

ARTICLE 6 CLAIMING PROCESS

FOR STATE AID TO LOCAL HEALTH DEPARTMENTS (LHDs)



APPLICATION



1. State Aid Application (SAA) is submitted to NYSDOH 2 months after start of the Fiscal Year

2. NYSDOH Office of Public Health Practice reviews and disapproves/approves SAA



3. When SAA is approved, LHD renders services and programs according to approved SAA

5. The total state aid reimbursement is calculated as follows:

$$\text{Gross Costs} - \text{Ineligible Costs}^* = \text{Total Eligible Costs/Expenditures}$$

$$\text{Total Eligible Costs/Expenditures} - \text{Eligible Earned Revenue} - \text{Eligible Grant Revenue} = \text{Net Eligible Costs/Expenditures}$$


*Ineligible expenses: Fringe/indirect costs are generally the largest ineligible expense

September 15						
Mo	Tu	We	Th	Fr	Sa	Su
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

4. Quarterly Expenditure Report (QER) is prepared, using a cash accounting method, taking the actual payments made in the quarter. QER is submitted two months after quarter ends

CLAIMING



REVIEW/ REIMBURSEMENT/ PAYMENT

6. Net Eligible Costs – Base Grant **
= Balance Reimbursable Amount at 36%

** Base grant covers 100% reimbursement of net eligible costs up to a rate set in statute.
LHDs currently receive a base grant of \$650,000 or .65 per capita, whichever is higher.

7. Reimbursable Amount – Disallowances*
= Payment

* Disallowances often occur despite an approved SAA, creating unbudgeted expenses for the LHD

8. Unreimbursed eligible costs (64% of remaining eligible costs) and 100% of ineligible costs (including all fringe costs) are paid by the local taxpayers

