

## 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, 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 long-term care services and program benefits that promote independence, dignity, and choice to the benefit of New Jersey's older adults and their caregivers.
- Strengthen New Jersey's public health infrastructure by adopting best practices, inspecting and monitoring health care facilities and services, improving the delivery system and supporting our safety net institutions as well as creating a comprehensive communications system that links health care providers and institutions statewide, forming a coordinated disease surveillance and response network, and providing quality and responsive comprehensive public health and environmental laboratory diagnostic testing services.
- Prevent and control communicable and chronic diseases, foster and support maternal and child health services including increased access to prenatal care services and HIV and AIDS related services. Implement scientific, evidence-based primary and secondary prevention programs designed to decrease mortality from health conditions such as heart disease, cancer, obesity, and stroke and to identify and mitigate newborn metabolic deficiencies.
- 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. Provide grants to fund community-based organizations to conduct outreach, education, screening, referrals and follow-up focusing on diabetes, asthma and chronic disease self-management.
- 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 2011 Budget for the Department of Health and Senior Services totals \$1.177 billion, a decrease of \$77.1 million or 6.1% under the fiscal 2010 adjusted appropriation of \$1.254 billion. The budget recommendation assumes a continuation of the enhanced federal Medicaid funding made available by the American Recovery and Reinvestment Act of 2009.

### Health Services

The Fiscal 2011 Budget continues funding for the Early Childhood Intervention Program (ECI) to address the expanding needs of the developmentally disabled under 3 years of age. While eligibility standards will remain unchanged, co-payment requirements for services are proposed to increase in fiscal 2011. This change, plus other program efficiencies will generate approximately \$12 million in State savings.

The Fiscal 2011 Budget continues funding for Federally Qualified Health Centers (FQHC). There are now over 90 licensed sites

throughout the State. The number of uninsured primary care visits to FQHCs during fiscal year 2011 is expected to be 400,000.

No funding is proposed during fiscal 2011 for Anti-Smoking and Youth Anti-Smoking appropriations. When these programs were initially established, funding was to come from a portion of the annual payment from the Tobacco Settlement Litigation. The decision to use settlement proceeds to support non-health related spending exhausted this once promising source of revenue. State increases in cigarette taxes to \$2.70 a pack last year have been a successful deterrent to smoking, especially among teenagers.

Funding for grants to support clinical family planning and related services is eliminated.

### Senior Services

The Fiscal 2011 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 \$24,432 if single and \$29,956 if married. Beginning on Jan. 1, 2011, PAAD beneficiaries will be required to cover an annual deductible of \$310, which is the deductible amount required by Medicare Part D. The fiscal 2011 Proposed Budget also anticipates that the co-payment for brand-name drugs will increase from \$7 to \$15, while the co-payment for generic drug prescriptions will decline from \$6 to \$5. Clients of the program who are at the lowest income PAAD eligibility levels will not be affected by the co-payment or deductible changes.

The Budget also includes funding for the Senior Gold Program, which provides pharmaceutical services to aged and disabled clients with incomes below \$34,432 if single and \$39,956 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. Beginning on Jan. 1, 2011, recipients in the Senior Gold program will be required to cover an annual deductible of \$310.

The PAAD and Senior Gold programs continue to coordinate coverage with the federal Medicare Part D drug assistance program. Approximately 148,879 PAAD and Senior Gold beneficiaries are enrolled in a Medicare Part D plan that is based on their prescription drug utilization. The Part D enrollment effort in PAAD has resulted in significant savings for the State.

The Fiscal 2011 Budget continues funding for the Global Budget for Long Term Care, which provides community-based services previously funded through the Community Care Alternatives, Assisted Living, and ElderCare Initiatives appropriations.

The amount available to support nursing homes for taking care of Medicaid clients remains at the level provided in fiscal 2010. Growth of \$56.6 million, representing a 6% per diem rate increase and a slight increase in the trend of total patient days, has not been funded. In an effort to reimburse nursing homes more fairly for treating the sickest patients, and to ensure facilities are provided with incentives to control costs, a new industry-supported rate setting system will be implemented during fiscal 2011.

Prior authorization criteria for the adult medical day care program will be changed to eliminate eligibility based solely on the basis of an individual needing medication management. In addition, a co-payment of \$3 per day with a monthly cap of \$25 will be imposed.

### Health Planning and Evaluation

The Fiscal 2011 Budget recommends a Charity Care allocation of \$665 million, which is an increase of 10% over the fiscal 2010 level. Hospitals will receive new revenues that can be used to trigger a match of an identical amount of federal funding. The Proposed Budget recommends that the limit on collections from the 0.53% assessment on hospital revenues no longer be capped at \$40 million.

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In addition, the \$200,000 cap on the ambulatory care assessment will be lifted. Together these two changes will generate an additional \$45 million that will be matched with federal funds and redistributed to the hospitals. Hospitals will collectively receive \$11 million in additional funding in fiscal 2011 even after the increased assessment is taken into account.

The Fiscal 2011 recommendation for the Health Care Stabilization Fund is \$30 million. The Stabilization Fund was created in fiscal year 2009 to provide funding to facilities to maintain access to health care services.

## DEPARTMENT OF HEALTH AND SENIOR SERVICES

### SUMMARY OF APPROPRIATIONS BY FUND

(thousands of dollars)

Year Ending June 30, 2009					Year Ending June 30, 2011		
Orig. & (S) Supplemental	Reapp. & (R) Recpts.	Transfers & (E) Emergencies	Total Available	Expended	2010 Adjusted Approp.	Requested	Recommended
<b>GENERAL FUND</b>							
64,813	15,235	8,760	88,808	84,070	60,166	52,024	52,024
1,249,211	11,627	-13,542	1,247,296	1,084,555	1,035,231	1,005,200	1,005,200
9,552	---	-14	9,538	7,513	9,552	7,152	7,152
---	151	---	151	55	---	---	---
<b>1,323,576</b>	<b>27,013</b>	<b>-4,796</b>	<b>1,345,793</b>	<b>1,176,193</b>	<b>1,104,949</b>	<b>1,064,376</b>	<b>1,064,376</b>
<b>CASINO REVENUE FUND</b>							
871	88	134	1,093	938	871	871	871
247,881	34,753	-134	282,500	273,255	148,404	111,902	111,902
<b>248,752</b>	<b>34,841</b>	<b>---</b>	<b>283,593</b>	<b>274,193</b>	<b>149,275</b>	<b>112,773</b>	<b>112,773</b>
<b>1,572,328</b>	<b>61,854</b>	<b>-4,796</b>	<b>1,629,386</b>	<b>1,450,386</b>	<b>1,254,224</b>	<b>1,177,149</b>	<b>1,177,149</b>
<b>Total Appropriation, Department of Health and Senior Services</b>					<b>1,254,224</b>	<b>1,177,149</b>	<b>1,177,149</b>

### SUMMARY OF APPROPRIATIONS BY PROGRAM

(thousands of dollars)

Year Ending June 30, 2009					Year Ending June 30, 2011		
Orig. & (S) Supplemental	Reapp. & (R) Recpts.	Transfers & (E) Emergencies	Total Available	Expended	2010 Adjusted Approp.	Requested	Recommended
<b>DIRECT STATE SERVICES - GENERAL FUND</b>							
<b>Health Services</b>							
1,678	1,869	-1,260	2,287	2,271	1,323	1,323	1,323
3,178	---	2,203	5,381	4,573	2,168	1,668	1,668
23,593	2,670	123	26,386	24,887	20,347	11,058	11,058
7,927	848	536	9,311	9,308	12,244	16,197	16,197
1,991	273	289	2,553	2,302	1,401	1,401	1,401
<b>38,367</b>	<b>5,660</b>	<b>1,891</b>	<b>45,918</b>	<b>43,341</b>	<b>37,483</b>	<b>31,647</b>	<b>31,647</b>
<b>Health Planning and Evaluation</b>							
5,562	2,587	-2,380	5,769	5,686	4,598	4,598	4,598
2,682	5,487	-4,305	3,864	3,805	1,651	1,651	1,651
<b>8,244</b>	<b>8,074</b>	<b>-6,685</b>	<b>9,633</b>	<b>9,491</b>	<b>6,249</b>	<b>6,249</b>	<b>6,249</b>
<b>Health Administration</b>							
3,498	2	5,525	9,025	8,999	3,135	3,102	3,102
<b>3,498</b>	<b>2</b>	<b>5,525</b>	<b>9,025</b>	<b>8,999</b>	<b>3,135</b>	<b>3,102</b>	<b>3,102</b>
<b>Senior Services</b>							
4,737	23	4,364	9,124	8,443	4,501	3,951	3,951
8,655	1,388	3,496	13,539	12,269	7,801	6,078	6,078
---	22	---	22	---	---	---	---
462	65	181	708	694	363	363	363

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Year Ending June 30, 2009					Year Ending June 30, 2011			
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended		2010 Adjusted Approp.	Requested	Recom- mended
---	1	---	1	---	Office of the Ombudsman	---	---	---
850	---	-12	838	833	Office of the Public Guardian	634	634	634
<u>14,704</u>	<u>1,499</u>	<u>8,029</u>	<u>24,232</u>	<u>22,239</u>	<i>Subtotal</i>	<u>13,299</u>	<u>11,026</u>	<u>11,026</u>
<b>64,813</b>	<b>15,235</b>	<b>8,760</b>	<b>88,808</b>	<b>84,070</b>	<b>Total Direct State Services - General Fund</b>	<b>60,166</b>	<b>52,024</b>	<b>52,024</b>
<b>DIRECT STATE SERVICES - CASINO REVENUE FUND</b>								
<b>Senior Services</b>								
871	88	134	1,093	938	Programs for the Aged	871	871	871
<u>871</u>	<u>88</u>	<u>134</u>	<u>1,093</u>	<u>938</u>	<i>Subtotal</i>	<u>871</u>	<u>871</u>	<u>871</u>
<b>871</b>	<b>88</b>	<b>134</b>	<b>1,093</b>	<b>938</b>	<b>Total Direct State Services - Casino Revenue Fund</b>	<b>871</b>	<b>871</b>	<b>871</b>
<b>65,684</b>	<b>15,323</b>	<b>8,894</b>	<b>89,901</b>	<b>85,008</b>	<b>TOTAL DIRECT STATE SERVICES</b>	<b>61,037</b>	<b>52,895</b>	<b>52,895</b>
<b>GRANTS-IN-AID - GENERAL FUND</b>								
<b>Health Services</b>								
142,180	126	-2,291	140,015	107,714	Family Health Services	128,359	113,565	113,565
60,544	9,059	-216	69,387	52,608	Public Health Protection Services	60,022	43,099	43,099
30,816	1,100	-1,471	30,445	27,382	AIDS Services	35,078	38,871	38,871
<u>233,540</u>	<u>10,285</u>	<u>-3,978</u>	<u>239,847</u>	<u>187,704</u>	<i>Subtotal</i>	<u>223,459</u>	<u>195,535</u>	<u>195,535</u>
<b>Health Planning and Evaluation</b>								
105,962	---	-923	105,039	105,039	Health Care Systems Analysis	27,789	61,995	61,995
<u>105,962</u>	<u>---</u>	<u>-923</u>	<u>105,039</u>	<u>105,039</u>	<i>Subtotal</i>	<u>27,789</u>	<u>61,995</u>	<u>61,995</u>
<b>Senior Services</b>								
842,758	---	-4,600	838,158	762,370	Medical Services for the Aged	641,251	636,738	636,738
51,383	1,342	-3,850	48,875	14,065	Pharmaceutical Assistance to the Aged and Disabled	127,209	80,532	80,532
15,568	---	-191	15,377	15,377	Programs for the Aged	15,523	30,400	30,400
<u>909,709</u>	<u>1,342</u>	<u>-8,641</u>	<u>902,410</u>	<u>791,812</u>	<i>Subtotal</i>	<u>783,983</u>	<u>747,670</u>	<u>747,670</u>
<b>1,249,211</b>	<b>11,627</b>	<b>-13,542</b>	<b>1,247,296</b>	<b>1,084,555</b>	<b>Total Grants-In-Aid - General Fund</b>	<b>1,035,231</b>	<b>1,005,200</b>	<b>1,005,200</b>
<b>GRANTS-IN-AID - CASINO REVENUE FUND</b>								
<b>Health Services</b>								
529	---	---	529	523	Family Health Services	529	529	529
<u>529</u>	<u>---</u>	<u>---</u>	<u>529</u>	<u>523</u>	<i>Subtotal</i>	<u>529</u>	<u>529</u>	<u>529</u>
<b>Senior Services</b>								
27,830	---	---	27,830	24,634	Medical Services for the Aged	27,830	120	120
204,845	34,753	---	239,598	234,065	Pharmaceutical Assistance to the Aged and Disabled	105,368	96,505	96,505
14,677	---	-134	14,543	14,033	Programs for the Aged	14,677	14,748	14,748

