 01-02	1,408,000	1,408,000	NA

## CHAPTER 620 MENTAL RETARDATION SERVICES

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

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities

Specific Program URL: NA

NYS Object Code: 64502 Year Established: 1974

Catalog of Federal Domestic Assistance No.: NA

**Legal Authority:** 

Law: NY Mental Hygiene Law, Articles 13.24 and 41.18

**Regulation:** 14 NYCRR Part 635

Program Contact:Fiscal Contact:Theresa TomaszewskaBill Murray

Director of Day Employment Services

NYS Office of Mental Retardation
and Developmental Disabilities

Director

Communit

NYS Office

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E-Mail: Theresa.Tomaszewska@omr.state.ny.us

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NYS Office of Mental Retardation
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44 Holland Avenue

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

E-Mail: William.Murray@omr.state.ny.us

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

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

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

## **Description of Aid:**

Flow of Funds: State to Local. Monies are provided in advance of expenditures by the local government. A portion

of the funds are provided by direct contract between non-profit provider and State.

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

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

## **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	NA	14,360,000	NA
SFY 01-02	NA	15,738,000	NA
SFY 02-03	NA	15,738,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	NA	15,531,000	NA
SFY 01-02	NA	16,143,000	NA

# DIRECT SHELTERED WORKSHOPS (MENTAL RETARDATION)

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

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities

**Specific Program URL:** NA

NYS Object Code: 64503 Year Established: 1977

Catalog of Federal Domestic Assistance No.: NA

**Legal Authority:** 

Law: NY Mental Hygiene Law, Articles 13.24 and 41.39

**Regulation:** 14 NYCRR Part 635

**Program Contact:** 

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

E-Mail: Theresa.Tomaszewska@omr.state.ny.us

**Fiscal Contact:** 

Bill Murray Director

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E-Mail: William.Murray@omr.state.ny.us

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

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

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

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

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

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

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

## **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	NA	5,172,000	NA
SFY 01-02	NA	5,636,000	NA
SFY 02-03	NA	5,636,000	NA

	<u>Federal Funds</u>	State General Funds	State Spec. Rev.
SFY 00-01	NA	5,267,000	NA
SFY 01-02	NA	4,604,000	NA

## **FAMILY CARE**

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

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

**Specific Program URL:** NA

NYS Object Code: 64404 Year Established: 1931

Catalog of Federal Domestic Assistance No.: 93.778

**Legal Authority:** 

Law: NY Mental Hygiene Law, Sections 31.03, 16.23

**Regulation:** 14 NYCRR Part 681

Program Contact:Fiscal Contact:Doris MalloryPeter J. BradyStatewide Family Care CoordinatorDirector

Housing & Employment Initiatives MR Budget Services

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

 44 Holland Avenue
 44 Holland Avenue

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 Albany, NY 12229

 (518) 473-1890
 (518) 474-6986

E-Mail: DorisA.B.Mallory@omr.state.ny.us E-Mail: Peter.Brady@omr.state.ny.us

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

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

Action Required to Receive Aid: Application for aid required.

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

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

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

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

#### **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	20,000,000	23,305,000	NA
SFY 01-02	19,500,000	22,877,000	NA
SFY 02-03	20,183,000	23,693,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	20,919,000	24,557,000	NA
SFY 01-02	19,635,000	23,050,000	NA

## FAMILY SUPPORT SERVICES AND HOME CARE

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

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities

**Specific Program URL:** NA

NYS Object Code: 64408 and 64409 Year Established: 1982

Catalog of Federal Domestic Assistance No.: NA

**Legal Authority:** 

Law: NY Laws of 1984, Chapter 461

**Regulation:** NA

Program Contact:Fiscal Contact:Mary Ellen GiblinPeter J. BradyDirectorDirectorConsumer and Family SupportsMR Budget Services

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E-Mail: MaryEllen.Giblin@omr.state.ny.us E-Mail: Peter.Brady@omr.state.ny.us

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

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

**Action Required to Receive Aid:** Non-competitive application for aid required. Application process uses a "business plan" approach. It requires filing a simple two-page request for application (RFA).

## **Description of Aid:**

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

Type of Aid: Ongoing

**Formula:** Funding is based upon the number of eligible individuals living in counties served, amounts previously allocated, and need assessment as shown on the developmental disabilities profile (DDP) records.

