

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, forming a coordinated disease surveillance and response network, and providing comprehensive public health and environmental laboratory testing services.

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.

Budget Highlights

The Fiscal 2006 Budget for the Department of Health and Senior Services totals \$1.618 billion, a decrease of \$245.6 million or 13.2% under the fiscal 2005 adjusted appropriation of \$1.863 billion.

HEALTH SERVICES

The fiscal 2006 Budget provides funding for two new programs related to postpartum depression. Funding of \$2.5 million for a postpartum education campaign is designed to educate the public on postpartum depression, its signs and symptoms, ways in which women can self-refer, and procedures for family members to assist in obtaining referrals for medical and behavioral assistance. Funding of \$2 million for postpartum screening will cover the costs of services for uninsured women for care and treatment of postpartum depression.

Funding increases are also recommended for the Animal Welfare and Early Childhood Intervention programs.

Recognizing the fiscal constraints faced by the State, the Budget eliminates or reduces funding for Women's Health Awareness, St. Barnabas Medical Center-Cancer Center, Cardiovascular Program, AIDS Grants, Garden State Cancer Center, Hackensack Medical Center Stem Cell Research Institute, Stroke Centers, New Jersey Collaborating Center for Nursing, Camden Optometric Eye Center, Cord Blood Resource Center, and Nut and Food Allergies.

The Fiscal 2006 Budget reflects a continued commitment to eradicating cancer by providing \$27.3 million for cancer research,

prevention, and treatment. Of this amount, \$18.3 million is targeted to support the Cancer Institute of New Jersey.

The Budget recommends funding of \$9 million for the AIDS Drug Distribution Program (ADDP), which includes \$6 million growth offset by a \$6 million rebates receivable savings initiative.

The Budget recommends \$26 million, an increase of \$5 million, to increase the ability of existing Federally Qualified Health Centers (FQHC) to see more uninsured patients and to develop new access points throughout the state in areas designated as Medically Underserved Areas (MUA) by the U.S. Department of Health and Human Services/Health Resources and Services Administration. New Jersey currently has 20 community health centers that operate 67 facilities. The projected number of uninsured primary care visits to FQHC is expected to exceed 200,000 by the end of Fiscal Year 2005. With the increase in State funding of \$5 million proposed for Fiscal Year 2006, the Department of Health and Senior Services will work to open several new centers, which will provide healthcare to approximately 30,000 additional New Jersey residents. This program has been transferred from Health Planning and Evaluation to Health Services within the Department.

SENIOR SERVICES

The Fiscal 2006 Budget continues funding for the Department's major programs. Funding is provided to continue the Pharmaceutical Assistance to the Aged and Disabled Program (PAAD), which provides needed pharmaceutical services to seniors and disabled clients with incomes below \$20,989 if single and \$25,735 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 \$30,989 if single and \$35,735 if married. Senior Gold clients pay a \$15.00 copayment and 50% of the remaining cost of the drug.

Under the federal government's recently enacted Medicare Modernization Act of 2003, the PAAD program will receive federal transitional grant funding to help educate PAAD beneficiaries about Medicare Part D. The Medicare Transitional Assistance Grant will offset \$5.3 million of PAAD State administrative costs. The PAAD program will continue to provide a seamless transition for current recipients who will be enrolling into Medicare so that no one will experience a loss of benefits.

The Budget includes changes to the PAAD program that are designed to reduce overall costs, including:

A savings initiative to include 18 months worth of drug manufacturer's rebates in one fiscal year. A receivable would be set up for 6 months worth of drug industry PAAD rebates to account for the 6-month lag in rebate claims. The Division of Medical Assistance has had a similar process in place for many years. Estimated savings is \$50 million.

Reducing the frequency of pricing updates of prescription drugs. Prices paid to pharmacies are currently updated on a weekly basis; however, this initiative would change the frequency of these updates to a monthly basis. Estimated savings is \$7.9 million.

Presently, the PAAD program allows a patient to refill their prescription when 75% of the prescription has been used. This initiative would change the refill percentage to 85%. Estimated savings is \$4.5 million.

These initiatives offset \$46.4 million of Fiscal 2006 Budget growth attributable to increased utilization and the rising cost of drugs in the PAAD/Senior Gold programs.

The Budget also includes a number of changes in Medicaid nursing home reimbursement as well as nursing home alternatives, including:

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A uniform assessment on all nursing facilities providers has been implemented pursuant to P.L. 2004, c. 41, which will provide new Medicaid matching funds from the federal government. Estimated savings is \$51.5 million.

