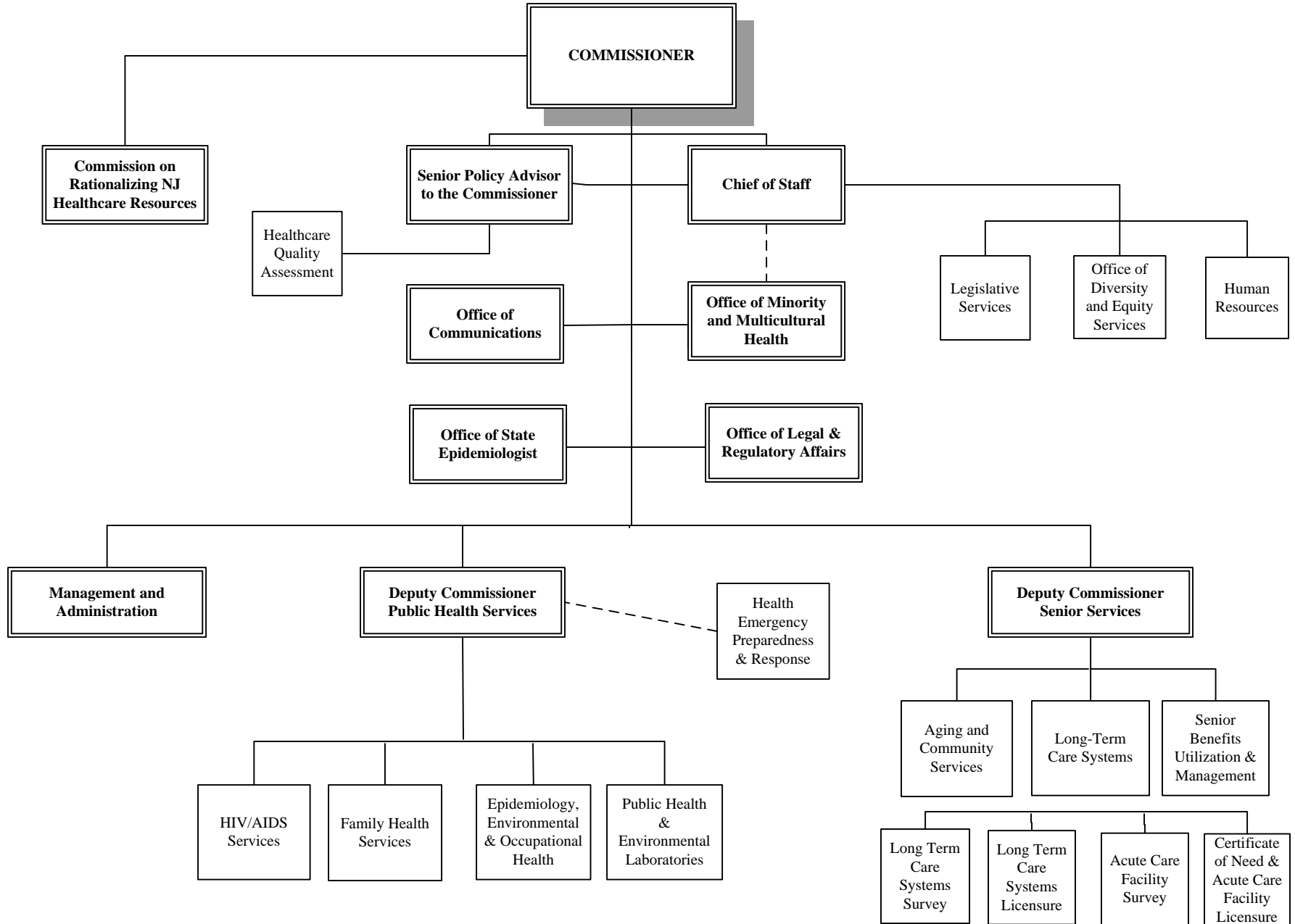


HEALTH AND SENIOR SERVICES



HEALTH AND SENIOR SERVICES

DEPARTMENT OF HEALTH AND SENIOR SERVICES OVERVIEW

Mission and Goals

The mission of the Department of Health and Senior Services (DHSS) is to foster accessible health and senior services of the highest quality for all people in New Jersey to ensure optimal health, dignity, and independence. The Department's initiatives prevent disease, promote and protect the well-being at all life stages, and encourage informed choices that enrich the quality of life for individuals and communities. This mission is accomplished through leadership, collaborative partnerships, accountability, advocacy, especially for those with the greatest need, and a strong commitment to informing and serving the diverse health needs of New Jersey citizens.

The Department's objectives are to:

Optimize access to the highest quality health care and benefits for the people of New Jersey.

Provide high quality services and program benefits that promote independence, dignity, and choice for older adults in New Jersey.

Strengthen New Jersey's public health infrastructure by adopting and implementing best practices, inspecting and monitoring health care facilities, creating a comprehensive communications system that links health care providers and institutions statewide, forming a coordinated disease surveillance and response network, and providing comprehensive public health and environmental laboratory testing services.

Implement scientific, evidence-based primary and secondary prevention programs designed to decrease mortality rates of health conditions such as heart disease, cancer, obesity, and stroke and promote longer and healthier lives.

Eliminate disparities in health care access, treatment, and clinical outcomes between racial, ethnic, and socioeconomic populations, in part through cultural competency, education, and partnering with minority-oriented health organizations.

Prepare New Jersey to rapidly detect, identify, and respond to health-related aspects of biological, chemical, radiological, nuclear, explosive and incendiary acts of terrorism as well as natural disasters and disease outbreaks.

Budget Highlights

The Fiscal 2009 Budget for the Department of Health and Senior Services totals \$1.566 billion, a decrease of \$180.2 million or 10.3% under the fiscal 2008 adjusted appropriation of \$1.746 billion.

Health Services

The Fiscal 2009 Budget continues funding for the Early Childhood Intervention Program (ECI) to address the expanding needs of the developmentally disabled under three years of age.

The Fiscal 2009 Budget continues funding for Federally Qualified Health Centers (FQHC). There are now 79 licensed sites throughout the State. The number of uninsured primary care visits to FQHCs during fiscal year 2008 is expected to surpass 400,000.

Senior Services

The Fiscal 2009 Budget continues funding for the Department's major programs. Funding is provided to continue the Pharmaceutical Assistance to the Aged and Disabled Program (PAAD), which provides needed pharmaceutical services to seniors and disabled clients with incomes below \$23,092 if single and \$28,313 if married. The Fiscal 2009 Budget recommendation includes an increase in co-payments for PAAD clients, from \$5 per prescription to \$6 for generic and \$7 for brand name drugs, saving \$7 million. This is the first co-payment increase in 16 years.

The Budget also includes funding for the Senior Gold Program that provides pharmaceutical services to aged and disabled clients with

incomes below \$33,092 if single and \$38,313 if married. Senior Gold clients pay a \$15 co-payment and 50% of the remaining cost of the drug, which is the same as the current policy.

The PAAD program continues to coordinate coverage with the federal Medicare Part D drug assistance program. Approximately 183,000 PAAD and Senior Gold beneficiaries are enrolled into a Medicare Part D plan that best meets their needs based on their prescription drug utilization. The Part D enrollment effort in PAAD has resulted in significant savings for the State. The State will continue to provide coverage for those drugs not covered by Medicare Part D.

New Jersey is witnessing a fundamental change in its long-term care policy for older adults and persons with disabilities across all incomes - a transformation that is mandated under the Independence, Dignity and Choice in Long-Term Care Act. This law continues to redirect long-term care away from an over-reliance on institutional care toward more home and community-based options. The Global Budget program now includes funding previously provided separately through the Community Care Alternatives, Assisted Living, and ElderCare Initiatives appropriations. Since the Department began the new Global Options (GO) for Long-Term Care initiative in fiscal year 2006, nearly 1,000 nursing home residents have been transitioned to alternative long-term care options. GO provides supportive services to enable nursing facility residents who are clinically and financially approved for long-term care through Medicaid to return to the community. It is the Aging and Disability Resource Connection (ADRC) model that is the framework underpinning this reform process. In fiscal year 2008, the ADRC grew from a pilot in two counties to a reality in seven counties. It is expanding statewide with the deployment of an integrated computer application. Medicaid Fast Track Eligibility will also continue statewide. This initiative was launched so that people can get home care options while the full Medicaid application and eligibility determination process is completed.

Health Planning and Evaluation

The Fiscal 2009 Budget recommends a net reduction to Charity Care of \$108 million; however, the Charity Care allocation of \$608 million in fiscal 2009 includes a new Health Care Stabilization Fund for distressed hospitals as well as a new distribution formula. The formula to distribute these funds will be adjusted to maintain necessary support for essential hospitals and updated based on current service data. A portion of the \$608 million will not be distributed but instead will be held in a newly created Health Care Stabilization Fund to assist hospitals facing specific financial needs during the fiscal year.

Department Accomplishments

Patient Safety

With the passage of the Patient Safety Act (P.L.2004, c.9) every licensed health care facility must report every serious preventable adverse event that results in a patient death, loss of body part, disability, or loss of bodily function lasting for more than seven days or still present at the time of discharge. A preventable event is defined as an occurrence that could have been anticipated and prepared against, but occurs because of an error or other system failure. In 2005, (after 11 months of reporting) 376 events were reported by hospitals. In 2006, (full twelve months of reporting) there were 450 events reported to the Department. For the year ending December, 2007 a total of 1,285 events have been reported to the program. Root cause analysis are required from hospitals with the expectation that they will help decrease the occurrence of, or prevent a similar event in the future resulting in safer medical care for New Jersey residents. This data has been used to create newsletters that provide feedback on general and specific events to educate facilities.

Reforming Long-term Care for Older Adults and Persons with Disabilities

New Jersey's efforts to reform its long-term care system were advanced when Governor Corzine signed the Independence, Dignity and Choice in Long-Term Care Act into law, giving older adults and persons with disabilities more control over their care and the ability to receive more support for community living. The Act redirects public funding to be moved from the budget for nursing homes to home and community-based services in order to provide more options for older adults. Most recently, New Jersey received nearly \$700,000 in federal grants effective October 1, 2007 to create two model programs that will enable seniors to get long-term care services in their homes instead of a nursing home.

Pharmaceutical Assistance to the Aged and Disabled & Medicare Part D

Effective January 1, 2006, the federal government began offering prescription coverage through the Medicare Part D plan. The PAAD program helped beneficiaries choose a Medicare Part D plan that would best fit their prescription needs, and then facilitated their enrollment into the plan. As a result of a seamless transition, all PAAD beneficiaries with Medicare coverage in the PAAD program have been enrolled in a Medicare Part D plan or have retiree employer-sponsored prescription coverage saving the State millions of dollars. PAAD beneficiaries now use both their Medicare Part D coverage and their PAAD coverage to obtain prescriptions with only a small co-payment.

EMS System Modernization

DHSS has advanced the recommendations of an independent EMS Study through issuance of guidelines that frame system modernization, survivability and sustainability. These principles: a system that is patient-centric, metric driven, survivable and sustainable, diverse and flexible, and technology enabled and enhanced, were presented by DHSS leadership to the State EMS Council, an advisory board to DHSS comprised of representation from all facets of the EMS community. DHSS has empowered the EMS Council to lead the effort in providing final recommendations, an implementation plan, and draft legislation in support of state EMS by November, 2008. In parallel, DHSS will work with the Governor's Office and legislators to ensure changes are understood, acceptable, supported, and in the best interest of the residents of New Jersey.

Office of Minority and Multicultural Health

As part of its core mission to address health disparities, the Department has made progress in establishing a health disparities initiative which focuses on several health indicators and establishes goals for reducing and ultimately eliminating health disparities in New Jersey. The Department soon will release the health disparities plan which will guide the Department in strengthening and replicating best practices in addressing health disparities initiatives across the Department. The Health Disparities Work Group under the leadership of the Office of Minority and Multicultural Health serves as the steering committee for the development and implementation of the Department's Plan to Eliminate Health Disparities. The intent of the Plan is to improve measurable outcomes in minority communities in various medical areas including: hospitalization for asthma attacks; decreased incidence of infant mortality/SIDS through awareness and education; increased numbers of minorities getting screened for various cancers; increased awareness of diabetes and identification of diabetics and higher numbers of individuals in minority communities effectively managing diabetes; as well as several other goals to improve the health of minorities in specific medical areas. The Plan strengthens the Department's infrastructure to address health disparities including increasing access to language services.

Maintaining Standards and Access to Quality Care

In order to ensure New Jersey residents have access to high quality care, the Department's Division of Health Facilities and Evaluation conducted 4,300 acute care, primary care facility and nursing homes inspections. In addition, over 2,500 specific complaints were investigated at both acute and long-term care facilities.

Pandemic Influenza Preparedness Plan

New Jersey has made significant progress in preparing for an influenza pandemic during this reporting period. The State's Pandemic Influenza Plan was released by the State lead for pandemic planning to the Domestic Security Preparedness Task Force Infrastructure Advisory Committee sectors, county health departments, and the New Jersey Hospital Association for initial feedback with the intent of Issuing Version 1 by Spring, 2008. DHSS has recently released Annex 1 to the State Plan, called the "Health Pandemic Influenza Plan," and has requested comments back from stakeholders with inputs expected by mid-March. Once initial drafts are issued, these plans will be tested by responders for assessment of operational efficiency.

Expansion of Centers for Primary Health Care (CPHCs)

To address the health care needs of the over 1.3 million New Jersey residents without health insurance coverage, funding has been provided to expand the number of CPHCs (also known as Federally Qualified Health Centers), and to continue reimbursement to established CPHCs for delivery of uncompensated care (including medical and dental care) to uninsured and underinsured residents. The purpose of this expansion is to provide access to affordable, quality primary health care in community health settings, reducing the need for use of emergency departments as the safety net for primary care services. In fiscal year 2008 an increase in funding for ongoing operations of \$5 million has been awarded to CPHCs to increase capacity to provide primary care medical or dental services. Funds are being used to add medical/dental providers, renovate facilities, purchase medical/dental equipment and improve patient management and flow through more extensive use of technology.

Expansion of the New Jersey Chronic Care Collaborative

The New Jersey Asthma Collaborative was launched in September, 2005 and serves to address asthma disparities by effective prevention, identification, and management of the disease and to enable effective system change in health care delivery. This ongoing initiative is designed to: generate and document improved health outcomes for underserved populations within the state; transform clinical practice through the proven effective, evidence-based models of care; develop infrastructure, expertise, and multi-disciplinary leadership within the state and within each organization to improve health status and; build strategic partnerships nationally, throughout the state, and within the communities. Currently, sixteen Centers for Primary Health Care completed the learning phase and have moved into the sustain and spread improvement model of chronic care management to reduce the prevalence rates, to improve quality of life, and reduce hospitalization and mortality related to asthma. This collaborative will improve the delivery of healthcare services to persons living with diabetes by increasing access to primary and preventive health care.

Rapid HIV Testing

Rapid HIV Testing is a major advancement in diagnostic technology for HIV disease, with the ability to provide negative (non-reactive) results and preliminary positive (reactive) results within 10 to 20 minutes, rather than days. Rapid HIV Testing is one of four FDA-approved tests that are currently available in the United States.

In 2002, the year prior to rapid testing, those not receiving results included 381 of 1,327 (29%) of persons testing positive. These patients did not know that they were positive, were not referred for treatment, were not referred for prevention or social services, and posed a continuing risk for HIV transmission. Rapid HIV testing is

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currently available at 164 publicly funded sites in New Jersey. Additionally, 22 emergency departments in 12 counties were funded and licensed by DHSS to offer and perform voluntary rapid HIV testing. Since inception, more than 98% (19,410) of the clients tested in the emergency departments received results. The percentage of clients tested in the emergency departments, both positive and overall, who get their results is substantially higher than the

percentage of clients who get their results through conventional testing. In addition, the proportion of persons testing positive in emergency departments is higher than that for other rapid HIV counseling and testing sites. Thus, rapid testing in emergency departments furthers the Department's goals for increasing the percentage of persons tested for HIV at publicly funded sites who receive their test results.

DEPARTMENT OF HEALTH AND SENIOR SERVICES

SUMMARY OF APPROPRIATIONS BY FUND

(thousands of dollars)

| Year Ending June 30, 2007 | | | | | Year Ending June 30, 2009 | | |
|--|----------------------|-----------------------------|------------------|------------------|---------------------------|------------------|------------------|
| Orig. & (S) Supplemental | Reapp. & (R) Recpts. | Transfers & (E) Emergencies | Total Available | Expended | 2008 Adjusted Approp. | Requested | Recommended |
| GENERAL FUND | | | | | | | |
| 78,306 | 24,201 | 10,956 | 113,463 | 94,078 | 72,843 | 67,363 | 67,363 |
| 1,426,416 | 4,735 | -12,052 | 1,419,099 | 1,256,783 | 1,403,266 | 1,229,394 | 1,229,394 |
| 9,552 | --- | --- | 9,552 | 9,417 | 9,552 | 9,552 | 9,552 |
| --- | 246 | --- | 246 | 98 | --- | --- | --- |
| 1,514,274 | 29,182 | -1,096 | 1,542,360 | 1,360,376 | 1,485,661 | 1,306,309 | 1,306,309 |
| CASINO REVENUE FUND | | | | | | | |
| 871 | 25 | 114 | 1,010 | 948 | 871 | 871 | 871 |
| 316,910 | 9,497 | -114 | 326,293 | 258,682 | 259,808 | 258,948 | 258,948 |
| 317,781 | 9,522 | --- | 327,303 | 259,630 | 260,679 | 259,819 | 259,819 |
| 1,832,055 | 38,704 | -1,096 | 1,869,663 | 1,620,006 | 1,746,340 | 1,566,128 | 1,566,128 |
| <i>Total Appropriation, Department of Health and Senior Services</i> | | | | | | | |

SUMMARY OF APPROPRIATIONS BY PROGRAM

(thousands of dollars)

| Year Ending June 30, 2007 | | | | | Year Ending June 30, 2009 | | |
|---|----------------------|-----------------------------|-----------------|---------------|---------------------------|---------------|---------------|
| Orig. & (S) Supplemental | Reapp. & (R) Recpts. | Transfers & (E) Emergencies | Total Available | Expended | 2008 Adjusted Approp. | Requested | Recommended |
| DIRECT STATE SERVICES - GENERAL FUND | | | | | | | |
| Health Services | | | | | | | |
| 1,678 | 2,736 | -1,600 | 2,814 | 2,747 | 1,678 | 1,678 | 1,678 |
| 2,279 | --- | 2,538 | 4,817 | 4,590 | 2,178 | 3,178 | 3,178 |
| 30,706 | 2,157 | -406 | 32,457 | 31,381 | 30,863 | 26,143 | 26,143 |
| 8,048 | 679 | 3,563 | 12,290 | 12,285 | 8,567 | 7,927 | 7,927 |
| 1,993 | 1 | 456 | 2,450 | 2,409 | 1,991 | 1,991 | 1,991 |
| 44,704 | 5,573 | 4,551 | 54,828 | 53,412 | 45,277 | 40,917 | 40,917 |
| Health Planning and Evaluation | | | | | | | |
| 3,549 | 2,600 | -2,470 | 3,679 | 3,344 | 5,762 | 5,562 | 5,562 |
| 10,345 | 5,314 | -3,294 | 12,365 | 6,847 | 2,682 | 2,682 | 2,682 |
| 13,894 | 7,914 | -5,764 | 16,044 | 10,191 | 8,444 | 8,244 | 8,244 |
| Health Administration | | | | | | | |
| 3,597 | 10,714 | 5,183 | 19,494 | 8,745 | 3,498 | 3,498 | 3,498 |
| 3,597 | 10,714 | 5,183 | 19,494 | 8,745 | 3,498 | 3,498 | 3,498 |

