TO: Commissioners of Social Services

DATE: August 23, 1994

SUBJECT: HIV Peer Educator Stipends

SUGGESTED DISTRIBUTION: Income Maintenance Directors
Food Stamp Directors
Medical Assistance Directors
CAP Coordinator
Social Services Directors
Staff Development Coordinators

CONTACT PERSON: 1-800-343-8859
Economic Security: Charles Giambalvo, extension 4-9327 (AV1810)
Food Stamps: County Representative, extension 4-9225
H&LTC: Sharon Burgess, extension 3-5531 (DMA026)

ATTACHMENTS: Peer Educator Stipend Exemption Form - available on-line

FILING REFERENCES

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ADMs/INFs | Cancelled | | | |
| | | 352.16(a) | | FSSB |
| | | 387.11 | | G-4 |

DSS-329EL (Rev. 9/89)
I. PURPOSE

To notify social services districts (SSDs) about HIV Peer Educator Stipends and how to budget such stipends under current Department Regulations and policy.

II. BACKGROUND

The AIDS Institute of the State Department of Health is funding stipends which AIDS/HIV prevention programs will provide to peer educators who provide HIV prevention information based on their personal experiences. The AIDS Institute estimates the savings from preventing one case of infection is around $30,000. The peer educators may be HIV-ill and thus on SSI and/or HR or they may be current or former caretakers of HIV infected persons who are on ADC or HR.

In order to support the peer educator program, this Department has determined that the stipends provided to peer educators are excluded as income for public assistance purposes under Department Regulation 352.16(a). The "other organization" (i.e. the AIDS Institute or community agency) referred to in that regulation, provides the stipend as an incentive to encourage peer education work. The stipend is intended to be used by the educator for expenses related to peer education work, including transportation, meals outside the home, child care expenses and payment for respite care, and for items which do not meet basic needs such as children's toys.

The peer education programs will likely only involve a few hundred of our clients. Excluding the stipends under the current regulations will permit the AIDS Institute and the prevention programs to move forward in expanding these highly effective peer education efforts.

III. PROGRAM IMPLICATIONS

Public Assistance

The stipend income provided to HIV Peer Educators is excludable under Department Regulation 352.16(a) for both HR & ADC.

Food Stamps

Peer Educator stipends that are payments for an identified expense related to the peer education work are not gain or benefit to the household and therefore, must be excluded from household income when determining eligibility and benefit amount for food stamps.

Medical Assistance

HIV Peer Educator stipends must be excluded from income and resources in determining eligibility of all MA-Only applicants and recipients.
IV. ADDITIONAL INFORMATION

The community agency which provides a stipend to the peer educator will send to the SSD a Peer Educator Stipend Exemption Form (similar to copy attached) to notify the SSD that one of their applicants/recipient is in receipt of a Peer Educator Stipend. The form will identify the individual who will receive the stipend and the amount of the stipend.

_____________________________
Oscar R. Best, Jr.
Deputy Commissioner
Division of Economic Security
PEER EDUCATOR STIPEND EXEMPTION FORM

Agency Name: ________________________________

Address: ____________________________________

____________________________________________

Contact Person: ________________________________

Phone No: ________________________________

To the local Department of Social Services:

This letter acknowledges that the peer educator named below is receiving a stipend from this agency to perform HIV prevention peer education. The New York State Department of Social Services has determined that such stipends are exempt as income for public assistance purposes under New York State Regulation, 18 NYCRR 352.16(a).

Peer Educator Name: ______________________________________________

Address: ______________________________________________

____________________________________________

Social Security No.: ______________________________________________

D.O.B: ____/____/____  Start date: ____/____/____

Stipend amount: $_________ week and or $_________ month

The New York State Department of Health, AIDS Institute, is committed to funding and encouraging peer education activities as an essential tool for HIV prevention. __________________ (agency name) acknowledges that pursuant to 18 NYCRR 352.16(a), the stipend is being provided as an incentive to encourage peer education activities, and is intended to be used by the educator for expenses related to peer education activities, including transportation, meals outside the home, and child care expenses, and payment for respite care and items which do not meet basic needs, such as children's toys.

____________________________________________

AUTHORIZED AGENCY SIGNATURE

NAME: ______________________________________________

TITLE: ______________________________________________

DATED: ______________________________________________

FORM PESE (6/94)