# HEALTH AND SENIOR SERVICES

Year Ending June 30, 2009					Year Ending June 30, 2011			
Orig. & (S)Supplemental	Reapp. & (R)Recpts.	Transfers & (E)Emergencies	Total Available	Expended		2010 Adjusted Approp.	Requested	Recommended
247,352	34,753	-134	281,971	272,732	Subtotal	147,875	111,373	111,373
247,881	34,753	-134	282,500	273,255	Total Grants-In-Aid - Casino Revenue Fund	148,404	111,902	111,902
1,497,092	46,380	-13,676	1,529,796	1,357,810	TOTAL GRANTS-IN-AID	1,183,635	1,117,102	1,117,102
<b>STATE AID - GENERAL FUND</b>								
<b>Health Services</b>								
2,400	---	-14	2,386	2,386	Public Health Protection Services	2,400	---	---
2,400	---	-14	2,386	2,386	Subtotal	2,400	---	---
<b>Senior Services</b>								
7,152	---	---	7,152	5,127	Programs for the Aged	7,152	7,152	7,152
7,152	---	---	7,152	5,127	Subtotal	7,152	7,152	7,152
9,552	---	-14	9,538	7,513	Total State Aid - General Fund	9,552	7,152	7,152
9,552	---	-14	9,538	7,513	TOTAL STATE AID	9,552	7,152	7,152
<b>CAPITAL CONSTRUCTION</b>								
<b>Health Services</b>								
---	140	---	140	55	Laboratory Services	---	---	---
---	140	---	140	55	Subtotal	---	---	---
<b>Health Administration</b>								
---	11	---	11	---	Administration and Support Services	---	---	---
---	11	---	11	---	Subtotal	---	---	---
---	151	---	151	55	TOTAL CAPITAL CONSTRUCTION	---	---	---
1,572,328	61,854	-4,796	1,629,386	1,450,386	Total Appropriation, Department of Health and Senior Services	1,254,224	1,177,149	1,177,149

## 20. PHYSICAL AND MENTAL HEALTH

### 21. HEALTH SERVICES

#### OBJECTIVES

1. To provide a system for the registration of births, deaths, marriages and other vital statistics and to furnish certified copies as requested.
2. 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 identify, treat and minimize the exposure of children at high risk of lead poisoning.
3. To promote and improve local health department practice and performance through regulation, licensing, technical assistance, education and health service grants.
4. 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.

5. 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.
6. To detect, prevent, control and treat chronic diseases with emphasis on assistance for persons with low or limited socioeconomic status.

7. To reduce the incidence and spread of tuberculosis.
8. To detect, prevent and control occupationally related diseases, fatal injuries and hazards in high-risk public and private workplaces.
9. 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 departments, and other health care interests in the identification and control of disease and environmental threats and biological and biochemical terrorism preparedness.
10. To improve the quality of performance in New Jersey's clinical laboratories in the specialties of microbiology, blood banking, chemistry, hematology, serology and immunohematology and to serve as a reference resource for all laboratories, clinical and analytical, in New Jersey.
11. 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.
12. To reduce death and disability by improving response to medical emergencies, by assuring the availability of trained personnel for emergency medical services.
13. 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.), 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.
08. **Laboratory Services.** Performs comprehensive analytical and diagnostic laboratory services through five primary service categories on a 24-hour 7-days per 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**

	Actual FY 2008	Actual FY 2009	Revised FY 2010	Budget Estimate FY 2011
<b>PROGRAM DATA</b>				
<b>Vital Statistics</b>				
Searches .....	126,551	74,398	78,000	78,000
Certified Copies Issued .....	97,347	87,469	100,000	110,000
<b>Family Health Services</b>				
Agencies receiving health services grants .....	510	425	500	525

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	Actual FY 2008	Actual FY 2009	Revised FY 2010	Budget Estimate FY 2011
<b>Handicapped Children</b>				
Physically disabled children receiving services .....	42,663	43,700	44,500	45,100
Children newly registered with Special Child Health Services .....	8,625	7,362	9,100	9,500
<b>Maternal and Child Health</b>				
Infant mortality rate/1,000 live births .....	5.2 (a)	5.2	5.2	5.2
Infant born to mothers with no prenatal care/1,000 live births .....	11.0	11.0	11.0	11.0
Newborns screened for metabolic and genetic disorders ...	111,123	108,889	109,000	112,000
Number of infants to be followed .....	6,572	6,425	6,500	7,000
Number of infants in early intervention .....	19,358 (a)	20,074	21,000	22,000
HealthStart (prenatal) .....	27,806 (a)	27,134	28,500	29,000
Women assessed for alcohol use/abuse during pregnancy .	32,741	34,654	35,000	36,000
Women, Infants and Children (WIC) receiving services ...	280,752	294,471	310,000	320,000
<b>Family Planning</b>				
Women in reproductive years applying for and receiving services .....	130,647	131,984	133,300	---
<b>Poison Control</b>				
Children screened for lead poisoning .....	209,084 (a)	207,006	210,000	210,000
Number of lead poisoned children identified .....	2,041 (a)	1,560	1,500	1,500
<b>Adult Health</b>				
Adults served with Cystic Fibrosis .....	109	113	115	115
<b>Health Promotion</b>				
Persons screened and educated for breast and cervical cancer .....	21,494 (a)	21,276	21,000	21,000
Number of renal patients served .....	1,543 (a)	1,699	1,700	1,700
<b>Public Health Protection Services</b>				
<b>Cancer and Epidemiological Services</b>				
Number of new cancer cases reported .....	97,496 (a)	98,635	100,000	100,000
Number of cumulative cancer reports in master file .....	1,742,860 (a)	1,841,495	1,941,495	2,041,495
<b>Tuberculosis Control</b>				
TB cases on register as of June 30 .....	433 (a)	419	400	400
Visits to chest clinics .....	36,827 (a)	36,811	36,800	36,800
Percent of TB patients completing chemotherapy .....	91.0% (a)	91.0%	91.0%	91.0%
<b>Emergency Medical Services</b>				
Mobile intensive care paramedics certified/recertified ....	914	969	975	975
Emergency Medical Technicians certified/recertified .....	8,200	8,600	8,300	8,600
Helicopter response missions .....	3,000	3,000	3,000	3,000
Mobile intensive care unit's patient charts audited .....	1,000	1,000	1,000	1,000
Ambulance/invalid services licensed .....	393	450	450	400
Ambulance/invalid vehicles licensed .....	3,005	3,200	3,200	3,200
EMT training agencies certified .....	69	70	70	80
<b>Sexually Transmitted Diseases (STD)</b>				
Percent of STD clinic patients receiving education about HIV infection .....	80%	88%	85%	90%
Reported cases of early syphilis .....	569	617	650	650
Syphilis cases (early and late) brought to treatment by Department of Health .....	915	906	1,100	1,000
Reported cases of gonorrhea .....	6,077	4,777	6,500	4,300
Gonorrhea cases brought to treatment by Department of Health .....	1,992	1,578	2,250	1,500
Visits to STD clinics .....	18,866	19,002	20,000	19,500
Patients receiving diagnostic services .....	11,570	11,653	12,500	12,000
<b>Consumer Health</b>				
Pet spay/neuter surgeries performed .....	4,650	2,612	5,000	5,000
Registration of dogs (rabies control) .....	486,000	475,000	475,000	475,000
Environmental and sanitary inspections and investigations conducted .....	5,500	5,000	4,500	4,000
Number of food, drug and cosmetic embargoes, destructions and recalls .....	85	85	80	80

# HEALTH AND SENIOR SERVICES

	Actual FY 2008	Actual FY 2009	Revised FY 2010	Budget Estimate FY 2011
<b>Other Communicable Disease Control</b>				
Number of disease cases reported .....	15,600	16,000	16,000	16,000
Number of investigations of outbreaks .....	151	150	150	150
Levels of protection for children entering school against:				
Rubella .....	99%	99%	99%	99%
Measles .....	99%	99%	99%	99%
Mumps .....	99%	99%	99%	99%
Polio .....	99%	99%	99%	99%
Diphtheria .....	99%	99%	99%	99%
Infectious disease consultations .....	35,000	35,000	35,000	35,000
Non-outbreak investigations .....	305	300	300	300
<b>Public Employees Occupational Safety and Health</b>				
Complaint inspections conducted .....	487	444	373	379
Telephone consultations .....	638	741	600	600
Educational seminars presented .....	173	112	60	35
<b>Right to Know</b>				
Fact sheets written or revised .....	128	120	120	120
Public and private workplaces inspected .....	243	128	128	128
Telephone consultations .....	3,587	3,500	3,500	3,500
<b>Occupational Health Surveillance</b>				
Exposure and illness reports received .....	15,546	16,000	16,000	16,000
Educational materials mailed to public .....	4,897	5,000	5,000	3,000
In-depth industrial hygiene evaluations .....	18	20	20	20
Follow-up industrial hygiene evaluations .....	2	5	5	5
Work-related chronic disease and epidemiology studies ..	---	2	2	2
Worker interviews and mailings .....	507	600	600	300
<b>Environmental Health Services</b>				
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	4,000
Responses to acute environmental emergencies .....	20	20	20	20
Consultations provided to other agencies and to the public	35	35	35	35
Local health consultations, evaluations, and training services .....	11,050	11,050	11,050	11,000
<b>Laboratory Services</b>				
<b>Bacteriology</b>				
Specimens analyzed .....	102,268	104,874	106,600	106,600
<b>Inborn Errors of Metabolism</b>				
Specimens analyzed .....	128,973	130,191	131,500	131,500
<b>Chemistry</b>				
Occupational health samples examined .....	---	5	5	5
Sewage, stream & trade waste samples examined .....	12,704	14,927	13,500	13,500
Narcotic samples examined .....	112,372	109,333	98,800	98,800
Potable water samples examined .....	7,264	9,184	8,600	8,600
Food and milk samples examined .....	4,414	4,425	4,425	4,425
Blood lead samples examined .....	122	---	---	---
<b>Clinical Laboratory Services</b>				
Clinical laboratories licensed .....	2,264	2,470	2,500	2,500
Proficiency test samples (percent acceptable) .....	95%	95%	95%	95%
Proficiency test samples reviewed .....	57,500	57,500	28,750	320
Blood banks inspected .....	61	100	120	120
Clinical laboratory inspections .....	380	469	495	495
Blood banks licensed .....	296	317	320	325
<b>Serology</b>				
Routine screen tests for syphilis .....	22,909	22,239	22,400	22,400
<b>Virology</b>				
Specimens analyzed .....	66,017	32,067	57,400	57,400

