

DEPARTMENT OF HEALTH AND SENIOR SERVICES

OVERVIEW

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

The Department's objectives are to:

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.

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.

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

Strengthen New Jersey's public health infrastructure by adopting and implementing best practice standards, creating a comprehensive communications system that links health care providers and institutions statewide, and forms a coordinated disease surveillance and response network.

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

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

FY 2005 Budget Highlights

The fiscal 2005 Budget for the Department of Health and Senior Services totals \$1.6 billion, an increase of \$500 million, or 45%, over the fiscal 2004 adjusted appropriation of \$1.1 billion. Of this \$500 million increase, \$433 million is attributed to the replacement of one time federal stimulus resources.

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The fiscal 2005 Budget provides funding of \$2 million for a new initiative called Lead Testing Kits for Expectant Mothers. To assist expectant parents in identifying the presence of lead paint or dust in their homes, each expectant mother in New Jersey will be provided with a Lead Contamination Sampling Kit, which contains all the supplies and instructions necessary to collect dust, paint and soil samples. Each kit will also include instructions for locating lead abatement and control information and resources.

The Budget provides funding of \$2 million for a new Cardiovascular Program initiative. The funding will be used to promote awareness of the risks and manifestations of heart disease, its prevention, effective diagnostic and therapeutic interventions, and available resources within the State. In addition, the program will develop and implement initiatives to reduce the risk of heart attack, stroke, and cardiovascular mortality for residents of New Jersey, and especially, those communities at highest risk.

The Budget provides funding of \$5 million for a new initiative called Women's Health Awareness. The funding will be used to provide and coordinate outreach and education on the importance of primary and

preventive care with particular emphasis on cancer, HIV/AIDS, autoimmune diseases, osteoporosis, arthritis, and heart disease. These education and outreach efforts will also focus on providing information about the diseases and access points for health care.

The Budget also recommends increases to funding for the School Based Programs and Youth Anti-Smoking Program for \$1 million and the Cancer Screening – Early Detection and Education Program for \$2.7 million. With the recommended funding increase, the New Jersey Education and Early Detection Program (NJCEED) anticipates that 20,000 women will be provided with breast cancer screening along with additional diagnostic procedures for women who are diagnosed with breast or cervical cancer.

Funding increases are also recommended for the following programs: Family Planning Services, Hemophilia Services, Chronic Renal Disease Services, Cleft Palate Programs, Tourette Syndrome Association of New Jersey, SIDS Assistance Act, Services to Victims of Huntington's Disease, Compulsive Gambling, Cancer Institute of New Jersey and County of Essex-Delaney Hall. Funding is also recommended for two new initiatives: St. Barnabas Medical Center – Cancer Center, for \$250,000 and Animal Welfare for \$200,000.

Early Childhood Intervention Program

The Early Childhood Intervention Program is a federal mandated entitlement program which provides services for those infants and toddlers up to age three who may be developmentally delayed. The fiscal 2005 Budget recognizes the historical growth experienced by the program along with the restoration of \$4 million due to the one time funding in fiscal 2004 from the Catastrophic Illness in Children Relief Fund. The Budget also assumes that the program will be restructured to reduce costs by \$3 million during fiscal 2005.

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The fiscal 2005 Budget continues funding for the Department's major programs. Funding is provided to continue the Pharmaceutical Assistance to the Aged and Disabled Program, which provides needed pharmaceutical services to seniors and disabled clients with incomes below \$20,437 if single and \$25,058 if married. Clients are required to pay a \$5.00 copayment for each prescription. The Budget also includes funding for the Senior Gold Program that provides pharmaceutical services to aged and disabled clients with incomes below \$30,437 if single and \$35,058 if married. Senior Gold clients pay a \$15.00 copayment and 50% of the remaining cost of the drug.

The federal government enacted Medicare legislation on December 8, 2003. Medicare will offer a discount card which provides a \$600 subsidy for low income seniors. This initiative will offset costs by approximately \$90 million in the PAAD program. Also, the Budget includes savings as a result of efficiencies designed to reduce overall program costs in the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program. Estimated savings are \$20 million.

This year's budget for senior services has been designed to provide enhanced flexibility to allow people residing in nursing homes to be supported in less costly, more appropriate home and community-based services – or avoid institutional placement altogether. Budget language has been included that will allow the Department to quickly move funds among nursing home and nursing home alternative programs so that the money designated for the person's care can follow them to the most appropriate setting depending on their needs. The intent of this language is to move the Department of Health & Senior Services funding toward a "global budget" for long-term care services.

The Budget also includes funding for an additional 750 assisted living slots which will allow for savings in the nursing home account.

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The Assisted Living Program provides a cost effective alternative to nursing home care for the Medicaid population. By providing an additional 750 assisted living slots, nursing home clients will be diverted from entering into a nursing home or if currently residing in a nursing home, transferred to assisted living. Estimated savings are \$9.3 million in the nursing home program.

The Budget does provide funding in the amount of \$2 million for a new program, the New Jersey Caring for Caregivers initiative. This program will assist family caregivers who make it possible for seniors to live in their homes. The Department will provide nurses and other professionals to assist caregivers and will provide resources so that they may be granted a break from their caregiving responsibilities.

The Budget also increases the Arthritis Quality of Life Initiative by \$250,000.

The Budget also includes a number of changes in Medicaid nursing home reimbursement as well as nursing home alternatives, including: Nursing home rates will not be rebased in FY05 or adjusted for inflation. Estimated savings are \$31.5 million.

Reduce the funding recognized by the Medicaid nursing home rates to cover nursing costs. This was previously paid out of federal Intergovernmental Transfer (IGT) funds which have been greatly reduced since FY03. Estimated savings are \$10 million.

Reduce the reimbursement for nursing home holding beds for residents who leave temporarily from 90% to 50% of the facility rate. Estimated savings are \$5.2 million.

Additional staff has been added to handle nursing home rate setting and recovery of overpayments in a more timely manner generating a savings of \$543,000.

Enrollment enforcement savings will be achieved by performing prior authorization in the Medical Day Care program. This will ensure that only clients who have a medical necessity receive the services offered. A further reduction will be implemented by freezing Medical Day Care rates at the FY04 level. Estimated combined savings are \$12.7 million.

HEALTH PLANNING and EVALUATION

The fiscal 2005 Budget continues funding for Charity Care payments to hospitals. The general fund contribution to the Health Care Subsidy Fund (HCSF) for the use of Charity Care payments is \$110 million in fiscal year 2005, primarily due to a reduction in the diversion of resources from the unemployment compensation fund.

The \$225 million shortfall caused by this lowered diversion is partially offset by \$31 million from an assessment on ambulatory medical facilities, \$34 million from a \$5 assessment on hospital outpatient visits, and \$49.6 million in resources from an extension of the .53% assessment on hospitals to .70%. Funding from all resources, including the \$135 million increase in cigarette taxes and \$22.2 million in proceeds from the Second Referral Debt Collections–Hospitals revenue item, will increase Charity Care payments in fiscal 2005 by \$15 million of State funds.

Department Accomplishments

Recent departmental initiatives and accomplishments include: Expanded primary angioplasty to more hospitals without on-site cardiac surgery, making this life-saving therapy accessible to more patients in need; data collection in progress for the state's first performance report card on hospitals; with the Legislature, crafted patient safety legislation affecting the operation of healthcare facilities in New Jersey; improved access to primary health and dental services in New Jersey by increasing the capacity of federally qualified health centers (FQHCs) by serving an additional 100,000 uninsured clients and expanding the number of FQHCs in five additional counties; increased the availability of home and community based assisted living services by increasing slot capacity by 113% since fiscal 2002; created a new website to help caregivers locate comprehensive information and vital resources regarding services for seniors and the disabled; created a health emergency preparedness and response division to administer, coordinate and manage emergency response and preparedness efforts; established a 24/7 rapid response team of healthcare experts to investigate suspected biological terrorism and disease outbreaks; prepared a comprehensive Pharmaceutical Stockpile Access and Distribution Plan for New Jersey for the receipt, handling, storage, distribution and dispensing of medications and medical supplies provided by the National Strategic Stockpile Program; developed a Smallpox Preparedness and Vaccination Plan and a SARS Preparedness and Response Plan for New Jersey; expanded testing services at the State's Public Health and Environmental Laboratory to increase surge capacity for the rapid analysis of specimens associated with potential acts of biological or chemical terrorism; released New Jersey's first Comprehensive Cancer Control Plan; and provided funding to the Cancer Institute of New Jersey (CINJ) to develop and maintain a website (www.njctc.org) to link medical professionals, cancer patients and their families with on-going cancer clinical trials in New Jersey.

DEPARTMENT OF HEALTH AND SENIOR SERVICES

SUMMARY OF APPROPRIATIONS BY FUND

(thousands of dollars)

Year Ending June 30, 2003						Year Ending June 30, 2005		
Orig. & (S) Supplemental	Reapp. & (R) Recpts.	Transfers & (E) Emergencies	Total Available	Expended		2004 Adjusted Approp.	Requested	Recommended
97,708	7,080	25,965	130,753	126,846	Direct State Services	76,340	85,674	85,674
606,845	35,752	286,471	929,068	824,694	Grants–In–Aid	702,891	1,144,378	1,144,378
50,969	—	–88	50,881	50,024	State Aid	58,454	68,954	68,954
650	797	—	1,447	1,144	Capital Construction	620	—	—
756,172	43,629	312,348	1,112,149	1,002,708	Total General Fund	838,305	1,299,006	1,299,006
279,296	73,574	—	352,870	351,661	Total Casino Revenue Fund	300,473	332,324	332,324
1,035,468	117,203	312,348	1,465,019	1,354,369	GRAND TOTAL	1,138,778	1,631,330	1,631,330

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SUMMARY OF APPROPRIATIONS BY PROGRAM (thousands of dollars)

Year Ending June 30, 2003					Year Ending June 30, 2005			
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended		2004 Adjusted Approp.	Requested	Recom- mended
					DIRECT STATE SERVICES – GENERAL FUND			
					Health Services			
1,381	214	335	1,930	1,855	Vital Statistics	1,085	1,085	1,085
7,799	73	335	8,207	7,899	Family Health Services	4,799	12,420	12,420
21,117	898	-203	21,812	20,747	Public Health Protection Services	22,539	23,136	23,136
30,529	1	16,911	47,441	46,798	Addiction Services	10,487	11,462	11,462
8,524	577	-469	8,632	8,555	Laboratory Services	8,089	7,697	7,697
2,384	—	15	2,399	2,399	AIDS Services	1,900	1,850	1,850
71,734	1,763	16,924	90,421	88,253	<i>Subtotal</i>	48,899	57,650	57,650
					Health Planning and Evaluation			
4,763	1,806	-1,662	4,907	4,873	Long Term Care Systems	3,949	3,949	3,949
1,541	3,034	-2,285	2,290	2,276	Health Care Systems Analysis	1,185	2,125	2,125
6,304	4,840	-3,947	7,197	7,149	<i>Subtotal</i>	5,134	6,074	6,074
					Health Administration			
5,407	15	2,766	8,188	7,969	Administration and Support Services	5,738	5,688	5,688
					Senior Services			
5,249	27	3,817	9,093	8,792	Medical Services for the Aged	4,946	5,733	5,733
6,904	435	6,196	13,535	12,365	Pharmaceutical Assistance to the Aged and Disabled	9,654	8,560	8,560
485	—	209	694	693	Programs for the Aged	462	462	462
898	—	—	898	898	Office of the Ombudsman	826	826	826
727	—	—	727	727	Office of the Public Guardian	681	681	681
14,263	462	10,222	24,947	23,475	<i>Subtotal</i>	16,569	16,262	16,262
97,708	7,080	25,965	130,753	126,846	<i>Subtotal Direct State Services – General Fund</i>	76,340	85,674	85,674
					DIRECT STATE SERVICES – CASINO REVENUE FUND			
					Senior Services			
871	12	50	933	908	Programs for the Aged	871	871	871
871	12	50	933	908	<i>Subtotal Direct State Services – Casino Revenue Fund</i>	871	871	871
98,579	7,092	26,015	131,686	127,754	TOTAL DIRECT STATE SERVICES	77,211	86,545	86,545
					GRANTS-IN-AID – GENERAL FUND			
					Health Services			
14,902	8	900	15,810	15,700	Family Health Services	17,060	16,715	16,715
23,673	4	-311	23,366	23,279	Public Health Protection Services	25,804	26,502	26,502
31,705	73	3,782	35,560	35,451	Addiction Services	25,672	28,208	28,208
19,604	2	-923	18,683	18,611	AIDS Services	19,012	19,630	19,630
89,884	87	3,448	93,419	93,041	<i>Subtotal</i>	87,548	91,055	91,055
					Health Planning and Evaluation			
28,116	—	—	28,116	28,116	Health Care Systems Analysis	73,269	180,725	180,725