Matching Requirement: NA Maintenance of Effort: NA

## **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	NA	49,594,000	NA
SFY 01-02	NA	55,444,000	NA
SFY 02-03	NA	54,444,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	NA	54,339,000	NA
SFY 01-02	NA	56,803,000	NA

# **HCBS WAIVER**

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

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

Health and Human Services

**Specific Program URL: NA** 

NYS Object Code: NA Year Established: 1993

**Catalog of Federal Domestic Assistance No.:** 93.778

**Legal Authority:** 

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

**Regulation:** NA

Program Contact:Fiscal Contact:Kevin O'DellPeter J. BradyDirectorDirectorWaiver Management UnitMR Budget Services

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E-Mail: Kevin.ODell@omr.state.ny.us E-Mail: Peter.Brady@omr.state.ny.us

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

Type of Program and Special Restrictions: Medicaid waiver program.

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

## **Description of Aid:**

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

State and Federal monies.

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

Formula: NA

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

## **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	243,000,000	309,183,000	NA
SFY 01-02	389,916,000	478,469,000	NA
SFY 02-03	485 582 000	610 226 000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	308,297,000	376,814,000	NA
SFY 01-02	389,916,000	475,865,000	NA

# **HEPATITIS "B" PROGRAM**

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

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities

Specific Program URL: NA

Year Established: 1986 NYS Object Code: 64690

Catalog of Federal Domestic Assistance No.: NA

**Legal Authority:** 

Law: NA

Regulation: 29 CFR Part 1910.1030, OSHA standards.

**Program Contact: Fiscal Contact:** Peter J. Brady Kathy Keating Bureau of Policy Analysis Director

NYS Office of Mental Retardation MR Budget Services and Developmental Disabilities NYS Office of Mental Retardation

and Developmental Disabilities 44 Holland Avenue Albany, NY 12229 44 Holland Avenue (518) 473-9697 Albany, NY 12229 E-Mail: Kathleen.Keating@omr.state.ny.us (518) 474-6986

E-Mail: Peter.Brady@omr.state.ny.us

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

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

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

## **Description of Aid:**

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

reimbursement. Type of Aid: Ongoing Formula: NA

**Matching Requirement: NA** 

**Maintenance of Effort:** NA

#### **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	NA	435,000	NA
SFY 01-02	NA	435,000	NA
SFY 02-03	NA	435,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	NA	283,000	NA
SFY 01-02	NA	425,000	NA

# INDIVIDUALIZED SUPPORT SERVICES

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

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities

**Specific Program URL:** NA

NYS Object Code: NA Year Established: 1993

Catalog of Federal Domestic Assistance No.: NA

**Legal Authority:** 

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

Regulation: NA

Program Contact:Fiscal Contact:Alan MeteviaPeter J. BradyBureau of Upstate SupportDirectorNYS Office of Mental RetardationMR Budget Ser

NYS Office of Mental Retardation MR Budget Services and Developmental Disabilities NYS Office of Mental Retardation

44 Holland Avenueand Developmental DisabilitiesAlbany, NY 1222944 Holland Avenue(518) 473-1973Albany, NY 12229E-Mail: Alan.Metevia@omr.state.ny.us(518) 474-6986

E-Mail: Peter.Brady@omr.state.ny.us

**Eligibility:** Non-Profit Groups and Developmentally Disabled Individuals.

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

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

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

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

non-profit providers.

Type of Aid: One-time or ongoing.

Formula: NA

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

#### **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	NA	6,982,000	NA
SFY 01-02	NA	7,608,000	NA
SFY 02-03	NA	7,608,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	NA	7,951,000	NA
SFY 01-02	NA	8,940,000	NA

## LONG TERM SHELTERED EMPLOYMENT

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

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities

Specific Program URL: NA

NYS Object Code: 64690 Year Established: 1990

Catalog of Federal Domestic Assistance No.: NA

**Legal Authority:** 

Law: NY Mental Hygiene Law, Articles 13.24 and 41

**Regulation:** 14 NYCRR Part 635

**Program Contact:** 

Theresa Tomaszewska Director of Day Employment Services NYS Office of Mental Retardation and Developmental Disabilities

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**Fiscal Contact:** 

Bill Murray Director

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NYS Office of Mental Retardation and Developmental Disabilities

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

E-Mail: William.Murray@omr.state.ny.us

Eligibility: Private Non-Profit Groups.