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| Year Ending June 30, 2007 | | | | | Year Ending June 30, 2009 | | | |
|---------------------------------|------------------------|------------------------------------|-----------------------|----------------------|--|-----------------------------|------------------|------------------|
| Orig. & (S)Supple- mental | Reapp. & (R)Recpts. | Transfers & (E)Emer- gencies | Total Available | Expended | | 2008 Adjusted Approp. | Requested | Recom- mended |
| 6,193 | --- | 3,165 | 9,358 | 8,496 | Senior Services | | | |
| 8,606 | --- | 3,630 | 12,236 | 11,749 | Medical Services for the Aged | 5,097 | 4,737 | 4,737 |
| 462 | --- | 191 | 653 | 635 | Pharmaceutical Assistance to the Aged and Disabled | 9,215 | 8,655 | 8,655 |
| 850 | --- | --- | 850 | 850 | Programs for the Aged | 462 | 462 | 462 |
| | | | | | Office of the Public Guardian | 850 | 850 | 850 |
| <u>16,111</u> | <u>---</u> | <u>6,986</u> | <u>23,097</u> | <u>21,730</u> | <i>Subtotal</i> | <u>15,624</u> | <u>14,704</u> | <u>14,704</u> |
| 78,306 | 24,201 | 10,956 | 113,463 | 94,078 | Total Direct State Services - General Fund | 72,843 | 67,363 | 67,363 |
| | | | | | DIRECT STATE SERVICES - CASINO REVENUE FUND | | | |
| | | | | | Senior Services | | | |
| 871 | 25 | 114 | 1,010 | 948 | Programs for the Aged | 871 | 871 | 871 |
| <u>871</u> | <u>25</u> | <u>114</u> | <u>1,010</u> | <u>948</u> | <i>Subtotal</i> | <u>871</u> | <u>871</u> | <u>871</u> |
| 871 | 25 | 114 | 1,010 | 948 | Total Direct State Services - Casino Revenue Fund | 871 | 871 | 871 |
| <u>79,177</u> | <u>24,226</u> | <u>11,070</u> | <u>114,473</u> | <u>95,026</u> | TOTAL DIRECT STATE SERVICES | 73,714 | 68,234 | 68,234 |
| | | | | | GRANTS-IN-AID - GENERAL FUND | | | |
| | | | | | Health Services | | | |
| 118,840 | 4,207 | 9,250 | 132,297 | 131,897 | Family Health Services | 140,605 | 147,180 | 147,180 |
| 115,694 | --- | -3,668 | 112,026 | 112,025 | Public Health Protection Services | 72,403 | 61,044 | 61,044 |
| 31,898 | --- | -783 | 31,115 | 21,977 | AIDS Services | 30,607 | 30,816 | 30,816 |
| <u>266,432</u> | <u>4,207</u> | <u>4,799</u> | <u>275,438</u> | <u>265,899</u> | <i>Subtotal</i> | <u>243,615</u> | <u>239,040</u> | <u>239,040</u> |
| | | | | | Health Planning and Evaluation | | | |
| 151,162 | --- | 3,450 | 154,612 | 139,062 | Health Care Systems Analysis | 201,462 | 87,462 | 87,462 |
| <u>151,162</u> | <u>---</u> | <u>3,450</u> | <u>154,612</u> | <u>139,062</u> | <i>Subtotal</i> | <u>201,462</u> | <u>87,462</u> | <u>87,462</u> |
| | | | | | Senior Services | | | |
| 830,968 | --- | -4,260 | 826,708 | 819,010 | Medical Services for the Aged | 866,168 | 831,758 | 831,758 |
| 163,916 | 528 | -15,850 | 148,594 | 19,065 | Pharmaceutical Assistance to the Aged and Disabled | 77,018 | 55,566 | 55,566 |
| 13,938 | --- | -191 | 13,747 | 13,747 | Programs for the Aged | 15,003 | 15,568 | 15,568 |
| <u>1,008,822</u> | <u>528</u> | <u>-20,301</u> | <u>989,049</u> | <u>851,822</u> | <i>Subtotal</i> | <u>958,189</u> | <u>902,892</u> | <u>902,892</u> |
| 1,426,416 | 4,735 | -12,052 | 1,419,099 | 1,256,783 | Total Grants-In-Aid - General Fund | 1,403,266 | 1,229,394 | 1,229,394 |
| | | | | | GRANTS-IN-AID - CASINO REVENUE FUND | | | |
| | | | | | Health Services | | | |
| 529 | --- | --- | 529 | 529 | Family Health Services | 529 | 529 | 529 |
| <u>529</u> | <u>---</u> | <u>---</u> | <u>529</u> | <u>529</u> | <i>Subtotal</i> | <u>529</u> | <u>529</u> | <u>529</u> |
| | | | | | Senior Services | | | |
| 30,629 | --- | --- | 30,629 | 28,828 | Medical Services for the Aged | 29,129 | 27,830 | 27,830 |
| 271,075 | 9,497 | --- | 280,572 | 214,762 | Pharmaceutical Assistance to the Aged and Disabled | 215,473 | 215,912 | 215,912 |
| 14,677 | --- | -114 | 14,563 | 14,563 | Programs for the Aged | 14,677 | 14,677 | 14,677 |

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| Orig. & (S)Supplemental | Year Ending June 30, 2007 | | | | | Year Ending June 30, 2009 | | |
|---------------------------------|---------------------------|----------------------------|------------------|------------------|--|---------------------------|------------------|------------------|
| | Reapp. & (R)Recpts. | Transfers & (E)Emergencies | Total Available | Expended | | 2008 Adjusted Approp. | Requested | Recommended |
| 316,381 | 9,497 | -114 | 325,764 | 258,153 | Subtotal | 259,279 | 258,419 | 258,419 |
| 316,910 | 9,497 | -114 | 326,293 | 258,682 | Total Grants-In-Aid - Casino Revenue Fund | 259,808 | 258,948 | 258,948 |
| 1,743,326 | 14,232 | -12,166 | 1,745,392 | 1,515,465 | TOTAL GRANTS-IN-AID | 1,663,074 | 1,488,342 | 1,488,342 |
| STATE AID - GENERAL FUND | | | | | | | | |
| Health Services | | | | | | | | |
| 2,400 | --- | --- | 2,400 | 2,265 | Public Health Protection Services | 2,400 | 2,400 | 2,400 |
| 2,400 | --- | --- | 2,400 | 2,265 | Subtotal | 2,400 | 2,400 | 2,400 |
| Senior Services | | | | | | | | |
| 7,152 | --- | --- | 7,152 | 7,152 | Programs for the Aged | 7,152 | 7,152 | 7,152 |
| 7,152 | --- | --- | 7,152 | 7,152 | Subtotal | 7,152 | 7,152 | 7,152 |
| 9,552 | --- | --- | 9,552 | 9,417 | Total State Aid - General Fund | 9,552 | 9,552 | 9,552 |
| 9,552 | --- | --- | 9,552 | 9,417 | TOTAL STATE AID | 9,552 | 9,552 | 9,552 |
| CAPITAL CONSTRUCTION | | | | | | | | |
| Health Services | | | | | | | | |
| --- | 246 | --- | 246 | 98 | Laboratory Services | --- | --- | --- |
| --- | 246 | --- | 246 | 98 | Subtotal | --- | --- | --- |
| --- | 246 | --- | 246 | 98 | TOTAL CAPITAL CONSTRUCTION | --- | --- | --- |
| 1,832,055 | 38,704 | -1,096 | 1,869,663 | 1,620,006 | Total Appropriation, Department of Health and Senior Services | 1,746,340 | 1,566,128 | 1,566,128 |

20. PHYSICAL AND MENTAL HEALTH 21. HEALTH SERVICES

OBJECTIVES

- To provide a system for the registration of births, deaths, marriages and other vital statistics and to furnish certified copies as requested.
- To reduce infant mortality and improve the health of mothers and children; to provide medical and dental services to special high risk populations; to provide access to quality medical and developmental intervention services for handicapped children; to provide and promote family planning services and to identify, treat and minimize the exposure of children at high risk of lead poisoning.
- To promote and improve local health department practice and performance through regulation, licensing, technical assistance, education and health service grants.
- To promote and improve local health delivery services, particularly for low income and minority families, and assist local health agencies in meeting recognized minimum standards of performance.
- To assure the wholesomeness and safety of foods and cosmetics; to prevent food related illnesses and the misbranding, adulteration and illicit tampering of foods and cosmetics; to prevent the spread of animal diseases to man, especially rabies; to enhance the Department's capabilities to protect the citizenry from environmental hazards; to assure the health and safety of youth attending camps and the safety of those persons swimming in recreational waters; to assure a high level of sanitation in health care facilities and various State operated institutions; and to administer animal population control programs.
- To detect, prevent, control and treat chronic diseases with emphasis on assistance for persons with low or limited socioeconomic status.
- To reduce the incidence and spread of tuberculosis.
- To detect, prevent and control occupationally related diseases, fatal injuries and hazards in high-risk public and private workplaces.
- To reduce abuse of and dependence on tobacco.
- To provide a comprehensive range of timely and accurate public health, environmental and chemical laboratory analytical and diagnostic services to State and federal agencies, physicians, clinics, hospitals, local health depart-

ments, and other health care interests in the identification and control of disease and environmental threats and Biological and Biochemical Terrorism preparedness.

11. To improve the quality of performance in New Jersey's clinical laboratories in the specialties of microbiology, blood banking, chemistry, hematology, serology and immuno-hematology and to serve as a reference resource for all laboratories, clinical and analytical, in New Jersey.
12. To reduce the spread of AIDS and HIV infection by providing an integrated continuum of AIDS health and social support services to promote cost-effective treatment, and to expand prevention and education efforts.
13. To reduce death and disability by improving response to medical emergencies, by assuring the availability of trained personnel for emergency medical services.
14. To ensure the timely identification and treatment of infants with biochemical or metabolic disorders, hearing impairments and/or birth defects.

PROGRAM CLASSIFICATIONS

01. **Vital Statistics.** Collects and records data such as births, deaths and marriages from the 566 local registrars; approves appointment of, instructs and supervises local registrars of vital statistics; receives and processes vital records, searches and makes certified copies of these records (R.S. 26:8-23 et seq.); processes legal changes of name, adoptions and corrections to vital records.
02. **Family Health Services.** Provides funding of specialized medical and rehabilitative services for handicapped children (R.S. 9:13-1 et seq.); provides and promotes family planning and genetic services (R.S. 26:5B), maternal and child health care (C.26:1A-37E) including supplemental nutrition services, prenatal care, child health supervision and screening of newborns for metabolic causes of mental retardation and deafness; administers poison control activities e.g., childhood lead poisoning (C.24:14A-1 et seq.); provides prenatal services for children; coordinates programs on fetal alcohol syndrome and child abuse; provides financial assistance to persons with hemophilia (C.26:2-87 et seq.); provides financial assistance to persons with chronic renal disease (C.26:2-87 et seq.) and general assistance to persons with other chronic diseases (C.26:1A-92 et seq.); provides assistance to local health departments for the provision of primary and preventive health services; develops community based chronic disease detection programs and supports the special health needs of the geriatric population.
03. **Public Health Protection Services.** Initiates programs to reduce incidence of sexually transmitted diseases (R.S.

26:4-27 et seq.); controls tuberculosis (R.S. 26:4-1 et seq.); monitors and initiates programs to reduce the incidence of other communicable diseases such as hepatitis, measles, polio, pertussis and diphtheria; maintains a cancer registry which provides epidemiologic intelligence regarding cancer associated risk factors for control and prevention activities. Assists in training of emergency medical personnel and coordinating emergency medical services, including aeromedical response. Assures quality of food and milk, drugs, and general sanitation (C.26:1A-7); distributes vaccine for the prevention of rabies; and assures the appropriate utilization of funds from dog license fees (\$1.00 per dog) to support activities. Performs health investigations in private and public workplaces to evaluate occupational exposures; conducts medical screenings for individuals exposed to chemicals; implements the worker provisions of the Worker and Community Right to Know Act and the health provisions of the Public Employees Occupational Safety and Health Act; collects occupational illness and exposure data; conducts environmental monitoring, health assessments, health screening and epidemiologic investigations of community exposure to toxic substances, and implements the State asbestos policy; provides assistance to local health departments for the provision of primary and preventive health services. Directs the State's Comprehensive Tobacco Control Program to provide clients counseling and treatment services.

08. **Laboratory Services.** Performs comprehensive analytical and diagnostic laboratory services through five primary service categories on a 24-hour 7-day a week basis, which includes: Bacteriology (e.g. tuberculosis, dairy products, sexually transmitted diseases, gastrointestinal illnesses, drinking water, and ocean pollution); Virology (e.g. AIDS, influenza, Rubella, and rabies); Serology (e.g. Lyme, Legionella, and syphilis); Inborn Errors of Metabolism (e.g. sickle cell, hypothyroidism, PKU, and Galactosemia) and Environmental and Chemical (e.g. blood lead, asbestos, drugs, water, food, and other environmental and chemical contaminants). Clinical Laboratory Services performs tests and monitors the quality of laboratory testing performed in independent, hospital and public health laboratories in the State; inspects, proficiency tests and licenses all such laboratories (C.45:9-42.26 et seq.); improves techniques of laboratory personnel by conducting workshops and seminars as necessary; and certifies clinical laboratories for Medicare participation.
12. **AIDS Services.** Promotes the health of the people of New Jersey by reducing the spread of AIDS by establishing and maintaining a comprehensive system of HIV/AIDS-related prevention, surveillance, counseling and testing, health and supportive services.

EVALUATION DATA

| PROGRAM DATA | Actual FY 2006 | Actual FY 2007 | Revised FY 2008 | Budget Estimate FY 2009 |
|--|---------------------------|---------------------------|----------------------------|--|
| Vital Statistics | | | | |
| Searches | 154,621 | 151,634 | 155,000 | 160,000 |
| Certified Copies Issued | 118,939 | 116,641 | 120,000 | 123,000 |
| Family Health Services | | | | |
| Agencies receiving health services grants | 462 | 505 | 510 | 510 |
| Handicapped Children | | | | |
| Physically disabled children receiving services | 42,500 | 42,521 | 43,000 | 43,000 |
| Children newly registered with Special Child Health Services | 8,423 | 9,275 | 9,000 | 9,000 |

HEALTH AND SENIOR SERVICES

| | Actual FY 2006 | Actual FY 2007 | Revised FY 2008 | Budget Estimate FY 2009 |
|---|-------------------|-------------------|--------------------|-------------------------------|
| Maternal and Child Health | | | | |
| Infant mortality rate/1,000 live births | 5.7 | 5.7 | 5.7 | 5.7 |
| Infant born to mothers with no prenatal care/1,000 live births (a) | 11.0 | 10.0 | 11.0 | 11.0 |
| Newborns screened for metabolic and genetic disorders ... | 110,851 | 111,607 | 115,000 | 115,000 |
| Number of infants to be followed | 6,400 | 6,775 | 7,200 | 7,000 |
| Number of infants in early intervention | 17,403 | 18,513 | 19,600 | 20,700 |
| HealthStart (prenatal) | 35,439 | 29,167 | 31,000 | 31,000 |
| Women assessed for alcohol use/abuse during pregnancy .. | 28,546 | 29,046 | 30,000 | 34,000 |
| Women, Infants and Children (WIC) receiving services ... | 269,548 | 271,954 | 280,000 | 280,000 |
| Family Planning | | | | |
| Women in reproductive years applying for and receiving services | 126,827 | 131,756 | 132,000 | 132,000 |
| Poison Control | | | | |
| Children screened for lead poisoning | 222,000 | 184,563 | 190,000 | 200,000 |
| Number of lead poisoned children identified | 5,200 | 2,885 | 3,000 | 3,000 |
| Adult Health | | | | |
| Adults served with Cystic Fibrosis | 99 | 105 | 105 | 105 |
| Health Promotion | | | | |
| Persons screened and educated for breast and cervical cancer | 22,449 | 20,621 | 20,000 | 20,000 |
| Number of renal patients served | 1,371 | 1,391 | 1,350 | 1,350 |
| Public Health Protection Services | | | | |
| Cancer and Epidemiological Services | | | | |
| Number of new cancer cases reported | 118,228 | 128,001 | 128,000 | 135,000 |
| Number of cumulative cancer reports in master file | 1,986,594 | 2,114,595 | 2,237,000 | 2,244,000 |
| Tuberculosis Control | | | | |
| TB cases on register as of June 30 | 511 | 489 | 490 | 490 |
| Visits to chest clinics | 65,362 | 48,671 | 48,000 | 48,000 |
| Percent of TB patients completing chemotherapy | 81.8% | 86.0% | 86.0% | 86.0% |
| Emergency Medical Services | | | | |
| Mobile intensive care paramedics certified/recertified | 790 | 873 | 900 | 900 |
| Emergency Medical Technicians certified/recertified | 8,000 | 8,642 | 7,800 | 8,600 |
| Helicopter response missions | 2,500 | 2,977 | 2,500 | 3,000 |
| Mobile intensive care unit's patient charts audited | 1,000 | 1,500 | 1,000 | 1,500 |
| Ambulance/invalid services licensed | 350 | 385 | 400 | 400 |
| Ambulance/invalid vehicles licensed | 2,500 | 2,955 | 3,000 | 3,000 |
| EMT training agencies certified | 64 | 67 | 70 | 70 |
| Sexually Transmitted Diseases (STD) | | | | |
| Percent of STD clinic patients receiving education about HIV infection | 75% | 78% | 75% | 75% |
| Reported cases of early syphilis | 406 | 465 | 510 | 540 |
| Syphilis cases (early and late) brought to treatment by Department of Health | 741 | 732 | 825 | 825 |
| Reported cases of gonorrhea | 5,398 | 5,865 | 6,100 | 6,300 |
| Gonorrhea cases brought to treatment by Department of Health | 1,728 | 1,877 | 2,000 | 2,100 |
| Visits to STD clinics | 17,535 | 18,783 | 18,100 | 19,500 |
| Patients receiving diagnostic services | 10,093 | 10,811 | 11,100 | 11,350 |
| Consumer Health | | | | |
| Pet spay/neuter surgeries performed | 5,300 | 4,700 | 5,000 | 5,000 |
| Registration of dogs (rabies control) | 486,706 | 462,000 | 460,000 | 460,000 |
| Environmental and sanitary inspections and investigations conducted | 6,500 | 5,500 | 5,500 | 5,500 |
| Number of food, drug and cosmetic embargoes, destructions and recalls | 35 | 40 | 85 | 90 |
| Other Communicable Disease Control | | | | |
| Number of disease cases reported | 9,600 | 15,000 | 15,000 | 14,000 |
| Number of investigations of outbreaks | 150 | 147 | 150 | 150 |