# HEALTH AND SENIOR SERVICES

	Actual FY 2008	Actual FY 2009	Revised FY 2010	Budget Estimate FY 2011
<b>AIDS Services</b>				
Number of clients tested and counseled .....	75,000	75,000	75,000	75,000
Contact tracing of individuals .....	472	500	500	500
Hotline network calls .....	3,928	3,796	4,000	4,000
Living AIDS clients .....	17,946	18,977	19,410	19,410
HIV positive clients .....	17,439	17,451	17,916	17,916
Clients receiving early intervention services .....	8,429	8,500	8,500	8,500
Individuals reached/HIV training .....	975	1,318	1,100	1,100
AIDS Drug Distribution Program clients served .....	7,199	7,500	7,500	6,625

## PERSONNEL DATA

### Position Data

#### Filled Positions by Funding Source

State Supported .....	307	280	257	230
Federal .....	528	494	486	482
All Other .....	126	117	120	118
Total Positions .....	961	891	863	830

#### Filled Positions by Program Class

Vital Statistics .....	50	45	42	41
Family Health Services .....	193	184	176	184
Public Health Protection Services .....	460	420	418	386
Laboratory Services .....	123	117	111	104
AIDS Services .....	135	125	116	115
Total Positions .....	961	891	863	830

### Notes:

Actual payroll counts are reported for fiscal years 2008 and 2009 as of December and revised fiscal year 2010 as of January. The Budget Estimate for fiscal year 2011 reflects the number of positions funded. All Other includes positions supported by fees or other dedicated resources previously reported as State Supported.

(a) Revised to reflect finalized data.

## APPROPRIATIONS DATA (thousands of dollars)

Year Ending June 30, 2009					Year Ending June 30, 2011				
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Total Expended	Prog. Class.	2010 Adjusted Approp.	Requested	Recom- mended	
<b><u>DIRECT STATE SERVICES</u></b>									
<b>Distribution by Fund and Program</b>									
1,678	1,869	-1,260	2,287	2,271	01	1,323	1,323	1,323	
3,178	---	2,203	5,381	4,573	02	2,168	1,668	1,668	
23,593	2,670	123	26,386	24,887	03	20,347	11,058	11,058	
7,927	848	536	9,311	9,308	08	12,244	16,197	16,197	
1,991	273	289	2,553	2,302	12	1,401	1,401	1,401	
<b>38,367</b>	<b>5,660</b>	<b>1,891</b>	<b>45,918</b>	<b>43,341</b>		<b>37,483<sup>(a)</sup></b>	<b>31,647</b>	<b>31,647</b>	
<b>Distribution by Fund and Object</b>									
Personal Services:									
16,554	3,480 <sup>R</sup>	-907	19,127	19,125		14,033	14,433	14,433	
<b>Total Personal Services</b>									
16,554	3,480	-907	19,127	19,125		14,033	14,433	14,433	
2,229	55	---	2,284	1,986		2,229	2,229	2,229	
937	218	3,456	4,611	3,841		2,341	3,543	3,543	
153	---	34	187	187		153	1,606	1,606	
Special Purpose:									
87	---	---	87	85	02	87	87	87	
90	---	---	90	90	02	90	90	90	
300	---	-6	294	286	02	300	300	300	



# HEALTH AND SENIOR SERVICES

Year Ending June 30, 2009					Year Ending June 30, 2011				
Orig. & (S)Supplemental	Reapp. & (R)Recpts.	Transfers & (E)Emergencies	Total Available	Expended	Prog. Class.	2010 Adjusted Approp.	Requested	Recommended	
<b><u>DIRECT STATE SERVICES</u></b>									
500	---	---	500	443	Autism Registry	02	---	---	---
500	---	-328	172	171	Governor's Council for Medical Research and Treatment of Autism (b)	02	500	---	---
500	---	---	500	500	Public Awareness Campaign for Black Infant Mortality	02	500	500	500
---	---	290	290	267	Cancer Screening - Early Detection and Education Program	02	---	---	---
1,450	---	---	1,450	1,450	New Jersey Domestic Security Preparedness	03	1,450	260	260
400	---	-321	79	78	Cancer Registry	03	400	400	400
500	---	-18	482	480	Cancer Investigation and Education	03	500	500	500
---	---	218	218	184	Implementation of Comprehensive Cancer Control Program	03	---	---	---
50	---	---	50	50	Emergency Medical Services for Children	03	50	50	50
6,600	---	-317	6,283	6,083	School Based Programs and Youth Anti-Smoking	03	5,760	439	439
2,000	---	---	2,000	1,870	Anti-Smoking Programs	03	1,800	43	43
1,000	1,006	---	2,006	1,227	New Jersey State Commission on Cancer Research	03	1,000	94	94
150	---	---	150	149	Animal Welfare	03	150	150	150
2,367	---	-216	2,151	1,943	Worker and Community Right to Know	03	2,382	2,382	2,382
200	---	-32	168	162	New Jersey Coalition to Promote Cancer Prevention, Early Detection & Treatment	03	200	85	85
---	53	886	939	885	Public Health Services State Match	03	---	---	---
---	848 <sup>R</sup>	-848	---	---	Laboratory Services	08	---	---	---
1,800	---	---	1,800	1,799	New Jersey Domestic Security Preparedness	08	1,800	364	364
---	---	---	---	---	West Nile Virus - Laboratory	08	640	640	640
---	---	---	---	---	Additions, Improvements and Equipment		1,118	3,452	3,452
<b><u>GRANTS-IN-AID</u></b>									
<b>Distribution by Fund and Program</b>									
142,709	126	-2,291	140,544	108,237	Family Health Services	02	139,688	117,862	117,862
142,180	126	-2,291	140,015	107,714	(From General Fund)		139,159	117,333	117,333
529	---	---	529	523	(From Casino Revenue Fund)		529	529	529
60,544	9,059	-216	69,387	52,608	Public Health Protection Services	03	60,022	43,099	43,099
30,816	1,100	-1,471	30,445	27,382	AIDS Services	12	35,078	38,871	38,871
<b>234,069</b>	<b>10,285</b>	<b>-3,978</b>	<b>240,376</b>	<b>188,227</b>	<b>Total Grants-in-Aid</b>		<b>234,788</b>	<b>199,832</b>	<b>199,832</b>
233,540	10,285	-3,978	239,847	187,704	(From General Fund)		234,259	199,303	199,303
529	---	---	529	523	(From Casino Revenue Fund)		529	529	529
<b>Less:</b>									
---	---	---	---	---	Enhanced Federal Medicaid Matching Percentage		---	(3,768)	(3,768)
---	---	---	---	---	Federal Economic Stimulus		(10,800)	---	---
<b>234,069</b>	<b>10,285</b>	<b>-3,978</b>	<b>240,376</b>	<b>188,227</b>	<b>Total State Appropriation</b>		<b>223,988</b>	<b>196,064</b>	<b>196,064</b>
<b>Distribution by Fund and Object</b>									
Grants:									
7,749	126	---	7,875	7,553	Family Planning Services	02	7,453	---	---
1,208	---	---	1,208	1,208	Hemophilia Services	02	1,245 <sup>(c)</sup>	---	---
---	---	---	---	---	Maternal, Child and Chronic Health Services	02	---	26,756	26,756

# HEALTH AND SENIOR SERVICES

Year Ending June 30, 2009					Year Ending June 30, 2011				
Orig. & (S)Supplemental	Reapp. & (R)Recpts.	Transfers & (E)Emergencies	Total Available	Expended	Prog. Class.	2010 Adjusted Approp.	Requested	Recommended	
<b>GRANTS-IN-AID</b>									
2,441	---	---	2,441	2,335	Special Health Services for Handicapped Children	02	2,516 (c)	---	---
498	---	---	498	480	Chronic Renal Disease Services	02	488 (c)	---	---
368	---	---	368	368	Pharmaceutical Services for Adults With Cystic Fibrosis	02	379 (c)	---	---
34	---	---	34	34	Birth Defects Registry	02	35 (c)	---	---
529	---	---	529	523	Statewide Birth Defects Registry (CRF)	02	529	529	529
3,925	---	---	3,925	1,919	Community Provider Cost of Living Adjustment, Family Health Services	02	---	---	---
5,930	---	---	5,930	5,691	Maternal and Child Health Services	02	6,113 (c)	---	---
957	---	---	957	897	Lead Poisoning Program	02	987 (c)	---	---
569	---	---	569	569	Poison Control Center	02	587	587	587
100,104	---	---	100,104	72,434	Early Childhood Intervention Program	02	102,199	86,648	86,648
---	---	---	---	---	Early Intervention Contracts	02	892	892	892
707	---	---	707	707	Cleft Palate Programs	02	693 (c)	---	---
1,250	---	---	1,250	1,000	Tourette Syndrome Association of New Jersey	02	950 (c)	---	---
5,853	---	-1,261	4,592	4,542	Cancer Screening - Early Detection and Education Program	02	6,034 (c)	---	---
214	---	---	214	213	SIDS Assistance Act	02	221 (c)	---	---
323	---	---	323	323	Services to Victims of Huntington's Disease	02	317 (c)	---	---
---	---	---	---	---	Surveillance, Epidemiology, and End Results Expansion Program - CINJ	02	2,000	2,000	2,000
2,500	---	-2,000	500	---	Postpartum Education Campaign	02	2,000	450	450
2,000	---	---	2,000	1,567	Postpartum Screening	02	2,000 (c)	---	---
50	---	---	50	---	New Jersey Council on Physical Fitness and Sports	02	50 (c)	---	---
5,000	---	---	5,000	4,904	Federally Qualified Health Centers Capacity Expansion (d)	02	---	---	---
500	---	---	500	---	Federally Qualified Health Centers - Services to the Homeless	02	---	---	---
---	---	---	---	---	Infant Mortality Reduction Program	02	2,000 (c)	---	---
---	---	970	970	970	Family Health Services State Match	02	---	---	---
1,707	---	---	1,707	1,707	Tuberculosis Services	03	1,784 (c)	---	---
---	---	---	---	---	Medical Emergency Disaster Preparedness for Bioterrorism	03	4,000	---	---
1,500	---	-218	1,282	1,282	Implementation of Comprehensive Cancer Control Program	03	1,500	1,200	1,200
141	---	---	141	141	Community Provider Cost of Living Adjustment, Public Health Protection	03	---	---	---
922	---	---	922	922	Immunization Services	03	944 (c)	---	---
12,500	---	2	12,502	8,805	Hospital Asset Transformation Program - Debt Service	03	16,509 1,069 S	18,218	18,218
493	---	---	493	493	AIDS Communicable Disease Control	03	535 (e)	---	---
20,000	---	---	20,000	20,000	Cancer Institute of New Jersey	03	18,000	18,000	18,000