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

Must be used for sheltered workshops only.

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

## **Description of Aid:**

 $\textbf{Flow of Funds:} \ \ \textbf{State to Non-Profit.} \ \ \textbf{Direct contract between non-profit provider and State}.$ 

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

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

#### **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	NA	37,509,000	NA
SFY 01-02	NA	35,352,000	NA
SFY 02-03	NA	35,352,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	NA	33,708,000	NA
SFY 01-02	NA	37,494,000	NA

# MENTAL RETARDATION LOCAL & UNIFIED SERVICES

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

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities

Specific Program URL: NA

NYS Object Code: 64507 Year Established: 1954

Catalog of Federal Domestic Assistance No.: NA

#### **Legal Authority:**

Law: NY Mental Hygiene Law, Articles 13.24 and 41.18

**Regulation:** 14 NYCRR Part 635

#### **Program Contact:**

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#### **Fiscal Contact:**

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44 Holland Avenue
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E-Mail: William.Murray@omr.state.ny.us

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

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

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

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

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

Type of Aid: Ongoing

Formula: NA

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

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

Maintenance of Effort: NA

## **Amounts Appropriated:\***

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	NA	44,730,000	NA
SFY 01-02	NA	43,433,000	NA
SFY 02-03	NA	42,433,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	NA	46,578,000	NA
SFY 01-02	NA	43,140,000	NA

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

## MORTGAGE INTEREST SUBSIDY

**Objective:** Defrays the cost of interest paid on NYS Housing Finance Agency mortgages obtained by mental retardation and mental health services companies, if interest is paid by the provider as part of the rent to the service company.

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities

**Specific Program URL:** NA

NYS Object Code: 64604 Year Established: 1981

Catalog of Federal Domestic Assistance No.: NA

**Legal Authority:** 

**Law:** NY Laws of 1981, Chapter 412 **Regulation:** 14 NYCRR Part 681

Program Contact: Fiscal Contact:

NA Peter J. Brady Director

MR Budget Services

NYS Office of Mental Retardation and Developmental Disabilities

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

E-Mail: Peter.Brady@omr.state.ny.us

**Eligibility:** Private Non-Profit Groups. Must be paying interest on an HFA mortgage as part of a rental payment to a mental retardation or mental health services company.

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

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

## **Description of Aid:**

Flow of Funds: State to Non-Profit. Monies vary with each contract.

Type of Aid: Ongoing

Formula: NA

 $\textbf{Matching Requirement:} \ \, \text{State 50\%, Local 50\%}$ 

Maintenance of Effort: NA

#### **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	NA	155,000	NA
SFY 01-02	NA	150,000	NA
SFY 02-03	NA	145,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	NA	61,500	NA
SFY 01-02	NA	140,000	NA

## SUBCHAPTER A-DAY TREATMENT

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

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

**Specific Program URL: NA** 

NYS Object Code: 64506 Year Established: 1978

Catalog of Federal Domestic Assistance No.: 13.714

#### **Legal Authority:**

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

**Regulation:** 14 NYCRR Part 690

Program Contact:Fiscal Contact:Theresa TomaszewskaPeter J. BradyDirector of Day Employment ServicesDirectorNYS Office of Mental RetardationMR Budget Servicesand Developmental DisabilitiesNYS Office of Mental

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

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

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

## **Description of Aid:**

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

State and Federal monies.

Type of Aid: Ongoing

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

Matching Requirement: Federal 50%, State 50%

Maintenance of Effort: NA

## **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	54,580,000	54,580,000	NA
SFY 01-02	42,506,000	42,506,000	NA
SFY 02-03	48,561,000	48,561,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	49,155,000	49,155,000	NA
SFY 01-02	42,506,000	42,506,000	NA

## SUPPORTED EMPLOYMENT

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

Administering Agency: NYS Office of Mental Retardation and Developmental Disabilities

Specific Program URL: NA

NYS Object Code: 64505 Year Established: 1985

Catalog of Federal Domestic Assistance No.: NA

**Legal Authority:** 

Law: NY Laws of 1990, Chapter 53

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

Program Contact:Fiscal Contact:Theresa TomaszewskaPeter J. BradyDirector of Day Employment ServicesDirector

NYS Office of Mental Retardation MR Budget Services

and Developmental Disabilities

NYS Office of Mental Retardation
44 Holland Avenue

and Developmental Disabilities

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 (518) 473-6255
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 E-Mail: Theresa.Tomaszewska@omr.state.ny.us
 518) 474-6986

E-Mail: Peter.Brady@omr.state.ny.us

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

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

Action Required to Receive Aid: Application for aid required.