HEALTH AND SENIOR SERVICES

| | Actual FY 2006 | Actual FY 2007 | Revised FY 2008 | Budget Estimate FY 2009 |
|--|-------------------|-------------------|--------------------|-------------------------------|
| Levels of protection for children entering school against: | | | | |
| Rubella | 98% | 99% | 99% | 99% |
| Measles | 98% | 99% | 99% | 99% |
| Mumps | 98% | 99% | 99% | 99% |
| Polio | 98% | 99% | 99% | 99% |
| Diphtheria | 98% | 99% | 99% | 99% |
| Infectious disease consultations | 30,000 | 35,000 | 35,000 | 35,000 |
| Non-outbreak investigations | 300 | 297 | 300 | 300 |
| Public Employees Occupational Safety and Health | | | | |
| Complaint inspections conducted | 484 | 446 | 470 | 480 |
| Telephone consultations | 877 | 724 | 700 | 700 |
| Educational seminars presented | 144 | 95 | 100 | 110 |
| Right to Know | | | | |
| Fact sheets written or revised | 85 | 117 | 200 | 200 |
| Public and private workplaces inspected | 423 | 685 | 332 | 400 |
| Telephone consultations | 3,500 | 3,879 | 3,500 | 3,500 |
| Occupational Health Surveillance | | | | |
| Exposure and illness reports received | 20,000 | 16,068 | 16,000 | 16,000 |
| Educational materials mailed to public | 4,000 | 11,016 | 5,000 | 5,000 |
| In-depth industrial hygiene evaluations | 50 | 23 | 40 | 40 |
| Follow-up industrial hygiene evaluations | 5 | 3 | 5 | 5 |
| Work-related chronic disease and epidemiology studies .. | 5 | 6 | 5 | 5 |
| Worker interviews and mailings | 600 | 562 | 600 | 600 |
| Environmental Health Services | | | | |
| Certification of private training agencies | 35 | 35 | 35 | 35 |
| Audits of asbestos and lead training agencies | 100 | 100 | 100 | 100 |
| Quality assurance inspections in schools | 125 | 125 | 125 | 125 |
| Major community health field study ongoing | 12 | 12 | 12 | 12 |
| Telephone consultations | 4,500 | 4,500 | 4,500 | 4,500 |
| Responses to acute environmental emergencies | 25 | 20 | 20 | 20 |
| Consultations provided to other agencies and to the public | 30 | 35 | 35 | 35 |
| Local health consultations, evaluations, and | | | | |
| training services | 10,983 | 11,030 | 11,050 | 11,050 |
| Laboratory Services | | | | |
| Bacteriology | | | | |
| Specimens analyzed | 151,544 | 104,912 | 114,000 | 114,000 |
| Inborn Errors of Metabolism | | | | |
| Specimens performed | 125,791 | 126,650 | 130,000 | 130,000 |
| Chemistry | | | | |
| Occupational health samples examined | 5 | 5 | 5 | 5 |
| Sewage, stream & trade waste samples examined | 4,636 | 6,778 | 6,700 | 6,700 |
| Narcotic samples examined | 146,539 | 116,399 | 122,219 | 128,330 |
| Potable water samples examined | 3,559 | 4,828 | 4,600 | 4,600 |
| Food and milk samples examined | 6,064 | 4,516 | 4,520 | 5,020 |
| Blood lead samples examined | 6,394 | 4,309 | 122 | --- |
| Clinical Laboratory Services | | | | |
| Clinical laboratories licensed | 1,700 | 2,028 | 2,028 | 2,028 |
| Proficiency test samples (percent acceptable) | 95% | 95% | 95% | 95% |
| Proficiency test samples reviewed | 57,401 | 57,500 | 57,500 | 57,500 |
| Blood banks inspected | 75 | 78 | 95 | 95 |
| Clinical laboratory inspections | 400 | 440 | 460 | 460 |
| Blood banks licensed | 258 | 290 | 300 | 300 |
| Serology | | | | |
| Routine screen tests for syphilis | 26,613 | 23,567 | 23,600 | 23,600 |
| Virology | | | | |
| Specimens analyzed | 102,613 | 60,682 | 62,000 | 62,000 |

HEALTH AND SENIOR SERVICES

| | Actual FY 2006 | Actual FY 2007 | Revised FY 2008 | Budget Estimate FY 2009 |
|---|-------------------|-------------------|--------------------|-------------------------------|
| AIDS Services | | | | |
| Number of clients tested and counseled | 74,277 | 76,828 | 78,000 | 80,000 |
| Contact tracing of individuals | 329 | 432 | 400 | 400 |
| Hotline network calls | 10,109 | 5,785 | 6,000 | 6,000 |
| Living AIDS clients | 18,047 | 17,551 | 18,635 | 19,088 |
| HIV positive clients | 16,063 | 16,724 | 16,901 | 17,360 |
| Clients receiving early intervention services | 8,500 | 8,003 | 8,050 | 8,100 |
| Individuals reached/HIV training | 1,000 | 1,050 | 1,000 | 1,000 |
| AIDS Drug Distribution Program clients served | 6,872 | 7,005 | 7,050 | 7,100 |

PERSONNEL DATA

Position Data

Filled Positions by Funding Source

| | | | | |
|-----------------------|-------|-----|-----|-----|
| State Supported | 358 | 330 | 303 | 299 |
| Federal | 570 | 546 | 529 | 542 |
| All Other | 104 | 103 | 129 | 131 |
| Total Positions | 1,032 | 979 | 961 | 972 |

Filled Positions by Program Class

| | | | | |
|---|-------|-----|-----|-----|
| Vital Statistics | 58 | 50 | 51 | 51 |
| Family Health Services | 206 | 202 | 191 | 204 |
| Public Health Protection Services | 492 | 465 | 462 | 467 |
| AIDS Services | 142 | 134 | 134 | 131 |
| Laboratory Services | 134 | 128 | 123 | 119 |
| Total Positions | 1,032 | 979 | 961 | 972 |

Notes:

Actual payroll counts are reported for fiscal years 2006 and 2007 as of December and revised fiscal year 2008 as of January. The Budget Estimate for fiscal year 2009 reflects the number of positions funded. All Other includes positions supported by fees or other dedicated resources previously reported as State Supported.

(a) Rates for fiscal years 2006 have been restated based on 1,000 live births to conform to fiscal year 2007, 2008, and 2009 presentation.

APPROPRIATIONS DATA (thousands of dollars)

| Year Ending June 30, 2007 | | | | | Year Ending June 30, 2009 | | | | |
|---|------------------------|------------------------------------|--------------------|-------------------|------------------------------|--------------------------------|---------------|------------------|---------------|
| Orig. & (S)Supple- mental | Reapp. & (R)Recpts. | Transfers & (E)Emer- gencies | Total Available | Total Expended | 2008 Prog. Class. | Adjusted Approp. | Requested | Recom- mended | |
| <u>DIRECT STATE SERVICES</u> | | | | | | | | | |
| Distribution by Fund and Program | | | | | | | | | |
| 1,678 | 2,736 | -1,600 | 2,814 | 2,747 | 01 | 1,678 | 1,678 | 1,678 | |
| 2,279 | --- | 2,538 | 4,817 | 4,590 | 02 | 2,178 | 3,178 | 3,178 | |
| 30,706 | 2,157 | -406 | 32,457 | 31,381 | 03 | 30,863 | 26,143 | 26,143 | |
| 8,048 | 679 | 3,563 | 12,290 | 12,285 | 08 | 8,567 | 7,927 | 7,927 | |
| 1,993 | 1 | 456 | 2,450 | 2,409 | 12 | 1,991 | 1,991 | 1,991 | |
| 44,704 | 5,573 | 4,551 | 54,828 | 53,412 | | 45,277^(a) | 40,917 | 40,917 | |
| Distribution by Fund and Object | | | | | | | | | |
| Personal Services: | | | | | | | | | |
| 16,035 | 4,247 ^R | 1,125 | 21,407 | 21,324 | | 16,554 | 16,554 | 16,554 | |
| | | | | | | Total Personal Services | 16,554 | 16,554 | 16,554 |
| 16,035 | 4,247 | 1,125 | 21,407 | 21,324 | | 2,229 | 2,229 | 2,229 | |
| 2,229 | --- | -75 | 2,154 | 2,108 | | 937 | 937 | 937 | |
| 964 | 1 | 3,801 | 4,766 | 4,734 | | 153 | 153 | 153 | |
| 153 | --- | -10 | 143 | 141 | | Special Purpose: | | | |
| 100 | --- | --- | 100 | --- | 02 | --- | --- | --- | |
| 87 | --- | --- | 87 | 87 | 02 | 87 | 87 | 87 | |
| 90 | --- | --- | 90 | 90 | 02 | 90 | 90 | 90 | |

HEALTH AND SENIOR SERVICES

| Year Ending June 30, 2007 | | | | | Year Ending June 30, 2009 | | | | |
|---|------------------------|------------------------------------|--------------------|----------------|---------------------------|-----------------------------|----------------|------------------|--|
| Orig. & (S)Supple- mental | Reapp. & (R)Recpts. | Transfers & (E)Emer- gencies | Total Available | Expended | Prog. Class. | 2008 Adjusted Approp. | Requested | Recom- mended | |
| <u>DIRECT STATE SERVICES</u> | | | | | | | | | |
| 300 | --- | --- | 300 | 300 | | | | | |
| | | | | | | | | | |
| --- | --- | --- | --- | --- | | | | | |
| --- | --- | --- | --- | --- | | | | | |
| 500 | --- | --- | 500 | 487 | | | | | |
| --- | --- | 250 | 250 | 167 | | | | | |
| 1,450 | --- | -48 | 1,402 | 1,399 | | | | | |
| 4,000 | --- | --- | 4,000 | 3,998 | | | | | |
| 400 | --- | -30 | 370 | 364 | | | | | |
| 500 | --- | -40 | 460 | 450 | | | | | |
| --- | --- | 208 | 208 | 205 | | | | | |
| 50 | --- | --- | 50 | 50 | | | | | |
| 7,000 | --- | --- | 7,000 | 6,999 | | | | | |
| 4,000 | --- | --- | 4,000 | 3,999 | | | | | |
| 1,000 | 541 | --- | 1,541 | 752 | | | | | |
| 720 | 105 | --- | 825 | 657 | | | | | |
| 300 | --- | --- | 300 | 300 | | | | | |
| 2,186 | --- | --- | 2,186 | 2,115 | | | | | |
| 200 | --- | --- | 200 | 200 | | | | | |
| --- | 679 R | -678 | 1 | --- | | | | | |
| 1,800 | --- | 48 | 1,848 | 1,847 | | | | | |
| 640 | --- | --- | 640 | 639 | | | | | |
| <u>GRANTS-IN-AID</u> | | | | | | | | | |
| Distribution by Fund and Program | | | | | | | | | |
| 119,369 | 4,207 | 9,250 | 132,826 | 132,426 | | | | | |
| <i>118,840</i> | <i>4,207</i> | <i>9,250</i> | <i>132,297</i> | <i>131,897</i> | | | | | |
| 529 | --- | --- | 529 | 529 | | | | | |
| 115,694 | --- | -3,668 | 112,026 | 112,025 | | | | | |
| 31,898 | --- | -783 | 31,115 | 21,977 | | | | | |
| 266,961 | 4,207 | 4,799 | 275,967 | 266,428 | | | | | |
| <i>266,432</i> | <i>4,207</i> | <i>4,799</i> | <i>275,438</i> | <i>265,899</i> | | | | | |
| 529 | --- | --- | 529 | 529 | | | | | |
| Total Grants-in-Aid | | | | | | 244,144 | 239,569 | 239,569 | |
| <i>(From General Fund)</i> | | | | | | <i>243,615</i> | <i>239,040</i> | <i>239,040</i> | |
| <i>(From Casino Revenue Fund)</i> | | | | | | <i>529</i> | <i>529</i> | <i>529</i> | |
| Distribution by Fund and Object | | | | | | | | | |
| Special Purpose: | | | | | | | | | |
| 6,888 | --- | --- | 6,888 | 6,887 | | | | | |
| 1,138 | --- | --- | 1,138 | 1,138 | | | | | |
| 2,309 | --- | --- | 2,309 | 2,307 | | | | | |
| 471 | --- | --- | 471 | 471 | | | | | |

HEALTH AND SENIOR SERVICES

| Year Ending June 30, 2007 | | | | | Year Ending June 30, 2009 | | | | |
|---------------------------|---------------------------|----------------------------|-----------------|----------|---------------------------|-----------------------|-----------|-------------|--|
| Orig. & (S)Supplemental | Reapp. & (R)Recpts. | Transfers & (E)Emergencies | Total Available | Expended | Prog. Class. | 2008 Adjusted Approp. | Requested | Recommended | |
| 348 | --- | --- | 348 | 348 | | | | | |
| 32 | --- | --- | 32 | 32 | | | | | |
| 529 | --- | --- | 529 | 529 | | | | | |
| 2,116 | --- | --- | 2,116 | 2,116 | | | | | |
| 5,587 | --- | --- | 5,587 | 5,585 | | | | | |
| 160 | --- | --- | 160 | --- | | | | | |
| --- | --- | --- | --- | --- | | | | | |
| --- | 10 | --- | 10 | 10 | | | | | |
| 905 | --- | --- | 905 | 877 | | | | | |
| 538 | --- | --- | 538 | 538 | | | | | |
| 78,487 | --- | 12,000 | 90,487 | 90,487 | | | | | |
| --- | --- | --- | --- | --- | | | | | |
| 500 | 398 3,799 ^R | --- | 4,697 | 4,697 | | | | | |
| 668 | --- | --- | 668 | 668 | | | | | |
| 1,250 | --- | --- | 1,250 | 1,250 | | | | | |
| 5,536 | --- | -250 | 5,286 | 5,286 | | | | | |
| 202 | --- | --- | 202 | 202 | | | | | |
| 305 | --- | --- | 305 | 305 | | | | | |
| 1,500 | --- | --- | 1,500 | 1,500 | | | | | |
| 2,500 | --- | -2,500 | --- | --- | | | | | |
| 2,000 | --- | --- | 2,000 | 1,822 | | | | | |
| 350 | --- | --- | 350 | 350 | | | | | |
| 50 | --- | --- | 50 | 50 | | | | | |
| 5,000 | --- | --- | 5,000 | 4,971 | | | | | |
| --- | --- | --- | --- | --- | | | | | |
| 1,583 | --- | --- | 1,583 | 1,583 | | | | | |
| 1,500 | --- | -218 | 1,282 | 1,282 | | | | | |
| 4,700 | --- | --- | 4,700 | 4,700 | | | | | |
| 86 | --- | --- | 86 | 86 | | | | | |
| 25,700 | --- | --- | 25,700 | 25,700 | | | | | |
| 4,000 | --- | --- | 4,000 | 4,000 | | | | | |
| 1,800 | --- | --- | 1,800 | 1,800 | | | | | |
| 12,000 | --- | --- | 12,000 | 12,000 | | | | | |
| 855 | --- | --- | 855 | 854 | | | | | |

GRANTS-IN-AID

| | | | | |
|---|----|------------------|---------|---------|
| Pharmaceutical Services for Adults With Cystic Fibrosis | 02 | 368 | 368 | 368 |
| Birth Defects Registry | 02 | 34 | 34 | 34 |
| Statewide Birth Defects Registry (CRF) | 02 | 529 | 529 | 529 |
| Community Provider Cost of Living Adjustment, Family Health Services ^(c) | 02 | --- | 3,925 | 3,925 |
| Maternal and Child Health Services | 02 | 5,930 | 5,930 | 5,930 |
| Area Health Education Centers | 02 | --- | --- | --- |
| Mobile Health Van Pilot Program | 02 | 900 | --- | --- |
| Lead Testing Kits for Expectant Mothers | 02 | --- | --- | --- |
| Lead Poisoning Program | 02 | 957 | 957 | 957 |
| Poison Control Center | 02 | 569 | 569 | 569 |
| Early Childhood Intervention Program | 02 | 100,104 | 105,104 | 105,104 |
| Autism Registry | 02 | 500 ^S | --- | --- |
| Governor's Council for Medical Research and Treatment of Autism ^(b) | 02 | 500 | --- | --- |
| Cleft Palate Programs | 02 | 707 | 707 | 707 |
| Tourette Syndrome Association of New Jersey | 02 | 1,250 | 1,250 | 1,250 |
| Cancer Screening - Early Detection and Education Program | 02 | 5,853 | 5,853 | 5,853 |
| SIDS Assistance Act | 02 | 214 | 214 | 214 |
| Services to Victims of Huntington's Disease | 02 | 323 | 323 | 323 |
| Osborn Family Health Center - Our Lady of Lourdes Medical Center | 02 | --- | --- | --- |
| Postpartum Education Campaign | 02 | 2,500 | 2,500 | 2,500 |
| Postpartum Screening | 02 | 2,000 | 2,000 | 2,000 |
| Camden Optometric Eye Center | 02 | 250 | --- | --- |
| New Jersey Council on Physical Fitness and Sports | 02 | 50 | 50 | 50 |
| Federally Qualified Health Centers - Services to Family Care Clients ^(d) | 02 | 5,000 | 5,000 | 5,000 |
| Federally Qualified Health Centers - Services to the Homeless | 02 | 500 | 500 | 500 |
| Tuberculosis Services | 03 | 1,707 | 1,707 | 1,707 |
| Implementation of Comprehensive Cancer Control Program | 03 | 1,500 | 1,500 | 1,500 |
| Trinitas Hospital | 03 | --- | --- | --- |
| Community Provider Cost of Living Adjustment, Public Health Protection ^(c) | 03 | --- | 141 | 141 |
| Jersey City Medical Center | 03 | --- | --- | --- |
| Hoboken University Medical Center | 03 | --- | --- | --- |
| Solaris Health System | 03 | --- | --- | --- |
| Tamiflu Prescription Medicine | 03 | 6,000 | --- | --- |
| Immunization Services | 03 | 922 | 922 | 922 |