## HEALTH AND SENIOR SERVICES

Year Ending June 30, 2009					Year Ending June 30, 2011				
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended		2010 Prog. Class.	Adjusted Approp.	Requested	Recom- mended
					<b>GRANTS-IN-AID</b>				
6,000	8,978	---	14,978	8,978	Cancer Institute of New Jersey, South Jersey Program - Debt Service	03	5,400	5,400	5,400
17,000	81	---	17,081	9,999	Cancer Research	03	10,000	---	---
281	---	---	281	281	Worker and Community Right to Know	03	281	281	281
1,609	115	---	1,724	612	Community Provider Cost of Living Adjustment, AIDS Services	12	---	---	---
20,307	985	-1,471	19,821	19,252	AIDS Grants	12	21,116 <sup>(e)</sup>	21,651	21,651
4,200	---	---	4,200	4,018	Rapid AIDS Testing	12	4,200	---	---
4,700	---	---	4,700	3,500	AIDS Drug Distribution Program	12	9,762	17,220	17,220
					<i>Less:</i>				
					<i>Deductions</i>				
					(10,800) (3,768) (3,768)				
					<b>STATE AID</b>				
					<b>Distribution by Fund and Program</b>				
2,400	---	-14	2,386	2,386	Public Health Protection Services	03	2,400	---	---
<b>2,400</b>	<b>---</b>	<b>-14</b>	<b>2,386</b>	<b>2,386</b>	<b>Total State Aid</b>		<b>2,400</b>	<b>---</b>	<b>---</b>
					<b>Distribution by Fund and Object</b>				
					State Aid:				
2,400	---	-457	1,943	1,943	Public Health Priority Funding	03	2,400	---	---
---	---	443	443	443	Public Health Services State Match	03	---	---	---
					<b>CAPITAL CONSTRUCTION</b>				
					<b>Distribution by Fund and Program</b>				
---	140	---	140	55	Laboratory Services	08	---	---	---
---	<b>140</b>	---	<b>140</b>	<b>55</b>	<b>Total Capital Construction</b>		---	---	---
					<b>Distribution by Fund and Object</b>				
					<b>Division of Public Health and Environmental Laboratories</b>				
---	33	---	33	27	Improvements to Laboratories and Installed Equipment	08	---	---	---
---	59	---	59	28	Laboratory Equipment	08	---	---	---
---	2	---	2	---	Warehouse Equipment	08	---	---	---
---	46	---	46	---	Clinical Laboratory Services - Automation	08	---	---	---
<b>274,836</b>	<b>16,085</b>	<b>-2,101</b>	<b>288,820</b>	<b>234,009</b>	<b>Grand Total State Appropriation</b>		<b>263,871</b>	<b>227,711</b>	<b>227,711</b>
<b>OTHER RELATED APPROPRIATIONS</b>									
<b>Federal Funds</b>									
1,100	1,097	---	2,197	1,231	Vital Statistics	01	1,100	1,100	1,100
203,102									
7,406 <sup>S</sup>	41,120	3,021	254,649	189,998	Family Health Services	02	219,661	225,741	225,741
70,926	10,028	1,283	82,237	53,412	Public Health Protection Services	03	73,304 38,643 <sup>S</sup>	94,243	94,243
6,931									
41 <sup>S</sup>	632	388	7,992	3,385	Laboratory Services	08	5,877	5,877	5,877
<b>77,005</b>	<b>19,401</b>	<b>---</b>	<b>96,406</b>	<b>66,458</b>	AIDS Services	12	<b>75,345</b>	<b>77,445</b>	<b>77,445</b>
<b>366,511</b>	<b>72,278</b>	<b>4,692</b>	<b>443,481</b>	<b>314,484</b>	<b>Total Federal Funds</b>		<b>413,930</b>	<b>404,406</b>	<b>404,406</b>
<b>All Other Funds</b>									
---	1,140 808 <sup>R</sup>	---	1,948	1,477	Vital Statistics	01	2,900	2,400	2,400
---	34,211 54,204 <sup>R</sup>	41,779	130,194	96,150	Family Health Services	02	61,506	73,506	73,506

# HEALTH AND SENIOR SERVICES

Orig. & (S)Supplemental	Year Ending June 30, 2009				2010 Adjusted Approp.	Prog. Class.	Year Ending June 30, 2011		
	Reapp. & (R)Recpts.	Transfers & (E)Emergencies	Total Available	Expended			Requested	Recommended	
<b>OTHER RELATED APPROPRIATIONS</b>									
---	11,254 4,645 <sup>R</sup>	8,885	24,784	20,814	Public Health Protection Services <sup>(f)</sup>	03	13,002	13,562	13,562
---	597 2 <sup>R</sup>	---	599	415	Laboratory Services	08	800	825	825
---	11,389 25,011 <sup>R</sup>	---	36,400	22,619	AIDS Services	12	25,000	25,000	25,000
---	<u>143,261</u>	<u>50,664</u>	<u>193,925</u>	<u>141,475</u>	<i>Total All Other Funds</i>		<u>103,208</u>	<u>115,293</u>	<u>115,293</u>
<u>641,347</u>	<u>231,624</u>	<u>53,255</u>	<u>926,226</u>	<u>689,968</u>	<b>GRAND TOTAL ALL FUNDS</b>		<u>781,009</u>	<u>747,410</u>	<u>747,410</u>

## Notes -- Direct State Services - General Fund

(a) The fiscal year 2010 appropriation has been adjusted for the allocation of salary program, the annualized savings from continued attrition, and the reallocation of management and procurement efficiencies.

## Notes -- Grants-In-Aid - General Fund

- (b) The Governor's Council for Medical Research and Treatment of Autism will be supported by off-budget resources in fiscal 2011.
- (c) The fiscal year 2011 recommendations have been consolidated into Maternal, Child and Chronic Health Services.
- (d) \$40 million for uninsured visits to Federally Qualified Health Centers is funded from the Health Care Subsidy Fund.
- (e) The fiscal year 2011 recommendations have been consolidated into AIDS Grants.

## Notes -- All Other Funds

(f) 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 2011. 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 hereinabove appropriated, 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 to the contrary, there is appropriated \$500,000 from the Autism Medical Research and Treatment Fund for the operations of New Jersey's Autism Registry.

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.

Notwithstanding the provisions of any law to the contrary, there is appropriated \$500,000 from the Autism Medical Research and Treatment Fund for the operations of the Governor's Council for Medical Research and Treatment of Autism.

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 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 \$614,000, 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.

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.

Notwithstanding the provisions of any law or regulation to the contrary, \$1,000,000 from the Cancer Research Fund established pursuant to P.L.1982, c.40 (C.54:40A-37.1) is transferred to the General Fund.

The unexpended balance at the end of the preceding fiscal year in the Services Other Than Personal account in the Division of Public Health and Environmental Laboratories is appropriated for the costs of relocating the Public Health, Environmental and Agricultural Laboratory.

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

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 Maternal, Child and Chronic Health Services, 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.

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 amounts hereinabove appropriated for the AIDS Drug Distribution Program (ADDP) shall not be spent unless the AIDS Drug Distribution Program is 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 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 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, 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.

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 current New Jersey Early Intervention System Family Cost Participation Handbook.

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.26:2I-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.

# HEALTH AND SENIOR SERVICES

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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 Management 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, South Jersey Program - Debt Service account are appropriated to the program for cancer-related capital equipment, design, engineering and construction expenses.

Of the amount hereinabove appropriated for the Surveillance, Epidemiology and End Results Expansion Program-CINJ account, 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.

In addition to the amount hereinabove appropriated for the Early Childhood Intervention Program, such additional sums as may be necessary are appropriated for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.

Of the amount hereinabove appropriated for AIDS Grants, savings realized from reduced transportation costs may be transferred to the AIDS Drug Distribution Program account, subject to the approval of the Director of the Division of Budget and Accounting.

Upon a determination by the Commissioner of Health and Senior Services, made in consultation with the State Treasurer, that additional State funding is necessary to reimburse centers for services to uninsured clients, the Director of the Division of Budget and Accounting shall authorize the appropriation of such sums as the commissioner determines are necessary for grants to federally qualified health centers.

Notwithstanding the provisions of any law or regulation to the contrary, no amounts hereinabove appropriated for the AIDS Drug Distribution Program shall be expended for vitamins, cough/cold medications, drugs used for the treatment of erectile dysfunction, or cosmetic drugs, including but not limited to: drugs used for baldness and weight loss.

Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for the AIDS Drug Distribution Program shall be conditioned upon the following provision: the annual income eligibility for participation in this program shall not exceed 300% of federal poverty level. No funds shall be expended for recipients earning greater than 300% of the federal poverty level.

## Language Recommendations -- State Aid - General Fund

Notwithstanding the provisions of any law or regulation to the contrary, none of the monies appropriated to the Department of Health and Senior Services are appropriated to public health priority programs under P.L.2008, c.29 (N.J.S.A. 26:2F-1 et seq.).

## 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 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 programs for on-site inspections, compliance and enforcement, certificate of need review, and licensing of health care facilities including Acute Care Hospitals, Adult and Pediatric Day Health Services, Ambulatory Surgery Centers, Assisted Living, Dialysis Centers, Federally Qualified Health Centers, Home Health Agencies, Nursing Homes, Primary Care Providers, Private Psychiatric Hospitals, and Rehabilitation Hospitals; maintains a state survey and federal certification program for nursing homes; investigates complaints received from consumers and other government agencies regarding health care facilities; develops new and revises existing licensing standards; certifies nurse aides in long term care facilities, including criminal background checks and training programs; issues assessments on ambulatory care centers and provides consumers and professionals with information on health care

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facilities. 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.

07. **Health Care Systems Analysis.** Administers the allocation of health care subsidy funds for hospitals and other health care

initiatives; reviews and analyzes 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 administers and develops analytical data, which includes data on all vital health events to determine the health status of New Jerseyans.