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Year Ending June 30, 2003					Year Ending June 30, 2005			
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended		2004 Adjusted Approp.	Requested	Recom- mended
285,763	2,793	305,706	594,262	503,136	Senior Services			
188,678	32,869	-22,543	199,004	186,137	Medical Services for the Aged	320,009	726,130	726,130
					Pharmaceutical Assistance to the Aged and Disabled	209,040	131,020	131,020
14,404	3	-140	14,267	14,264	Programs for the Aged	13,025	15,448	15,448
488,845	35,665	283,023	807,533	703,537	<i>Subtotal</i>	542,074	872,598	872,598
606,845	35,752	286,471	929,068	824,694	<i>Subtotal Grants-In-Aid – General Fund</i>	702,891	1,144,378	1,144,378
					GRANTS-IN-AID – CASINO REVENUE FUND			
					Health Services			
500	—	—	500	497	Family Health Services	500	500	500
					Senior Services			
3,857	—	—	3,857	3,276	Medical Services for the Aged	29,558	28,461	28,461
259,874	73,532	—	333,406	333,358	Pharmaceutical Assistance to the Aged and Disabled	255,182	288,130	288,130
14,194	30	-50	14,174	13,622	Programs for the Aged	14,362	14,362	14,362
277,925	73,562	-50	351,437	350,256	<i>Subtotal</i>	299,102	330,953	330,953
278,425	73,562	-50	351,937	350,753	<i>Subtotal Grants-In-Aid – Casino Revenue Fund</i>	299,602	331,453	331,453
885,270	109,314	286,421	1,281,005	1,175,447	TOTAL GRANTS-IN-AID	1,002,493	1,475,831	1,475,831
					STATE AID – GENERAL FUND			
					Health Services			
39,425	—	1,256	40,681	40,681	Family Health Services	42,946	52,946	52,946
4,580	—	—	4,580	3,723	Public Health Protection Services	2,400	2,400	2,400
—	—	—	—	—	Addiction Services	6,000	6,500	6,500
44,005	—	1,256	45,261	44,404	<i>Subtotal</i>	51,346	61,846	61,846
					Senior Services			
6,964	—	-1,344	5,620	5,620	Programs for the Aged	7,108	7,108	7,108
50,969	—	-88	50,881	50,024	<i>Subtotal State Aid – General Fund</i>	58,454	68,954	68,954
50,969	—	-88	50,881	50,024	TOTAL STATE AID	58,454	68,954	68,954
					CAPITAL CONSTRUCTION			
					Health Services			
650	791	—	1,441	1,144	Laboratory Services	620	—	—
					Health Administration			
—	6	—	6	—	Administration and Support Services	—	—	—
650	797	—	1,447	1,144	<i>Subtotal Capital Construction</i>	620	—	—
1,035,468	117,203	312,348	1,465,019	1,354,369	TOTAL APPROPRIATION	1,138,778	1,631,330	1,631,330

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 provide and promote family planning services and 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 reduce abuse of and dependence on narcotics, alcohol, tobacco and other drugs.
10. 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.
11. 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.
12. To reduce the spread of AIDS and HIV infection by providing an integrated continuum of AIDS health and social support services to promote cost-effective treatment, and to expand prevention and education efforts.
13. To reduce death and disability by improving response to medical emergencies, by assuring the availability of trained personnel for emergency medical services.
14. To ensure the timely identification and treatment of infants with biochemical or metabolic disorders, hearing impairments and/or birth defects.

PROGRAM CLASSIFICATIONS

01. **Vital Statistics.** Collects and records data such as births, deaths and marriages from the 566 local registrars; approves appointment of, instructs and supervises local registrars of vital statistics; receives and processes vital records, searches and makes certified copies of these records (R.S. 26:8-23 et seq.); processes legal changes of name, adoptions and corrections to vital records.
02. **Family Health Services.** Provides funding of specialized medical and rehabilitative services for handicapped children (R.S. 9:13-1 et seq.); provides and promotes family planning and genetic services (R.S. 26:5B), maternal and child health care (C.26:1A-37E) including supplemental nutrition services, prenatal care, child health supervision and screening of newborns for metabolic causes of mental retardation and deafness; administers poison control activities e.g., childhood lead poisoning (C.24:14A-1 et seq.); prenatal services for children; 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.

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04. **Addiction Services.** Provides, by grants, support to multi-modality drug clinics and treatment facilities which reduce drug abuse and treat and rehabilitate addicts (C.26:2G). Provides, by grants, counseling and detoxification services in clinics, institutions and schools; assists in development of employee assistance programs; coordinates with Mental Health Programs (C.26:2B-1); coordinates programs on fetal alcohol syndrome and child abuse; and provides counseling programs for compulsive gamblers.
08. **Laboratory Services.** Performs comprehensive analytical and diagnostic laboratory services through five primary service categories on a 24 hour-7 day a week basis, which includes: Bacteriology (e.g. tuberculosis, dairy products, sexually transmitted diseases, gastrointestinal illnesses, drinking water, and ocean pollution); Virology (e.g. AIDS, influenza, Rubella, and rabies); Serology (e.g. Lyme, Legionella, and syphilis); Inborn Errors of Metabolism (e.g.

sickle cell, hypothyroidism, PKU, and Galactosemia) and Environmental and Chemical (e.g. blood lead, asbestos, drugs, water, food, and other environmental and chemical contaminants). Clinical Laboratory Services performs tests and monitors the quality of laboratory testing performed in independent, hospital and public health laboratories in the State; inspects, proficiency tests and licenses all such laboratories (C.45:9-42.26 et seq.); improves techniques of laboratory personnel by conducting workshops and seminars as necessary; and certifies clinical laboratories for Medicare participation.

12. **AIDS Services.** Promotes the health of the people of New Jersey by reducing the spread of AIDS by establishing and maintaining a comprehensive system of HIV/AIDS-related prevention, surveillance, counseling and testing, health and supportive services.

EVALUATION DATA

	Actual FY 2002	Actual FY 2003	Revised FY 2004	Budget Estimate FY 2005
PROGRAM DATA				
Vital Statistics				
Searches	122,000	72,000	84,500	84,500
Certified Copies Issued	77,000	55,400	65,000	65,000
Family Health Services				
Agencies receiving health services grants	275	290	305	305
Handicapped Children				
Physically disabled children receiving services	37,500	40,000	40,000	42,000
Children newly registered with Special Child Health Services	7,809	8,576	8,200	8,200
Maternal and Child Health				
Infant mortality rate/1,000 live births	6.4	6.4	6.4	6.4
Infant born to mothers with no prenatal care/1,000 live births	1.3	1.3	1.2	1.2
Newborns screened for metabolic and genetic disorders ..	112,666	113,032	112,500	133,000
Number of infants to be followed	8,904	5,977	6,200	6,300
Number of infants in early intervention	12,000	14,000	15,750	17,640
HealthStart (prenatal)	30,103	31,000	35,000	35,000
Women assessed for alcohol use/abuse during pregnancy ..	18,105	29,116	30,000	30,000
Women, Infants and Children (WIC) receiving services ...	243,758	248,203	251,000	260,000
Family Planning				
Women in reproductive years applying for and receiving services	110,810	109,984	110,000	110,000
Poison Control				
Children screened for lead poisoning	164,156	173,000	180,000	200,000
Number of lead poisoned children identified	5,616	5,368	5,300	5,200
Adult Health				
Adults served with Cystic Fibrosis	83	84	84	84
Health Promotion				
Persons screened and educated for breast and cervical cancer	9,203	10,500	10,500	11,000
Number of renal patients served	1,400	1,300	1,200	1,000
Public Health Protection Services				
Cancer and Epidemiological Services				
Number of new cancer cases reported	77,000	77,000	80,000	80,000
Number of cumulative cancer reports in master file	1,316,385	1,413,949	1,509,383	1,589,383
Tuberculosis Control				
TB cases on register as of June 30	600	535	493	493
Visits to chest clinics	64,000	62,100	67,000	60,000
Percent of TB patients completing chemotherapy	88.0%	92.0%	92.5%	93.0%

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	Actual FY 2002	Actual FY 2003	Revised FY 2004	Budget Estimate FY 2005
Emergency Medical Services				
Mobile intensive care paramedics certified/recertified	775	789	789	790
Emergency Medical Technicians certified/recertified	8,000	7,500	7,500	8,000
Helicopter response missions	1,500	1,600	1,600	1,600
Mobile intensive care unit's patient charts audited	550	650	650	1,000
Ambulance/invalid services licensed	515	500	500	350
Ambulance/invalid vehicles licensed	2,900	3,000	3,000	2,500
EMT training agencies certified	65	64	64	64
Sexually Transmitted Diseases (STD)				
Percent of STD clinic patients receiving education about HIV infection	75%	75%	75%	75%
Reported cases of early syphilis	223	255	450	500
Syphilis cases (early and late) brought to treatment by Department of Health	700	790	1,100	1,250
Reported cases of gonorrhea	8,700	8,900	9,100	9,300
Gonorrhea cases brought to treatment by Department of Health	2,500	2,700	2,600	2,700
Visits to STD clinics	21,500	22,700	21,500	23,000
Patients receiving diagnostic services	11,300	12,000	11,300	12,200
Consumer Health				
Pet spay/neuter surgeries performed	11,000	10,000	6,000	6,500
Registration of dogs (rabies control)	460,500	490,000	490,000	490,000
Environmental and sanitary inspections and investigations conducted	7,000	7,000	5,600	5,600
Number of food, drug and cosmetic embargoes, destructions and recalls	20	20	16	16
Other Communicable Disease Control				
Number of disease cases reported	6,000	6,500	7,500	7,500
Number of investigations of outbreaks	100	100	100	100
Levels of protection for children entering school against:				
Rubella	98%	98%	98%	98%
Measles	98%	98%	98%	98%
Mumps	98%	98%	98%	98%
Polio	98%	98%	98%	98%
Diphtheria	98%	98%	98%	98%
Infectious disease consultations	18,000	19,000	20,000	20,000
Non-outbreak investigations	240	280	280	280
Lyme disease hotline calls	1,600	1,600	1,600	1,600
Public Employees Occupational Safety and Health				
Complaint inspections conducted	270	558	558	558
Telephone consultations	1,500	1,400	1,400	1,400
Educational seminars presented	90	162	130	130
Right to Know				
Factsheets written or revised	300	250	200	300
Public and private workplaces inspected	800	800	600	600
Telephone consultations	3,500	3,500	3,500	3,500
Occupational Health Surveillance				
Exposure and illness reports received	10,000	13,000	17,000	17,000
Educational materials mailed to public	3,000	3,000	3,000	3,000
In-depth industrial hygiene evaluations	75	45	45	45
Follow-up industrial hygiene evaluations	5	0	5	5
Work-related chronic disease and epidemiology studies	5	5	5	5
Worker interviews and mailings	250	500	500	500
Environmental Health Services				
Certification of private training agencies	35	35	35	35
Audits of asbestos and lead training agencies	100	100	100	100
Quality assurance inspections in schools	125	125	125	125
Major community health field study on-going	16	16	12	12
Telephone consultations	4,100	4,100	4,250	4,250
Responses to acute environmental emergencies	9	9	4	4
Consultations provided to other agencies and to the public	10	10	6	6

HEALTH AND SENIOR SERVICES

	Actual FY 2002	Actual FY 2003	Revised FY 2004	Budget Estimate FY 2005
Local health consultations, evaluations, and training services	8,394	9,355	10,144	10,661
Addiction Services				
Drug treatment admissions – primary alcohol	21,000	21,000	18,000	18,000
Drug treatment admissions – primary other drugs	40,000	40,000	43,000	43,000
Adult hospital detoxification admissions	12,500	12,500	10,000	10,000
Adult residential detoxification admissions	3,000	3,000	5,000	5,000
Adult residential admissions	8,900	8,900	9,000	9,000
Adult out–patient admissions	33,000	33,000	30,000	30,000
Juvenile treatment admissions	5,000	5,000	4,000	4,000
Juvenile hospital detoxification admissions	250	250	200	200
Juvenile residential detoxification admissions	90	90	100	100
Juvenile residential admissions	1,500	1,500	1,500	1,500
Juvenile out–patient admissions	3,100	3,100	2,500	2,500
Intoxicated driver cases processed	24,000	24,000	24,000	24,000
Individuals given information and referral	45,000	45,000	49,000	45,000
Laboratory Services				
Bacteriology				
Specimens analyzed	186,863	178,456	170,000	170,000
Inborn Errors of Metabolism				
Specimens performed	132,710	139,357	145,000	145,000
Chemistry				
Asbestos samples examined	439	256	150	150
Occupational health samples examined	3	5	25	25
Sewage, stream & trade waste samples examined	4,195	4,622	4,000	4,000
Narcotic samples examined	215,232	197,498	208,000	218,000
Potable water samples examined	3,040	2,423	3,000	3,000
Food and milk samples examined	5,038	5,562	5,900	5,900
Blood lead samples examined	8,791	8,333	9,000	9,000
Clinical Laboratory Services				
Clinical laboratories licensed	1,300	1,385	1,400	1,400
Proficiency test samples (percent acceptable)	95%	95%	95%	95%
Proficiency test samples reviewed	57,279	57,549	57,500	58,000
Blood banks inspected	84	27	60	60
Clinical laboratory inspections	282	335	400	400
Blood banks licensed	178	230	240	240
Serology				
Routine screen tests for syphilis	34,324	34,027	34,000	34,000
Virology				
Specimens analyzed	122,282	121,063	110,000	110,000
AIDS Services				
Number of clients tested and counseled	61,969	65,829	66,500	67,789
Contact tracing of individuals	500	200	300	300
Drug treatment clients and sex partners served	17,337	18,273	18,000	18,000
Hotline network calls	9,433	7,663	8,000	8,000
Living AIDS clients	15,931	17,500	17,600	18,200
HIV positive clients	13,836	19,500	15,100	15,700
Clients receiving early intervention services	9,894	8,987	9,000	9,000
Individuals reached/HIV training	3,320	3,000	3,000	3,000
AIDS Drug Distribution Program clients served	5,915	6,565	6,800	7,200
PERSONNEL DATA				
Position Data				
Filled Positions by Funding Source				
State Supported	423	387	390	398
Federal	547	490	599	690
All Other	56	55	51	90
Total Positions	1,026	932	1,040	1,178