HEALTH AND SENIOR SERVICES

| Year Ending June 30, 2007 | | | | | Year Ending June 30, 2009 | | | | |
|---|------------------------|------------------------------------|--------------------|----------------|---------------------------|-----------------------------|----------------|------------------|--|
| Orig. & (S)Supple- mental | Reapp. & (R)Recpts. | Transfers & (E)Emer- gencies | Total Available | Expended | Prog. Class. | 2008 Adjusted Approp. | Requested | Recom- mended | |
| GRANTS-IN-AID | | | | | | | | | |
| 200 | --- | --- | 200 | 200 | 03 | --- | --- | --- | |
| 350 | --- | --- | 350 | 350 | 03 | --- | --- | --- | |
| 32 | --- | --- | 32 | 32 | 03 | --- | --- | --- | |
| --- | --- | --- | --- | --- | 03 | --- | 15,000 | 15,000 | |
| 457 | --- | --- | 457 | 457 | 03 | 493 | 493 | 493 | |
| 1,000 | --- | --- | 1,000 | 1,000 | 03 | --- | --- | --- | |
| 22,250 | --- | --- | 22,250 | 22,250 | 03 | 25,250 | 20,000 | 20,000 | |
| 6,900 | --- | -3,450 | 3,450 | 3,450 | 03 | 6,400 | 6,000 | 6,000 | |
| 32,000 | --- | --- | 32,000 | 32,000 | 03 | 29,850 | 15,000 | 15,000 | |
| 281 | --- | --- | 281 | 281 | 03 | 281 | 281 | 281 | |
| 504 | --- | -200 | 304 | 267 | 12 | --- | 1,609 | 1,609 | |
| 18,194 | --- | -583 | 17,611 | 17,511 | 12 | 20,307 | 20,307 | 20,307 | |
| 4,200 | --- | --- | 4,200 | 4,199 | 12 | 4,200 | 4,200 | 4,200 | |
| 9,000 | --- | --- | 9,000 | --- | 12 | 6,000 | 4,700 | 4,700 | |
| --- | --- | --- | --- | --- | 12 | 100 | --- | --- | |
| STATE AID | | | | | | | | | |
| Distribution by Fund and Program | | | | | | | | | |
| 2,400 | --- | --- | 2,400 | 2,265 | 03 | 2,400 | 2,400 | 2,400 | |
| 2,400 | --- | --- | 2,400 | 2,265 | 2,400 | | 2,400 | 2,400 | |
| Distribution by Fund and Object | | | | | | | | | |
| State Aid: | | | | | | | | | |
| 2,400 | --- | --- | 2,400 | 2,265 | 03 | 2,400 | 2,400 | 2,400 | |
| CAPITAL CONSTRUCTION | | | | | | | | | |
| Distribution by Fund and Program | | | | | | | | | |
| --- | 246 | --- | 246 | 98 | 08 | --- | --- | --- | |
| --- | 246 | --- | 246 | 98 | --- | | --- | --- | |
| Distribution by Fund and Object | | | | | | | | | |
| Division of Public Health and Environmental Laboratories | | | | | | | | | |
| --- | 63 | --- | 63 | 15 | 08 | --- | --- | --- | |
| --- | 135 | --- | 135 | 83 | 08 | --- | --- | --- | |
| --- | 2 | --- | 2 | --- | 08 | --- | --- | --- | |
| --- | 46 | --- | 46 | --- | 08 | --- | --- | --- | |
| 314,065 | 10,026 | 9,350 | 333,441 | 322,203 | 291,821 | | 282,886 | 282,886 | |
| OTHER RELATED APPROPRIATIONS | | | | | | | | | |
| Federal Funds | | | | | | | | | |
| 1,100 | 702 | --- | 1,802 | 672 | 01 | 1,100 | 1,100 | 1,100 | |
| 170,302 | 28,761 | 12,100 | 211,808 | 143,409 | 02 | 191,555 | 186,405 | 186,405 | |
| 645 ^S | 12,701 | 520 | 89,695 | 60,071 | 03 | 70,379 | 68,439 | 68,439 | |
| 76,472 | 958 | 3 | 6,491 | 3,471 | 08 | 5,649 | 5,774 | 5,774 | |
| 2 ^S | | | | | | | | | |
| 5,394 | | | | | | | | | |
| 136 ^S | | | | | | | | | |

HEALTH AND SENIOR SERVICES

| Year Ending June 30, 2007 | | | | | Year Ending June 30, 2009 | | | | |
|-------------------------------------|---------------------|----------------------------|-----------------|----------------|--|-----------------------|----------------|----------------|----------------|
| Orig. & (S)Supplemental | Reapp. & (R)Recpts. | Transfers & (E)Emergencies | Total Available | Total Expended | Prog. Class. | 2008 Adjusted Approp. | Requested | Recommended | |
| OTHER RELATED APPROPRIATIONS | | | | | | | | | |
| 80,758 | 10,616 | --- | 91,374 | 61,480 | AIDS Services | 12 | 79,870 | 71,632 | 71,632 |
| <u>334,809</u> | <u>53,738</u> | <u>12,623</u> | <u>401,170</u> | <u>269,103</u> | Total Federal Funds | | <u>348,553</u> | <u>333,350</u> | <u>333,350</u> |
| All Other Funds | | | | | | | | | |
| --- | 539 | --- | 1,087 | 52 | Vital Statistics | 01 | 600 | 600 | 600 |
| --- | 548 ^R | --- | | | | | | | |
| --- | 13,784 | --- | | | | | | | |
| --- | 40,965 ^R | 37,626 | 92,375 | 75,249 | Family Health Services | 02 | 60,506 | 61,506 | 61,506 |
| --- | 6,772 | --- | | | | | | | |
| --- | 4,927 ^R | 7,400 | 19,099 | 12,733 | Public Health Protection Services ^(g) | 03 | 11,696 | 12,994 | 12,994 |
| --- | 245 | --- | | | | | | | |
| --- | 311 ^R | --- | 556 | 85 | Laboratory Services | 08 | 350 | 150 | 150 |
| --- | 13,557 | --- | | | | | | | |
| --- | 23,841 ^R | --- | 37,398 | 26,094 | AIDS Services | 12 | 25,000 | 25,000 | 25,000 |
| --- | <u>105,489</u> | <u>45,026</u> | <u>150,515</u> | <u>114,213</u> | Total All Other Funds | | <u>98,152</u> | <u>100,250</u> | <u>100,250</u> |
| <u>648,874</u> | <u>169,253</u> | <u>66,999</u> | <u>885,126</u> | <u>705,519</u> | GRAND TOTAL ALL FUNDS | | <u>738,526</u> | <u>716,486</u> | <u>716,486</u> |

Notes -- Direct State Services - General Fund

- (a) The fiscal year 2008 appropriation has been adjusted for the allocation of salary program, which includes \$79,000 in appropriated receipts.
- (b) As a result of P.L.2007, c.168, the Governor's Council for Medical Research and Treatment of Autism has been transferred from the Department of State to the Department of Health and Senior Services.

Notes -- Grants-In-Aid - General Fund

- (c) Adjusted Appropriation for Cost of Living Adjustment, Family Health Services has been allocated to other accounts.
- (d) In addition to the amount recommended in fiscal year 2009, \$40 million is funded from the Health Care Subsidy Fund.
- (e) Adjusted Appropriation for Cost of Living Adjustment, Public Health Protection has been allocated to other accounts.
- (f) Adjusted Appropriation for Cost of Living Adjustment, AIDS Services has been allocated to other accounts.

Notes -- All Other

- (g) In addition to the resources reflected in All Other Funds above, a total of \$4.722 million will be transferred from the Department of Treasury to support operations and services related to the Medical Emergency Disaster Preparedness for Bioterrorism program in fiscal 2009. The recent history of such receipts is reflected in the Department of Treasury's budget.

Language Recommendations -- Direct State Services - General Fund

The unexpended balance at the end of the preceding fiscal year in the New Jersey Emergency Medical Service Helicopter Response Program account is appropriated.

In addition to the amounts appropriated hereinabove, notwithstanding the provisions of any law or regulation to the contrary, there is appropriated \$150,000 from the "Emergency Medical Technician Training Fund" to fund the Emergency Medical Services for Children Program.

Notwithstanding the provisions of any law or regulation to the contrary, there is appropriated from the "Emergency Medical Technician Training Fund" \$79,000 for Emergency Medical Services and \$125,000 for the First Response EMT Cardiac Training Program.

Receipts deposited in the Autism Medical Research and Treatment Fund are appropriated for the Governor's Council for Medical Research and Treatment of Autism, subject to the approval of the Director of the Division of Budget and Accounting.

The amount hereinabove appropriated for the New Jersey State Commission on Cancer Research is charged to the Cancer Research Fund pursuant to section 5 of P.L.1982, c.40 (C.54:40A-37.1).

The unexpended balance at the end of the preceding fiscal year in the New Jersey State Commission on Cancer Research account is appropriated.

Amounts deposited in the "New Jersey Breast Cancer Research Fund" from the gross income tax check-offs pursuant to the provisions of P.L.1995, c.26 (C.54A:9-25.7 et al.) are appropriated to the New Jersey State Commission on Cancer Research for breast cancer research projects, subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of the "Worker and Community Right to Know Act," P.L.1983, c.315 (C.34:5A-1 et seq.), the amount hereinabove appropriated for the Worker and Community Right to Know account is payable from the "Worker and Community Right to Know Fund," and the receipts in excess of the amount anticipated, not to exceed \$764,000, are appropriated. If receipts to that fund are less than anticipated, the appropriation shall be reduced proportionately.

Receipts derived from the agency surcharge on vehicle rentals pursuant to section 54 of P.L.2002, c.34 (C.App.A:9-78), not to exceed \$4,722,000, are appropriated for the Medical Emergency Disaster Preparedness for Bioterrorism program and shall be deposited into a dedicated account, the expenditure of which shall be subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any law or regulation to the contrary, the amounts hereinabove appropriated for the two anti-smoking programs (School Based Programs and Youth Anti-Smoking, and Anti-Smoking Programs) shall be charged to the proceeds of the increase in the cigarette tax, established pursuant to P.L.2002, c.33.

Notwithstanding the provisions of section 4 of P.L.1997, c.264 (C.26:2H-18.58g), \$11,000,000 is appropriated for anti-smoking programs (School Based Programs and Youth Anti-Smoking, and Anti-Smoking Programs).

In order to permit flexibility in the handling of the various appropriations for anti-tobacco initiative accounts hereinabove, funds may be transferred to and from the following items of appropriations: School Based Programs and Youth Anti-Smoking, and Anti-Smoking Programs. Such transfers are subject to the approval of the Director of the Division of Budget and Accounting. Notice thereof shall be provided to the Legislative Budget and Finance Officer on the effective date of the approved transfer.

The Director of the Division of Budget and Accounting is empowered to transfer or credit appropriations to the Department of Health and Senior Services for diagnostic laboratory services provided to any other agency or department, provided that funds have been appropriated or allocated to such agency or department for the purpose of purchasing these services.

Receipts from fees established by the Commissioner of Health and Senior Services for licensing of clinical laboratories, pursuant to P.L.1975, c.166 (C.45:9-42.26 et seq.), and blood banks, pursuant to P.L.1963, c.33 (C.26:2A-2 et seq.), are appropriated.

Receipts from licenses, permits, fines, penalties and fees collected by the Department of Health and Senior Services in Health Services, in excess of those anticipated, are appropriated, subject to the approval of the Director of the Division of Budget and Accounting.

Language Recommendations -- Grants-In-Aid - General Fund

Of the amounts hereinabove appropriated for Family Planning Services, \$2,500,000 shall be appropriated to the Office of Maternal and Child Health in the Department of Health and Senior Services for family planning.

Receipts from the federal Medicaid (Title XIX) program for handicapped infants are appropriated, subject to the approval of the Director of the Division of Budget and Accounting.

Of the amount hereinabove appropriated for Cancer Screening - Early Detection and Education Program, an amount may be transferred to Direct State Services in the Department of Health and Senior Services to cover administrative costs of the program, subject to the approval of the Director of the Division of Budget and Accounting.

There is appropriated \$570,000 from the Alcohol Education, Rehabilitation and Enforcement Fund to fund the Fetal Alcohol Syndrome Program.

Of the amount hereinabove appropriated for the Implementation of Comprehensive Cancer Control Program, an amount may be transferred to Direct State Services in the Department of Health and Senior Services to cover administrative costs of the program and to the corresponding program in Family Health Services in the Department of Health and Senior Services for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.

From the amount hereinabove appropriated for the Cancer Institute of New Jersey, \$250,000 is appropriated to the Ovarian Cancer Research Fund.

There are appropriated from the New Jersey Emergency Medical Service Helicopter Response Program Fund, established pursuant to section 2 of P.L.1992, c.87 (C.26:2K-36.1), such sums as are necessary to pay the reasonable and necessary expenses of the operation of the New Jersey Emergency Medical Service Helicopter Response Program, established pursuant to P.L.1986, c.106 (C.26:2K-35 et seq.), subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any law or regulation to the contrary, in order to maximize prescription drug coverage under the Medicare Part D program established pursuant to the federal "Medicare Prescription Drug, Improvement, and Modernization Act of 2003," the amount hereinabove appropriated for the AIDS Drug Distribution Program (ADDP) shall be designated as the authorized representative for the purposes of coordinating benefits with the Medicare Part D program, including enrollment and appeals of coverage determinations. ADDP is authorized to represent program beneficiaries in the pursuit of such coverage. ADDP representation shall not result in any additional financial liability on behalf of such program beneficiaries and shall include, but need not be limited to, the following actions: application for the premium and cost-sharing subsidies on behalf of eligible program beneficiaries; pursuit of appeals, grievances, or coverage determinations; and facilitated enrollment in a prescription drug plan or MA-PD plan. If any beneficiary declines enrollment in any Medicare Part D plan, that beneficiary shall be barred from all benefits of the ADDP Program.

Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated to the AIDS Drug Distribution Program (ADDP) is conditioned upon the Department of Health and Senior Services coordinating the benefits of ADDP with the prescription drug benefits of the Medicare Part D program established pursuant to the federal "Medicare Prescription Drug, Improvement, and Modernization Act of 2003" as the primary payer. The ADDP benefit and reimbursement shall only be available to cover the beneficiary cost share to in-network pharmacies and for deductible and coverage gap costs, as determined by the Commissioner of Health and Senior Services, associated with enrollment in Medicare Part D for ADDP beneficiaries, and for Medicare Part D premium costs for ADDP beneficiaries.

Notwithstanding the provisions of any law or regulation to the contrary, effective January 1, 2006, no funds appropriated in the AIDS Drug Distribution Program (ADDP) account, shall be available as payment as an ADDP benefit to any pharmacy that is not enrolled as a participating pharmacy in a pharmacy network under the Medicare Part D program established pursuant to the federal "Medicare Prescription Drug, Improvement, and Modernization Act of 2003."

Commencing with the start of the fiscal year, and consistent with the requirements of the federal "Medicare Prescription Drug, Improvement, and Modernization Act of 2003" (MMA), no funds hereinabove appropriated from the AIDS Drug Distribution Program (ADDP) account shall be expended for any individual enrolled in the ADDP program unless the individual provides all data necessary to enroll the individual in the Medicare Part D program established pursuant to the MMA, including data required for the subsidy assistance, as outlined by the Centers for Medicare and Medicaid Services.

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In order to permit flexibility in the handling of appropriations, amounts may be transferred to and from the various items of appropriation within the AIDS Services program classification in the Department of Health and Senior Services, subject to the approval of the Director of the Division of Budget and Accounting. Notice thereof shall be provided to the Legislative Budget and Finance Officer on the effective date of the approved transfer.

Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for the Early Childhood Intervention Program shall be conditioned on the Early Childhood Intervention Program's family cost sharing program involving a progressive charge for each hour of direct services provided to the child and/or the child's family in accordance with the child's Individualized Family Service Plan, based upon household size and gross income as set forth in the New Jersey Early Intervention System Family Cost Participation Handbook (June 2008).

There are appropriated such additional sums as are required to pay all amounts due from the State pursuant to any contract entered into between the State Treasurer and the New Jersey Health Care Facilities Financing Authority pursuant to section 6 of P.L.2000, c.98 (C.26:21-7.1) in connection with the Hospital Asset Transformation program.

The unexpended balance at the end of the preceding fiscal year in the AIDS Drug Distribution Program account is appropriated, subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any law or regulation to the contrary, any additional federal disproportionate share hospital matching funds received as a result of the conversion to a municipal hospital known as Hoboken University Medical Center are appropriated for the Hoboken University Medical Center in an amount to be determined by the Division of Medical Assistance and Health Services, subject to the approval of the Director of the Division of Budget and Accounting.

The Commissioner shall allocate the amount hereinabove appropriated for Federally Qualified Health Care Centers - Services to the Homeless to provide not less than \$50,000 to each of the five centers that received State funds in the preceding fiscal year for serving the homeless, and in allocating funds in excess of that amount to each center shall consider factors including, but not limited to, the number, type and location of available services, the growth in health care visits, and the availability of extended hours and specialty care services.

From the amount hereinabove appropriated to Cancer Research, an amount up to \$15,000,000 is appropriated for competitive grants to be made by the New Jersey Commission on Cancer Research, for cancer research, provided that the award of such grants is: 1) made in consultation with the New Jersey Department of Health and Senior Services; 2) the notice of grant availability is published in the New Jersey Register; 3) not more than 5% of the total amount hereinabove appropriated may be transferred to various accounts as required, including Direct State Services accounts, and is appropriated for a comprehensive scientific peer review process, subject to the Director of the Division of Budget and Accounting; and 4) the Department of Health and Senior Services shall execute the grant agreements and the New Jersey Commission on Cancer Research shall oversee and administer the grant agreements.

No funds hereinabove appropriated to the Department of Health and Senior Services shall be used for the Medical Waste Management Program. The Department of Health and Senior Services and the Department of Environmental Protection shall establish a transition plan to ensure provisions of the "Comprehensive Regulated Medical Waste Act," P.L.1989, c.34 (C.13:1E-48.1 et al.) are met.

The unexpended balance at the end of the preceding fiscal year in the Cancer Research account is appropriated.

Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for the Cancer Institute of New Jersey (CINJ) shall be conditioned upon the following provision: no funds shall be expended except to support CINJ's infrastructure necessary to support cancer research, prevention and treatment.

The unexpended balance at the end of the preceding fiscal year in the Cancer Institute of New Jersey Research, South Jersey Program - Debt Service account is appropriated to the program for cancer-related capital equipment and expenditures, site acquisition and pre-development expenses.

Language Recommendations -- State Aid - General Fund

The capitation for Public Health Priority Funding is set not to exceed \$0.40 for the fiscal year ending June 30, 2009 for the purposes prescribed in P.L.1966, c.36 (C.26:2F-1 et seq.).

Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for the Public Health Priority Funding shall not be allocated to county health departments.

20. PHYSICAL AND MENTAL HEALTH 22. HEALTH PLANNING AND EVALUATION

OBJECTIVES

1. To ensure high quality health care accessible to all New Jerseyans, in a safe environment, utilizing the appropriate level of health care facilities, at reasonable costs; to enhance the Department's response to consumer complaints and to conduct on-site visits at all health care facilities against which a complaint has been filed; to ensure that all new applications for licensure are capable of providing high quality care to the ill, the aging, and the vulnerable elderly and young; to continue development and implementation of improved licensure regulations for health care delivery; to monitor the

quality of health care personnel training programs and to ensure an adequate number of certified personnel capable of providing quality care; and to increase consumer and professional awareness of the quality of care at New Jersey's licensed health care facilities.

2. To coordinate the development of public health and regulatory databases and the publication of health services research.
3. To administer a Certificate of Need program for certain types of health care facilities/services in order to assure access to needed health care services that are of high quality, and to

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administer a comprehensive licensure and inspection program to assure quality of services in licensed health care facilities.

4. Allocate health care subsidy funds for hospitals and other health care initiatives; review and analyze issues related to health care financing.
5. To develop Medicaid reimbursement policies and procedures to refine the system in response to changes in the health care environment.
6. To develop analytical data on key hospital quality and outcome measures for dissemination to the public.