## EVALUATION DATA

	Actual FY 2008	Actual FY 2009	Revised FY 2010	Budget Estimate FY 2011
<b>PROGRAM DATA</b>				
<b>Long Term Care Systems</b>				
Licensed health care facilities .....	790	790	800	810
Licensed nursing home administrators .....	950	1,014	1,025	1,035
Total licenses issued .....	904	883	900	920
Number of beds licensed .....	83,816	84,400	84,500	84,600
Total inspections Long Term Care .....	1,235	1,231	1,231	1,231
Total Complaint Investigations Long Term Care .....	1,996	1,797	1,800	1,800
Total federally certified non-state licensed facilities .....	9	8	8	8
Total federally certified non-state licensed beds .....	3,661	3,647	3,647	3,647
Administrative actions/penalties .....	46	30	30	30
Federal enforcement actions .....	1,213	1,298	1,300	1,300
Nurse Aide applications processed .....	20,103	20,115	21,000	21,000
Inspections of Acute Care Facilities .....	767	597	625	625
Total Complaint Investigations Acute Care .....	964	635	700	700
Acute Health Care facilities licensed .....	1,035	1,085	1,100	1,125
Acute Health Care facilities license applications processed ..	1,340	1,336	1,360	1,390
Acute Health Care facilities enforcement actions/penalties ...	32	35	35	35
Certificate of Need (CN) applications processed .....	109	55	55	70
<b>Health Care Systems Analysis</b>				
Hospital charity care audits .....	320	303	298	296
Collection and analysis of hospital cost, financial, and utilization data				
By patient .....	4,200,000	4,200,000	4,200,000	4,200,000
By hospital .....	80	78	74	71
Hospital performance report - distribution .....	15,000	15,000	15,000	15,000
Cardiac surgery report - consumer .....	400	400	400	400

## PERSONNEL DATA

### Position Data

#### Filled Positions by Funding Source

State Supported .....	115	99	96	95
Federal .....	103	100	97	101
All Other .....	47	44	42	37
Total Positions .....	265	243	235	233

#### Filled Positions by Program Class

Long Term Care Systems .....	203	182	178	182
Health Care Systems Analysis .....	62	61	57	51
Total Positions .....	265	243	235	233

### Notes:

Actual payroll counts are reported for fiscal years 2008 and 2009 as of December and revised fiscal year 2010 as of January. The Budget Estimate for fiscal year 2011 reflects the number of positions funded.

## APPROPRIATIONS DATA (thousands of dollars)

Year Ending June 30, 2009					Year Ending June 30, 2011			
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended	2010 Prog. Class.	Adjusted Approp.	Requested	Recom- mended
<b><u>DIRECT STATE SERVICES</u></b>								
<b>Distribution by Fund and Program</b>								
5,562	2,587	-2,380	5,769	5,686	06	4,598	4,598	4,598

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Year Ending June 30, 2009					Year Ending June 30, 2011			
Orig. & (S)Supplemental	Reapp. & (R)Recpts.	Transfers & (E)Emergencies	Total Available	Expended	Prog. Class.	2010 Adjusted Approp.	Requested	Recommended
2,682	5,487	-4,305	3,864	3,805				
<b>8,244</b>	<b>8,074</b>	<b>-6,685</b>	<b>9,633</b>	<b>9,491</b>				
					<b>DIRECT STATE SERVICES</b>			
					07	1,651	1,651	1,651
						<b>6,249</b> (a)	<b>6,249</b>	<b>6,249</b>
					<b>Distribution by Fund and Object</b>			
					Personal Services:			
6,049	5,450 <sup>R</sup>	-3,992	7,507	7,499		4,143	4,143	4,143
6,049	5,450	-3,992	7,507	7,499		4,143	4,143	4,143
73	---	-30	43	24		73	73	73
506	---	-61	445	442		441	441	441
200	---	---	200	200		176	176	176
					Special Purpose:			
---	2,550 <sup>R</sup>	-2,550	---	---	06	---	---	---
979	---	-52	927	926				
400	---	---	400	400	06	979	979	979
37	74	---	111	---	06	400	400	400
						37	37	37
					<b>GRANTS-IN-AID</b>			
					<b>Distribution by Fund and Program</b>			
105,962	---	-923	105,039	105,039	07	27,789	61,995	61,995
<b>105,962</b>	<b>---</b>	<b>-923</b>	<b>105,039</b>	<b>105,039</b>		<b>27,789</b>	<b>61,995</b>	<b>61,995</b>
					<b>Distribution by Fund and Object</b>			
					Grants:			
129,962	---	-923	105,039	105,039				
-24,000 <sup>S</sup>	---	---	---	---	07	3,143		
						24,646 <sup>S</sup>	61,995	61,995
<b>114,206</b>	<b>8,074</b>	<b>-7,608</b>	<b>114,672</b>	<b>114,530</b>		<b>34,038</b>	<b>68,244</b>	<b>68,244</b>
					<b>OTHER RELATED APPROPRIATIONS</b>			
					<b>Federal Funds</b>			
19,493	-908	---	18,585	7,491	06	19,493	19,493	19,493
97,050								
7,690 <sup>S</sup>	537	---	105,277	100,510	07	121,686	119,586	119,586
<b>124,233</b>	<b>-371</b>	<b>---</b>	<b>123,862</b>	<b>108,001</b>		<b>141,179</b>	<b>139,079</b>	<b>139,079</b>
					<b>All Other Funds</b>			
---	1,708	---	2,135	695	06	3,468	3,468	3,468
	927 <sup>R</sup>	-500						
---	3,407	---	50,573	48,376	07	93,375	122,067	122,067
---	90,931 <sup>R</sup>	-43,765				96,843	125,535	125,535
---	96,973	-44,265	52,708	49,071				
<b>238,439</b>	<b>104,676</b>	<b>-51,873</b>	<b>291,242</b>	<b>271,602</b>		<b>272,060</b>	<b>332,858</b>	<b>332,858</b>

## Notes -- Direct State Services - General Fund

(a) The fiscal year 2010 appropriation has been adjusted for the allocation of salary program and continued attrition.

## 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.

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).

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 in State Fiscal Year (SFY) 2011 shall be calculated pursuant to section 3 of P.L.2004, c.113 (C.26:2H-18.59i), except that: (a) in paragraph (1) of subsection b. of section 3 of P.L.2004, c.113, source data used shall be from calendar year 2009 for documented charity care claims data and hospital-specific gross revenue for charity care patients, and shall include all adjustments and void claims related to calendar year 2009 and any prior year submitted claim, as submitted by each acute care hospital or determined by the Department of Health and Senior Services (DHSS); (b) in paragraph (1) of subsection b. of section 3 of P.L.2004, c.113, source data used for each hospital's total gross revenue for all patients shall be from the Acute Care Hospital Cost Report as defined by Form E4, Line 1, Column E data and shall be according to the DHSS advance submission request dated February 11, 2010, as submitted by each acute care hospital by March 11, 2010, and source data used for Medicare Cost Report data shall be from calendar year 2008; (c) for an eligible hospital that failed to submit its total gross revenue for all patients from the Acute Care Hospital Cost Report as defined by Form E4, Line 1, Column E data according to the DHSS advance submission request dated February 11, 2010, in paragraph (1) of subsection b. of section 3 of P.L.2004, c.113, source data from calendar year 2008 shall be used for hospital-specific gross revenue for charity care patients and for hospital total gross revenue for all patients as defined by Form E4, Line 1, Column E; (d) each eligible hospital shall be assigned to one of two tiers based on its initial Relative Charity Care Percentage (RCCP) as calculated in paragraph (1) of subsection b. of section 3 of P.L.2004, c.113, with Tier 1 hospitals having an initial RCCP greater than 5%, and Tier 2 hospitals having an initial RCCP less than Tier 1; (e) the hospital-specific subsidy initially calculated in accordance with subsections a. and b. of section 3 of P.L.2004, c.113 for each eligible hospital shall not be reduced for Tier 1 hospitals, and shall be reduced by 50% for Tier 2 hospitals; (f) for each eligible hospital the difference shall be calculated between its initial calculated SFY 2011 charity care subsidy and its total SFY 2010 charity care allocation including any reallocations; (g) if an eligible hospital's initial calculated SFY 2011 charity care subsidy is more than its total SFY 2010 amount including any reallocations, the hospital-specific subsidy calculation for each eligible hospital shall be its total SFY 2010 amount including any reallocations plus 55% of the difference calculated above; (h) if an eligible hospital's initial calculated SFY 2011 charity care subsidy is less than its total SFY 2010 amount including any reallocations, the hospital-specific subsidy calculation for each eligible hospital shall be its total SFY 2010 amount including any reallocations minus 55% of the difference calculated above; (i) if the hospital-specific subsidy calculated thus far for an eligible hospital is calculated to be more than 98% of its documented charity care for calendar year 2009, the hospital-specific subsidy for each hospital shall be reduced to 98% of its documented charity care; and (j) the hospital-specific subsidy for an eligible hospital assigned to Tier 2 shall not be less than 15% of its documented charity care for calendar year 2009. The resulting number will constitute each eligible hospital's SFY 2011 Charity Care subsidy allocation. A proportionate increase will be applied to all hospitals if necessary such that the calculated SFY 2011 charity care subsidy allocation for all hospitals totaled shall not exceed \$665,000,000.

Of the amount hereinabove appropriated for Health Care Subsidy Fund Payments, any amounts not allocated to a hospital-specific State fiscal year 2010 charity care subsidy is appropriated, subject to the approval of the Director of the Division of Budget and Accounting, to the Health Care Stabilization Fund established pursuant to P.L.2008, c.33 and applied as set forth in such act. Combined funding for charity care and the Health Care Stabilization Fund shall not exceed \$695,000,000.

Notwithstanding the provisions of any law or regulation to the contrary, any funds remaining as the result of closure of a hospital, eligible to receive Disproportionate Share Hospital (DSH) funds, shall be redistributed at the discretion of the Commissioner of the Department of Health and Senior Services. Factors the commissioner will consider shall include, but not be limited to, maintenance of continued timely access to essential health services for persons eligible to participate in charity care, and continued operation in the same or adjoining municipality as the closed hospital of an acute care hospital, eligible to receive DSH funds, and serving substantially the same eligible population. Notice of such redistribution shall be provided to the Joint Budget Oversight Committee within five business days of each redistribution.

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 an acute care hospital to ensure appropriate use of public funds.

The amounts hereinabove appropriated for Charity Care or other funding to a health care facility is conditioned upon the following requirement: such health care facility shall participate in planning meetings supervised by the Department of Health and Senior Services for the planning of the provision of hospital, medical or health programs and services, and shall, to the extent permitted by State and federal law, share patient level data as needed to facilitate such purposes.

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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.