HEALTH AND SENIOR SERVICES

Filled Positions by Program Class	Actual FY 2002	Actual FY 2003	Revised FY 2004	Budget Estimate FY 2005
Vital Statistics	56	47	54	57
Family Health Services	210	203	222	225
Public Health Protection Services	331	297	344	462
Alcoholism, Drug Abuse and Addiction Services	165	138	142	143
AIDS Services	148	134	152	162
Laboratory Services	116	113	126	129
Total Positions	1,026	932	1,040	1,178

Notes:

Actual payroll counts are reported for fiscal years 2002 and 2003 as of December and revised fiscal year 2004 as of September. The Budget Estimate for fiscal year 2005 reflects the number of positions funded.

APPROPRIATIONS DATA (thousands of dollars)

Year Ending June 30, 2003					Year Ending June 30, 2005			
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended	Prog. Class.	2004 Adjusted Approp.	Requested	Recom- mended
DIRECT STATE SERVICES								
Distribution by Fund and Program								
1,381	214	335	1,930	1,855	Vital Statistics	01	1,085	1,085
7,799	73	335	8,207	7,899	Family Health Services	02	4,799	12,420
21,117	898	-203	21,812	20,747	Public Health Protection Services	03	22,539	23,136
30,529	1	16,911	47,441	46,798	Addiction Services	04	10,487	11,462
8,524	577	-469	8,632	8,555	Laboratory Services	08	8,089	7,697
2,384	—	15	2,399	2,399	AIDS Services	12	1,900	1,850
71,734	1,763	16,924	90,421	88,253	Total Direct State Services		48,899^(a)	57,650
Distribution by Fund and Object								
Personal Services:								
16,137	1,449 ^R	-39	17,547	17,469	Salaries and Wages		15,034	14,288
16,137	1,449	-39	17,547	17,469	Total Personal Services		15,034	14,288
2,448	—	2	2,450	2,430	Materials and Supplies		2,448	2,253
1,029	—	—	1,029	1,029	Services Other Than Personal		1,029	1,029
1,000 ^S	1	487	2,517	2,489	Maintenance and Fixed Charges		169	169
194	—	—	194	187	Special Purpose:			
125	—	—	125	125	Electronic Death Certificate	01	—	—
87	—	—	87	87	WIC Farmers Market Program	02	87	87
—	—	—	—	—	Women's Health Awareness	02	—	5,000
90	—	—	90	90	Breast Cancer Public Awareness Campaign	02	90	90
900	73	—	973	895	Identification System for Children's Health and Disabilities	02	300	300
500	—	—	500	499	Public Awareness Campaign for Black Infant Mortality	02	500	500
2,700	—	—	2,700	2,504	Cancer Screening - Early Detection and Education Program	02	2,700	5,400
3,100	—	35	3,135	3,132	Newborn Screening, Follow-up and Treatment ^(b)	02	—	—
25	—	—	25	—	Advisory Council to Promote the Profession of Nursing	03	—	—
—	—	—	—	—	Emergency Medical Services ^(c)	03	79	—
—	—	—	—	—	Cardiovascular Program	03	—	2,000
50	—	—	50	28	Timely Issuance of Export of Certificates of Free Sale	03	—	—

HEALTH AND SENIOR SERVICES

Year Ending June 30, 2003					Year Ending June 30, 2005				
Orig. & (S)Supplemental	Reapp. & (R)Recpts.	Transfers & (E)Emergencies	Total Available	Expended	Prog. Class.	2004 Adjusted Approp.	Requested	Recommended	
<u>DIRECT STATE SERVICES</u>									
200	—	—	200	198	Evaluation of Human Exposure to Hazardous Waste	03	—	—	—
1,450	—	—	1,450	1,396	New Jersey Domestic Security Preparedness	03	1,450	1,450	1,450
—	—	—	—	—	Medical Emergency Disaster Preparedness for Bioterrorism	03	5,000	5,000	5,000
400	—	—	400	389	Cancer Registry	03	400	400	400
500	—	—	500	206	Cancer Investigation and Education	03	500	500	500
3,250	—	—	3,250	3,214	Expansion of Cancer Initiatives	03	—	—	—
—	—	—	—	—	Implementation of Comprehensive Cancer Control Program	03	1,500	1,500	1,500
80	—	—	80	78	West Nile Virus – Public Health	03	—	—	—
50	—	—	50	50	Emergency Medical Services for Children	03	50	50	50
—	—	—	—	—	South Jersey Regional Emergency Training Center	03	900	—	—
—	—	—	—	—	First Response EMT Cardiac Training Program (c)	03	125	—	—
1,000	64	—	1,064	995	New Jersey State Commission on Cancer Research	03	1,000	1,000	1,000
874	29	—	903	762	Medical Waste Management Program	03	774	720	720
—	—	—	—	—	Animal Welfare	03	—	200	200
460	74	—	534	395	Rabies Control Program (d)	03	—	—	—
349	23 R	—	372	323	Animal Population Control Program (d)	03	—	—	—
2,046	—	—	2,046	1,936	Worker and Community Right to Know	03	2,074	2,074	2,074
200	—	—	200	164	New Jersey Coalition to Promote Cancer Prevention, Early Detection & Treatment	03	200	200	200
8,700	—	—	8,700	8,564	Smoking Cessation Programs for Addicted Adults and Youth	04	—	—	—
3,000	—	—	3,000	2,979	Research, Surveillance, Evaluation & Assistance for Anti-Smoking Programs	04	—	—	—
7,000	—	—	7,000	6,956	Community Based Tobacco Control Programs	04	—	—	—
11,300	—	—	11,300	11,282	School Based Programs and Youth Anti-Smoking	04	6,000	7,000	7,000
—	—	—	—	—	Anti-Smoking Programs	04	4,000	4,000	4,000
—	—	4,021	4,021	4,020	Substance Abuse Services– Work First	04	—	—	—
—	—	12,418	12,418	11,997	Drug Court Substance Abuse Treatment Programs	04	—	—	—
1,800	—	—	1,800	1,800	New Jersey Domestic Security Preparedness	08	1,800	1,800	1,800
690	—	—	690	614	West Nile Virus – Laboratory	08	690	640	640
<u>GRANTS-IN-AID</u>									
Distribution by Fund and Program									
15,402	8	900	16,310	16,197	Family Health Services	02	17,560	17,215	17,215
14,902	8	900	15,810	15,700	(From General Fund)		17,060	16,715	16,715
500	—	—	500	497	(From Casino Revenue Fund)		500	500	500
23,673	4	–311	23,366	23,279	Public Health Protection Services	03	25,804	26,502	26,502
31,705	73	3,782	35,560	35,451	Addiction Services	04	25,672	28,208	28,208
19,604	2	–923	18,683	18,611	AIDS Services	12	19,012	19,630	19,630

HEALTH AND SENIOR SERVICES

Year Ending June 30, 2003					Year Ending June 30, 2005				
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended	Prog. Class.	2004 Adjusted Approp.	Requested	Recom- mended	
GRANTS-IN-AID									
90,384	87	3,448	93,919	93,538		88,048	91,555	91,555	
89,884	87	3,448	93,419	93,041	<i>Total Grants-in-Aid</i>	87,548	91,055	91,055	
500	—	—	500	497	<i>(From General Fund)</i>	500	500	500	
					<i>(From Casino Revenue Fund)</i>				
Distribution by Fund and Object									
Grants:									
4,000	—	—	4,000	4,000	Family Planning Services	02	4,180	4,300	4,300
1,023	—	—	1,023	1,023	Hemophilia Services	02	939	1,033	1,033
130	—	—	130	130	Testing for Specific Hereditary Diseases	02	—	—	—
1,921	—	—	1,921	1,897	Special Health Services for Handicapped Children	02	2,059	2,059	2,059
416	—	—	416	416	Chronic Renal Disease Services	02	383	430	430
302	1	—	303	302	Pharmaceutical Services for Adults With Cystic Fibrosis	02	308	308	308
25	—	—	25	25	Birth Defects Registry	02	25	25	25
500	—	—	500	497	Statewide Birth Defects Registry (CRF)	02	500	500	500
586	—	900	1,486	1,486	Cost of Living Adjustment, Family Health Services	02	—	297	297
3,091	7	—	3,098	3,085	Maternal and Child Health Services	02	3,403	3,403	3,403
245	—	—	245	245	Primary Care Services – Dover Free Clinic	02	—	—	—
—	—	—	—	—	Lead Testing Kits for Expectant Mothers	02	—	2,000	2,000
779	—	—	779	779	Lead Poisoning Program	02	795	795	795
480	—	—	480	426	Poison Control Center	02	490	490	490
614	—	—	614	596	Cleft Palate Programs	02	565	610	610
200	—	—	200	200	Tourette Syndrome Association of New Jersey	02	200	250	250
149	—	—	149	149	Newborn Screening Follow-up and Treatment for Hemoglobins	02	—	—	—
170	—	—	170	170	SIDS Assistance Act	02	86	185	185
271	—	—	271	271	Services to Victims of Huntington's Disease	02	138	280	280
250	—	—	250	250	St. Barnabas Medical Center	02	250	250	250
—	—	—	—	—	Robert Wood Johnson Medical School at Camden	02	2,989	—	—
250	—	—	250	250	Camden Optometric Eye Center	02	250	—	—
1,255	4	—	1,259	1,250	Tuberculosis Services	03	1,304	1,304	1,304
406	—	-311	95	75	Cost of Living Adjustment, Public Health Protection	03	—	198	198
765	—	—	765	765	Immunization Services	03	795	795	795
58	—	—	58	—	Emergency Medical Services	03	—	—	—
408	—	—	408	408	AIDS Communicable Disease Control	03	424	424	424
500	—	—	500	500	Garden State Cancer Center	03	—	—	—
20,000	—	—	20,000	20,000	Cancer Institute of New Jersey	03	18,000	18,250	18,250
—	—	—	—	—	Cancer Institute of New Jersey, South Jersey Program	03	5,000	5,000	5,000
—	—	—	—	—	St. Barnabas Medical Center – Cancer Center	03	—	250	250
281	—	—	281	281	Worker and Community Right to Know	03	281	281	281

HEALTH AND SENIOR SERVICES

Year Ending June 30, 2003					Year Ending June 30, 2005				
Orig. & (S) Supplemental	Reapp. & (R) Recpts.	Transfers & (E) Emergencies	Total Available	Expended	Prog. Class.	2004 Adjusted Approp.	Requested	Recommended	
GRANTS-IN-AID									
1,373	—	—	1,373	1,369					
211	—	—	211	211	04	1,400	1,400	1,400	
2,298	—	-1,418	880	880	04	—	—	—	
18,400	58	4,700	23,158	23,084	04	—	1,186	1,186	
104	—	—	104	103	04	20,900	22,200	22,200	
—	—	500	500	500	04	—	—	—	
650	15	—	665	645	04	650	700	700	
682	—	—	682	674	04	—	—	—	
1,987	—	—	1,987	1,985	04	695	695	695	
6,000	—	—	6,000	6,000	04	2,027	2,027	2,027	
1,217	—	-592	625	625	04	—	—	—	
18,387	2	-331	18,058	17,986	12	—	618	618	
					12	17,012	19,012	19,012	
						2,000 ^S			
STATE AID									
Distribution by Fund and Program									
39,425	—	1,256	40,681	40,681	02	42,946	52,946	52,946	
4,580	—	—	4,580	3,723	03	2,400	2,400	2,400	
—	—	—	—	—	04	6,000	6,500	6,500	
44,005	—	1,256	45,261	44,404		51,346	61,846	61,846	
Distribution by Fund and Object									
State Aid:									
24,425	—	1,256	40,681	40,681	02	42,946	52,946	52,946	
15,000 ^S	—	—	4,100	3,250	03	2,400	2,400	2,400	
4,100	—	—	480	473	03	—	—	—	
480	—	—	—	—	04	6,000	6,500	6,500	
—	—	—	—	—					
CAPITAL CONSTRUCTION									
Distribution by Fund and Program									
650	791	—	1,441	1,144	08	620	—	—	
650	791	—	1,441	1,144		620	—	—	
Distribution by Fund and Object									
Division of Public Health and Environmental Laboratories									
150	519	—	669	469	08	150	—	—	
500	224	—	724	675	08	470	—	—	
—	2	—	2	—	08	—	—	—	
—	46	—	46	—	08	—	—	—	
206,773	2,641	21,628	231,042	227,339		188,913	211,051	211,051	