PROGRAM CLASSIFICATIONS

06. **Long Term Care Systems.** Conducts on-site inspections and licenses nursing homes, residential health care facilities, assisted living residences, comprehensive personal care homes, alternate family care and medical day care; maintains a survey and certification program for nursing homes; investigates complaints received from consumers and other State and federal agencies; develops new and revises existing licensing standards; licenses nursing home administrators,

certifies nurse aides in long term care facilities, including criminal background checks and training programs; and provides consumers and professionals with information. The mission is to ensure that New Jersey citizens receive quality health care at appropriate levels of care in the regulated facilities under the Division's purview. Emphasis is placed on senior services. Contributes to the development of the State Health Plan; administers the Certificate of Need program; evaluates and controls capital expenditures for health facilities; establishes and maintains uniform health facility reporting systems; establishment of a subsidized health benefits program for workers and the temporarily unemployed.

07. **Health Care Systems Analysis.** Administers the allocation of health care subsidy funds for hospitals and other health care initiatives; review and analysis of other issues related to health care financing; relates to other agencies in the State and federal government that are affected by the planning and reimbursement system; and the administration and development of analytical data, which includes data on all vital health events to determine the health status of New Jerseyans.

EVALUATION DATA

| | Actual FY 2006 | Actual FY 2007 | Revised FY 2008 | Budget Estimate FY 2009 |
|--|-------------------|-------------------|--------------------|-------------------------------|
| PROGRAM DATA | | | | |
| Long Term Care Systems | | | | |
| Licensed health care facilities | 766 | 785 | 840 | 860 |
| Licensed nursing home administrators | 925 | 1,027 | 950 | 1,000 |
| Total licenses issued | 936 | 911 | 1,080 | 1,100 |
| Number of beds licensed | 82,186 | 83,076 | 86,000 | 87,000 |
| Total inspections | 3,000 | 2,914 | 3,000 | 3,075 |
| Total federally certified licensed facilities | 9 | 9 | 9 | 9 |
| Total federally certified licensed beds | 3,665 | 3,661 | 3,661 | 3,661 |
| Administrative actions/penalties | 125 | 43 | 75 | 75 |
| Federal Enforcement Actions | 1,500 | 1,183 | 1,200 | 1,300 |
| Nurse Aide applications processed | 23,200 | 23,929 | 25,000 | 25,000 |
| Inspections of Acute Care facilities | 576 | 667 | 700 | 800 |
| Complaints investigations | 2,087 | 806 | 900 | 1,000 |
| Acute Health Care facilities licensed | 1,000 | 1,002 | 1,040 | 1,060 |
| Acute Health Care facilities license applications processed .. | 1,400 | 1,217 | 1,290 | 1,320 |
| Acute Health Care facilities enforcement actions/penalties ... | 40 | 30 | 40 | 40 |
| Certificate of Need applications processed | 60 | 59 | 70 | 65 |
| Health Care Systems Analysis | | | | |
| Hospital charity care audits | 328 | 327 | 320 | 312 |
| Collection and analysis of hospital cost, financial, and utilization data | | | | |
| By patient | 4,100,000 | 4,200,000 | 4,200,000 | 4,200,000 |
| By hospital | 83 | 81 | 80 | 80 |
| Hospital Performance Report - Distribution | 20,000 | 15,000 | 15,000 | 15,000 |
| Cardiac Surgery Report - Consumer | 500 | 400 | 400 | 400 |

PERSONNEL DATA

Position Data

Filled Positions by Funding Source

| | | | | |
|-----------------------|-----|-----|-----|-----|
| State Supported | 87 | 79 | 119 | 121 |
| Federal | 100 | 94 | 103 | 104 |
| All Other | 101 | 99 | 47 | 47 |
| Total Positions | 288 | 272 | 269 | 272 |

Filled Positions by Program Class (a)

| | | | | |
|------------------------------------|-----|-----|-----|-----|
| Long Term Care Systems | 148 | 136 | 206 | 205 |
| Health Care Systems Analysis | 140 | 136 | 63 | 67 |
| Total Positions (b) | 288 | 272 | 269 | 272 |

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Notes:

Actual payroll counts are reported for fiscal years 2006 and 2007 as of December and revised fiscal year 2008 as of January. The Budget Estimate for fiscal year 2009 reflects the number of positions funded.

(a) Fiscal years 2007 and 2008 reflect (1) a transfer of positions and funding sources per P.L.2005, c.237 and (2) a Department of Health and Senior Services reorganization between Long Term Care Systems (Program Class 06) & Health Care Systems Analysis (Program Class 07).

(b) Per Executive Reorganization Plan No. 005-2005, the total positions listed for fiscal year 2007 reflect the transfer of 21 Managed Care positions to the Department of Banking and Insurance.

APPROPRIATIONS DATA (thousands of dollars)

| Orig. & (S)Supple- mental | Year Ending June 30, 2007 | | | Total Available | Expended | Prog. Class. | 2008 Adjusted Approp. | Year Ending June 30, 2009 | |
|---|---------------------------|------------------------------------|----------------|--------------------|---|-----------------|-----------------------------|------------------------------|------------------|
| | Reapp. & (R)Recpts. | Transfers & (E)Emer- gencies | | | | | | Requested | Recom- mended |
| <u>DIRECT STATE SERVICES</u> | | | | | | | | | |
| Distribution by Fund and Program | | | | | | | | | |
| 3,549 | 2,600 | -2,470 | 3,679 | 3,344 | Long Term Care Systems | 06 | 5,762 | 5,562 | 5,562 |
| 10,345 | 5,314 | -3,294 | 12,365 | 6,847 | Health Care Systems Analysis | 07 | 2,682 | 2,682 | 2,682 |
| 13,894 | 7,914 | -5,764 | 16,044 | 10,191 | Total Direct State Services | | 8,444 ^(a) | 8,244 | 8,244 |
| Distribution by Fund and Object | | | | | | | | | |
| Personal Services: | | | | | | | | | |
| 6,026 | 5,314 ^R | -3,164 | 8,176 | 8,173 | Salaries and Wages | | 6,026 | 6,049 | 6,049 |
| 6,026 | 5,314 | -3,164 | 8,176 | 8,173 | Total Personal Services | | 6,026 | 6,049 | 6,049 |
| 96 | --- | --- | 96 | 24 | Materials and Supplies | | 96 | 73 | 73 |
| 506 | --- | --- | 506 | 494 | Services Other Than Personal | | 506 | 506 | 506 |
| 200 | --- | --- | 200 | 187 | Maintenance and Fixed Charges | | 200 | 200 | 200 |
| Special Purpose: | | | | | | | | | |
| --- | 2,600 ^R | -2,600 | --- | --- | Long Term Care Systems | 06 | --- | --- | --- |
| 979 | --- | --- | 979 | 846 | Nursing Home Background Checks/Nursing Aide Certification Program | 06 | 979 | 979 | 979 |
| 600 | --- | --- | 600 | 467 | Implement Patient Safety Act | 06 | 600 | 400 | 400 |
| 5,450 | --- | --- | 5,450 | --- | Inspection of Health Care Facilities-Hospitals | 07 | --- | --- | --- |
| 37 | --- | --- | 37 | --- | Additions, Improvements and Equipment | | 37 | 37 | 37 |
| <u>GRANTS-IN-AID</u> | | | | | | | | | |
| Distribution by Fund and Program | | | | | | | | | |
| 151,162 | --- | 3,450 | 154,612 | 139,062 | Health Care Systems Analysis | 07 | 201,462 | 87,462 | 87,462 |
| 151,162 | --- | 3,450 | 154,612 | 139,062 | Total Grants-in-Aid | | 201,462 | 87,462 | 87,462 |
| Distribution by Fund and Object | | | | | | | | | |
| Grants: | | | | | | | | | |
| 115,962 | --- | -5,000 | 110,962 | 95,412 | Health Care Subsidy Fund Payments | 07 | 201,462 | 87,462 | 87,462 |
| 35,200 | --- | 8,450 | 43,650 | 43,650 | Hospital Assistance Grants | 07 | --- | --- | --- |
| 165,056 | 7,914 | -2,314 | 170,656 | 149,253 | Grand Total State Appropriation | | 209,906 | 95,706 | 95,706 |
| OTHER RELATED APPROPRIATIONS | | | | | | | | | |
| Federal Funds | | | | | | | | | |
| 16,872 | 3,558 | --- | 20,430 | 10,634 | Long Term Care Systems | 06 | 18,702 | 19,102 | 19,102 |
| 122,712 | --- | --- | 122,712 | --- | Health Care Systems Analysis | 07 | 94,650 | 94,650 | 94,650 |
| 22,837 ^S | 1,802 | --- | 147,351 | 145,227 | Total Federal Funds | | 113,352 | 113,752 | 113,752 |
| 162,421 | 5,360 | --- | 167,781 | 155,861 | All Other Funds | | | | |
| --- | 671 372 ^R | --- | 1,043 | --- | Long Term Care Systems | 06 | 654 | 768 | 768 |

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| Year Ending June 30, 2007 | | | | | Year Ending June 30, 2009 | | | | |
|-------------------------------------|------------------------------|----------------------------|-----------------|----------|------------------------------|-----------------------|------------------------------|-------------|---------|
| Orig. & (S)Supplemental | Reapp. & (R)Recpts. | Transfers & (E)Emergencies | Total Available | Expended | Prog. Class. | 2008 Adjusted Approp. | Requested | Recommended | |
| OTHER RELATED APPROPRIATIONS | | | | | | | | | |
| --- | 6,709 45,461 ^R | -39,400 | 12,770 | 6,301 | Health Care Systems Analysis | 07 | 47,200 1,000 ^S | 48,200 | 48,200 |
| --- | 53,213 | -39,400 | 13,813 | 6,301 | <i>Total All Other Funds</i> | | 48,854 | 48,968 | 48,968 |
| 327,477 | 66,487 | -41,714 | 352,250 | 311,415 | GRAND TOTAL ALL FUNDS | | 372,112 | 258,426 | 258,426 |

Notes -- Direct State Services - General Fund

(a) The fiscal year 2008 appropriation has been adjusted for the reallocation of management efficiencies.

Language Recommendations -- Direct State Services - General Fund

There are appropriated such sums as are required to the "Health Care Facilities Improvement Fund" to provide available resources in an emergency situation at a health care facility, as defined by the Commissioner of Health and Senior Services, or for closure of a health care facility, subject to the approval of the Director of the Division of Budget and Accounting.

Receipts derived from fees charged for processing Certificate of Need applications and the unexpended balances at the end of the preceding fiscal year of such receipts are appropriated for the cost of this program, subject to the approval of the Director of the Division of Budget and Accounting.

Language Recommendations -- Grants-In-Aid - General Fund

There are appropriated such sums as are necessary to pay prior-year obligations of programs within the Health Care Subsidy Fund, subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any law or regulation to the contrary, \$6,000,000 of the amount hereinabove for the Health Care Subsidy Fund Payments account is appropriated from the Admission Charge Hospital Assessment revenue item.

Notwithstanding the provisions of any law or regulation to the contrary, the amounts hereinabove appropriated for Health Care Subsidy Fund Payments shall be charged to the revenues derived from the \$0.35 increase in the cigarette tax rate imposed pursuant to P.L.2004, c.67.

In addition to the amounts hereinabove appropriated for Health Care Subsidy Fund Payments, \$1,000,000 is appropriated to the Health Care Subsidy Fund Payments account from the hospital and other health care initiatives account, established pursuant to section 12 of P.L.1992, c.160 (C.26:2H-18.62).

Of the amounts hereinabove appropriated for Health Care Subsidy Fund Payments, \$5,000,000 shall be appropriated to the NJ FamilyCare program in the Department of Human Services to provide health care for uninsured children.

Notwithstanding the provisions of any law or regulation to the contrary, all revenues collected from the tax on cosmetic medical procedures pursuant to P.L.2004, c.53 (C.54:32E-1) shall be deposited in the Health Care Subsidy Fund established pursuant to section 8 of P.L.1992, c.160 (C.26:2H-18.58).

An amount not to exceed \$2,000,000 is appropriated to the Department of Health and Senior Services from the Health Care Subsidy Fund Payments account to fund the Infant Mortality Reduction Program and an amount not to exceed \$2,000,000 is appropriated to the Department of Health and Senior Services from the Health Care Subsidy Fund Payments account to fund the Primary Care Physician and Dentist Loan Redemption Program.

Notwithstanding the provisions of any law or regulation to the contrary, as a condition of the receipt of any monies hereunder by an acute care hospital that is requesting an advance of Charity Care/Medicaid or payments from the "Health Care Facilities Improvement Fund" or any payments over and above this Act, the hospital shall comply with a request by the Commissioner of the Department of Health and Senior Services for a review of its finances and operations to ensure that access to health care is maintained and public funds are utilized for their intended purpose, the cost of such review to be borne by the acute care hospital, and shall comply with any financial and operational performance requirements imposed by the Commissioner as deemed necessary as a result of the review.

Notwithstanding the provisions of any law or regulation to the contrary, the appropriation for Health Care Subsidy Fund Payments shall be conditioned upon the following provisions: (1) Charity Care subsidies shall be calculated according to statutory formula at N.J.S.A. 26:2H-18.59i (P.L. 2004, c.113), except that (1) in section 3.b.(4), source data used shall be Charity Care Claims data from calendar year 2007, and Acute Care Hospital Cost Report data, and Medicare Cost Report data, each from calendar year 2006 yielding a calendar year 2007 based subsidy calculation; (2) each hospital shall be assigned to one of three groups based on their initial RCCP as calculated in section 3.b.(1) with the first group having an initial RCCP greater than 8%, the second group having an RCCP less than the first group and greater than 3.5% and the third group having an RCCP less than the 2nd group; (3) the hospital-specific subsidy calculated for each hospital shall be reduced by 5% for the first group, 34% for the 2nd group and 100% for the 3rd group. A pro-rata reduction will be applied if necessary such that the State fiscal year 2009 Charity Care subsidy allocation for all hospitals totaled shall not exceed \$573,000,000. Any funds remaining as the result of an acute care hospital closing shall be redistributed at the discretion of the Commissioner of the Department of Health and Senior Services.

Of the amount hereinabove appropriated for Health Care Subsidy Fund Payments, an amount not to exceed \$35,000,000 shall be provided for the Health Care Stabilization Program to be established within the Department of Health and Senior Services for the purpose of maintaining access to essential health care services in the community. The eligibility and participation requirements shall be developed by the Commissioner of the Department of Health and Senior Services and set forth in separate legislation.

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The amounts hereinabove appropriated for Health Care Subsidy Fund Payments are conditioned upon the following provision: the Department of Health and Senior Services shall review, examine and/or audit any and all financial information maintained by acute care hospitals to ensure appropriate use of public funds.

20. PHYSICAL AND MENTAL HEALTH

25. HEALTH ADMINISTRATION

OBJECTIVES

1. To execute legislative mandates and to assure the health and well-being of the citizens in New Jersey through the development of responsive public health policy and the provision of appropriate public health programs.
2. To plan, develop, and maintain financial, human resource, information processing and managerial support services which will ensure the delivery of effective and efficient public health programs.

PROGRAM CLASSIFICATIONS

99. **Administration and Support Services.** The Commissioner and staff (C.26:1A-13 et seq.) provide Department-wide support in policy and planning development, legal services, legislative services, public information, program evaluation; the Office of Minority Health; and a full range of centralized support services to the operating divisions including:

Financial and General Services-Prepares Department budgets; ensures the meeting of financial requirements for all federal, State and private grants; maintains Department financial records in accordance with legal requirements and generally accepted accounting principles; supervises Department auditing, procurement and grant processes and provides technical financial guidance to the Department and its grantees. Warehousing, printing, facilities, and mail handling are also provided.

Management and Information Services-Develops and maintains electronic data processing services for the Department; ensures the collection, storage and retrieval of data in a uniform, centralized system; provides systems analysis, design and implementation.

Human Resource Services-Provides personnel management and development, labor relations and affirmative action services for the Department.

EVALUATION DATA

| | Actual FY 2006 | Actual FY 2007 | Revised FY 2008 | Budget Estimate FY 2009 |
|---|-------------------|-------------------|--------------------|-------------------------------|
| PERSONNEL DATA | | | | |
| Affirmative Action Data | | | | |
| Male Minority | 181 | 163 | 170 | 170 |
| Male Minority % | 8.1 | 7.8 | 7.9 | 7.9 |
| Female Minority | 608 | 571 | 595 | 595 |
| Female Minority % | 27.2 | 27.4 | 27.6 | 27.6 |
| Total Minority | 789 | 734 | 765 | 765 |
| Total Minority % | 35.2 | 35.2 | 35.4 | 35.4 |
| Position Data | | | | |
| Filled Positions by Funding Source | | | | |
| State Supported | 90 | 88 | 76 | 79 |
| Federal | 15 | 15 | 10 | 13 |
| All Other | 129 | 120 | 121 | 119 |
| Total Positions | 234 | 223 | 207 | 211 |
| Filled Positions by Program Class | | | | |
| Administration and Support Services | 234 | 223 | 207 | 211 |
| Total Positions | 234 | 223 | 207 | 211 |

Notes:

Actual payroll counts are reported for fiscal years 2006 and 2007 as of December and revised fiscal year 2008 as of January. The Budget Estimate for fiscal year 2009 reflects the number of positions funded.

APPROPRIATIONS DATA (thousands of dollars)

| Year Ending June 30, 2007 | | | | | Year Ending June 30, 2009 | | | | |
|---|---------------------|----------------------------|-----------------|--------------|-------------------------------------|-----------------------|-----------------------------|--------------|--------------|
| Orig. & (S)Supplemental | Reapp. & (R)Recpts. | Transfers & (E)Emergencies | Total Available | Expended | Prog. Class. | 2008 Adjusted Approp. | Requested | Recommended | |
| 3,597 | 10,714 | 5,183 | 19,494 | 8,745 | | | | | |
| DIRECT STATE SERVICES | | | | | | | | | |
| Distribution by Fund and Program | | | | | | | | | |
| | | | | | Administration and Support Services | 99 | 3,498 | 3,498 | 3,498 |
| <u>3,597</u> | <u>10,714</u> | <u>5,183</u> | <u>19,494</u> | <u>8,745</u> | Total Direct State Services | | 3,498 ^(a) | 3,498 | 3,498 |

HEALTH AND SENIOR SERVICES

| Year Ending June 30, 2007 | | | | | Year Ending June 30, 2009 | | | |
|--|---------------------|----------------------------|-----------------|----------|---------------------------|-----------------------|-----------|-------------|
| Orig. & (S)Supplemental | Reapp. & (R)Recpts. | Transfers & (E)Emergencies | Total Available | Expended | Prog. Class. | 2008 Adjusted Approp. | Requested | Recommended |
| DIRECT STATE SERVICES | | | | | | | | |
| Distribution by Fund and Object | | | | | | | | |
| Personal Services: | | | | | | | | |
| 1,377 | 10,714 ^R | 5,183 | 17,274 | 6,565 | | 1,377 | 1,377 | 1,377 |
| | | | | | | | | |
| 1,377 | 10,714 | 5,183 | 17,274 | 6,565 | | 1,377 | 1,377 | 1,377 |
| 49 | --- | --- | 49 | 49 | | 49 | 49 | 49 |
| 587 | --- | --- | 587 | 587 | | 488 | 488 | 488 |
| Special Purpose: | | | | | | | | |
| 1,500 | --- | --- | 1,500 | 1,460 | | | | |
| | | | | | | | | |
| 84 | --- | --- | 84 | 84 | 99 | 1,500 | 1,500 | 1,500 |
| | | | | | | | | |
| 84 | --- | --- | 84 | 84 | 99 | 84 | 84 | 84 |
| 3,597 | 10,714 | 5,183 | 19,494 | 8,745 | | 3,498 | 3,498 | 3,498 |
| OTHER RELATED APPROPRIATIONS | | | | | | | | |
| Federal Funds | | | | | | | | |
| Administration and Support Services | | | | | | | | |
| 4,868 | 856 | -18 | 5,710 | 2,322 | 99 | 3,186 | 3,423 | 3,423 |
| 4 ^S | | | | | | | | |
| 4,872 | 856 | -18 | 5,710 | 2,322 | | 3,186 | 3,423 | 3,423 |
| All Other Funds | | | | | | | | |
| Administration and Support Services | | | | | | | | |
| --- | 3,668 | 3,152 | 8,347 | 5,451 | 99 | 1,400 | 1,400 | 1,400 |
| --- | 1,527 ^R | | | | | | | |
| --- | 5,195 | 3,152 | 8,347 | 5,451 | | 1,400 | 1,400 | 1,400 |
| 8,469 | 16,765 | 8,317 | 33,551 | 16,518 | | 8,084 | 8,321 | 8,321 |

Notes -- Direct State Services - General Fund

(a) The fiscal year 2008 appropriation has been adjusted for the reallocation of management efficiencies.