## 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 2008	Actual FY 2009	Revised FY 2010	Budget Estimate FY 2011
<b>PERSONNEL DATA</b>				
Affirmative Action Data				
Male Minority	170	140	143	143
Male Minority %	7.9	7.2	8.2	8.2
Female Minority	595	500	510	510
Female Minority %	27.6	25.7	29.1	29.1
Total Minority	765	640	653	653
Total Minority %	35.4	32.9	37.2	37.2
<b>Position Data</b>				
Filled Positions by Funding Source				
State Supported	78	68	66	63
Federal	13	11	10	10
All Other	121	119	110	107
Total Positions	212	198	186	180
Filled Positions by Program Class				
Administration and Support Services	212	198	186	180
Total Positions	212	198	186	180

### Notes:

Actual payroll counts are reported for fiscal years 2008 and 2009 as of December and revised fiscal year 2010 as of January. The Budget Estimate for fiscal year 2011 reflects the number of positions funded.

### APPROPRIATIONS DATA (thousands of dollars)

Year Ending June 30, 2009					Year Ending June 30, 2011				
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Total Expended	Prog. Class.	2010 Adjusted Approp.	Requested	Recom- mended	
<b>DIRECT STATE SERVICES</b>									
<b>Distribution by Fund and Program</b>									
3,498	2	5,525	9,025	8,999	Administration and Support Services	99	3,135	3,102	3,102

# HEALTH AND SENIOR SERVICES

Year Ending June 30, 2009					Year Ending June 30, 2011			
Orig. & (S)Supplemental	Reapp. & (R)Recpts.	Transfers & (E)Emergencies	Total Available	Expended	Prog. Class.	2010 Adjusted Approp.	Requested	Recommended
<b>DIRECT STATE SERVICES</b>								
3,498	2	5,525	9,025	8,999	<b>Total Direct State Services</b>			
						3,135	3,102	3,102
<b>Distribution by Fund and Object</b>								
Personal Services:								
1,377	2 <sup>R</sup>	5,995	7,374	7,373	Salaries and Wages			
						1,264	1,264	1,264
1,377	2	5,995	7,374	7,373	<b>Total Personal Services</b>			
49	---	---	49	36	Materials and Supplies			
						49	49	49
488	---	-250	238	238	Services Other Than Personal			
						238	238	238
Special Purpose:								
1,500	---	-220	1,280	1,279				
					99	1,500	1,500	1,500
84	---	---	84	73				
					99	84	51	51
<b>CAPITAL CONSTRUCTION</b>								
<b>Distribution by Fund and Program</b>								
---	11	---	11	---	Administration and Support Services			
					99	---	---	---
---	11	---	11	---	<b>Total Capital Construction</b>			
						---	---	---
<b>Distribution by Fund and Object</b>								
<b>Division of Management and Administration</b>								
---	1	---	1	---	Information Processing Network - Infrastructure Upgrade			
					99	---	---	---
---	3	---	3	---	Infrastructure Network			
					99	---	---	---
---	7	---	7	---	"E"Public Health			
					99	---	---	---
3,498	13	5,525	9,036	8,999	<b>Grand Total State Appropriation</b>			
						3,135	3,102	3,102
<b>OTHER RELATED APPROPRIATIONS</b>								
<b>Federal Funds</b>								
3,423	649	---	4,072	1,546	Administration and Support Services			
					99	4,023	4,023	4,023
3,423	649	---	4,072	1,546	<b>Total Federal Funds</b>			
						4,023	4,023	4,023
<b>All Other Funds</b>								
---	5,203	---	15,526	5,189	Administration and Support Services			
	5,762 <sup>R</sup>	4,561	15,526	5,189	99	1,500	1,500	1,500
---	10,965	4,561	15,526	5,189	<b>Total All Other Funds</b>			
						1,500	1,500	1,500
6,921	11,627	10,086	28,634	15,734	<b>GRAND TOTAL ALL FUNDS</b>			
						8,658	8,625	8,625

## 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 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

# HEALTH AND SENIOR SERVICES

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 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

\$24,432 if single or \$29,956 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 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 2008	Actual FY 2009	Revised FY 2010	Budget Estimate FY 2011
<b>PROGRAM DATA</b>				
<b>Medical Services for the Aged</b>				
Nursing Home Services:				
Per diem .....	\$168.60	\$177.23	\$176.14	\$176.07
Patient days .....	10,640,443	10,579,258	10,589,837	10,600,427
Gross annual cost (a) .....	\$1,794,008,010	\$1,874,923,632	\$1,865,262,000 <sup>(e)</sup>	\$1,866,430,000
Medical Day Care Services:				
Per diem .....	\$91.30	\$92.37	\$88.24	\$88.89
Total days .....	2,119,103	2,289,175	2,449,417	2,167,734
Gross annual cost .....	\$193,471,243	\$211,457,429	\$216,128,000	\$192,690,000
Global Budget for Long Term Care (b):				
Clients Served .....	10,912	10,101	11,111	11,789
Gross annual cost .....	\$129,518,147	\$152,130,424	\$190,162,000	\$189,002,000
<b>Pharmaceutical Assistance to the Aged and Disabled</b>				
Pharmaceutical Assistance to the Aged (PAA) Only:				
Average monthly eligibles .....	10,219	9,302	7,223	7,079
Average monthly prescriptions per eligible .....	2.15	1.84	1.71	1.58
Cost per prescription (excludes cost sharing) .....	\$24.30	\$24.81	\$25.30	\$21.79
Annual Cost .....	\$6,408,437	\$5,095,578	\$3,750,000	\$2,925,000
Pharmaceutical Assistance to the Aged & Disabled (PAAD) Only:				
Aged				
Average monthly eligibles .....	130,051	124,327	119,623	117,231
Average monthly prescriptions per eligible .....	2.84	2.72	2.67	2.18
Cost per prescription (excludes cost sharing) .....	\$37.56	\$38.52	\$39.87	\$37.34
Gross Cost PAAD Program (Aged only) .....	\$166,248,157	\$156,315,442	\$152,810,583	\$114,512,480
Disabled				
Average monthly eligibles .....	28,563	29,225	28,532	28,247
Average monthly prescriptions per eligible .....	3.23	3.02	2.99	2.42
Cost per prescription (excludes cost sharing) .....	\$50.87	\$52.89	\$58.30	\$55.39
Gross Cost PAAD Program (Disabled only) .....	\$56,352,366	\$56,011,425	\$59,686,417	\$45,433,520

# HEALTH AND SENIOR SERVICES

	Actual FY 2008	Actual FY 2009	Revised FY 2010	Budget Estimate FY 2011
<b>Total State PAAD Costs</b>				
Prescription drug expenses .....	229,008,960	217,422,445	216,247,000	162,871,000
Payments for Medicare Part D monthly premiums .....	\$23,060,711	\$29,650,903	\$35,000,000	\$40,000,000
PAAD manufacturers' rebates (c) .....	(\$12,301,386)	(\$34,752,697)	(\$34,000,000)	(\$27,000,000)
PAAD recoveries .....	(\$8,138,449)	(\$7,912,581)	(\$5,000,000)	(\$4,000,000)
Net Annual Cost .....	\$231,629,835	\$204,408,070	\$212,247,000	\$171,871,000
Total General Fund .....	\$11,571,826	\$5,095,578	\$106,879,000 (e)	\$75,366,000
Total Casino Revenue Fund .....	\$220,058,009	\$199,312,492	\$105,368,000	\$96,505,000
<b>Senior Gold</b>				
<b>Aged</b>				
Average monthly eligibles .....	20,967	20,405	21,230	20,805
Average monthly prescriptions per eligible .....	2.14	1.88	1.75	1.19
Cost per prescription (excludes cost sharing) .....	\$19.68	\$17.41	\$18.79	\$18.41
Gross Cost Senior Gold Program (Aged only) .....	\$10,613,570	\$8,014,464	\$8,377,146	\$5,470,879
<b>Disabled</b>				
Average monthly eligibles .....	1,255	1,401	1,579	1,581
Average monthly prescriptions per eligible .....	2.46	2.14	1.90	1.44
Cost per prescription (excludes cost sharing) .....	\$34.33	\$26.48	\$26.16	\$25.45
Gross Cost Senior Gold Program (Disabled only) .....	\$1,272,392	\$954,897	\$941,854	\$695,121
<b>Total State Senior Gold Costs</b>				
Gross Annual Cost Senior Gold .....	\$11,885,962	\$8,969,361	\$9,319,000	\$6,166,000
Manufacturers' rebates .....	(\$1,236,106)	(\$1,341,796)	(\$1,000,000)	(\$1,000,000)
Net Annual Cost .....	\$10,649,856	\$7,627,565	\$8,319,000	\$5,166,000
Total General Fund (d) .....	\$10,649,856	\$7,627,565	\$8,319,000	\$5,166,000
<b>Programs for the Aged</b>				
<b>Services and Service Units Provided:</b>				
Congregate meals service .....	1,883,163	1,860,087	1,960,000	1,925,000
Home delivered meals service .....	4,080,623	4,081,000	4,181,000	4,146,000
Transportation service .....	934,453	816,416	817,000	817,000
Information and referral service .....	354,945	389,759	390,000	390,000
Telephone reassurance service .....	252,397	251,522	252,000	252,000
Outreach service .....	94,469	57,549	58,000	58,000
Personal care service .....	744,476	813,872	814,000	814,000
Legal service .....	24,881	26,857	27,000	27,000
Housekeeping and chore services .....	427,961	384,148	385,000	385,000
Education and training services .....	39,834	60,918	61,000	61,000
Case management service .....	189,900	166,207	167,000	167,000
Physical health services .....	77,206	89,197	89,000	89,000
<b>Congregate Housing Services Program</b>				
Persons served .....	3,095	2,883	3,041	3,000
Site locations .....	65	65	65	65
<b>Adult Protective Services</b>				
Persons served .....	4,081	4,052	4,100	4,100
<b>Health Insurance Counseling</b>				
Clients served .....	405,000	1,045,000	2,000,000	2,500,000
<b>Security Housing and Transportation</b>				
Clients served .....	7,251	7,929	7,900	7,900
<b>Gerontology Services</b>				
Geriatric Patients Served .....	3,362	5,330	4,500	4,500
Alzheimer's Day Care Units Provided .....	56,348	46,222	50,000	50,000
Persons Trained in Gerontology .....	3,507	3,371	4,000	4,200
Caregivers Receiving Respite Care .....	2,289	2,310	2,300	2,300
<b>Office of the Public Guardian</b>				
<b>Office of the Public Guardian</b>				
Number of inquiries .....	695	726	3,624	3,725
Number of cases handled .....	2,887	3,204	3,528	3,859
Number of court-appointed cases .....	331	317	324	331

# HEALTH AND SENIOR SERVICES

	Actual FY 2008	Actual FY 2009	Revised FY 2010	Budget Estimate FY 2011
<b>PERSONNEL DATA</b>				
<b>Position Data</b>				
Filled Positions by Funding Source				
State Supported .....	279	262	247	247
Federal .....	118	119	124	126
All Other .....	30	25	24	27
Total Positions .....	427	406	395	400
Filled Positions by Program Class				
Medical Services for the Aged .....	170	173	173	176
Pharmaceutical Assistance to the Aged & Disabled .....	157	146	136	137
Lifeline .....	15	12	11	11
Programs for the Aged .....	44	37	38	37
Office of the Public Guardian .....	41	38	37	39
Total Positions .....	427	406	395	400

**Notes:**

- Actual payroll counts are reported for fiscal years 2008 and 2009 as of December and revised fiscal year 2010 as of January. The Budget Estimate for fiscal year 2011 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 year 2008 represent services provided through the Community Care Alternatives and Assisted Living Services programs. Beginning 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.
- (e) Reflects projected fiscal 2010 program spending after mid-year reductions implemented to rebalance the fiscal 2010 budget.