HEALTH AND SENIOR SERVICES

Year Ending June 30, 2003					Year Ending June 30, 2005				
Orig. & (S) Supplemental	Reapp. & (R) Recpts.	Transfers & (E) Emergencies	Total Available	Expended	Prog. Class.	2004 Adjusted Approp.	Requested	Recommended	
OTHER RELATED APPROPRIATIONS									
Federal Funds									
850	373	—	1,223	625	Vital Statistics	01	850	850	850
152,434					Family Health Services	02			
500 ^S	20,184	244	173,362	122,419	Public Health Protection Services	03	144,954	148,876	148,876
53,077					Addiction Services	04			
378 ^S	18,021	682	72,158	30,239	Laboratory Services	08	71,511	72,174	72,174
57,919					AIDS Services	12			
100 ^S	16,335	-250	74,104	54,493	Total Federal Funds		92,755	94,531	94,531
1,546					All Other Funds				
203 ^S	2,652	-119	4,282	3,103	Family Health Services	02	34,700	34,600	34,600
92,221					Public Health Protection Services	03	15,066	15,058	15,058
6 ^S	15,272	—	107,499	70,675	Addiction Services	04	8,370	9,401	9,401
<u>359,234</u>	<u>72,837</u>	<u>557</u>	<u>432,628</u>	<u>281,554</u>	Laboratory Services	08	350	350	350
					AIDS Services	12	9,800	11,000	11,000
					Total All Other Funds		68,286	70,409	70,409
					GRAND TOTAL ALL FUNDS		625,417	658,668	658,668

Notes — Direct State Services – General Fund

- (a) The fiscal year 2004 appropriation has been adjusted for the allocation of salary program in accordance with the provisions of P.L. 2003, c. 122 (Fiscal Year 2004 Appropriations Act).
- (b) The program is budgeted as a dedicated fund in fiscal year 2004 and a revolving fund in fiscal year 2005.
- (c) The program is budgeted as a dedicated fund for fiscal years 2003 and 2005.
- (d) The program is budgeted as a dedicated fund for fiscal years 2004 and 2005.

Notes — Grants-In-Aid – General Fund

- (e) This account provides the necessary State maintenance of effort requirement to match the federal Substance Abuse Block grant.

Language Recommendations — Direct State Services – General Fund

The unexpended balance, as of June 30, 2004, in the New Jersey Emergency Medical Service Helicopter Response Program account is appropriated.

Notwithstanding the provisions of any other law 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.

In addition to the amount appropriated above for Emergency Medical Services for Children, \$150,000 is appropriated from the Health Care Cost Reduction Fund, established pursuant to section 12 of P.L.1992, c.160 (C.26:2H-18.62), for the same purpose.

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

The unexpended balance as of June 30, 2004 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.

The unexpended balance, as of June 30, 2004, in the Comprehensive Regulated Medical Waste Management Act account, together with any receipts received by the Department of Health and Senior Services pursuant to the provisions of the “Comprehensive Regulated Medical Waste Management Act,” P.L.1989, c.34 (C.13:1E-48.1 et seq.), is appropriated.

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 for the Worker and Community Right to Know account is payable out of the Worker and Community Right to Know Fund, and the receipts in excess of the amount anticipated, not to exceed \$763,000, are appropriated. If receipts to that fund are less than anticipated, the appropriation shall be reduced proportionately.

HEALTH AND SENIOR SERVICES

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 \$7,500,000, 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 Division of Addiction Services is authorized to bill a patient, a patient's estate, the person chargeable for a patient's support or the county of residence for institutional, residential and outpatient support of patients treated for alcoholism or drug abuse, or both. Receipts derived from billings or fees and unexpended balances, as of June 30, 2004, from these billings and fees are appropriated to the Department of Health and Senior Services, Division of Addiction Services for the support of the alcohol and drug abuse programs, subject to the approval of the Director of the Division of Budget and Accounting.

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

Notwithstanding the provisions of P.L. 2003, c.115, \$11,000,000 is appropriated for anti-smoking programs (School Based Programs and Youth Anti-Smoking, and Anti-Smoking Programs).

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

There are appropriated from the Alcohol Education, Rehabilitation and Enforcement Fund such sums as may be necessary to carry out the provisions of P.L.1983, c.531 (C.26:2B-32 et al.).

There is transferred from the "Drug Enforcement and Demand Reduction Fund" \$350,000 to carry out the provisions of P.L.1995, c.318 (C.26:2B-36 et seq.) to establish an "Alcohol and Drug Abuse Program for the Deaf, Hard of Hearing and Disabled" in the Department of Health and Senior Services, subject to the approval of the Director of the Division of Budget and Accounting.

There is appropriated \$700,000 from the "Drug Enforcement and Demand Reduction Fund," established pursuant to N.J.S. 2C:35-15, to the Department of Health and Senior Services for a grant to Partnerships for a Drug-Free New Jersey.

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 further, however, that funds have been appropriated or allocated to such agency or department for the purpose of purchasing these services.

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

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

Language Recommendations — Grants-In-Aid – General Fund

An amount not to exceed \$1,830,000 is appropriated to the Department of Health and Senior Services from monies deposited in the Health Care Subsidy Fund, established pursuant to section 8 of P.L.1992, c.160 (C.26:2H-18.58), to fund the Infant Mortality Reduction Program.

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

Such sums as are necessary for a loan or loans to the Coriell Institute for Medical Research – New Jersey Cord Blood Resource Center are appropriated, subject to the approval of the Director of the Division of Budget and Accounting. The Commissioner of Health and Senior Services shall issue such loans upon the Coriell Institute's execution of an agreement with any qualified New Jersey-based entities as determined appropriate by the Commissioner for the purpose of establishing a Statewide New Jersey Allogenic Cord Blood Bank. Loan funds shall be used solely for the collection and long-term storage of cord blood samples and for research directed at the growth of stem cells in such samples. The collection and storage of cord blood samples shall occur in New Jersey and shall be done on a not-for-profit basis. Funds loaned pursuant to this act shall be loaned on an interest-free basis and shall be repaid under terms to be determined by the Commissioner.

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

The amount appropriated hereinabove for the Cancer Institute of New Jersey South Jersey Program shall be used by Cooper University Hospital, an affiliate of the Cancer Institute of New Jersey, to develop a cancer treatment program for southern New Jersey to be located in Voorhees, with the participation of the UMDNJ – Robert Wood Johnson Medical School – Camden and the UMDNJ – School of Osteopathic Medicine – Stratford.

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.

The unexpended balance of appropriations, as of June 30, 2004, made to the Department of Health and Senior Services by section 20 of P.L.1989, c.51 for State-licensed or approved drug abuse prevention and treatment programs is appropriated for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.

In addition to the amount hereinabove for Community Based Substance Abuse Treatment and Prevention – State Share program, there is appropriated \$1,700,000 from the Drug Enforcement and Demand Reduction Fund for the same purpose.

Notwithstanding the provisions of any other law to the contrary, there is transferred \$1,000,000 to the Department of Health and Senior Services from the "Drug Enforcement and Demand Reduction Fund" for drug abuse services.

Notwithstanding the provisions of any law to the contrary, there is transferred \$500,000 to the Department of Health and Senior Services from the "Drug Enforcement and Demand Reduction Fund" for the Sub-Acute Residential Detoxification Program.

An amount, not to exceed \$600,000, collected by the Casino Control Commission is payable to the General Fund pursuant to section 145 of P.L.1977, c.110 (C.5:12-145).

In addition to the amount hereinabove for Compulsive Gambling, an amount not to exceed \$200,000 is appropriated from the annual assessment against permit holders to the Department of Health and Senior Services for prevention, education and treatment programs for compulsive gambling pursuant to the provisions of section 34 of P.L.2001, c.199 (C5:5-159), subject to the approval of the Director of the Division of Budget and Accounting.

There is appropriated \$420,000 from the Alcohol Education, Rehabilitation and Enforcement Fund to fund the Local Alcoholism Authorities – Expansion account.

Notwithstanding the provisions of P.L.1983, c.531 (C.26:2B-32 et al.) or any other law to the contrary, the unexpended balance in the Alcohol Education, Rehabilitation and Enforcement Fund, as of June 30, 2004, is appropriated and shall be distributed to counties for the treatment of alcohol and drug abusers and for education purposes.

Language Recommendations — State Aid – General Fund

In addition to the amount hereinabove, 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.

The capitation is set not to exceed 40 cents for the year ending June 30, 2005 for the purposes prescribed in P.L.1966, c.36 (C.26:2F-1 et seq.).

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

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

OBJECTIVES

1. To ensure high quality health care accessible to all New Jerseyans, in a safe environment, utilizing the appropriate level of health care facilities, at reasonable costs; to enhance the Department's response to consumer complaints and to conduct on-site visits at all health care facilities against which a complaint has been filed; to ensure that all new applications for licensure are capable of providing high quality care to the ill, the aging, and the vulnerable elderly and young; to continue development and implementation of improved licensure regulations for health care delivery; to monitor the quality of health care personnel training programs and to ensure an adequate number of certified personnel capable of providing quality care; and to increase consumer and professional awareness of the quality of care at New Jersey's licensed health care facilities.
2. To coordinate the development of public health and regulatory databases and the publication of health services research.
3. To administer a Certificate of Need program for certain types of health care facilities/services in order to assure access to needed health care services that are of high quality, and to 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.
7. To oversee the provision of services by managed care organizations, develop analytical data on managed care quality and outcome measures for dissemination to the public, manage the system of external appeals of managed care

denials of care as not medically necessary, and investigate consumer complaints.

PROGRAM CLASSIFICATIONS

06. **Long Term Care Systems.** Conducts on-site inspections and licenses nursing homes, residential health care facilities, assisted living residences, comprehensive personal care homes, alternate family care and medical day care; maintains a survey and certification program for nursing homes; investigates complaints received from consumers and other State and federal agencies; develops new and revises existing licensing standards; licenses nursing home administrators, certifies nurse aides in long term care facilities, including criminal background checks and training programs; and provides consumers and professionals with information. The mission is to ensure that New Jersey citizens receive quality health care at appropriate levels of care in the regulated facilities under the Division's purview. Emphasis is placed on senior services.
07. **Health Care Systems Analysis.** Contributes to the development of the State Health Plan; administers the Certificate of Need program; evaluates and controls capital expenditures for health facilities; establishes and maintains uniform health facility reporting systems; establishment of a subsidized health benefits program for workers and the temporarily unemployed; allocation of health care subsidy funds for hospitals and other health care initiatives; review and analysis of other issues related to health care financing; relates to other agencies in the State and federal government that are affected by the planning and reimbursement system; regulates managed care organizations, addressing consumer complaints and reviews the ongoing performance of HMO's through periodic site visits and review of annual reports; and the administration and development of analytical data, which includes data on all vital health events to determine the health status of New Jerseyans.

HEALTH AND SENIOR SERVICES

EVALUATION DATA

	Actual FY 2002	Actual FY 2003	Revised FY 2004	Budget Estimate FY 2005
PROGRAM DATA				
Long Term Care Systems				
Licensed health care facilities	855	880	890	910
Licensed nursing home administrators	1,050	980	1,050	1,100
Total licenses issued	890	992	990	990
Number of beds licensed	80,300	84,188	85,000	85,000
Total inspections	3,650	3,685	3,700	3,725
Total federally certified licensed facilities	9	9	9	9
Total federally certified licensed beds	3,690	3,646	3,646	3,646
Administrative actions/penalties	110	125	125	125
Federal Enforcement Actions	1,300	1,500	1,550	1,550
Nurse Aide applications processed	23,000	21,625	23,000	23,000
Health Care Systems Analysis				
Inspections of acute care facilities	845	850	875	875
Complaints investigations	808	825	850	850
Hospital charity care audits	316	316	340	340
Certificate of need applications processed	105	137	160	120
Collection and analysis of hospital cost, financial, and utilization data				
By patient	1,500,000	1,500,000	3,000,000	4,500,000
By hospital	79	79	79	85
Managed Care publications distributed	27,000	27,000	27,000	27,000
Acute Health Care facilities licensed	836	912	975	1,025
External Health Maintenance Organization complaints processed	6,386	5,184	6,000	6,000
Acute Health Care facilities license applications processed	1,010	1,107	1,220	1,300
Acute Health Care facilities enforcement actions/penalties	33	32	37	37

PERSONNEL DATA

Position Data

Filled Positions by Funding Source

State Supported	102	91	84	108
Federal	88	87	85	113
All Other	96	88	118	145
Total Positions	286	266	287	366

Filled Positions by Program Class

Long Term Care Systems Development & Quality Assurance	148	138	137	161
Health Care Systems Analysis	138	128	150	205
Total Positions	286	266	287	366

Notes:

Actual payroll counts are reported for fiscal years 2002 and 2003 as of December and revised fiscal year 2004 as of September. The Budget Estimate for fiscal year 2005 reflects the number of positions funded.