20. PHYSICAL AND MENTAL HEALTH 26. SENIOR SERVICES

OBJECTIVES

1. To provide a variety of medical and health services to individuals in their own homes to avoid unnecessary institutional placement.
2. To provide prescription drugs, insulin and insulin syringes for State residents qualifying for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) and Senior Gold programs (C.30:4D-21 et seq.).
3. To promote and encourage advocacy for the aging population at the federal, State, county and municipal levels in order to ensure that the elderly will not be deprived of their rights, privileges, entitlements or benefits.
4. To promote, advocate and insure, as a whole and in particular cases, the adequacy of the care received, and the quality of life experienced, by elderly patients, residents and clients of institutional facilities within this State.
5. To assure through the County Offices on Aging that congregate and in-home nutrition services are provided on a daily basis to residents aged 60 years and older with emphasis on those in greatest need.
6. To continue to serve as an effective and visible advocate for the elderly through programs for the aging.
7. To provide assistance to elderly citizens who have been found by the court to need a guardian or conservator and to administer those services in order to provide a better quality of life for each individual represented.

8. To set nursing facility Medicaid reimbursement through the rate setting process.

PROGRAM CLASSIFICATIONS

22. **Medical Services for the Aged.** Supports medically related services to eligible elderly and disabled individuals including community-based services to clients who would normally be eligible for Medicaid coverage only in an institution. Rebates for hearing aids purchased are provided to persons eligible for Pharmaceutical Assistance to the Aged and Disabled. Home care services are also provided to persons previously ineligible because of income limits.
24. **Pharmaceutical Assistance to the Aged and Disabled (PAAD).** The Pharmaceutical Assistance to the Aged (PAA) Program provides prescription drug benefits to persons over 65 years of age with an income of up to \$9,000 if single or \$12,000 if married. Eligible individuals above these income limits and the disabled are funded from the Casino Revenue Fund through the Pharmaceutical Assistance to the Aged and Disabled (PAAD) Program, which provides prescription drug benefits to persons over 65 years of age, or disabled as defined by the Federal Social Security Act, with an income of up to \$23,092 if single or \$28,313 if married. The Senior Gold program provides prescription drug benefits to everyone over 65 years of age or receiving Social Security Disability benefits, whose annual income is \$10,000 above the applicable PAAD income eligibility limits for single and married persons, which amount is to be determined on the

HEALTH AND SENIOR SERVICES

same basis as income is determined for the purpose for eligibility for PAAD.

55. **Programs for the Aged.** The Division of Senior Affairs (C.52:27D-28.1) supports programs which improve the quality of life for New Jersey's older citizens through technical assistance and grants to local entities. Funded programs include congregate and home delivered meals, informational assistance, outreach, personal care, legal services, transportation, telephone reassurance, housekeeping and chore services, and case management. These programs

are financed with both State and federal funds. The 21 County Offices on Aging are also supported with State Aid.

57. **Office of the Public Guardian.** The Public Guardian (C.52:27G-20 et seq.) provides guardianship services for elderly adults who have been deemed by the courts to be in need of a guardian or conservator. Services include legal assistance, individualized social service plans, investigations into family/social history, and financial management, dependent on the client's personal needs.

EVALUATION DATA

| | Actual FY 2006 | Actual FY 2007 | Revised FY 2008 | Budget Estimate FY 2009 |
|---|-------------------|-------------------|--------------------|-------------------------------|
| PROGRAM DATA | | | | |
| Medical Services for the Aged | | | | |
| Nursing Home Services: | | | | |
| Per diem | \$161.25 | \$162.05 | \$166.45 | \$166.68 |
| Patient days | 10,673,039 | 10,612,083 | 10,559,023 | 10,347,842 |
| Gross annual cost (a) | \$1,721,070,613 | \$1,719,671,311 | \$1,757,504,080 | \$1,724,757,203 |
| Medical Day Care Services: | | | | |
| Per diem | \$83.43 | \$84.49 | \$87.16 | \$82.96 |
| Total days | 1,959,578 | 2,018,495 | 2,089,142 | 2,144,505 |
| Gross annual cost | \$163,496,809 | \$170,537,829 | \$182,079,880 | \$177,902,000 |
| Global Budget for Long Term Care (b): | | | | |
| Clients Served | 8,775 | 8,775 | 9,175 | 11,038 |
| Gross annual cost | \$108,287,986 | \$109,672,111 | \$128,796,000 | \$149,634,000 |
| Pharmaceutical Assistance to the Aged and Disabled | | | | |
| Pharmaceutical Assistance to the Aged (PAA) Only: | | | | |
| Average monthly eligibles | 13,083 | 11,088 | 10,933 | 10,807 |
| Average monthly prescriptions per eligible | 2.48 | 2.01 | 2.15 | 2.32 |
| Cost per prescription (excludes cost sharing) | \$60.50 | \$20.68 | \$21.31 | \$21.28 |
| Annual Cost | \$23,556,032 | \$5,539,403 | \$6,011,206 | \$6,403,000 |
| Pharmaceutical Assistance to the Aged & Disabled (PAAD) Only: | | | | |
| Aged | | | | |
| Average monthly eligibles | 146,142 | 138,084 | 137,441 | 133,923 |
| Average monthly prescriptions per eligible | 3.13 | 2.66 | 2.83 | 2.92 |
| Cost per prescription (excludes cost sharing) | \$66.33 | \$35.52 | \$36.36 | \$35.92 |
| Gross Cost PAAD Program (Aged only) | \$364,090,219 | \$156,407,068 | \$169,728,596 | \$168,537,659 |
| Disabled | | | | |
| Average monthly eligibles | 29,492 | 28,509 | 28,473 | 27,841 |
| Average monthly prescriptions per eligible | 4.01 | 3.04 | 3.20 | 3.30 |
| Cost per prescription (excludes cost sharing) | \$85.52 | \$50.12 | \$51.75 | \$50.25 |
| Gross Cost PAAD Program (Disabled only) | \$121,363,406 | \$52,135,689 | \$56,576,199 | \$55,397,341 |
| Total State PAAD Costs | | | | |
| Prescription drug expenses | \$492,963,958 | \$214,082,161 | \$232,316,000 | \$230,338,000 |
| Payments for Medicare Part D monthly premiums | \$16,045,699 | \$27,459,437 | \$32,000,000 | \$45,000,000 |
| PAAD manufacturers' rebates (c) | (\$165,557,049) | (\$9,497,178) | (\$8,600,000) | (\$9,700,000) |
| PAAD recoveries | (\$21,609,960) | (\$21,240,447) | (\$10,800,000) | (\$8,500,000) |
| Net Annual Cost | \$321,842,648 | \$210,803,973 | \$244,916,000 | \$257,138,000 |
| Total General Fund | \$43,642,551 | \$5,539,403 | \$29,443,000 | \$41,226,000 |
| Total Casino Revenue Fund | \$278,200,097 | \$205,264,570 | \$215,473,000 | \$215,912,000 |
| Senior Gold | | | | |
| Aged | | | | |
| Average monthly eligibles | 29,194 | 27,782 | 22,781 | 20,503 |
| Average monthly prescriptions per eligible | 2.14 | 2.05 | 2.29 | 2.31 |
| Cost per prescription (excludes cost sharing) | \$27.51 | \$17.60 | \$18.49 | \$17.35 |
| Gross Cost Senior Gold Program (Aged only) | \$20,621,614 | \$12,037,408 | \$11,576,373 | \$9,859,500 |

HEALTH AND SENIOR SERVICES

| | Actual FY 2006 | Actual FY 2007 | Revised FY 2008 | Budget Estimate FY 2009 |
|--|-------------------|-------------------|--------------------|-------------------------------|
| Disabled | | | | |
| Average monthly eligibles | 1,834 | 1,823 | 1,372 | 1,229 |
| Average monthly prescriptions per eligible | 2.31 | 2.28 | 2.45 | 2.47 |
| Cost per prescription (excludes cost sharing) | \$35.30 | \$29.87 | \$31.89 | \$30.07 |
| Gross Cost Senior Gold Program (Disabled only) | \$1,794,790 | \$1,487,769 | \$1,286,264 | \$1,095,500 |
| | | | | |
| Total State Senior Gold Costs | | | | |
| Gross Annual Cost Senior Gold | \$22,416,404 | \$13,525,177 | \$12,862,637 | \$10,955,000 |
| Manufacturers' rebates | (\$6,100,133) | (\$527,716) | (\$649,000) | (\$465,000) |
| Net Annual Cost | \$16,316,271 | \$12,997,461 | \$12,213,637 | \$10,490,000 |
| Total General Fund (d) | \$16,316,270 | \$12,997,461 | \$12,213,637 | \$10,490,000 |
| | | | | |
| Programs for the Aged | | | | |
| Services and Service Units Provided: | | | | |
| Congregate meals service | 1,977,470 | 1,946,178 | 1,947,000 | 1,947,000 |
| Home delivered meals service | 3,922,393 | 3,932,211 | 3,933,000 | 3,933,000 |
| Transportation service | 937,695 | 990,796 | 991,000 | 991,000 |
| Information and referral service | 396,299 | 371,639 | 372,000 | 372,000 |
| Telephone reassurance service | 281,535 | 259,223 | 260,000 | 260,000 |
| Outreach service | 61,232 | 100,436 | 101,000 | 101,000 |
| Personal care service | 799,553 | 777,294 | 778,000 | 778,000 |
| Legal service | 26,852 | 26,907 | 27,000 | 27,000 |
| Housekeeping and chore services | 433,846 | 416,542 | 417,000 | 417,000 |
| Education and training services | 30,710 | 37,207 | 38,000 | 38,000 |
| Case management service | 224,654 | 188,374 | 189,000 | 189,000 |
| Physical health services | 73,572 | 74,393 | 75,000 | 75,000 |
| Congregate Housing Services Program | | | | |
| Persons served | 2,793 | 2,950 | 3,200 | 3,400 |
| Site locations | 54 | 61 | 62 | 62 |
| Adult Protective Services | | | | |
| Persons served | 4,770 | 4,649 | 4,800 | 5,000 |
| Health Insurance Counseling | | | | |
| Clients served | 255,061 | 273,000 | 280,000 | 290,000 |
| Security Housing and Transportation | | | | |
| Clients served | 6,817 | 8,188 | 8,200 | 8,200 |
| Gerontology Services | | | | |
| Geriatric Patients Served | 3,465 | 3,514 | 3,500 | 3,600 |
| Alzheimer's Day Care Units Provided | 60,346 | 62,506 | 63,000 | 63,000 |
| Persons Trained in Gerontology | 4,171 | 4,000 | 4,800 | 4,800 |
| Caregivers Receiving Respite Care | 2,400 | 2,429 | 2,400 | 2,400 |
| | | | | |
| Office of the Public Guardian | | | | |
| Office of the Public Guardian | | | | |
| Number of inquiries | 625 | 641 | 650 | 665 |
| Number of cases handled | 2,273 | 2,556 | 2,856 | 3,186 |
| Number of court-appointed cases | 251 | 283 | 300 | 330 |
| | | | | |
| PERSONNEL DATA | | | | |
| Position Data | | | | |
| Filled Positions by Funding Source | | | | |
| State Supported | 293 | 273 | 271 | 281 |
| Federal | 166 | 162 | 117 | 138 |
| All Other | 29 | 26 | 28 | 28 |
| Total Positions | 488 | 461 | 416 | 447 |
| Filled Positions by Program Class | | | | |
| Medical Services for the Aged | 200 | 187 | 169 | 192 |
| Pharmaceutical Assistance to the Aged & Disabled | 182 | 175 | 153 | 153 |
| Lifeline | 19 | 18 | 12 | 17 |
| Programs for the Aged | 49 | 46 | 41 | 46 |
| Office of the Public Guardian | 38 | 35 | 41 | 39 |
| Total Positions | 488 | 461 | 416 | 447 |

HEALTH AND SENIOR SERVICES

Notes:

- Actual payroll counts are reported for fiscal years 2006 and 2007 as of December and revised fiscal year 2008 as of January. The Budget Estimate for fiscal year 2009 reflects the number of positions funded.
- (a) Includes expenses for Medicaid High Occupancy, federal Peer Grouping, and SOBRA funded in the General Fund.
- (b) Clients and expenditures in fiscal years 2006 through 2008 represent services through the Community Care Alternatives and Assisted Living Services programs. In fiscal year 2009, these services and others are combined into the Global Budget for Long Term Care.
- (c) Rebates and recoveries earned by all portions of the PAA/PAAD program.
- (d) Excludes \$3,850,000 appropriated for administration.

APPROPRIATIONS DATA (thousands of dollars)

| Year Ending June 30, 2007 | | | | | Year Ending June 30, 2009 | | | | |
|---|----------------------|----------------------------|-----------------|---------------|---------------------------|-----------------------|---------------|---------------|--|
| Orig. & (S)Supplemental | Reapp. & (R)Recepts. | Transfers & (E)Emergencies | Total Available | Expended | Prog. Class. | 2008 Adjusted Approp. | Requested | Recommended | |
| DIRECT STATE SERVICES | | | | | | | | | |
| Distribution by Fund and Program | | | | | | | | | |
| 6,193 | --- | 3,165 | 9,358 | 8,496 | 22 | 5,097 | 4,737 | 4,737 | |
| 8,606 | --- | 3,630 | 12,236 | 11,749 | | | | | |
| 1,333 | 25 | 305 | 1,663 | 1,583 | 24 | 9,215 | 8,655 | 8,655 | |
| 462 | --- | 191 | 653 | 635 | 55 | 1,333 | 1,333 | 1,333 | |
| 871 | 25 | 114 | 1,010 | 948 | | 462 | 462 | 462 | |
| 850 | --- | --- | 850 | 850 | | 871 | 871 | 871 | |
| | | | | | 57 | 850 | 850 | 850 | |
| 16,982 | 25 | 7,100 | 24,107 | 22,678 | | 16,495 | 15,575 | 15,575 | |
| 16,111 | --- | 6,986 | 23,097 | 21,730 | | 15,624 ^(a) | 14,704 | 14,704 | |
| 871 | 25 | 114 | 1,010 | 948 | | 871 | 871 | 871 | |
| Distribution by Fund and Object | | | | | | | | | |
| Personal Services: | | | | | | | | | |
| 9,505 | --- | -1,141 | 8,364 | 8,316 | | 9,676 | 8,756 | 8,756 | |
| 796 | --- | -112 | 684 | 684 | | 658 | 658 | 658 | |
| --- | --- | --- | --- | --- | | 138 | 138 | 138 | |
| 10,301 | --- | -1,253 | 9,048 | 9,000 | | 10,472 | 9,552 | 9,552 | |
| 9,505 | --- | -1,141 | 8,364 | 8,316 | | 9,676 | 8,756 | 8,756 | |
| 796 | --- | -112 | 684 | 684 | | 796 | 796 | 796 | |
| 163 | --- | --- | 163 | 77 | | 163 | 163 | 163 | |
| 14 | --- | --- | 14 | 10 | | 14 | 14 | 14 | |
| 2,139 | --- | --- | 2,139 | 2,139 | | 2,904 | 2,904 | 2,904 | |
| 47 | --- | 64 | 111 | 86 | | 47 | 47 | 47 | |
| 437 | --- | -7 | 430 | 387 | | 437 | 437 | 437 | |
| 2 | --- | --- | 2 | --- | | 2 | 2 | 2 | |
| Special Purpose: | | | | | | | | | |
| 737 | --- | -187 | 550 | 292 | 22 | 550 | 550 | 550 | |
| --- | --- | 4,260 | 4,260 | 3,796 | 22 | --- | --- | --- | |
| 2,959 | --- | --- | 2,959 | 2,546 | 24 | 1,723 | 1,723 | 1,723 | |
| --- | --- | 3,850 | 3,850 | 3,838 | 24 | --- | --- | --- | |
| --- | --- | 162 | 162 | 156 | 55 | --- | --- | --- | |
| --- | --- | 191 | 191 | 185 | 55 | --- | --- | --- | |
| 143 | --- | 20 | 163 | 153 | 55 | 143 | 143 | 143 | |
| 28 | --- | --- | 28 | 1 | | 28 | 28 | 28 | |
| 12 | 25 | --- | 37 | 12 | | 12 | 12 | 12 | |

