



# County of Albany

112 State Street  
Albany, NY 12207

## Legislation Text

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**File #:** TMP-1627, **Version:** 1

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### REQUEST FOR LEGISLATIVE ACTION

**Description (e.g., Contract Authorization for Information Services):**

Request to contract with NYSDOH for HIV Surveillance program

Date: 4/1/2020  
Submitted By: Dr. Elizabeth Whalen  
Department: Health  
Title: Commissioner of Health  
Phone: 518-447-4695  
Department Rep.  
Attending Meeting: Dr. Elizabeth Whalen

**Purpose of Request:**

- ☐ Adopting of Local Law
- ☐ Amendment of Prior Legislation
- ☐ Approval/Adoption of Plan/Procedure
- ☐ Bond Approval
- ☐ Budget Amendment
- ☒ Contract Authorization
- ☐ Countywide Services
- ☐ Environmental Impact/SEQR
- ☐ Home Rule Request
- ☐ Property Conveyance
- ☐ Other: (state if not listed) Click or tap here to enter text.

**CONCERNING BUDGET AMENDMENTS**

**Increase/decrease category (choose all that apply):**

- ☐ Contractual
- ☐ Equipment
- ☐ Fringe
- ☐ Personnel
- ☐ Personnel Non-Individual

☐ Revenue

Increase Account/Line No.: Click or tap here to enter text.

Source of Funds: Click or tap here to enter text.

Title Change: Click or tap here to enter text.

### **CONCERNING CONTRACT AUTHORIZATIONS**

#### **Type of Contract:**

☐ Change Order/Contract Amendment

☐ Purchase (Equipment/Supplies)

☐ Lease (Equipment/Supplies)

☐ Requirements

☐ Professional Services

☐ Education/Training

☒ Grant

Renewal

Submission Date Deadline Click or tap to enter a date.

☐ Settlement of a Claim

☐ Release of Liability

☐ Other: (state if not listed) Click or tap here to enter text.

#### **Contract Terms/Conditions:**

Party (Name/address):

NYS DOH

Division of Epidemiology, Evaluation and Partner Services

Corning Tower, ESP Room 717

Albany NY 12237

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$400,000

Scope of Services: Reviewing the medical records of potential HIV/AIDS cases and from specified reporting sources within their jurisdiction (e.g., hospitals, clinics, private physicians, jails, laboratories, vital statistics death reports).

Bond Res. No.: Click or tap here to enter text.

Date of Adoption: Click or tap here to enter text.

### **CONCERNING ALL REQUESTS**

Mandated Program/Service: Yes ☐ No ☒

If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes ☒ No ☐

Anticipated in Current Budget: Yes ☒ No ☐

County Budget Accounts:

Revenue Account and Line: A4010.0.4414

Revenue Amount: \$60,000

Appropriation Account and Line: Various lines (salary and fringe)

Appropriation Amount: \$60,000

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.

State: 100%

County: Click or tap here to enter text.

Local: Click or tap here to enter text.

Term

Term: (Start and end date) 1/1/2020 - 12/31/2024

Length of Contract: 60 months

Impact on Pending Litigation

Yes ☐ No ☒

If yes, explain: Click or tap here to enter text.

Previous requests for Identical or Similar Action:

Resolution/Law Number: 279 of 2016

Date of Adoption: 7/11/2016

**Justification:** (state briefly why legislative action is requested)

Albany County Department of Health (ACDOH) has been notified of a continuation of the HIV Surveillance grant. This grant supports the goals of:

- Completely and accurately reporting all suspected and confirmed HIV/AIDS cases within the County
- Instructing diagnosing providers on the responsibility to report newly diagnosed HIV, HIV illness, and AIDS cases and requests for partner notification
- Maintaining confidentiality of all reports of suspect and confirmed HIV/AIDS cases
- Ensuring uniform and standardized HIV/AIDS surveillance procedures throughout NYS.

ACDOH will receive \$200 per report, up to \$80,000 per year. ACDOH has budget \$60,000 in the 2020 budget.