**APPROPRIATIONS DATA**  
(thousands of dollars)

Year Ending June 30, 2009					Year Ending June 30, 2011				
Orig. & (S) Supplemental	Reapp. & (R) Recpts.	Transfers & (E) Emergencies	Total Available	Total Expended	Prog. Class.	2010 Adjusted Approp.	Requested	Recommended	
<b>DIRECT STATE SERVICES</b>									
<b>Distribution by Fund and Program</b>									
4,737	23	4,364	9,124	8,443	22	4,501	3,951	3,951	
8,655	1,388	3,496	13,539	12,269					
---	22	---	22	---	24	7,801	6,078	6,078	
1,333	153	315	1,801	1,632	28	---	---	---	
462	65	181	708	694	55	1,234	1,234	1,234	
871	88	134	1,093	938		363	363	363	
---	1	---	1	---		871	871	871	
850	---	-12	838	833	56	---	---	---	
					57	634	634	634	
<b>15,575</b>	<b>1,587</b>	<b>8,163</b>	<b>25,325</b>	<b>23,177</b>		<b>14,170</b>	<b>11,897</b>	<b>11,897</b>	
14,704	1,499	8,029	24,232	22,239		13,299 <sup>(a)</sup>	11,026	11,026	
871	88	134	1,093	938		871	871	871	
<b>Distribution by Fund and Object</b>									
Personal Services:									
8,756	---	240	8,996	8,941		7,715	7,715	7,715	
796	---	-66	730	728		658	658	658	
---	---	---	---	---		138	138	138	
9,552	---	174	9,726	9,669		8,511	8,511	8,511	
8,756	---	240	8,996	8,941		7,715	7,715	7,715	
796	---	-66	730	728		796	796	796	
163	1	---	164	11		163	163	163	
14	---	---	14	---		14	14	14	
2,904	---	-600	2,304	2,230		2,540	2,540	2,540	

# HEALTH AND SENIOR SERVICES

Year Ending June 30, 2009					Year Ending June 30, 2011			
Orig. & (S)Supplemental	Reapp. & (R)Recpts.	Transfers & (E)Emergencies	Total Available	Expended	Prog. Class.	2010 Adjusted Approp.	Requested	Recommended
<b><u>DIRECT STATE SERVICES</u></b>								
47	---	134	181	127				
						47	47	47
437	---	-11	426	421		437	437	437
2	---	---	2	---		2	2	2
Special Purpose:								
550	---	-241	309	309	22	550	---	---
---	---	500	500	346	22	---	---	---
---	---	4,100	4,100	3,702	22	---	---	---
1,723	1,350	---	3,073	2,032	24	1,723	---	---
---	---	3,850	3,850	3,850	24	---	---	---
---	51	66	117	83	55	---	---	---
---	---	191	191	191	55	---	---	---
143	65	---	208	206	55	143	143	143
28	83	---	111	---		28	28	28
12	37	---	49	---		12	12	12
<b><u>GRANTS-IN-AID</u></b>								
<b>Distribution by Fund and Program</b>								
870,588	---	-4,600	865,988	787,004	22	979,482	946,181	946,181
842,758	---	-4,600	838,158	762,370		951,652	946,061	946,061
27,830	---	---	27,830	24,634		27,830	120	120
256,228	36,095	-3,850	288,473	248,130	24	232,577	177,037	177,037
51,383	1,342	-3,850	48,875	14,065		127,209	80,532	80,532
204,845	34,753	---	239,598	234,065		105,368	96,505	96,505
30,245	---	-325	29,920	29,410	55	30,200	45,148	45,148
15,568	---	-191	15,377	15,377		15,523	30,400	30,400
14,677	---	-134	14,543	14,033		14,677	14,748	14,748
<b>1,157,061</b>	<b>36,095</b>	<b>-8,775</b>	<b>1,184,381</b>	<b>1,064,544</b>		<b>1,242,259</b>	<b>1,168,366</b>	<b>1,168,366</b>
909,709	1,342	-8,641	902,410	791,812		1,094,384	1,056,993	1,056,993
247,352	34,753	-134	281,971	272,732		147,875	111,373	111,373
Less:								
---	---	---	---	---		(310,401)	(309,323)	(309,323)
<b>1,157,061</b>	<b>36,095</b>	<b>-8,775</b>	<b>1,184,381</b>	<b>1,064,544</b>		<b>931,858</b>	<b>859,043</b>	<b>859,043</b>
<b>Distribution by Fund and Object</b>								
Grants:								
27,559	---	---	27,559	24,498	22	27,639	---	---
47,258	---	-7,347	39,911	37,353	22	54,978	94,501	94,501
						12,464 <sup>S</sup>		
682,672	---	3,000	685,672	619,624	22	714,614 <sup>(f)</sup>	755,215	755,215
						37,655 <sup>S</sup>		
88,951	---	9,000	97,951	91,575	22	88,251	96,345	96,345
						19,813 <sup>S</sup>		

# HEALTH AND SENIOR SERVICES

Year Ending June 30, 2009					Year Ending June 30, 2011				
Orig. & (S)Supplemental	Reapp. & (R)Recpts.	Transfers & (E)Emergencies	Total Available	Expended		Prog. Class.	2010 Adjusted Approp.	Requested	Recommended
9,000	---	-9,000	---	---	<b>GRANTS-IN-AID</b>				
					Medicaid High Occupancy - Nursing Homes	22	9,000	---	---
---	---	270	270	77	PACE	22	---	---	---
---	---	77	77	7	Money Follows the Person	22	---	---	---
14,877	---	-600	14,277	13,734	ElderCare Initiatives (b)(e)	22	14,877	---	---
71	---	---	71	54	Home Care Expansion (CRF) (e)	22	71	---	---
200	---	---	200	82	Hearing Aid Assistance for the Aged and Disabled (CRF)	22	120	120	120
6,403	---	---	6,403	5,096	Pharmaceutical Assistance to the Aged - Claims	24	6,403	3,750	3,750
30,640	---	---	30,640	---	Pharmaceutical Assistance to the Aged and Disabled - Claims	24	108,637	71,616	71,616
204,845	34,753 R	---	239,598	234,065	Pharmaceutical Assistance to the Aged and Disabled - Claims (CRF)	24	105,368	96,505	96,505
14,340	1,342 R	-3,850	11,832	8,969	Senior Gold Prescription Discount Program	24	8,290		
500	---	---	500	500	Demonstration Adult Day Care Center Program - Alzheimer's Disease (e)	55	3,879 S	5,166	5,166
10,104	---	---	10,104	10,104	Purchase of Social Services (e)	55	500	---	---
2,500	---	-191	2,309	2,309	ElderCare Advisory Commission Initiatives (e)	55	10,579	---	---
---	---	---	---	---	Community Based Senior Programs	55	2,500	---	---
---	---	---	---	---	Community Based Senior Programs (CRF)	55	---	30,400	30,400
565	---	---	565	565	Community Provider Cost of Living Adjustment	55	---	14,748	14,748
910	---	---	910	910	Alzheimer's Disease Program (e)	55	908	---	---
2,724	---	-50	2,674	2,674	Demonstration Adult Day Care Center Program - Alzheimer's Disease (CRF) (e)	55	2,724	---	---
989	---	---	989	989	Adult Protective Services (e)	55	1,036	---	---
1,842	---	-84	1,758	1,758	Adult Protective Services (CRF) (e)	55	1,842	---	---
1,726	---	---	1,726	1,726	Senior Citizen Housing-Safe Housing and Transportation (CRF) (e)	55	1,726	---	---
5,359	---	---	5,359	5,359	Respite Care for the Elderly (CRF) (e)	55	5,359	---	---
2,006	---	---	2,006	2,006	Congregate Housing Support Services (CRF) (e)	55	2,006	---	---
1,020	---	---	1,020	510	Home Delivered Meals Expansion (CRF) (e)	55	1,020	---	---
---	---	---	---	---	<b>Less:</b>				
					Enhanced Federal Medicaid Matching Percentage		(310,401)	(309,323)	(309,323)
					<b>STATE AID</b>				
					<b>Distribution by Fund and Program</b>				
7,152	---	---	7,152	5,127	Programs for the Aged	55	7,152	7,152	7,152
<b>7,152</b>	<b>---</b>	<b>---</b>	<b>7,152</b>	<b>5,127</b>	<b>Total State Aid</b>		<b>7,152</b>	<b>7,152</b>	<b>7,152</b>



# HEALTH AND SENIOR SERVICES

Year Ending June 30, 2009					Year Ending June 30, 2011				
Orig. & (S)Supplemental	Reapp. & (R)Recpts.	Transfers & (E)Emergencies	Total Available	Expended	Prog. Class.	2010 Adjusted Approp.	Requested	Recommended	
<b>STATE AID</b>									
<b>Distribution by Fund and Object</b>									
State Aid:									
2,498	---	---	2,498	2,498	55	2,498	2,498	2,498	
4,654	---	---	4,654	2,629					
<u>1,179,788</u>	<u>37,682</u>	<u>-612</u>	<u>1,216,858</u>	<u>1,092,848</u>	<b>Grand Total State Appropriation</b>	<u>953,180</u>	<u>878,092</u>	<u>878,092</u>	
<b>OTHER RELATED APPROPRIATIONS</b>									
<b>Federal Funds</b>									
1,140,340									
242,670 <sup>S</sup>	-75	-24,601	1,358,334	1,347,479	Medical Services for the Aged	22	1,564,632	1,670,136	1,670,136
47,785									
3,393 <sup>S</sup>	4,003	---	55,181	46,956	Programs for the Aged	55	47,474	47,474	47,474
1,000	-1	230	1,229	1,229	Office of the Public Guardian	57	1,000	1,000	1,000
<u>1,435,188</u>	<u>3,927</u>	<u>-24,371</u>	<u>1,414,744</u>	<u>1,395,664</u>	<b>Total Federal Funds</b>		<u>1,613,106</u>	<u>1,718,610</u>	<u>1,718,610</u>
<b>All Other Funds</b>									
---	6,321	---	135,682	135,372	Medical Services for the Aged	22	136,000	136,000	136,000
---	129,361 <sup>R</sup>	---							
---	97	---	217	113	Programs for the Aged	55	150	150	150
---	120 <sup>R</sup>	---							
---	66	12	717	717	Office of the Public Guardian	57	1,344	1,344	1,344
---	639 <sup>R</sup>	12	136,616	136,202	<b>Total All Other Funds</b>		<u>137,494</u>	<u>137,494</u>	<u>137,494</u>
<u>2,614,976</u>	<u>178,213</u>	<u>-24,971</u>	<u>2,768,218</u>	<u>2,624,714</u>	<b>GRAND TOTAL ALL FUNDS</b>		<u>2,703,780</u>	<u>2,734,196</u>	<u>2,734,196</u>

**Notes -- Direct State Services - General Fund**

(a) The fiscal year 2010 appropriation has been adjusted for the allocation of salary program and continued attrition.