HEALTH AND SENIOR SERVICES

| Year Ending June 30, 2007 | | | | | Year Ending June 30, 2009 | | | | |
|---|------------------------|------------------------------------|--------------------|------------------|------------------------------|-----------------------------|------------------|------------------|--|
| Orig. & (S)Supple- mental | Reapp. & (R)Recpts. | Transfers & (E)Emer- gencies | Total Available | Expended | Prog. Class. | 2008 Adjusted Approp. | Requested | Recom- mended | |
| GRANTS-IN-AID | | | | | | | | | |
| Distribution by Fund and Program | | | | | | | | | |
| 861,597 | --- | -4,260 | 857,337 | 847,838 | | 895,297 | 859,588 | 859,588 | |
| 830,968 | --- | -4,260 | 826,708 | 819,010 | 22 | 866,168 | 831,758 | 831,758 | |
| 30,629 | --- | --- | 30,629 | 28,828 | | 29,129 | 27,830 | 27,830 | |
| 434,991 | 10,025 | -15,850 | 429,166 | 233,827 | | | | | |
| 163,916 | 528 | -15,850 | 148,594 | 19,065 | 24 | 292,491 | 271,478 | 271,478 | |
| 271,075 | 9,497 | --- | 280,572 | 214,762 | | 77,018 | 55,566 | 55,566 | |
| 28,615 | --- | -305 | 28,310 | 28,310 | | 215,473 | 215,912 | 215,912 | |
| 13,938 | --- | -191 | 13,747 | 13,747 | 55 | 29,680 | 30,245 | 30,245 | |
| 14,677 | --- | -114 | 14,563 | 14,563 | | 15,003 | 15,568 | 15,568 | |
| | | | | | | 14,677 | 14,677 | 14,677 | |
| 1,325,203 | 10,025 | -20,415 | 1,314,813 | 1,109,975 | | 1,217,468 | 1,161,311 | 1,161,311 | |
| 1,008,822 | 528 | -20,301 | 989,049 | 851,822 | | 958,189 | 902,892 | 902,892 | |
| 316,381 | 9,497 | -114 | 325,764 | 258,153 | | 259,279 | 258,419 | 258,419 | |
| Distribution by Fund and Object | | | | | | | | | |
| Grants: | | | | | | | | | |
| 30,358 | --- | --- | 30,358 | 28,660 | | | | | |
| | | | | | 22 | 28,858 | 27,559 | 27,559 | |
| 38,540 | --- | -6,205 | 32,335 | 28,639 | 22 | 40,540 | 47,258 | 47,258 | |
| 672,700 | --- | 8,776 | 681,476 | 681,476 | | | | | |
| | | | | | 22 | 699,900 | 671,672 | 671,672 | |
| 90,851 | --- | -779 | 90,072 | 86,071 | 22 | 96,851 | 88,951 | 88,951 | |
| 9,000 | --- | --- | 9,000 | 9,000 | 22 | 9,000 | 9,000 | 9,000 | |
| 19,877 | --- | -6,052 | 13,825 | 13,824 | 22 | 19,877 | 14,877 | 14,877 | |
| 71 | --- | --- | 71 | 56 | 22 | 71 | 71 | 71 | |
| 200 | --- | --- | 200 | 112 | 22 | 200 | 200 | 200 | |
| 29,835 | --- | --- | 29,835 | 5,540 | 24 | 9,835 | 6,403 | 6,403 | |
| 108,841 | --- | -12,000 | 96,841 | --- | 24 | 49,443 | 34,823 | 34,823 | |
| 271,075 | 9,497 ^R | --- | 280,572 | 214,762 | 24 | 215,473 | 215,912 | 215,912 | |
| 25,240 | 528 ^R | -3,850 | 21,918 | 13,525 | 24 | 17,740 | 14,340 | 14,340 | |
| --- | --- | --- | --- | --- | | | | | |
| 9,296 | --- | --- | 9,296 | 9,296 | 55 | 500 | 500 | 500 | |
| 2,500 | --- | -191 | 2,309 | 2,309 | 55 | 2,500 | 2,500 | 2,500 | |
| 406 | --- | --- | 406 | 406 | 55 | --- | 565 | 565 | |
| 831 | --- | --- | 831 | 831 | 55 | 910 | 910 | 910 | |
| 2,724 | --- | -50 | 2,674 | 2,674 | 55 | 2,724 | 2,724 | 2,724 | |
| 905 | --- | --- | 905 | 905 | 55 | 989 | 989 | 989 | |
| 1,842 | --- | -64 | 1,778 | 1,778 | 55 | 1,842 | 1,842 | 1,842 | |
| 1,726 | --- | --- | 1,726 | 1,726 | 55 | 1,726 | 1,726 | 1,726 | |
| 5,359 | --- | --- | 5,359 | 5,359 | 55 | 5,359 | 5,359 | 5,359 | |

HEALTH AND SENIOR SERVICES

Such sums as may be necessary, not to exceed \$1,860,000, may be credited from the Energy Assistance program account in the Board of Public Utilities to the Lifeline program account and shall be applied in accordance with a Memorandum of Understanding between the President of the Board of Public Utilities and the Commissioner of Health and Senior Services, subject to the approval of the Director of the Division of Budget and Accounting.

Receipts from the Office of the Public Guardian for Elderly Adults are appropriated.

Language Recommendations -- Grants-In-Aid - General Fund

The amounts hereinabove appropriated for Payments for Medical Assistance Recipients-Nursing Homes are available for the payment of obligations applicable to prior fiscal years.

In order to permit flexibility in the handling of appropriations and ensure the timely payment of claims to providers of medical services, amounts may be transferred to and from the various items of appropriation within the General Medical Services program classification in the Division of Medical Assistance and Health Services in the Department of Human Services and the Medical Services for the Aged program classification in Senior Services in the Department of Health and Senior Services, subject to the approval of the Director of the Division of Budget and Accounting. Notice thereof shall be provided to the Legislative Budget and Finance Officer on the effective date of the approved transfer.

All funds recovered pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.) and P.L.1975, c.194 (C.30:4D-20 et seq.) during the fiscal year ending June 30, 2008 are appropriated for payments to providers in the same program class from which the recovery originated.

Subject to federal approval, the appropriations for those programs within the Medical Services for the Aged program classification are conditioned upon the Division of Medical Assistance and Health Services in the Department of Human Services and the Department of Health and Senior Services implementing policies that would limit the ability of persons who have the financial ability to provide for their own long-term care needs to manipulate current Medicaid rules to avoid payment for that care. The Division of Medical Assistance and Health Services and the Department of Health and Senior Services shall require, in the case of a married individual requiring long-term care services, that the portion of the couple's resources which are not protected for the needs of the community spouse be used solely for the purchase of long-term care services.

Notwithstanding the provisions of any law or regulation to the contrary, a sufficient portion of receipts generated or savings realized in the Medical Services for the Aged or Pharmaceutical Assistance to the Aged and Disabled Grants-In-Aid accounts from initiatives included in the current fiscal year appropriations act may be transferred to administration accounts to fund costs incurred in realizing these additional receipts or savings, subject to the approval of the Director of the Division of Budget and Accounting.

Such sums as may be necessary are appropriated from enhanced audit recoveries obtained by the Department of Health and Senior Services to fund the costs of enhanced audit recovery efforts of the Department within the Medical Services for the Aged program classification, subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any law or regulation to the contrary, payments from the Payments for Medical Assistance Recipients-Nursing Homes account shall be made at 50% only for bedhold days at facilities with total occupancy rates at 90% or higher based on the occupancy percentage reported on each facility's latest cost report; however, nursing homes shall hold a bed for a Medicaid beneficiary who is hospitalized for up to ten days.

The funds hereinabove appropriated for Medicaid High Occupancy-Nursing Homes shall be distributed for patient services among those nursing homes where the Medicaid patient day occupancy level is at or above 75%. Each such facility shall receive its distribution through a prospective per diem adjustment using actual days reported on the most recent cost report.

The amounts hereinabove appropriated for payments for the Pharmaceutical Assistance to the Aged and Disabled program, P.L.1975, c.194 (C.30:4D-20 et seq.), and the Senior Gold Prescription Discount Program, P.L.2001, c.96 (C.30:4D-43 et seq.), are available for the payment of obligations applicable to prior fiscal years.

Benefits provided under the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program, P.L.1975, c.194 (C.30:4D-20 et seq.), and the Senior Gold Prescription Discount Program, P.L.2001, c.96 (C.30:4D-43 et seq.), shall be the last resource benefits, notwithstanding any provisions contained in contracts, wills, agreements, or other instruments. Any provision in a contract of insurance, will, trust agreement, or other instrument which reduces or excludes coverage or payment to an individual because of that individual's eligibility for, or receipt of, PAAD or Senior Gold Prescription Discount Program benefits shall be void, and no PAAD and Senior Gold Prescription Discount Program payments shall be made as a result of any such provision.

Of the amount hereinabove appropriated in the Pharmaceutical Assistance to the Aged and Disabled-Claims program, notwithstanding the provisions of section 3 of P.L.1975, c.194 (C.30:4D-22) to the contrary, the co-payment in the Pharmaceutical Assistance to the Aged and Disabled program shall be \$6.00 for generic drugs and \$7.00 for brand name drugs.

Notwithstanding the provisions of any law or regulation to the contrary, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program, pursuant to P.L.1975, c.194 (C.30:4D-20 et seq.), and the Senior Gold Prescription Discount Program, pursuant to P.L.2001, c.96 (C.30:4D-43 et seq.), shall be expended, when PAAD or Senior Gold is the primary payer, unless participating pharmaceutical manufacturing companies execute contracts with the Department of Health and Senior Services, through the Department of Human Services, providing for the payment of rebates to the State. Furthermore, rebates from pharmaceutical manufacturing companies for prescriptions purchased by the PAAD program and the Senior Gold Prescription Discount Program shall continue during the current fiscal year, provided that the manufacturer's rebates for the Senior Gold Prescription Discount Program shall apply only to the amount paid by the State under the Senior Gold Prescription Discount Program. All revenues from such rebates during the current fiscal year are appropriated for the PAAD program and the Senior Gold Prescription Discount Program.

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Notwithstanding the provisions of any other law or regulation to the contrary, no funds appropriated in the Pharmaceutical Assistance to the Aged and Disabled program classification and the Senior Gold Prescription Discount Program account shall be expended for prescription claims with no Medicare Part D coverage except under the following conditions: (a) reimbursement for the cost of single source brand name legend drugs and non-legend drugs shall be on the basis of Average Wholesale Price less a 15% discount and reimbursement for the cost of multisource generic drugs shall be in accordance with the federal Deficit Reduction Act of 2005 upon final adoption of regulations by the Department of Health and Human Services; (b) the current prescription drug dispensing fee structure set as a variable rate of \$3.73 to \$3.99 shall remain in effect through the current fiscal year, including the current increments for impact allowances, as determined by revised qualifying requirements, and allowances for 24-hour emergency services; and (c) multisource generic and single source brand name drugs shall be dispensed without prior authorization but multisource brand name drugs shall require prior authorization issued by the Department of Health and Senior Services or its authorizing agent, however, a 10-day supply of the multisource brand name drug shall be dispensed pending receipt of prior authorization. Certain multisource brand name drugs with a narrow therapeutic index, other drugs recommended by the Drug Utilization Review Board, or brand name drugs with a lower cost per unit than the generic may be excluded from prior authorization by the Department of Health and Senior Services.

In addition to the amount hereinabove appropriated for the Pharmaceutical Assistance to the Aged and Disabled and Senior Gold Prescription Discount programs, there are appropriated from the General Fund and available federal matching funds such additional sums as may be required for the payment of claims, credits, and rebates, subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any law or regulation to the contrary, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program and the Senior Gold Prescription Discount Program are available to pharmacies that have not submitted an application to enroll as an approved medical supplier in the Medicare program, unless they already are an approved Medicare medical supplier. Pharmacies shall not be required to bill Medicare directly for Medicare Part B drugs and supplies, but must agree to allow PAAD to bill Medicare on their behalf by completing and submitting an electronic data interchange (EDI) form to PAAD. Beneficiaries are responsible for the applicable PAAD or Senior Gold Prescription Discount Program co-payment.

Notwithstanding the provisions of any law or regulation to the contrary, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled program and the Senior Gold Prescription Discount Program shall be used to pay for quantities of erectile dysfunction therapy medication in excess of four dosage units (tablets/injections/suppositories) per month. Moreover, payment will only be provided if the diagnosis of erectile dysfunction is written on the prescription form and the treatment is provided to males over the age of 18 years. Furthermore, no payments for erectile dysfunction therapy will be made on behalf of sex offenders.

Notwithstanding the provisions of any law or regulation to the contrary, the appropriations for the Pharmaceutical Assistance to the Aged and Disabled and Senior Gold Prescription Discount Program are conditioned upon the Department of Health and Senior Services coordinating benefits with any voluntary prescription drug mail-order or specialty pharmacy in a Medicare Part D provider network or private Third Party Liability plan network for beneficiaries enrolled in a Medicare Part D program or beneficiaries with primary prescription coverage that requires use of mail order. The mail-order program may waive, discount, or rebate the beneficiary co-payment and mail-order pharmacy providers may dispense up to a 90-day supply on prescription refills with the voluntary participation of the beneficiary, subject to the approval of the Commissioner of Health and Senior Services and the Director of the Division of Budget and Accounting.

At any point during the year, and notwithstanding the provisions of any law or regulation to the contrary, subject to the approval of a plan by the Commissioner of Health and Senior Services, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program, pursuant to P.L.1975, c.194 (C.30:4D-20 et seq.), or the Senior Gold Prescription Discount Program, pursuant to P.L.2001, c.96 (C.30:4D-43 et seq.), shall be expended, when PAAD or Senior Gold is the primary payer, unless participating pharmaceutical manufacturing companies execute contracts with the Department of Health and Senior Services, through the Department of Human Services. Name brand manufacturers must provide for the payment of rebates to the State on the same basis as provided for in section 1927 (a) through (c) of the federal Social Security Act, 42 U.S.C. s.1396r-8(a)-(c). Generic manufacturers shall be required to provide rebates equal to 15.1% of the Average Manufacturers Price for all drugs, with the exception that any branded generic pharmaceutical shall generate rebates on the same basis as provided for in section 1927 (a) through (c) of the federal Social Security Act, 42 U.S.C. s.1396r-8(a)-(c).

From the amount hereinabove appropriated for the Senior Gold Prescription Discount Program, an amount not to exceed \$3,850,000 may be transferred to various accounts as required, including Direct State Services accounts, subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any law or regulation to the contrary, and subject to the notice provisions of 42 CFR 447.205, for rates implemented on or after July 1, 2000, target occupancy as determined pursuant to N.J.A.C.8:85-3.16 shall not apply to those facilities receiving enhanced rates of reimbursement pursuant to N.J.A.C.8:85-2.21. The per diem amounts for all other expenses of the enhanced rates shall be based upon reasonable base period costs divided by actual base period patient days, but no less than 85% of licensed bed days shall be used.

In order to permit flexibility in the handling of appropriations and ensure the timely payment of claims to providers of medical services, amounts may be transferred between the various items of appropriation within the Medical Services for the Aged and Programs for the Aged program classifications to ensure the continuity of long-term care support services for beneficiaries receiving services within the Medical Services for the Aged program classification in the Division of Senior Services in the Department of Health and Senior Services, subject to the approval of the Director of the Division of Budget and Accounting. Notice thereof shall be provided to the Legislative Budget and Finance Officer on the effective date of the approved transfer.

Notwithstanding the provisions of any law or regulation to the contrary, effective January 1, 2005, no payment for Medicaid Adult or Pediatric Medical Day Care services, as hereinabove appropriated in the Medical Day Care Services account, shall be provided unless the services are prior authorized by professional staff designated by the Department of Health and Senior Services.

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From the amount hereinabove appropriated for Payments for Medical Assistance Recipients-Nursing Homes, the Commissioner of Health and Senior Services shall increase the reasonableness limit for total nursing care up to 120% of the median costs in the Medicaid nursing home rate-setting system during the current fiscal year.

Such sums as may be necessary, not to exceed \$70,840,000, for payments for the Lifeline Credit and Tenants' Lifeline Assistance programs, may be credited from the Energy Assistance program account in the Board of Public Utilities to the Lifeline program account and shall be applied in accordance with a Memorandum of Understanding between the President of the Board of Public Utilities and the Commissioner of Health and Senior Services, subject to the approval of the Director of the Division of Budgeting and Accounting.

Such sums as may be necessary are appropriated from the General Fund for the payment of increased nursing home rates to reflect the costs incurred due to the payment of a nursing home provider assessment, pursuant to the "Nursing Home Quality of Care Improvement Fund Act," P.L.2003, c.105 (C.26:2H-92 et seq.) and P.L.2004, c.41, subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for Medical Day Care Services is conditioned upon rate increases for the nursing home provider assessment not being included in the calculation of the Adult/Pediatric Day Care payment rates.

Notwithstanding the provisions of any law or regulation to the contrary, the amounts hereinabove appropriated for the Pharmaceutical Assistance to the Aged and Pharmaceutical Assistance to the Aged and Disabled (PAAD) programs are conditioned upon the Department of Health and Senior Services coordinating the benefits of the PAAD programs with the prescription drug benefits of the federal Medicare Prescription Drug, Improvement, and Modernization Act of 2003 as the primary payer due to the current federal prohibition against State automatic enrollment of PAAD recipients in the new federal program. The PAAD benefit and reimbursement shall only be available to cover the beneficiary cost share to in-network pharmacies and for deductible and coverage gap costs (as determined by the Commissioner of Health and Senior Services) associated with enrollment in Medicare Part D for beneficiaries of the PAAD and Senior Gold Prescription Discount programs, and for Medicare Part D premium costs for PAAD beneficiaries.

Notwithstanding the provisions of any law or regulation to the contrary, effective January 1, 2006, no funds appropriated in the Pharmaceutical Assistance to the Aged or Pharmaceutical Assistance to the Aged and Disabled (PAAD) and Senior Gold Prescription Discount Program accounts shall be available as payment as a PAAD or Senior Gold benefit to any pharmacy that is not enrolled as a participating pharmacy in a pharmacy network under Medicare Part D.

Consistent with the requirements of the federal Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and the current federal prohibition against State automatic enrollment of Pharmaceutical Assistance to the Aged and Pharmaceutical Assistance to the Aged and Disabled (PAAD) and Senior Gold Prescription Discount Program recipients, no funds hereinabove appropriated to the PAAD or Senior Gold accounts shall be expended for any individual unless the individual enrolled in the PAAD or Senior Gold Program provides all data necessary to enroll the individual in Medicare Part D, including data required for the subsidy assistance, as outlined by the Centers for Medicare and Medicaid Services.

Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for the Pharmaceutical Assistance to the Aged, Pharmaceutical Assistance to the Aged and Disabled, and Senior Gold Prescription Discount programs shall be conditioned upon the following provision: no funds shall be appropriated for the refilling of a prescription drug until such time as the original prescription is 85% finished.

Notwithstanding the provisions of any law or regulation to the contrary, in order to maximize prescription drug coverage under Medicare Part D, the Pharmaceutical Assistance to the Aged and Disabled (PAAD) Program shall be designated the authorized representative for the purposes of coordinating benefits with Medicare Part D, including enrollment and appeals of coverage determinations. PAAD is authorized to represent program beneficiaries in the pursuit of such coverage. PAAD representation shall not result in any additional financial liability on behalf of such program beneficiaries and shall include, but need not be limited to, the following actions: application for the premium and cost-sharing subsidies on behalf of eligible program beneficiaries; pursuit of appeals, grievances, or coverage determinations; facilitated enrollment in a prescription drug plan or Medicare Advantage Prescription Drug plan. If the beneficiary declines enrollment in any Medicare Part D plan, the beneficiary shall be barred from all benefits of the PAAD program.

Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for the ElderCare Initiatives program shall be conditioned upon the following provision: State-funded home and community care (Jersey Assistance for Community Caregiving (JACC)) benefits paid incorrectly on behalf of JACC beneficiaries may be recovered from individuals found ineligible.

The amounts hereinabove appropriated for Global Budget for Long Term Care shall only be expended if federal approvals are received for such a program and only if federal Medicaid reimbursement or other federal matching funds are available to support the State appropriation.

The amounts hereinabove appropriated for Payments for Medical Assistance Recipients-Nursing Homes, Medical Day Care Services, Global Budget for Long Term Care, and Medicaid High Occupancy-Nursing Homes are conditioned upon the Commissioner of Health and Senior Services making changes to such programs to make them consistent with the federal Deficit Reduction Act of 2005.