Nursing home rates will be rebased in Fiscal Year 2006, however, no inflation factor adjustment will be provided. Estimated savings is \$23.4 million.

Reducing the reimbursement for nursing home holding beds for residents who leave temporarily from 90% to 50% of the facility rate. Estimated savings are \$6.4 million.

Additional staff has been added to increase the amount of audits and recoveries from overpayments to nursing homes. Estimated savings is \$765,000.

Institute a \$3.00 copayment on Medical Day Care Services. Estimated savings is \$3.2 million.

Other reductions include eliminating funding for the Caring for Caregivers program and maximizing federal funding by claiming a Medicaid match on certain administrative costs associated with the State's County Offices on Aging program.

These initiatives offset \$71.8 million of Fiscal 2006 Budget entitlement growth for nursing home and alternatives programs.

The Budget also includes \$2.5 million for an additional 375 assisted living slots. The Assisted Living program provides a cost effective alternative to nursing home care for the Medicaid population.

In addition, this Budget recommends \$2.2 million to improve Residential Health Care Facilities (RHCF), or "boarding homes." An increase of \$50 per patient would be provided in the existing subsidy to RHF operators, along with an increase of \$10 for the consumers' personal needs allowance. This investment will assist in improving the facilities and overall quality of life for those persons residing in the RHCF's.

HEALTH PLANNING and EVALUATION

The Fiscal 2006 Budget continues funding for Charity Care payments to hospitals. \$42.1 million of the total general fund contribution to the Health Care Subsidy Fund (HCSF) will be used for Charity Care payments in Fiscal Year 2006. The remaining \$77.6 million of the general fund appropriation to the HCSF will be used to fund Hospital Relief Subsidy Fund payments and the State share of the KidCare health insurance program. In addition to the general fund contribution, Charity Care will be funded by the following: \$200 million from the Unemployment Compensation Fund diversion, \$155 million from the tax on cigarettes, \$55 million from an assessment on HMOs, \$42.6 million in federal revenue, \$25 million from an assessment on ambulatory medical facilities, \$7 million from an assessment on cosmetic surgery procedures, and \$5.7 million from other revenue sources. Total recommended Fiscal Year 2006 Charity Care funding from all sources will equal \$532.4 million.

The Budget provides additional funding for staff to increase oversight at residential health care facilities, which house many

former mental health care facility patients. The funds will also provide resources to study this population and determine the best methods to meet their needs.

The Budget also provides funding for the Patient Safety Act, signed into law in April, 2004. This funding will be used to implement a reporting system that collects comprehensive data on medical errors from hospitals, nursing homes and other health care facilities.

Department Accomplishments

Recent Departmental accomplishments include: facilitated the opening of 10 new Federally Qualified Health Centers (FQHCs) throughout the State and the expansion of the service capacity of 14 currently existing locations to serve approximately 100,000 new patients over the next two years; FQHCs experienced a 26% growth in patients served reaching almost 200,000 uninsured patient visits in fiscal 2004 with 225,000 anticipated in fiscal 2005; issued new Medicare approved drug discount card through the Pharmaceutical Assistance to the Aged and Disabled Program (PAAD) to approximately 81,000 PAAD beneficiaries offsetting State costs by \$90 million; continued to implement the Rapid AIDS testing with 8,349 individuals being tested through this method since its inception in fiscal 2004, which has shortened time results in 99.8% of those taking the test and receiving post-test counseling; published New Jersey's first hospital performance report, measuring adherence to best practices in the treatment of heart attack and pneumonia, which makes New Jersey one of four states to publish such a comprehensive report on hospital quality; enacted the Patient Safety Act, which will improve the quality of health care in New Jersey health care facilities by providing for a systematic approach within each health care facility and across the State to reduce medical errors; published the eighth annual Health Maintenance Organization (HMO) performance report, which shows that incremental annual improvements in quality have translated into significant gains since the first report was published in 1997; published the sixth cardiac surgery performance report displaying a 45% decline in cardiac surgery mortality on a risk-adjusted basis since the first report was conducted in 1997; developed and released the report on the Task Force on Cancer Clusters in the State, which evaluated cancer cluster investigation policies, procedures and recommends best practices in cancer cluster investigations for New Jersey; created a new Office of Animal Welfare to improve the sanitary and humane conditions of the State's pet shops, kennels, shelters, and pounds; obtained legislative approval for the funding and construction of a new, state-of-the-art 275,000 square foot Public Health, Environmental, and Agricultural Laboratory; improved testing services at the State's Public Health and Environmental Laboratory to rapidly assist in the detection of acts of biological or chemical terrorism or naturally occurring emerging disease threats; and provided health services grants to the State's county and local public health departments, hospitals, and federally qualified health centers to expand capacity to more effectively manage the consequences of acts of terrorism and other emergencies.