**Notes -- Grants-In-Aid - General Fund**

- (b) Amounts previously appropriated to Community Care Alternatives, Assisted Living Program, and a portion of the ElderCare Initiatives program are now funded within the Global Budget for Long Term Care pursuant to the federal approval of the comprehensive "Global Options" waiver program. This appropriation also includes funding for the nursing home care of those who enter Global Options.
- (c) The fiscal 2010 adjusted appropriation and the fiscal 2011 recommended and requested amounts reflect a \$24 million offset for the Enhanced Peer Grouping initiative.
- (d) Expended amount is less than the total available amount due to the availability of the enhanced federal Medicaid matching percentage.
- (e) The fiscal 2011 appropriations have been consolidated into the Community Based Senior Programs appropriation.
- (f) Federal Economic Stimulus funding budgeted in the Nursing Homes account has been reallocated to the Department of Corrections creating an offsetting lapse.

**Language Recommendations -- Direct State Services - General Fund**

When any action by a county welfare agency, whether alone or in combination with the Division of Medical Assistance and Health Services in the Department of Human Services or the Department of Health and Senior Services, results in a recovery of improperly granted medical assistance, the Division of Medical Assistance and Health Services or the Department of Health and Senior Services may reimburse the county welfare agency in the amount of 25% of the gross recovery.

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 is subject to the following condition; any third party, as defined in subsection m. of section 3 of P.L.1968, c.413 (C.30:4D-3.m), or in 42 U.S.C. 1396a(a)(25)(A), including but not limited to a pharmacy benefit manager, writing health, casualty, or malpractice insurance policies in the State or covering residents of this State, shall enter into an agreement with the Department of Health and Senior Services to permit and assist the matching of the Department of Health and Senior Services' program eligibility and/or adjudication claims files against that third party's eligibility and/or adjudicated claims files for the purpose of the coordination of benefits, utilizing, if necessary, social security numbers as common identifiers.

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.

## HEALTH AND SENIOR SERVICES

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

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.

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.

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 preceding fiscal year are appropriated for payments to providers in the same program class from which the recovery originated.

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.

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.

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, 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.

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

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.

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 N.J.A.C. 8:85 or any other law to the contrary, the amounts hereinabove appropriated for Payments for Medical Assistance Recipients - Nursing Homes and Global Budget for Long Term Care shall be conditioned upon the following: (1) each Special Care Nursing Facility shall receive the same per diem reimbursement rate as that nursing facility was entitled to receive in fiscal year 2010; (2) the per diem reimbursement rates effective July 1, 2010, for all other nursing facilities shall be developed according to the new rate setting methodology that shall be codified under N.J.A.C. 8:85 during fiscal year 2011; and (3) regardless of the actual calculated reimbursement per diem rate arising from implementation of this methodology, a nursing facility's per diem reimbursement rate shall not vary more than \$5.00 from the per diem reimbursement rate received by that facility during fiscal year 2010. In addition, total State funding amounts used in the calculation of fiscal year 2011 rates shall not exceed the total State funding provided for nursing home reimbursement during fiscal year 2010. For the purposes of this paragraph, a nursing facility's per diem reimbursement rate shall not include, if the nursing facility is eligible for reimbursement, the difference between the full calculated Provider Tax add-on and the Quality of Care portion of the Provider Tax add-on.

Notwithstanding the provisions of any law or regulation to the contrary, 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.

Notwithstanding the provisions of any law or regulation to the contrary, amounts hereinabove appropriated for Medical Day Care Services shall be conditioned upon the following provision: the per diem reimbursement rate for all adult Medical Day Care providers, regardless of provider type, shall be set at \$78.50.

Notwithstanding the provisions of any law or regulation to the contrary, the amounts hereinabove appropriated for Medical Day Care Services shall be conditioned on the following provision: physical therapy, occupational therapy and speech therapy shall no longer serve as a permissible criteria for eligibility in the adult Medical Day Care Program.

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Notwithstanding the provisions of any law or regulation to the contrary, the amounts appropriated hereinabove for Medical Day Care shall be conditioned upon the following provision: effective August 15, 2010, all adult medical day care services shall be subject to a \$3.00 per day copayment up to a maximum amount of \$25.00 per recipient per month.

Notwithstanding the provisions of any law or regulation to the contrary, the amounts hereinabove appropriated for Medical Day Care Services shall be conditioned on the following provision: effective August 15, 2010, no payments for Medicaid adult medical day care services shall be provided on behalf of any beneficiary who received prior authorization for these services based exclusively on the need for medication administration.

Notwithstanding the provisions of any law or regulation to the contrary, the amounts hereinabove appropriated for Medical Day Care Services shall be conditioned on the following provision: no licensed facility in the adult Medical Day Care Program may serve or receive reimbursement for more than 200 Medicaid beneficiaries per day. Furthermore, no reimbursement will be provided for any claim in excess of a given facility's licensed capacity as established by the Department of Health and Senior Services.

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 copayment in the Pharmaceutical Assistance to the Aged and Disabled program shall be \$5.00 for generic drugs and \$15.00 for brand name drugs.

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).

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 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 PAAD claims paid as secondary to Medicare Part D and for the Senior Gold Prescription Discount Program shall apply only to the amount paid by the State under the PAAD and 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 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: (1) reimbursement for the cost of all legend and non-legend drugs shall be calculated based on the lesser of the Average Wholesale Price less a 17.5% volume discount; the federal Maximum Allowable Cost; the State Maximum Allowable Cost; or a pharmacy's usual and customary charge; (2) 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 (3) 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 New Jersey 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 the 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, the amounts 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: prescription drug coverage through PAAD and Senior Gold shall begin only after a recipient meets an annual deductible of \$310. The annual deductible period shall begin on the first day of each calendar year and run concurrent with the deductible period of the Medicare Part D prescription drug benefit.

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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 a pharmacy that has not submitted an application to enroll as an approved medical supplier in the Medicare program, unless it already is 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 copayment.

Notwithstanding the provisions of any law or regulation to the contrary, the appropriations for the Pharmaceutical Assistance to the Aged and Disabled program and the 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 copayment 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.

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 program 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) program and Senior Gold Prescription Discount Program recipients, no funds hereinabove appropriated to the PAAD program or Senior Gold Prescription Discount Program 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 and Pharmaceutical Assistance to the Aged and Disabled programs, and 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.

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, 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. The Senior Gold Prescription Discount Program is authorized to represent program beneficiaries in the pursuit of such coverage. Senior Gold Prescription Discount Program representation shall include, but not be limited to, the following actions: pursuit of appeals, grievances, and coverage determinations.

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 to cover medications not on the formulary of a PAAD program or Senior Gold Prescription Discount Program beneficiary's Medicare Part D plan. This exclusion shall not apply to those drugs covered by the PAAD program and Senior Gold Prescription Discount Program which are specifically excluded by the federal "Medicare Prescription Drug, Improvement, and Modernization Act of 2003" (MMA). In addition, this exclusion shall not impact the beneficiary's rights, guaranteed by the MMA, to appeal the medical necessity of coverage for drugs not on the formulary of a Medicare Part D plan.

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, or for vitamins, cough/cold medications, drugs used for the treatment of erectile dysfunction, or cosmetic drugs, including but not limited to: drugs used for baldness, weight loss, and skin conditions.

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, 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.

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.

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.

Notwithstanding the provisions of P.L. 2004, c.41 (C.26:2H-93 et seq.), the State Treasurer shall transfer to the General Fund an amount not to exceed \$17,775,000 per quarter, or \$71,100,000 for the full fiscal year, from revenues collected from the annual assessment on nursing homes, 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 conditioned upon the following provisions: no funding shall be provided for therapeutic days at facilities with total occupancy rates of less than 90% as reported on each facility's latest cost report. Payment for therapeutic days at facilities with occupancy rates of 90% or greater shall be made at 50%.

### **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 Global Budget for Long Term Care or alternative programs, and only for so long as those individuals require services covered by the HCEP.

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 copayment in the Pharmaceutical Assistance to the Aged and Disabled program shall be \$5.00 for generic drugs and \$15.00 for brand name drugs.

Notwithstanding the provisions of any law or regulation to the contrary, the amounts hereinabove appropriated for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program shall be conditioned upon the following provision: prescription drug coverage through PAAD shall begin only after a recipient meets an annual deductible of \$310. The annual deductible period shall begin on the first day of each calendar year and run concurrent with the deductible period of the Medicare Part D prescription drug benefit.

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

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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.), 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. 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).

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 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 shall continue during the current fiscal year, provided that the manufacturers' rebates for PAAD claims paid as secondary to Medicare Part D shall apply only to the amount paid by the State under the PAAD program. All revenues from such rebates during the current fiscal year are appropriated for the PAAD 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 a pharmacy that has not submitted an application to enroll as an approved medical supplier in the Medicare program, unless it already is 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 copayment.

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 shall be expended for prescription claims with no Medicare Part D coverage except under the following conditions: (1) reimbursement for the cost of all legend and non-legend drugs shall be calculated based on the lesser of the Average Wholesale Price less a 17.5% volume discount; the federal Maximum Allowable Cost; the State Maximum Allowable Cost; or a pharmacy's usual and customary charge; (2) 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 (3) 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 New Jersey 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 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 copayment 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.

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 program recipients in the federal program. The PAAD program 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 the Senior Gold Prescription Discount Program, and for Medicare Part D premium costs for PAAD program 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) program and the Senior Gold Prescription Discount Program accounts shall be available as payment as a PAAD program or Senior Gold Prescription Discount Program 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) program 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 a 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 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, no amounts hereinabove appropriated for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program shall be expended to cover medications not on the formulary of a PAAD beneficiary's Medicare Part D plan. This exclusion shall not apply to those drugs covered by PAAD which are specifically excluded by the federal "Medicare Prescription Drug, Improvement, and Modernization Act of 2003" (MMA). In addition, this exclusion shall not impact the beneficiary's rights, guaranteed by the MMA, to appeal the medical necessity of coverage for drugs not on the formulary of a Medicare Part D plan.

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, or for vitamins, cough/cold medications, drugs used for the treatment of erectile dysfunction, or cosmetic drugs including but not limited to: drugs used for baldness, weight loss, and skin conditions.

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, \$400,000 shall be charged to the Casino Simulcasting Fund.

### DEPARTMENT OF HEALTH AND SENIOR SERVICES

#### Language Recommendations -- Direct State Services - General Fund

Consistent with the provisions of P.L.2005, c.237, \$40,000,000 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 the preceding fiscal year is appropriated for payments to federally qualified health centers.

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.

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.