Notwithstanding the provisions of any law or regulation to the contrary, in order to maximize drug coverage under Medicare Part D, the appropriation for the Senior Gold Prescription Discount Program is conditioned on the Senior Gold Prescription Discount Program being designated the authorized representative for the purpose of coordinating benefits with the Medicare drug program, including appeals of coverage determinations. Senior Gold is authorized to represent program beneficiaries in the pursuit of such coverage. Senior Gold representation shall include, but not to be limited to, the following actions: pursuit of appeals, grievances, or coverage determinations.

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- Notwithstanding the provisions of any law or regulation to the contrary, all financial recoveries obtained through the efforts of any entity authorized to undertake the prevention and detection of Medicaid fraud, waste, and abuse, are appropriated to Medical Services for the Aged in the Division of Senior Services.
- Notwithstanding the provisions of any law or regulation to the contrary, resources in the Global Budget for Long Term Care line item may be supplemented with transfers from the Medical Services for the Aged Program accounts, subject to the approval of the Director of the Division of Budget and Accounting.
- Notwithstanding the provisions of any law or regulation to the contrary, persons receiving services through the Demonstration Adult Day Care Center Program - Alzheimer's Disease may receive services if appropriate medical documentation is provided to the Department of Health and Senior Services to justify those expenditures. A medical day services provider that is providing services through the Demonstration Adult Day Care Center Program - Alzheimer's Disease shall be reimbursed at not less than 85% of the free-standing Adult Day Medical Medicaid day rate. A social day services provider that is providing services through the program shall be reimbursed at not less than 70% of the free-standing Adult Day Medical Medicaid day rate. A medical or social day services provider that is providing services through the program shall not be subject to the 25% matching requirement set forth in section 3 of P.L.1988, c.114 (C.26:2M-11) or the requirement to submit a cost proposal to the Department of Health and Senior Services as set forth in N.J.A.C.8:92-3.2. The Demonstration Adult Day Care Center Program - Alzheimer's Disease shall reimburse the agency the difference between the client co-pay and the agreed upon rate. The Department of Health and Senior Services shall authorize enrollment of persons in the Demonstration Adult Day Care Center Program - Alzheimer's Disease for a maximum of three days per week. The Department shall not require participants in the program to pay for services provided through the program in excess of the amounts currently required under N.J.A.C.8:92-1.1. et seq.
- Notwithstanding the provisions of any law or regulation to the contrary, no amounts hereinabove appropriated for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program or the Senior Gold Prescription Discount Program shall be expended for diabetic testing materials and supplies which are covered under the federal Medicare Part B program.
- Notwithstanding the provisions of any law or regulation to the contrary, amounts appropriated hereinabove for Medical Day Care Services shall be conditioned upon the following: the daily per diem reimbursement rate for all adult Medical Day Care providers, regardless of setting, shall be set at the average rate for a free-standing Medical Day care facility as of December 1, 2007.
- Notwithstanding the provisions of N.J.A.C.8:85-3.19 or any other law to the contrary, the amounts hereinabove appropriated for Payments for Medical Assistance Recipients - Nursing Homes shall be conditioned upon the following provisions: no facility shall receive a per diem rate increase as the result of the annual rebasing of facility submitted costs. In addition, only those facilities with greater than 75% Medicaid occupancy shall receive an inflation adjustment to their per diem reimbursement rate.

Language Recommendations -- Grants-In-Aid - Casino Revenue Fund

- In addition to the amounts hereinabove appropriated, there are appropriated from the Casino Revenue Fund and available federal matching funds such additional sums as may be required for the payment of claims, credits, and rebates, subject to the approval of the Director of the Division of Budget and Accounting.
- All funds recovered under P.L.1968, c.413 (C.30:4D-1 et seq.) and P.L.1975, c.194 (C.30:4D-20 et seq.), during the current fiscal year are appropriated for payments to providers in the same program class from which the recovery originated.
- In order to permit flexibility in the handling of appropriations and ensure the timely payment of claims to providers of medical services, amounts may be transferred to and from the various items of appropriation within the Medical Services for the Aged program classification, subject to the approval of the Director of the Division of Budget and Accounting. Notice thereof shall be provided to the Legislative Budget and Finance Officer on the effective date of the approved transfer.
- For the purposes of account balance maintenance, all object accounts in the Medical Services for the Aged program classification shall be considered as one object. This will allow timely payment of claims to providers of medical services, but ensure that no overspending will occur in the program classification.
- Notwithstanding the provisions of P.L.1988, c.92 (C.30:4E-5 et seq.) to the contrary, funds appropriated for the Home Care Expansion Program (HCEP) shall be paid only for individuals enrolled in the program as of June 30, 1996 who are not eligible for the Community Care Program for the Elderly and Disabled or alternative programs, and only for so long as those individuals require services covered by the HCEP. Individuals enrolled in the HCEP as of June 30, 1996 and eligible for the Community Care Program for the Elderly and Disabled may apply to be enrolled in that program.
- Notwithstanding the provisions of any law or regulation to the contrary, a sufficient portion of receipts generated or savings realized in Casino Revenue Fund, Medical Services for the Aged, or Pharmaceutical Assistance to the Aged and Disabled Grants-In-Aid accounts from initiatives included in the current fiscal year's annual appropriations act may be transferred to administration accounts to fund costs incurred in realizing these additional receipts or savings, subject to the approval of the Director of the Division of Budget and Accounting.
- The amounts hereinabove appropriated for payments for the Pharmaceutical Assistance to the Aged and Disabled program, P.L.1975, c.194 (C.30:4D-20 et seq.), are available for the payment of obligations applicable to prior fiscal years.
- Benefits provided under the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program, P.L.1975, c.194 (C.30:4D-20 et seq.), shall be the last resource benefits, notwithstanding any provision contained in contracts, wills, agreements, or other instruments. Any provision in a contract of insurance, will, trust agreement, or other instrument which reduces or excludes coverage or payment to an individual because of that individual's eligibility for or receipt of PAAD benefits shall be void, and no PAAD payments shall be made as a result of any such provision.
- Of the amount hereinabove appropriated in the Pharmaceutical Assistance to the Aged and Disabled-Claims program, notwithstanding the provisions of section 3 of P.L.1975, c.194 (C.30:4D-22) to the contrary, the co-payment in the Pharmaceutical Assistance to the Aged and Disabled program shall be \$6.00 for generic drugs and \$7.00 for brand name drugs.

Notwithstanding the provisions of any law or regulation to the contrary, effective July 1, 2003, no State funds are appropriated for a Drug Utilization Review Council in the Department of Health and Senior Services, and therefore, the functions of the Council shall cease.

Notwithstanding the provisions of any law or regulation to the contrary, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program, pursuant to P.L.1975, c.194 (C.30:4D-20 et seq.), shall be expended, when PAAD is the primary payer, unless participating pharmaceutical manufacturing companies execute contracts with the Department of Health and Senior Services, through the Department of Human Services, providing for the payment of rebates to the State. Furthermore, rebates from pharmaceutical manufacturing companies for prescriptions purchased by the PAAD program and the Senior Gold Prescription Discount Program shall continue during the current fiscal year, provided that the manufacturers' rebates for the Senior Gold Prescription Discount Program shall apply only to the amount paid by the State under the Senior Gold Prescription Discount Program. All revenues from such rebates during the current fiscal year are appropriated for the PAAD program and the Senior Gold Prescription Discount Program.

Notwithstanding the provisions of any law or regulation to the contrary, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program are available to pharmacies that have not submitted an application to enroll as an approved medical supplier in the Medicare program, unless they already are an approved Medicare medical supplier. Pharmacies shall not be required to bill Medicare directly for Medicare Part B drugs and supplies, but must agree to allow PAAD to bill Medicare on their behalf by completing and submitting an electronic data interchange (EDI) form to PAAD. Beneficiaries are responsible for the applicable PAAD co-payment.

Notwithstanding the provisions of any law or regulation to the contrary, no funds appropriated for the Pharmaceutical Assistance to the Aged and the Disabled program shall be used to pay for quantities of erectile dysfunction therapy medication in excess of four dosage units (tablets/injections/suppositories) per month. Moreover, payment shall only be provided if the diagnosis of erectile dysfunction is written on the prescription form and the treatment is provided to males over the age of 18 years. Furthermore, no payments for erectile dysfunction therapy will be made on behalf of sex offenders.

Notwithstanding the provisions of any law or regulation to the contrary, no funds appropriated in the Pharmaceutical Assistance to the Aged and Disabled program classification and the Senior Gold Prescription Drug Discount Program account shall be expended for prescription claims with no Medicare Part D coverage except under the following conditions: (a) reimbursement for the cost of single source brand name legend drugs and non-legend drugs shall be on the basis of Average Wholesale Price less a 15% discount and reimbursement for the cost of multisource generic drugs shall be in accordance with the federal Deficit Reduction Act of 2005 upon final adoption of regulations by the Department of Health and Human Services; (b) the current prescription drug dispensing fee structure set as a variable rate of \$3.73 to \$3.99 shall remain in effect through the current fiscal year, including the current increments for impact allowances, as determined by revised qualifying requirements, and allowances for 24-hour emergency services; and (c) multisource generic and single source brand name drugs shall be dispensed without prior authorization but multisource brand name drugs shall require prior authorization issued by the Department of Health and Senior Services or its authorizing agent, however, a 10-day supply of the multisource brand name drug shall be dispensed pending receipt of prior authorization. Certain multisource brand name drugs with a narrow therapeutic index, other drugs recommended by the Drug Utilization Review Board, or brand name drugs with a lower cost per unit than the generic may be excluded from prior authorization by the Department of Health and Senior Services.

Notwithstanding the provisions of any law or regulation to the contrary, the appropriations for the Pharmaceutical Assistance to the Aged and Disabled and Senior Gold Prescription Discount Program are conditioned upon the Department of Health and Senior Services coordinating benefits with any voluntary prescription drug mail-order or specialty pharmacy in a Medicare Part D provider network or private Third Party Liability plan network for beneficiaries enrolled in a Medicare Part D program or beneficiaries with primary prescription coverage that requires use of mail order. The mail-order program may waive, discount, or rebate the beneficiary co-payment and mail-order pharmacy providers may dispense up to a 90-day supply on prescription refills with the voluntary participation of the beneficiary, subject to the approval of the Commissioner of Health and Senior Services and the Director of the Division of Budget and Accounting.

At any point during the year, and notwithstanding the provisions of any law or regulation to the contrary, subject to the approval of a plan by the Commissioner of Health and Senior Services, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program, pursuant to P.L.1975, c.194 (C.30:4D-20 et seq.), or the Senior Gold Prescription Discount Program, pursuant to P.L.2001, c.96 (C.30:4D-43 et seq.), shall be expended, when PAAD or Senior Gold is the primary payer, unless participating pharmaceutical manufacturing companies execute contracts with the Department of Health and Senior Services, through the Department of Human Services. Name brand manufacturers must provide for the payment of rebates to the State on the same basis as provided for in section 1927 (a) through (c) of the federal Social Security Act, 42 U.S.C. s.1396r-8(a)-(c). Generic manufacturers shall be required to provide rebates equal to 15.1% of the Average Manufacturers Price for all drugs, with the exception that any branded generic pharmaceutical shall generate rebates on the same basis as provided for in section 1927 (a) through (c) of the federal Social Security Act, 42 U.S.C. s.1396r-8(a)-(c).

Notwithstanding the provisions of section 2 of P.L.1988, c.114 (C.26:2M-10) to the contrary, private for-profit agencies shall be eligible grantees for funding from the Demonstration Adult Day Care Center Program-Alzheimer's Disease account.

Notwithstanding the provisions of any law or regulation to the contrary, of the amount hereinabove appropriated for the Respite Care for the Elderly (CRF) account, \$600,000 shall be charged to the Casino Simulcasting Fund.

Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated to the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program is conditioned upon the Department of Health and Senior Services coordinating the benefits of the PAAD program with the prescription drug benefits of the federal Medicare Prescription Drug, Improvement, and Modernization Act of 2003 as the primary payer due to the current federal prohibition against State automatic enrollment of PAAD recipients in the new federal program. The PAAD benefit and reimbursement shall only be available to cover the beneficiary cost share to in-network pharmacies and for deductible and coverage gap costs (as determined by the Commissioner of

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Health and Senior Services) associated with enrollment in Medicare Part D for beneficiaries of the PAAD and Senior Gold programs, and for Medicare Part D premium costs for PAAD beneficiaries.

Notwithstanding the provisions of any law or regulation to the contrary, effective January 1, 2006, no funds appropriated in the Pharmaceutical Assistance to the Aged and Disabled (PAAD) and Senior Gold program accounts shall be available as payment as a PAAD or Senior Gold benefit to any pharmacy that is not enrolled as a participating pharmacy in a pharmacy network under Medicare Part D.

Consistent with the requirements of the federal Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and the current federal prohibition against State automatic enrollment of Pharmaceutical Assistance to the Aged and Disabled (PAAD) recipients, no funds hereinabove appropriated from the PAAD account shall be expended for any individual enrolled in the PAAD program unless the individual provides all data that may be necessary to enroll the individual in Medicare Part D, including data required for the subsidy assistance, as outlined by the Centers for Medicare and Medicaid Services.

Notwithstanding the provisions of any law or regulation to the contrary, in order to maximize prescription drug coverage under Medicare Part D, the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program shall be designated the authorized representative for the purposes of coordinating benefits with Medicare Part D, including enrollment and appeals of coverage determinations. PAAD is authorized to represent program beneficiaries in the pursuit of such coverage. PAAD representation shall not result in any additional financial liability on behalf of such program beneficiaries and shall include, but need not be limited to, the following actions: application for the premium and cost-sharing subsidies on behalf of eligible program beneficiaries; pursuit of appeals, grievances, or coverage determinations; facilitated enrollment in a prescription drug plan or Medicare Advantage Prescription Drug plan. If any beneficiary declines enrollment in any Medicare Part D plan, that beneficiary shall be barred from all benefits of the PAAD program.

Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program and the Senior Gold Prescription Discount Program shall be conditioned upon the following provision: no funds shall be appropriated for the refilling of a prescription drug until such time as the original prescription is 85% finished.

The amounts hereinabove appropriated for Global Budget for Long Term Care are conditioned upon the Commissioner of Health and Senior Services making changes to such program to make it consistent with the federal Deficit Reduction Act of 2005.

Notwithstanding the provisions of any other law or regulation to the contrary, persons receiving services through the Demonstration Adult Day Care Center Program - Alzheimer's Disease may receive services if appropriate medical documentation is provided to the Department of Health and Senior Services to justify those expenditures. A medical day services provider that is providing services through the Demonstration Adult Day Care Center Program - Alzheimer's Disease shall be reimbursed at not less than 85% of the free-standing Adult Day Medical Medicaid day rate. A social day services provider that is providing services through the program shall be reimbursed at not less than 70% of the free-standing Adult Day Medical Medicaid day rate. A medical or social day services provider that is providing services through the program shall not be subject to the 25% matching requirement set forth in section 3 of P.L.1988, c.114 (C.26:2M-11) or the requirement to submit a cost proposal to the Department of Health and Senior Services as set forth in N.J.A.C.8:92-3.2. The Demonstration Adult Day Care Center Program - Alzheimer's Disease shall reimburse the agency the difference between the client co-pay and the agreed upon rate. The Department of Health and Senior Services shall authorize enrollment of persons in the Demonstration Adult Day Care Center Program - Alzheimer's Disease for a maximum of three days per week. The Department shall not require participants in the program to pay for services provided through the program in excess of the amounts currently required under N.J.A.C.8:92-1.1. et seq.

The amounts hereinabove appropriated for Global Budget for Long Term Care shall only be expended if federal approvals are received for such a program and only if federal Medicaid reimbursement or other federal matching funds are available to support the State appropriation.

Notwithstanding the provisions of any law or regulation to the contrary, no amounts hereinabove appropriated for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program shall be expended for diabetic testing materials and supplies which are covered under the federal Medicare Part B program.

DEPARTMENT OF HEALTH AND SENIOR SERVICES

Language Recommendations -- Direct State Services - General Fund

Consistent with the provisions of P.L.2005, c.237, the \$40 million from the surcharge on each general hospital and each specialty heart hospital is appropriated to fund federally qualified health centers. Any unexpended balance at the end of the preceding fiscal year in the Health Care Subsidy Fund received through the hospital and other health care initiatives account during fiscal year 2008 is appropriated.

Such sums as may be necessary are appropriated or transferred from existing appropriations within the Department of Health and Senior Services for the purpose of promoting awareness to increase participation in programs that are administered by the Department, subject to the approval of the Director of the Division of Budget and Accounting.

Receipts from licenses, permits, fines, penalties and fees collected by the Department of Health and Senior Services, in excess of those anticipated, are appropriated, subject to a plan prepared by the Department and approved by the Director of the Division of Budget and Accounting.

HEALTH AND SENIOR SERVICES

Notwithstanding the provisions of section 7 of P.L.1992, c.160 (C.26:2H-18.57) or any law or regulation to the contrary, the first \$1,200,000 in per adjusted admission charge assessment revenues, attributable to \$10.00 per adjusted admission charge assessments made by the Department of Health and Senior Services, shall be anticipated as revenue in the General Fund available for health-related purposes. Furthermore, it is recommended that the remaining revenue attributable to this fee shall be available to carry out the provisions of section 7 of P.L.1992, c.160 (C.26:2H-18.57), as determined by the Commissioner of Health and Senior Services, and subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any law or regulation to the contrary, the State Treasurer shall transfer to the Health Care Subsidy Fund, established pursuant to section 8 of P.L.1992, c.160 (C.26:2H-18.58), only those additional revenues generated from third party liability recoveries, excluding Medicaid, by the State arising from a review by the Director of the Division of Budget and Accounting of hospital payments reimbursed from the Health Care Subsidy Fund with service dates that are after the date of enactment of P.L.1996, c.29.

Notwithstanding the provisions of any law or regulation to the contrary, the Commissioner of Health and Senior Services shall devise, at the commissioner's discretion, rules or guidelines that allocate reductions in health service grants to the extent possible toward administration, and not client services.

Any change in program eligibility criteria and increases in the types of services or rates paid for services to or on behalf of clients for all programs under the purview of the Department of Health and Senior Services, not mandated by federal law, shall first be approved by the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any law or regulation to the contrary, fees, fines, penalties and assessments owed to the Department of Health and Senior Services shall be offset against payments due and owing from other appropriated funds.

In addition to the amount hereinabove appropriated, receipts from the federal Medicaid (Title XIX) program for health services-related programs throughout the Department of Health and Senior Services are appropriated, subject to the approval of the Director of the Division of Budget and Accounting.

Language Recommendations -- Grants-In-Aid - General Fund

In order to permit flexibility in implementing ElderCare Initiatives and the Global Budget for Long Term Care within the Medical Services for the Aged program classification, amounts may be transferred between Direct State Services and Grants-In-Aid accounts, subject to the approval of the Director of the Division of Budget and Accounting. Notice thereof shall be provided to the Legislative Budget and Finance Officer on the effective date of the approved transfer.

In order to permit flexibility in implementing the ElderCare Advisory Commission Initiatives within the Programs for the Aged program classification, amounts may be transferred between Direct State Services and Grants-In-Aid accounts, subject to the approval of the Director of the Division of Budget and Accounting. Notice thereof shall be provided to the Legislative Budget and Finance Officer on the effective date of the approved transfer.