## **Description of Aid:**

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

Type of Aid: Ongoing

Formula: NA

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

Maintenance of Effort: NA

#### **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	NA	36,137,000	NA
SFY 01-02	NA	34,560,000	NA
SFY 02-03*	NA	NA	NA

<sup>\*</sup>Within HCBS Waiver

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	NA	42,987,000	NA
SFY 01-02	NA	35,610,000	NA

# TRANSPORTATION FOR MEDICAL SERVICES

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

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

Health and Human Services.

Specific Program URL: NA

NYS Object Code: 64602 Year Established: 1985

Catalog of Federal Domestic Assistance No.: 13.714

**Legal Authority:** 

Law: US Social Security Act of 1935, Title XIX

Regulation: NA

Program Contact: Fiscal Contact:

NA Peter J. Brady Director

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E-Mail: Peter.Brady@omr.state.ny.us

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

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

Action Required to Receive Aid: Application for aid required.

## **Description of Aid:**

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

Type of Aid: Ongoing

Formula: Consult fiscal contact.

Matching Requirement: Federal 50%, State 50%

**Maintenance of Effort:** NA

## **Amounts Appropriated:**

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	4,322,000	4,322,000	NA
SFY 01-02	5,168,000	5,168,000	NA
SFY 02-03	5,395,000	5,395,000	NA

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	5,172,000	5,172,000	NA
SFY 01-02	4,458,000	4,458,000	NA

# **VOLUNTARY COMMUNITY RESIDENCES**

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

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

Health and Human Services

Specific Program URL: NA

NYS Object Code: 64403 Year Established: 1967

**Catalog of Federal Domestic Assistance No.:** 93.778

**Legal Authority:** 

Law: NY Mental Hygiene Law, Articles 13 and 41

**Regulation:** NA

Program Contact: Fiscal Contact:

NA Peter J. Brady Director

MR Budget Services

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E-Mail: Peter.Brady@omr.state.ny.us

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

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

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

## **Description of Aid:**

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

Type of Aid: Ongoing.

Formula: NA

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

overburden cases.)

Maintenance of Effort: NA

## **Amounts Appropriated:**

<u>Federal Funds</u>	State General Funds	State Spec. Rev.
56,700,650	66,641,000	NA
30,324,000	47,924,000	NA
31,000,000	51,711,000	NA
	56,700,650 30,324,000	56,700,650 66,641,000 30,324,000 47,924,000

	Federal Funds	State General Funds	State Spec. Rev.
SFY 00-01	42,548,000	61,685,000	NA
SFY 01-02	30,324,000	45,075,000	NA

# VOLUNTARY OPERATED INTERMEDIATE CARE FACILITY (STATE SHARE)

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

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

Specific Program URL: NA

NYS Object Code: 64402 Year Established: 1978

Catalog of Federal Domestic Assistance No.: 93.778

**Legal Authority:** 

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

**Regulation:** 14 NYCRR Part 681

Program Contact: Fiscal Contact:

NA Peter J. Brady

Director

MR Budget Services

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E-Mail: Peter.Brady@omr.state.ny.us

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

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

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

## **Description of Aid:**

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

Type of Aid: Ongoing

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

**Maintenance of Effort:** NA

## **Amounts Appropriated:**

	Federal Funds	State General Funds	<u>Local Tax Levy Funds</u> *
SFY 00-01	361,718,750	277,800,000	83,918,750
SFY 01-02	383,631,000	274,143,000	109,488,000
SFY 02-03	428,565,000	305,824,000	122,741,000

	Federal Funds	State General Funds	Local Tax Levy Funds*
SFY 00-01	371,961,000	268,035,000	103,926,000
SFY 01-02	383,345,000	273,938,000	109,407,000

<sup>\*</sup>Paid in first instance by localities. Funds subsequently reimbursed by the State Department of Social Services to the localities through overburden legislation.