APPROPRIATIONS DATA (thousands of dollars)

Year Ending June 30, 2003					Year Ending June 30, 2005				
Orig. & (S)Supplemental	Reapp. & (R)Recpts.	Transfers & (E)Emergencies	Total Available	Total Expended	Prog. Class.	2004 Adjusted Approp.	Requested	Recommended	
DIRECT STATE SERVICES									
Distribution by Fund and Program									
4,763	1,806	-1,662	4,907	4,873	06	3,949	3,949	3,949	
1,541	3,034	-2,285	2,290	2,276	07	1,185	2,125	2,125	
6,304	4,840	-3,947	7,197	7,149		5,134	6,074	6,074	
Total Direct State Services									

HEALTH AND SENIOR SERVICES

Year Ending June 30, 2003					Year Ending June 30, 2005				
Orig. & (S)Supplemental	Reapp. & (R)Recpts.	Transfers & (E)Emergencies	Total Available	Expended	Prog. Class.	2004 Adjusted Approp.	Requested	Recommended	
DIRECT STATE SERVICES									
Distribution by Fund and Object									
Personal Services:									
4,742	3,034 ^R	-2,141	5,635	5,625		3,847	4,787	4,787	
					Salaries and Wages				
<u>4,742</u>	<u>3,034</u>	<u>-2,141</u>	<u>5,635</u>	<u>5,625</u>	<i>Total Personal Services</i>	<u>3,847</u>	<u>4,787</u>	<u>4,787</u>	
60	—	-4	56	38	Materials and Supplies				
179	—	9	188	174	Services Other Than Personal				
94	—	-5	89	83	Maintenance and Fixed Charges				
Special Purpose:									
—	1,806 ^R	-1,806	—	—	06	—	—	—	
					Long Term Care Systems				
979	—	—	979	979	Nursing Home Background Checks/Nursing Aide Certification Program				
250	—	—	250	250	06	979	979	979	
					07	—	—	—	
					Implementation of Statewide Health Information Network				
GRANTS-IN-AID									
Distribution by Fund and Program									
28,116	—	—	28,116	28,116	07	73,269	180,725	180,725	
					Health Care Systems Analysis				
<u>28,116</u>	<u>—</u>	<u>—</u>	<u>28,116</u>	<u>28,116</u>	<i>Total Grants-in-Aid</i>	<u>73,269</u>	<u>180,725</u>	<u>180,725</u>	
Distribution by Fund and Object									
Grants:									
—	—	—	—	—	Health Care Subsidy Fund Payments (a)				
7,000	—	—	7,000	7,000	07	25,200	110,419	110,419	
3,000 ^S	—	—	3,000	3,000	07	19,953	15,000	15,000	
					Hospital Assistance Grants				
—	—	—	—	—	07	—	—	—	
					Cooper Children's Hospital Neonatal ICU				
18,116	—	—	18,116	18,116	07	—	37,190	37,190	
					Hospital Funding				
<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	07	18,116	18,116	18,116	
					Supplemental Charity Care				
<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	07	10,000	—	—	
					Federally Qualified Health Centers - Services to Family Care Clients				
<u>34,420</u>	<u>4,840</u>	<u>-3,947</u>	<u>35,313</u>	<u>35,265</u>	<i>Grand Total State Appropriation</i>		<u>78,403</u>	<u>186,799</u>	<u>186,799</u>
OTHER RELATED APPROPRIATIONS									
Federal Funds									
11,969	1,280	—	13,249	6,106	06	11,969	14,997	14,997	
					07	19,589	71,689	71,689	
<u>19,566</u>	<u>1,119</u>	<u>—</u>	<u>20,685</u>	<u>19,327</u>	Health Care Systems Analysis				
<u>31,535</u>	<u>2,399</u>	<u>—</u>	<u>33,934</u>	<u>25,433</u>	<i>Total Federal Funds</i>		<u>31,558</u>	<u>86,686</u>	<u>86,686</u>
All Other Funds									
—	759	-83	1,057	—	06	252	117	117	
					Long Term Care Systems				
—	8,677	—	8,677	—	07	46,837	52,974	52,974	
					Health Care Systems Analysis				
<u>—</u>	<u>26,301^R</u>	<u>-15,363</u>	<u>19,615</u>	<u>10,795</u>	<i>Total All Other Funds</i>		<u>47,089</u>	<u>53,091</u>	<u>53,091</u>
<u>65,955</u>	<u>43,357</u>	<u>-19,393</u>	<u>89,919</u>	<u>71,493</u>	GRAND TOTAL ALL FUNDS		<u>157,050</u>	<u>326,576</u>	<u>326,576</u>

Notes — Grants-In-Aid – General Fund

(a) In fiscal year 2005, \$42,033,000 in appropriations and associated expenses previously charged to the Hospital Health Care Subsidy Fund have been shifted to the Hospital Relief Offset Payments account in the Medicaid Program.

Language Recommendations — Direct State Services – General Fund

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

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In addition to the amounts appropriated hereinabove, \$1,000,000 is appropriated for the Implementation of Statewide Health Information Network, from the Health Care Cost Reduction Fund, established pursuant to section 12 of P.L.1992, c.160 (C.26:2H-18.62) for establishing HIPAA compliance. Of this amount, \$250,000 shall be allocated to Thomas A. Edison State College.

Available funds are appropriated 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 of such receipts as of June 30, 2004, 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 other law 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 other law to the contrary, up to \$25,000,000, representing increased payments for hospital charity care, are appropriated from the Health Care Subsidy Fund, subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any other law to the contrary, there is established a Supplemental Charity Care Fund account for disbursement of additional charity care funding to hospitals with documented charity care in calendar year 2003. The total amount to be disbursed from the Supplemental Charity Care Fund shall not exceed the amount appropriated. Hospitals, which have not received payments under the Charity Care Subsidy, pursuant to P.L.1996, c.28, equal to at least \$0.30 per dollar of charity care provided, shall be eligible to receive payments from the Supplemental Charity Care Fund pursuant to a methodology established by the Commissioner of Health and Senior Services. These payments will be prorated so that payments to all hospitals from Supplemental Charity Care do not exceed the amount appropriated.

Notwithstanding the provisions of any law to the contrary, the amounts appropriated hereinabove for Health Care Subsidy Fund Payments, Hospital Assistance Grants and Hospital Funding shall be charged to the proceeds of the increase in the cigarette tax, pursuant to the passage of enabling legislation, and to the proceeds of the Second Referral Debt Collection-Hospitals revenue item.

The amount appropriated hereinabove for Hospital Funding shall be allocated in one or more of the following existing hospital allocation formulas: Charity Care, Supplemental Charity Care, Hospital Relief Subsidies and Mental Health Subsidies, as determined by the Commissioner of the Department of Health and Senior Services.

Notwithstanding the provisions of any law to the contrary, the Commissioner of Health and Senior Services shall establish rules and guidelines to allocate the funding provided in the Hospital Assistance Grants account.

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.

HEALTH AND SENIOR SERVICES

EVALUATION DATA

	Actual FY 2002	Actual FY 2003	Revised FY 2004	Budget Estimate FY 2005
PERSONNEL DATA				
Affirmative Action Data				
Male Minority	141	160	160	160
Male Minority %	6.6	7.4	7.4	7.4
Female Minority	500	561	561	561
Female Minority %	23.4	26.0	26.0	26.0
Total Minority	641	721	721	721
Total Minority %	30.0	33.4	33.4	33.4
Position Data				
Filled Positions by Funding Source				
State Supported	118	107	102	98
Federal	7	3	3	4
All Other	124	120	146	141
Total Positions	249	230	251	243
Filled Positions by Program Class				
Administration and Support Services	249	230	251	243
Total Positions	249	230	251	243

Notes:

Actual payroll counts are reported for fiscal years 2002 and 2003 as of December and revised fiscal year 2004 as of September. The budget for fiscal year 2005 reflects the number of positions funded.

APPROPRIATIONS DATA (thousands of dollars)

Year Ending June 30, 2003					Year Ending June 30, 2005				
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended	Prog. Class.	2004 Adjusted Approp.	Requested	Recom- mended	
<u>DIRECT STATE SERVICES</u>									
Distribution by Fund and Program									
5,407	15	2,766	8,188	7,969					
					Administration and Support Services	99	5,738	5,688	5,688
<u>5,407</u>	<u>15</u>	<u>2,766</u>	<u>8,188</u>	<u>7,969</u>	Total Direct State Services		<u>5,738</u> ^(a)	<u>5,688</u>	<u>5,688</u>
Distribution by Fund and Object									
Personal Services:									
					Salaries and Wages				
3,156	15 ^R	2,507	5,678	5,663		3,518	3,468	3,468	
					Total Personal Services				
<u>3,156</u>	<u>15</u>	<u>2,507</u>	<u>5,678</u>	<u>5,663</u>		<u>3,518</u>	<u>3,468</u>	<u>3,468</u>	
49	—	—	49	48	Materials and Supplies				
618	—	253	871	869	Services Other Than Personal				
—	—	6	6	6	Maintenance and Fixed Charges				
Special Purpose:									
					Office of Minority and Multicultural Health				
1,500	—	—	1,500	1,299	99	1,500	1,500	1,500	
					Affirmative Action and Equal Employment Opportunity				
84	—	—	84	84	99	84	84	84	
<u>CAPITAL CONSTRUCTION</u>									
Distribution by Fund and Program									
					Administration and Support Services				
—	6	—	6	—	99	—	—	—	
<u>—</u>	<u>6</u>	<u>—</u>	<u>6</u>	<u>—</u>	Total Capital Construction				

HEALTH AND SENIOR SERVICES

Year Ending June 30, 2003					Year Ending June 30, 2005			
Orig. & (S)Supplemental	Reapp. & (R)Recpts.	Transfers & (E)Emergencies	Total Available	Total Expended	Prog. Class.	2004 Adjusted Approp.	Requested	Recommended
CAPITAL CONSTRUCTION								
Distribution by Fund and Object								
Division of Management and Administration								
—	1	—	1	—				
					Information Processing Network – Infrastructure Upgrade	99	—	—
—	3	—	3	—	Infrastructure Network	99	—	—
—	2	—	2	—	"E"Public Health	99	—	—
<u>5,407</u>	<u>21</u>	<u>2,766</u>	<u>8,194</u>	<u>7,969</u>	Grand Total State Appropriation		<u>5,738</u>	<u>5,688</u>
OTHER RELATED APPROPRIATIONS								
Federal Funds								
1,296					Administration and Support Services	99		
189 ^S	230	10	1,725	698			1,136	1,136
<u>1,485</u>	<u>230</u>	<u>10</u>	<u>1,725</u>	<u>698</u>	Total Federal Funds		<u>1,296</u>	<u>1,136</u>
All Other Funds								
	5,172				Administration and Support Services	99		
—	1,777 ^R	4,209	11,158	5,146			1,300	1,300
—	<u>6,949</u>	<u>4,209</u>	<u>11,158</u>	<u>5,146</u>	Total All Other Funds		<u>1,300</u>	<u>1,300</u>
<u>6,892</u>	<u>7,200</u>	<u>6,985</u>	<u>21,077</u>	<u>13,813</u>	GRAND TOTAL ALL FUNDS		<u>8,334</u>	<u>8,124</u>

Notes — Direct State Services – General Fund

(a) The fiscal year 2004 appropriation has been adjusted for the allocation of salary program in accordance with the provisions of P.L. 2003, c. 122 (Fiscal Year 2004 Appropriations Act).

20. PHYSICAL AND MENTAL HEALTH

26. SENIOR SERVICES

OBJECTIVES

- To provide a variety of medical and health services to individuals in their own homes to avoid unnecessary institutional placement.
- To provide prescription drugs, insulin and insulin syringes for State residents qualifying for the Pharmaceutical Assistance to the Aged and Disabled (PAA/D) and Senior Gold programs (C.30:4D–21 et seq.).
- 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.
- 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.
- 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.
- To continue to serve as an effective and visible advocate for the elderly through programs for the aging.
- To provide assistance to elderly citizens who have been found by the court to need a guardian or conservator and to administer those services in order to provide a better quality of life for each individual represented.