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SUMMARY OF APPROPRIATIONS BY FUND (thousands of dollars)

Year Ending June 30, 2004						Year Ending June 30, 2006		
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended		2005 Adjusted Approp.	Requested	Recom- mended
73,673	8,341	9,068	91,082	87,642	Direct State Services	78,187	67,036	67,036
731,365	4,081	-8,623	726,823	693,357	Grants-In-Aid	1,416,982	1,209,696	1,209,696
9,508	—	—	9,508	9,380	State Aid	9,985	9,552	9,552
620	312	—	932	216	Capital Construction	—	—	—
815,166	12,734	445	828,345	790,595	Total General Fund	1,505,154	1,286,284	1,286,284
300,473	127,944	—	428,417	426,849	Total Casino Revenue Fund	358,341	331,583	331,583
1,115,639	140,678	445	1,256,762	1,217,444	GRAND TOTAL	1,863,495	1,617,867	1,617,867

SUMMARY OF APPROPRIATIONS BY PROGRAM (thousands of dollars)

Year Ending June 30, 2004						Year Ending June 30, 2006		
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended		2005 Adjusted Approp.	Requested	Recom- mended
DIRECT STATE SERVICES – GENERAL FUND								
Health Services								
1,085	248	425	1,758	1,753	Vital Statistics	1,627	1,627	1,627
2,099	—	—	2,099	2,059	Family Health Services	7,079	2,079	2,079
31,351	1,211	301	32,863	32,018	Public Health Protection Services	32,545	30,395	30,395
8,089	563	-250	8,402	8,340	Laboratory Services	7,697	7,697	7,697
3,900	—	321	4,221	4,213	AIDS Services	1,890	1,890	1,890
46,524	2,022	797	49,343	48,383	<i>Subtotal</i>	50,838	43,688	43,688
Health Planning and Evaluation								
3,949	1,843	-643	5,149	5,110	Long Term Care Systems	2,949	3,749	3,749
1,185	4,209	-3,295	2,099	2,088	Health Care Systems Analysis	2,125	1,125	1,125
5,134	6,052	-3,938	7,248	7,198	<i>Subtotal</i>	5,074	4,874	4,874
Health Administration								
5,376	16	2,688	8,080	8,037	Administration and Support Services	6,013	6,013	6,013
Senior Services								
5,016	203	4,665	9,884	8,632	Medical Services for the Aged	5,733	5,793	5,793
9,654	41	4,166	13,861	12,734	Pharmaceutical Assistance to the Aged and Disabled	8,560	4,699	4,699
462	7	191	660	655	Programs for the Aged	462	462	462
826	—	204	1,030	1,028	Office of the Ombudsman	826	826	826
681	—	295	976	975	Office of the Public Guardian	681	681	681
16,639	251	9,521	26,411	24,024	<i>Subtotal</i>	16,262	12,461	12,461
73,673	8,341	9,068	91,082	87,642	Subtotal Direct State Services – General Fund	78,187	67,036	67,036
DIRECT STATE SERVICES – CASINO REVENUE FUND								
Senior Services								
871	24	88	983	937	Programs for the Aged	871	871	871
871	24	88	983	937	Subtotal Direct State Services – Casino Revenue Fund	871	871	871