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

PROGRAM CLASSIFICATIONS

- Medical Services for the Aged.** Supports medically related services to eligible elderly and disabled individuals including community-based services to clients who would normally be eligible for Medicaid coverage only in an institution. Rebates for hearing aids purchased are provided to persons eligible for Pharmaceutical Assistance to the Aged and Disabled. Home care services are also provided to persons previously ineligible because of income limits.
- Pharmaceutical Assistance to the Aged and Disabled (PAA/D).** 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 \$20,437 if single or \$25,058 if married. The Senior Gold program provides prescription drug benefits to everyone over 65 years of age or receiving Social Security Disability benefits, whose annual income is \$10,000 above the applicable PAAD income eligibility limits for single and married persons, which amount is to be determined on the

HEALTH AND SENIOR SERVICES

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

55. **Programs for the Aged.** The Division of Senior Affairs (C.52:27D-28.1) supports programs which improve the quality of life for New Jersey's older citizens through technical assistance and grants to local entities. Funded programs include congregate and home delivered meals, informational assistance, outreach, personal care, legal services, transportation, telephone reassurance, housekeeping and chore services, and case management. These programs are financed with both State and federal funds. The 21 County Offices on Aging are also supported with State aid.
56. **Office of the Ombudsman.** The Ombudsman for the Institutionalized Elderly (C.52:27G-1 et seq.) receives,

investigates and resolves complaints concerning health care facilities serving the elderly, and initiates actions to secure, preserve and promote the health, safety, welfare and the civil and human rights of the institutionalized elderly. The Office reviews requests for the withdrawal or withholding of life-sustaining treatment for persons without advance directives for health care.

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 2002	Actual FY 2003	Revised FY 2004	Budget Estimate FY 2005
PROGRAM DATA				
Medical Services for the Aged				
Nursing Home Services:				
Per diem	\$116.18	\$123.08	\$132.20	\$134.08
Patient days	11,004,752	10,758,012	10,640,072	10,168,761
Gross annual cost (a)	\$1,278,550,848	\$1,324,140,202	\$1,406,612,000	\$1,363,434,000
Community Care Programs:				
Community Care Program for the Elderly and Disabled clients served	5,200	5,200	5,200	5,200
Community Care Program for the Elderly and Disabled amount expended	\$ 58,120,000 (b)	\$ 55,110,484 (b)	\$ 56,258,000 (b)	\$ 56,052,000 (b)
Assisted Living/ Alternative Family Care Clients served	1,500	1,875	2,450	3,200
Pharmaceutical Assistance to the Aged and Disabled				
Pharmaceutical Assistance to the Aged (PAA) Only:				
Average monthly eligibles	22,218	17,766	16,943	16,012
Average monthly prescriptions per eligible	2.35	2.50	2.65	2.75
Annual prescriptions	626,548	532,980	538,787	528,396
Cost per prescription (excludes co-payment)	\$55.29	\$63.01	\$58.79	\$56.46
Gross Cost PAA Program	\$34,641,795	\$33,580,622	\$31,674,785	\$29,835,000
Recoveries (c)				
Annual Cost	\$34,641,795	\$33,580,622	\$31,674,785	\$29,835,000
Pharmaceutical Assistance to the Aged & Disabled (PAAD) Only:				
Aged				
Average monthly eligibles	150,280	147,841	146,722	144,161
Average monthly prescriptions per eligible	2.77	2.99	3.21	3.35
Annual prescriptions	4,995,313	5,304,535	5,651,731	5,795,272
Cost per prescription (excludes co-payment)	\$58.64	\$67.19	\$69.58	\$62.06
Gross Cost PAAD Program (Aged only)	\$292,911,370	\$356,422,261	\$393,241,711	\$359,633,250
Recoveries (c)	(\$8,354,876)	(\$6,832,818)	(\$6,857,250)	(\$6,857,250)
PAAD manufacturers' rebates (c)	(\$49,567,749)	(\$55,149,276)	(\$80,625,000)	(\$79,500,000)
Net Annual Cost	\$234,988,746	\$294,440,167	\$305,759,461	\$273,276,000

HEALTH AND SENIOR SERVICES

	Actual FY 2002	Actual FY 2003	Revised FY 2004	Budget Estimate FY 2005
Disabled				
Average monthly eligibles	26,933	27,247	27,314	27,114
Average monthly prescriptions per eligible	3.69	3.85	4.07	4.18
Annual prescriptions	1,193,426	1,258,811	1,334,016	1,360,038
Cost per prescription (excludes co-payment)	\$84.56	\$94.38	\$98.26	\$88.14
Gross Cost PAAD Program (Disabled only)	\$100,921,871	\$118,807,420	\$131,080,170	\$119,877,750
Recoveries (c)	(\$2,111,100)	(\$2,277,606)	(\$2,285,750)	(\$2,285,750)
PAAD manufacturers' rebates (c)	(\$14,805,951)	(\$18,383,092)	(\$26,875,000)	(\$26,500,000)
Net Annual Cost	\$84,004,820	\$98,146,722	\$101,919,420	\$91,092,000
Total General Fund	\$106,185,017	\$166,293,511	\$185,814,666	\$106,073,000
Total Casino Revenue Fund	\$247,450,344	\$259,874,000	\$255,182,000	\$288,130,000
Senior Gold				
Aged				
Average monthly eligibles	22,352	28,133	27,826	28,750
Average monthly prescriptions per eligible	1.70	2.04	2.08	2.13
Annual prescriptions	455,211	688,696	694,537	734,850
Cost per prescription (excludes cost sharing)	\$22.56	\$24.78	\$26.90	\$29.89
Gross Cost Senior Gold Program (Aged only)	\$10,271,013	\$17,063,778	\$18,684,087	\$21,964,725
Senior Gold manufacturers' rebates	(\$1,078,666)	(\$2,036,375)	(\$2,450,000)	(\$2,450,000)
Net Annual Cost	\$9,192,348	\$15,027,403	\$16,234,087	\$19,514,725
Disabled				
Average monthly eligibles	962	1,259	1,375	1,475
Average monthly prescriptions per eligible	1.98	2.43	2.41	2.42
Annual prescriptions	22,828	36,712	39,765	42,834
Cost per prescription (excludes cost sharing)	\$23.68	\$33.16	\$34.16	\$36.94
Gross Cost Senior Gold Program (Disabled only)	\$540,580	\$1,217,466	\$1,358,289	\$1,582,275
Total General Fund	\$9,732,927	\$16,244,869	\$17,592,376	\$21,097,000 ^(e)
Programs for the Aged				
Services and Service Units Provided:				
Congregate meals service	2,109,273	2,127,431	2,127,000	2,127,000
Home delivered meals service	3,020,231	3,589,384	3,589,000	3,589,000
Transportation service	1,003,029	1,039,220	1,039,000	1,039,000
Information and referral service	353,916	375,603	376,000	376,000
Telephone reassurance service	359,805	237,859	238,000	238,000
Outreach service	27,150	56,824	57,000	57,000
Personal care service	790,563	762,846	763,000	763,000
Legal service	24,575	26,226	26,000	26,000
Housekeeping and chore services	442,902	511,341	511,000	511,000
Education and training services	9,549	29,214	29,000	29,000
Case management service	85,961	160,668	161,000	161,000
Physical health services	53,666	103,370	103,000	103,000
Congregate Housing Services Program				
Persons served	2,434	2,994	3,000	3,000
Site locations	64	70	70	70
Adult Protective Services				
Persons served	5,350	5,322 ^(d)	5,300	5,300
Health Insurance Counseling				
Clients served	74,500	75,000	75,000	75,000
Security Housing and Transportation				
Clients served	7,376	9,342 ^(d)	9,300	9,300
Gerontology Services				
Geriatric Patients Served	3,051	3,043	3,000	3,000
Alzheimer's Day Care Units Provided	57,092	62,030	62,000	62,000
Persons Trained in Gerontology	4,812	3,592	3,600	3,600
Caregivers Receiving Respite Care	3,520	2,500	2,500	2,500
Office of the Ombudsman				
Office of the Ombudsman				
Institutionalized elderly	120,000	125,000	125,000	125,000

HEALTH AND SENIOR SERVICES

	Actual FY 2002	Actual FY 2003	Revised FY 2004	Budget Estimate FY 2005
On-site investigations:				
Involving patient funds	608	697	770	880
Involving care/abuse/neglect	6,300	7,803	8,580	9,460
Nursing homes visited	3,600	3,854	4,290	4,730
Boarding homes visited	175	216	220	220
Residential health care/psychiatric and development centers visits	200	221	220	220
Cases referred to enforcement agencies	381	424	440	440
Office of the Public Guardian				
Office of the Public Guardian				
Number of inquiries	450	247	280	300
Number of cases handled	1,500	1,614	1,764	1,924
Number of court-appointed cases	150	114	150	160

PERSONNEL DATA

Position Data

Filled Positions by Funding Source

State Supported	330	301	301	331
Federal	142	120	120	162
All Other	19	21	21	23
Total Positions	491	442	442	516

Filled Positions by Program Class

Medical Services for the Aged	217	194	178	231
Pharmaceutical Assistance to the Aged & Disabled	143	130	143	159
Lifeline	28	17	21	20
Programs for the Aged	58	56	54	58
Ombudsman's Office	23	20	19	21
Office of the Public Guardian	22	25	27	27
Total Positions	491	442	442	516

Notes:

Actual payroll counts are reported for fiscal years 2002 and 2003 as of December and revised fiscal year 2004 as of September. The Budget Estimate for fiscal year 2005 reflects the number of positions funded.

Actual fiscal year 2002 and 2003 amounts have been restated to reflect accurate accounts.

The appropriation and evaluation data for the Lifeline Credits and Tenants Assistance Rebates Programs have been adjusted for all fiscal years to reflect the transfer of these programs to the Board of Public Utilities (BPU), in accordance with a Memorandum of Understanding (MOU) between the BPU and the Department of Health and Senior Services (DHSS). The administrative portion of Lifeline will remain in the Department of Health and Senior Services.

- (a) Includes expenses for Medicaid High Occupancy, federal Peer Grouping, and SOBRA funded in the General Fund.
- (b) Includes resources from the Casino Revenue Fund, Grants-in-Aid, the Health Care Subsidy Fund, and matching federal funds.
- (c) Rebates and recoveries earned by all portions of the PAA/PAAD program; beginning in fiscal year 2002, rebates are applied to the PAAD program only.
- (d) Definition was changed to standardize reporting by Adult Protective Services agencies.
- (e) Excludes \$3,850,000 appropriated for administration.

APPROPRIATIONS DATA
(thousands of dollars)

Year Ending June 30, 2003					Year Ending June 30, 2005				
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Total Expended	Prog. Class.	2004 Adjusted Approp.	Requested	Recom- mended	
DIRECT STATE SERVICES									
Distribution by Fund and Program									
5,249	27	3,817	9,093	8,792	22	4,946	5,733	5,733	
6,904	435	6,196	13,535	12,365	24	9,654	8,560	8,560	
1,356	12	259	1,627	1,601	55	1,333	1,333	1,333	
485	—	209	694	693	<i>(From General Fund)</i>				
871	12	50	933	908	<i>(From Casino Revenue Fund)</i>				

HEALTH AND SENIOR SERVICES

Year Ending June 30, 2003					Year Ending June 30, 2005				
Orig. & (S)Supplemental	Reapp. & (R)Recpts.	Transfers & (E)Emergencies	Total Available	Total Expended	Prog. Class.	2004 Adjusted Approp.	Requested	Recommended	
898	—	—	898	898					
727	—	—	727	727					
15,134	474	10,272	25,880	24,383					
14,263	462	10,222	24,947	23,475					
871	12	50	933	908					
					DIRECT STATE SERVICES				
					Office of the Ombudsman	56	826	826	826
					Office of the Public Guardian	57	681	681	681
					Total Direct State Services		17,440	17,133	17,133
					(From General Fund)		16,569	16,262	16,262
					(From Casino Revenue Fund)		871	871	871
					Distribution by Fund and Object				
					Personal Services:				
8,429	—	175	8,604	8,375	Salaries and Wages	8,735	9,422	9,422	
796	—	14	810	810	Salaries and Wages (CRF)	658	658	658	
—	—	—	—	—	Employee Benefits (CRF)	138	138	138	
9,225	—	189	9,414	9,185	Total Personal Services	9,531	10,218	10,218	
8,429	—	175	8,604	8,375	(From General Fund)	8,735	9,422	9,422	
796	—	14	810	810	(From Casino Revenue Fund)	796	796	796	
170	—	18	188	172	Materials and Supplies	170	170	170	
14	—	—	14	14	Materials and Supplies (CRF)	14	14	14	
2,172	—	1,202	3,374	3,362	Services Other Than Personal	2,172	1,178	1,178	
47	—	36	83	83	Services Other Than Personal (CRF)	47	47	47	
450	—	-1	449	412	Maintenance and Fixed Charges	450	450	450	
2	—	—	2	—	Maintenance and Fixed Charges (CRF)	2	2	2	
					Special Purpose:				
737	—	-485	252	240	Fiscal Agent – Medical Services for the Aged	22	737	737	
—	25	4,337	4,362	4,320	ElderCare Initiatives	22	—	—	
2,134	434	485	3,053	3,053	Payments to Fiscal Agent – PAA	24	4,134	4,134	
—	—	4,300	4,300	3,188	Senior Gold Prescription Assistance Program	24	—	—	
—	—	191	191	191	ElderCare Advisory Commission Initiatives	55	—	—	
143	—	—	143	143	Federal Programs for the Aging (State Share)	55	143	143	
28	3	—	31	19	Additions, Improvements and Equipment		28	28	
12	12	—	24	1	Additions, Improvements and Equipment (CRF)		12	12	
					GRANTS-IN-AID				
					Distribution by Fund and Program				
289,620	2,793	305,706	598,119	506,412	Medical Services for the Aged	22	349,567	754,591	
285,763	2,793	305,706	594,262	503,136	(From General Fund)		320,009	726,130	
3,857	—	—	3,857	3,276	(From Casino Revenue Fund)		29,558	28,461	
448,552	106,401	-22,543	532,410	519,495	Pharmaceutical Assistance to the Aged and Disabled	24	464,222	419,150	
188,678	32,869	-22,543	199,004	186,137	(From General Fund)		209,040	131,020	
259,874	73,532	—	333,406	333,358	(From Casino Revenue Fund)		255,182	288,130	
28,598	33	-190	28,441	27,886	Programs for the Aged	55	27,387	29,810	
14,404	3	-140	14,267	14,264	(From General Fund)		13,025	15,448	
14,194	30	-50	14,174	13,622	(From Casino Revenue Fund)		14,362	14,362	
766,770	109,227	282,973	1,158,970	1,053,793	Total Grants-in-Aid		841,176	1,203,551	
488,845	35,665	283,023	807,533	703,537	(From General Fund)		542,074	872,598	
277,925	73,562	-50	351,437	350,256	(From Casino Revenue Fund)		299,102	330,953	

HEALTH AND SENIOR SERVICES

Orig. & (S)Supple- mental	Year Ending June 30, 2003					Prog. Class.	2004 Adjusted Approp.	Year Ending June 30, 2005	
	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended				Requested	Recom- mended
GRANTS-IN-AID									
Distribution by Fund and Object									
Grants:									
13,973	—	1,255	15,228	15,192	Assisted Living Program	22	18,540	23,540	23,540
27,370	—	-1,800	25,570	24,700	Community Care Alternatives	22	—	—	—
3,253	—	—	3,253	2,857	Community Care Alternatives (CRF)	22	29,123	28,026	28,026
166,497	2,792	312,988	482,277	395,419	Payments for Medical Assistance Recipients – Nursing Homes ^(a)	22	127,806 91,500 ^S	630,717	630,717
49,046	—	-2,400	46,646	46,005	Medical Day Care Services	22	58,163	42,996	42,996
9,000	—	—	9,000	9,000	Medicaid High Occupancy – Nursing Homes	22	9,000	9,000	9,000
19,877	1	-4,337	15,541	12,820	ElderCare Initiatives	22	15,000	19,877	19,877
354	—	—	354	276	Home Care Expansion (CRF)	22	235	235	235
250	—	—	250	143	Hearing Aid Assistance for the Aged and Disabled (CRF)	22	200	200	200
36,626	—	-2,702	33,924	33,581	Pharmaceutical Assistance to the Aged – Claims	24	35,998	29,835	29,835
5,959					Pharmaceutical Assistance to the Aged and Disabled – Claims ^(b)	24	144,684 ^S	76,238	76,238
118,000 ^S	21,316	—	145,275	134,275	Pharmaceutical Assistance to the Aged and Disabled – Claims (CRF) ^(c)	24	255,182	288,130	288,130
259,874	73,532 ^R	—	333,406	333,358	Senior Gold Prescription Assistance Program	24	28,358	24,947	24,947
28,093	9,517	-19,841	19,805	18,281	Arthritis Quality of Life Initiative Act	55	232	482	482
464	—	—	464	464	Purchase of Social Services	55	8,673	8,673	8,673
8,497	—	—	8,497	8,497	ElderCare Advisory Commission Initiatives	55	2,500	2,500	2,500
3,500	—	-191	3,309	3,309	Cost-of-Living Adjustment, Senior Services	55	—	173	173
339	—	165	504	504	Alzheimer's Disease Program	55	775	775	775
759	3	-114	648	645	Demonstration Adult Day Care Center Program—Alzheimer's Disease (CRF)	55	2,632	2,632	2,632
2,572	3	-50	2,525	2,525	Adult Protective Services	55	845	845	845
845	—	—	845	845	Adult Protective Services (CRF)	55	1,780	1,780	1,780
1,780	—	—	1,780	1,780	Senior Citizen Housing—Safe Housing and Transportation (CRF)	55	1,668	1,668	1,668
1,668	—	—	1,668	1,177	NJ Caring for Caregivers Initiative	55	—	2,000	2,000
—	—	—	—	—	Respite Care for the Elderly (CRF)	55	5,359	5,359	5,359
5,251	9	—	5,260	5,259	Congregate Housing Support Services (CRF)	55	1,938	1,938	1,938
1,938	18	—	1,956	1,896	Home Delivered Meals Expansion (CRF)	55	985	985	985
985	—	—	985	985					
STATE AID									
Distribution by Fund and Program									
6,964	—	-1,344	5,620	5,620	Programs for the Aged	55	7,108	7,108	7,108
6,964	—	-1,344	5,620	5,620	Total State Aid		7,108	7,108	7,108

HEALTH AND SENIOR SERVICES

Year Ending June 30, 2003					Year Ending June 30, 2005				
Orig. & (S) Supplemental	Reapp. & (R) Recpts.	Transfers & (E) Emergencies	Total Available	Total Expended	Prog. Class.	2004 Adjusted Approp.	Requested	Recommended	
STATE AID									
Distribution by Fund and Object									
State Aid:									
2,775	—	-964	1,811	1,811	County Offices on Aging	55	2,832	2,832	2,832
4,189	—	-380	3,809	3,809	Older Americans Act—State Share	55	4,276	4,276	4,276
788,868	109,701	291,901	1,190,470	1,083,796	Grand Total State Appropriation		865,724	1,227,792	1,227,792
OTHER RELATED APPROPRIATIONS									
Federal Funds									
1,351,873	-110	—	1,494,829	1,026,321	Medical Services for the Aged	22	1,381,246	882,030	882,030
147,808	143,066 ^R	—	147,808	—	Pharmaceutical Assistance to the Aged and Disabled	24	—	90,994	90,994
45,268	—	4	46,782	39,102	Programs for the Aged	55	44,870	44,472	44,472
250 ^S	1,260	110	835	310	Office of the Ombudsman	56	600	600	600
420	305	400	650	577	Office of the Public Guardian	57	500	550	550
250	—	—	—	—	Total Federal Funds		1,427,216	1,018,646	1,018,646
1,545,869	144,521	514	1,690,904	1,066,310	All Other Funds				
—	952,000 ^R	—	952,000	952,000	Medical Services for the Aged	22	—	—	—
—	163	—	235	72	Programs for the Aged	55	150	300	300
—	72 ^R	—	—	—	Office of the Ombudsman	56	—	—	—
—	28	—	23	23	Office of the Public Guardian	57	600	600	600
—	-5 ^R	—	356	356	Total All Other Funds		750	900	900
—	15	—	—	—	GRAND TOTAL ALL FUNDS		2,293,690	2,247,338	2,247,338
—	341 ^R	—	952,614	952,451					
2,334,737	1,206,836	292,415	3,833,988	3,102,557					

Notes — Grants-In-Aid – General Fund

- (a) The FY2004 adjusted amount reflects a \$450 million federal revenues maximization offset for IGT/Stimulus Bill/other initiatives. The FY2005 recommended and requested amount reflects a \$17 million offset for IGT.
- (b) Amounts represent partial costs of the Pharmaceutical Assistance to the Aged and Disabled program. The remainder is funded by the Casino Revenue Fund.

Notes — Grants-In-Aid – Casino Revenue Fund

- (c) In FY2003, \$123,959,000 has been shifted to the General Fund due to insufficient resources in the Casino Revenue Fund. In FY2004, \$144,684,000 has been shifted to the General Fund.

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 other State law to the contrary, any third party, as defined in subsection m. of section 3 of P.L.1968, c.413 (C.30:4D-3), 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.

The unexpended balances as of June 30, 2004 in the Payments to Fiscal Agent – PAA account are appropriated.

Such sums as may be necessary, not to exceed \$1,591,000, may be credited from the Energy Assistance program account in the Board of the Public Utilities to the Lifeline program account shall be applied in accordance with a Memorandum of Understanding between the President of the Board of Public Utilities and the Commissioner of the Department of Health and Senior Services, subject to the approval of the Director of the Division of Budget and Accounting.

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

Language Recommendations — Grants-In-Aid – General Fund

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

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

All funds recovered pursuant to P.L.1968, c.413 (C.30:4D–1 et seq.) and P.L.1975, c.194 (C.30:4D–20 et seq.) during the fiscal year ending June 30, 2005 are appropriated for payments to providers in the same program class from which the recovery originated.

Notwithstanding the provisions of any other law to the contrary, a sufficient portion of receipts generated or savings realized in the Medical Services for the Aged Grants-In-Aid accounts from initiatives included in the fiscal year 2005 Budget 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 Division of Medical Assistance and Health Services in the Department of Human Services and the Department of Health and Senior Services, subject to federal approval, shall implement 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 other law to the contrary, effective July 1, 2004, reimbursement for nursing facility services, which are funded hereinabove in the Payments for Medical Assistance Recipients – Nursing Homes account, shall be 50% of the per diem rate when a Medicaid beneficiary is hospitalized. These payments shall be limited to the first 10 days of the hospitalization. Medicaid reimbursement for nursing facility services shall be discontinued beyond the 10th day of the hospitalization.

The funds appropriated hereinabove for Payments for Medical Assistance Recipients – Medicaid High Occupancy – Nursing Homes shall be distributed for patient services among those nursing homes where Medicaid patient day occupancy level is at or above 75%. Each such facility shall receive its distribution through a prospective per diem rate adjustment according to the following formula: $E = A \text{ Medicaid days} / T \text{ Medicaid days} \times F$; where E is the entitlement for a specific nursing home resulting from this allocation; A Medicaid days is an individual nursing home's reported Medicaid days on June 30, 2004; T Medicaid days is the total reported Medicaid days for all affected nursing homes; and F is the total amount of State and federal funds to be distributed. No nursing home shall receive a total allocation greater than the amount lost, due to adjustments in Medicaid reimbursement methodology, which became effective April 1, 1995. Any balances remaining undistributed, from the abovementioned amount, shall be deposited in a reserve account in the General Fund.

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 (PAA/D) 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 PAA/D or Senior Gold Prescription Discount Program benefits shall be void, and no PAA/D and Senior Gold Prescription Discount Program payments shall be made as a result of any such provision.

Of the amount appropriated hereinabove 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.

Notwithstanding the provisions of any other law or regulation to the contrary, effective July 1, 2004, each prescription order dispensed in the Pharmaceutical Assistance to the Aged and Disabled program and the Senior Gold Prescription Discount Program for Maximum Allowable Cost (MAC) drugs, which are appropriated hereinabove in the Pharmaceutical Assistance to the Aged and Disabled – Claims and Senior Gold Prescription Assistance programs, shall state "Brand Medically Necessary" in the prescriber's own handwriting if the prescriber determines that it is necessary to override generic substitution of drugs, and each prescription order shall follow the requirements of P.L.1977, c.240 (C.24:6E–1 et seq.).

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

Notwithstanding the provisions of any other law to the contrary, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled 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

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of rebates to the State. Furthermore, rebates from pharmaceutical manufacturing companies for prescriptions purchased by the Pharmaceutical Assistance to the Aged and Disabled program and the Senior Gold Prescription Discount Program shall continue during the fiscal year 2005, provided that the manufacturer's rebates for the Senior Gold Prescription Discount Program shall apply only to the amount paid by the State under the Senior Gold Discount program. All revenues from such rebates during the fiscal year ending June 30, 2005 are appropriated for the Pharmaceutical Assistance to the Aged and Disabled program and the Senior Gold Prescription Discount Program.

Notwithstanding the provisions of any other law or regulation to the contrary, effective July 1, 2004 consistent with the notice provisions of 42 CFR 447.205 where applicable, no funds appropriated in the Pharmaceutical Assistance to the Aged and Disabled program classification and the Senior Gold Prescription Assistance Program account shall be expended except under the following conditions: (a) reimbursement for prescription drugs, shall be based on the Average Wholesale Price less a 12.5% discount; (b) the current prescription drug dispensing fee structure set as a variable rate of \$3.73 to \$4.07 in effect on June 30, 2004 shall remain in effect through fiscal year 2005, including the current increments for patient consultation, impact allowances and allowances for 24-hour emergency services; and (c) multisource generic and single source brand name drugs shall be dispensed without prior authorization but multisource brand name drugs shall require prior authorization issued by the Department of Health and Senior Services or its authorizing agent, however, a 10-day supply of the multisource brand name drug shall be dispensed pending receipt of prior authorization. Certain multisource brand name drugs with a narrow therapeutic index, other drugs recommended by the Drug Utilization Review Board or brand name drugs with 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 other law to the contrary, no funds appropriated for the Pharmaceutical Assistance for the Aged and Disabled program and the Senior Gold Prescription Discount Program shall be used to pay for quantities of erectile dysfunction therapy medication in excess of four treatments per month. Moreover, payment will only be provided if the diagnosis of erectile dysfunction is written on the prescription form and the treatment is provided to males over the age of 18 years.

In addition to the amount hereinabove, 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 other law to the contrary, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled (PAA/D) program and the Senior Gold Prescription Discount Program are available to pharmacies that have not submitted an application to enroll as an approved medical supplier in the Medicare program, unless they already are an approved Medicare medical supplier. Pharmacies will not be required to bill Medicare directly, 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 PAA/D or Senior Gold Prescription Discount Program copayment.

Notwithstanding the provisions of any other law to the contrary, the Commissioner of Health and Senior Services shall establish a retrospective Polypharmacy drug utilization review program to study the efficacy, necessity and safety of prescriptions in excess of ten per month per PAAD or Senior Gold client and shall approve or disallow future payments for clients whose prescriptions exceed ten per client per month if the prescriptions have been proven inefficient, unnecessary or unsafe.

Notwithstanding the provisions of any law or regulation to the contrary, the Department of Health and Senior Services shall have the authority to establish a voluntary prescription drug mail-order program. The mail-order program may waive, discount or rebate the beneficiary copay 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 the Department of Health and Senior Services and the Director of the Division of Budget and Accounting.

At any point during the year and notwithstanding the provisions of any other law or regulation to the contrary, subject to the approval of a plan by the Commissioner of the Department of Health and Senior Services, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled 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 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 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, from the amount appropriated hereinabove for the Pharmaceutical Assistance to the Aged and Disabled and Senior Gold Prescription Discount programs, the Commissioner of Health and Senior Services shall establish a disease management program to improve the quality of care for beneficiaries and reduce costs in the Pharmaceutical Assistance to the Aged and Disabled and Senior Gold Prescription Discount programs.

From the amount appropriated hereinabove 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 other law to the contrary and subject to the notice provisions of 42 CFR 447.205, for rates implemented on or after July 1, 2000, target occupancy as determined pursuant to N.J.A.C.10:63-3.16 shall not apply to those facilities receiving enhanced rates of reimbursement pursuant to N.J.A.C.10:63-2.21. The per diem amounts for all other expenses of the enhanced rates shall be based upon reasonable base period costs divided by actual base period patient days, but no less than 85% of licensed bed days shall be used.

In order to permit flexibility in the handling of appropriations and ensure the timely payment of claims to providers of medical services, amounts may be transferred between the various items of appropriation within the Medical Services for the Aged and Programs for the Aged programs 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 Budget and Accounting. Notice thereof shall be provided to the Legislative Budget and Finance Officer on the effective date of the approved transfer.

Notwithstanding the provisions of any law or regulation to the contrary, effective July 1, 2004, reimbursement for pediatric and adult day health services, including services provided in nursing home based, hospital based, and freestanding facilities, as appropriated hereinabove in the Medical Day Care Services account, shall be limited to the rates in effect in FY 2004.

Notwithstanding the provisions of any law to the contrary, no payment for Medicaid Adult or Pediatric Medical Care services, as appropriated hereinabove 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.

From the amount appropriated for the Payments for Medical Assistance Recipients – Nursing Home account, funds shall be made available to supplement the Assisted Living Program account in order to increase the number of Assisted Living (AL) services slots, subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any law to the contrary, effective July 1, 2004, reimbursement for nursing facility services, including Special Nursing Facility (SCNF) Rates, as appropriated hereinabove in the Payments for Medical Assistance Recipients – Nursing Homes account, shall be limited to the base rates established during FY 2004.

Contingent upon federal approval for the nursing home provider assessment, the first \$31.5 million of funds received from the assessment may be used by the Commissioner of the Department of Health and Senior Services (DHSS) to rebase nursing home rates and provide for industry-wide inflation adjustments and the next \$15.2 million of funds received from the assessment will increase the reasonableness limit for total nursing home care up to 120% of the median costs in the Medicaid nursing home rate-setting system and increase the reimbursement for bedhold days from 50% to 90%, subject to the approval of the Director of the Division of Budget and Accounting.

The amounts appropriated hereinabove, not to exceed \$70,840,000 for payments for the Lifeline Credits and the Payment's for Tenants' Assistance Rebates Programs are available to the Department of Health and Senior Services to fund the payments associated with the Lifeline Credit and Tenants' Assistance Programs in accordance with a Memorandum of Understanding between the President of the Board of Public Utilities and the Commissioner of the Department of Health and Human Services, subject to the approval of the Director of the Division of Budget and Accounting.

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

In addition to the amount hereinabove, 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 fiscal year ending June 30, 2005, are appropriated for payments to providers in the same program class from which the recovery originated.

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

For the purposes of account balance maintenance, all object accounts in the Medical Services for the Aged program classification shall be considered as one object. This will allow timely payment of claims to providers of medical services but ensure that no overspending will occur in the program classification.

Notwithstanding the provisions of P.L.1988, c.92 (C.30:4E-5 et seq.) to the contrary, funds appropriated for the Home Care Expansion Program (HCEP) shall be paid only for individuals enrolled in the program as of June 30, 1996 who are not eligible for the Community Care Program for the Elderly and Disabled or alternative programs, and only for so long as those individuals require services covered by the HCEP. Individuals enrolled in the HCEP as of June 30, 1996 and eligible for the Community Care Program for the Elderly and Disabled, may apply to be enrolled in that program.

Notwithstanding the provisions of any other law 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 fiscal year 2005 budget 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 appropriated hereinabove 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.

Notwithstanding the provisions of any other law or regulation to the contrary, effective July 1, 2004, each prescription order dispensed in the Pharmaceutical Assistance to the Aged and Disabled program for Maximum Allowable Cost (MAC) drugs, which are appropriated hereinabove in the Pharmaceutical Assistance to the Aged and Disabled – Claims program, shall state "Brand Medically Necessary" in the prescriber's own handwriting if the prescriber determines that it is necessary to override generic substitution of drugs, and each prescription order shall follow the requirements of P.L.1977, c.240 (C.24:6E-1 et seq.).

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- Notwithstanding the provisions of any other law or regulation to the contrary, effective July 1, 2003, no State funds are appropriated for a Drug Utilization Review Council in the Department of Health and Senior Services and therefore the functions of the Council shall cease.
- Notwithstanding the provisions of any other law to the contrary, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled 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 Pharmaceutical Assistance to the Aged and Disabled program and the Senior Gold Prescription Discount Program shall continue during the fiscal year 2005, provided that the manufacturer's rebates for the Senior Gold Prescription Discount Program shall apply only to the amount paid by the State under the Senior Gold Discount program. All revenues from such rebates during the fiscal year ending June 30, 2005 are appropriated for the Pharmaceutical Assistance to the Aged and Disabled program and the Senior Gold Prescription Discount Program.
- Notwithstanding the provisions of any other law or regulation to the contrary, effective July 1, 2004 consistent with the notice provisions of 42 CFR 447.205 where applicable, no funds appropriated in the Pharmaceutical Assistance to the Aged and Disabled program classification and the Senior Gold Prescription Assistance Program account shall be expended except under the following conditions: (a) reimbursement for prescription drugs, shall be based on the Average Wholesale Price less a 12.5% discount; (b) the current prescription drug dispensing fee structure set as a variable rate of \$3.73 to \$4.07 in effect on June 30, 2004 shall remain in effect through fiscal year 2005, including the current increments for patient consultation, impact allowances and allowances for 24-hour emergency services; and (c) multisource generic and single source brand name drugs shall be dispensed without prior authorization but multisource brand name drugs shall require prior authorization issued by the Department of Health and Senior Services or its authorizing agent, however, a 10-day supply of the multisource brand name drug shall be dispensed pending receipt of prior authorization. Certain multisource brand name drugs with a narrow therapeutic index, other drugs recommended by the Drug Utilization Review Board or brand name drugs with 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 other law to the contrary, no funds appropriated for the Pharmaceutical Assistance to the Aged and the Disabled program shall be used to pay for quantities of erectile dysfunction therapy medication in excess of four treatments per month. Moreover, payment will only be provided if the diagnosis of erectile dysfunction is written on the prescription form and the treatment is provided to males over the age of 18 years.
- Notwithstanding the provisions of any other law to the contrary, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled (PAA/D) program are available to pharmacies that have not submitted an application to enroll as an approved medical supplier in the Medicare program, unless they already are an approved Medicare medical supplier. Pharmacies will not be required to bill Medicare directly, 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 PAA/D copayment.
- Notwithstanding the provisions of any law or regulation to the contrary, the Commissioner of Health and Senior Services shall establish a retrospective Polypharmacy drug utilization review program to study the efficacy, necessity and safety of prescriptions in excess of ten per month per PAAD or Senior Gold client and shall approve or disallow future payments for clients whose prescriptions exceed ten per client per month if the prescriptions have been proven inefficient, unnecessary or unsafe.
- Notwithstanding the provisions of any law or regulation to the contrary, the Department of Health and Senior Services shall have the authority to establish a voluntary prescription drug mail-order program. The mail-order program may waive, discount or rebate the beneficiary copay 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 the Department of Health and Senior Services and the Director of the Division of Budget and Accounting.
- At any point during the year and notwithstanding the provisions of any other law or regulation to the contrary, subject to the approval of a plan by the Commissioner of the Department of Health and Senior Services, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled 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 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 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, from the amount appropriated hereinabove for the Pharmaceutical Assistance to the Aged and Disabled program, the Commissioner of Health and Senior Services shall establish a disease management program to improve the quality of care for beneficiaries and reduce costs in the Pharmaceutical Assistance to the Aged and Disabled program.
- Notwithstanding the provisions of section 2 of P.L.1988, c.114 (C.26:2M-10) to the contrary, private for-profit agencies shall be eligible grantees for funding from the Demonstration Adult Day Care Center Program - Alzheimer's Disease account.
- Notwithstanding the provisions of any other law to the contrary, of the amount appropriated hereinabove for the Respite Care for the Elderly (CRF) account, \$700,000 shall be charged to the Casino Simulcasting Fund.

DEPARTMENT OF HEALTH AND SENIOR SERVICES

Language Recommendations — Direct State Services – General Fund

Notwithstanding the provisions of any other law to the contrary, there is appropriated to the Department of Health and Senior Services from the Health Care Subsidy Fund, established pursuant to section 8 of P.L.1992, c.160 (C.26:2H-18.58), to continue to fund programs established pursuant to section 25 of P.L.1991, c.187 (C.26:2H-18.47), section 30 of P.L. 1997, c.192 and section 15 of P.L.1998, c.43, through the Health Care Cost Reduction Fund established pursuant to section 12 of P.L. 1992, c.160 (C.26:2H-18.62). However, available funding shall first provide for the Community Care Program for the Elderly and Disabled, the expansion of Medicaid to 185% of poverty and the Infant Mortality Reduction Program. Of the funds remaining, \$11,000,000 is available for payments to federally qualified health centers. Any remaining available funds may be used to increase payments to federally qualified health centers and to fund programs established pursuant to section 25 of P.L.1991, c.187 (C.26:2H-18.47), section 30 of P.L.1997, c.192 and section 15 of P.L.1998, c.43, as determined by the Commissioner of Health and Senior Services, subject to the approval of the Director of the Division of Budget and Accounting. Any unexpended balance as of June 30, 2004 in the Health Care Subsidy Fund received through the Health Care Cost Reduction Fund during fiscal year 2004 is appropriated.

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

Language Recommendations — Grants-In-Aid – General Fund

In order to permit flexibility in implementing the ElderCare Initiatives 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.

There are appropriated such sums as are necessary to counties with Class II Governmental Nursing Facilities, effective July 1, 2004, to satisfy obligations incurred in connection with the Intergovernmental Transfer Program.

Language Recommendations — State Aid – General Fund

Notwithstanding the provisions of any other law to the contrary, there are appropriated such amounts to the Department of Health and Senior Services, subject to the approval of the Director of the Division of Budget and Accounting, as are necessary to pay such supplemental payments in accordance with the Medicaid State Plan amendments to any participating governmental entity for certain Class II Governmental Nursing Facilities. There are appropriated to the Department of Health and Senior Services and the Department of the Treasury such additional sums as are necessary to pay costs incurred by the State Treasurer or any other State agency in connection with the execution and delivery of any agreements authorized under P.L.2000, c.28 (C.30:4D-19.2 et seq.), including the costs of professional services and attorneys, and other costs necessary to complete the intergovernmental transfer.

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