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Year Ending June 30, 2004					Year Ending June 30, 2006			
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended		2005 Adjusted Approp.	Requested	Recom- mended
74,544	8,365	9,156	92,065	88,579	TOTAL DIRECT STATE SERVICES	79,058	67,907	67,907
					GRANTS-IN-AID – GENERAL FUND			
					Health Services			
62,706	21	10,240	72,967	72,760	Family Health Services	98,169	118,369	118,369
27,304	21	169	27,494	27,487	Public Health Protection Services	54,586	22,841	22,841
19,012	—	-241	18,771	16,770	AIDS Services	40,396	33,396	33,396
109,022	42	10,168	119,232	117,017	<i>Subtotal</i>	<i>193,151</i>	<i>174,606</i>	<i>174,606</i>
					Health Planning and Evaluation			
73,269	—	-9,975	63,294	63,294	Health Care Systems Analysis	300,725	119,725	119,725
					Senior Services			
327,009	10	1,040	328,059	318,501	Medical Services for the Aged	781,780	764,768	764,768
209,040	4,029	-9,700	203,369	181,676	Pharmaceutical Assistance to the Aged and Disabled	125,554	136,825	136,825
13,025	—	-156	12,869	12,869	Programs for the Aged	15,772	13,772	13,772
549,074	4,039	-8,816	544,297	513,046	<i>Subtotal</i>	<i>923,106</i>	<i>915,365</i>	<i>915,365</i>
731,365	4,081	-8,623	726,823	693,357	Subtotal Grants-In-Aid – General Fund	1,416,982	1,209,696	1,209,696
					GRANTS-IN-AID – CASINO REVENUE FUND			
					Health Services			
500	—	—	500	497	Family Health Services	529	529	529
					Senior Services			
29,558	—	500	30,058	28,502	Medical Services for the Aged	28,461	30,531	30,531
255,182	127,920	-500	382,602	382,643	Pharmaceutical Assistance to the Aged and Disabled	313,596	284,768	284,768
14,362	—	-88	14,274	14,270	Programs for the Aged	14,884	14,884	14,884
299,102	127,920	-88	426,934	425,415	<i>Subtotal</i>	<i>356,941</i>	<i>330,183</i>	<i>330,183</i>
299,602	127,920	-88	427,434	425,912	Subtotal Grants-In-Aid – Casino Revenue Fund	357,470	330,712	330,712
1,030,967	132,001	-8,711	1,154,257	1,119,269	TOTAL GRANTS-IN-AID	1,774,452	1,540,408	1,540,408
					STATE AID – GENERAL FUND			
					Health Services			
2,400	—	—	2,400	2,272	Public Health Protection Services	2,400	2,400	2,400
					Senior Services			
7,108	—	—	7,108	7,108	Programs for the Aged	7,585	7,152	7,152
9,508	—	—	9,508	9,380	Subtotal State Aid – General Fund	9,985	9,552	9,552
9,508	—	—	9,508	9,380	TOTAL STATE AID	9,985	9,552	9,552
					CAPITAL CONSTRUCTION			
					Health Services			
620	306	—	926	216	Laboratory Services	—	—	—
					Health Administration			
—	6	—	6	—	Administration and Support Services	—	—	—

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Year Ending June 30, 2004					Year Ending June 30, 2006			
Orig. & (S)Supple- mental 620	Reapp. & (R)Recpts. 312	Transfers & (E)Emer- gencies —	Total Available 932	Expended 216	<i>Subtotal Capital Construction</i>	2005 Adjusted Approp. —	Requested —	Recom- mended —
1,115,639	140,678	445	1,256,762	1,217,444	TOTAL APPROPRIATION	1,863,495	1,617,867	1,617,867

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 tobacco.
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.); provides prenatal services for children; coordinates programs on fetal alcohol syndrome and child abuse; provides financial assistance to persons with hemophilia (C.26:2-87 et seq.); provides financial assistance to persons with chronic renal disease (C.26:2-87 et seq.) and general assistance to persons with other chronic diseases (C.26:1A-92 et seq.); provides assistance to local health departments for the provision of primary and preventive health services; develops community based chronic disease detection programs and supports the special health needs of the geriatric population.
03. **Public Health Protection Services.** Initiates programs to reduce incidence of sexually transmitted diseases (R.S. 26:4-27 et seq.); controls tuberculosis (R.S. 26:4-1 et seq.); monitors and initiates programs to reduce the incidence of other communicable diseases such as hepatitis, measles, polio, pertussis and diphtheria; maintains a cancer registry which provides epidemiologic intelligence regarding cancer associated risk factors for control and prevention activities. Assists in training of emergency medical personnel and coordinating emergency medical services, including aeromedical response. Assures quality of food and milk, drugs, and general sanitation (C.26:1A-7); distributes vaccine for the prevention of rabies; and assures the appropriate utilization of funds from dog license fees (\$1.00 per dog) to support activities.

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Performs health investigations in private and public workplaces to evaluate occupational exposures; conducts medical screenings for individuals exposed to chemicals; implements the worker provisions of the Worker and Community Right to Know Act and the health provisions of the Public Employees Occupational Safety and Health Act; collects occupational illness and exposure data; conducts environmental monitoring, health assessments, health screening and epidemiologic investigations of community exposure to toxic substances, and implements the State asbestos policy; provides assistance to local health departments for the provision of primary and preventive health services. Directs the State's Comprehensive Tobacco Control Program to provide clients counseling and treatment services.

08. **Laboratory Services.** Performs comprehensive analytical and diagnostic laboratory services through five primary service categories on a 24 hour–7 day a week basis, which includes: Bacteriology (e.g. tuberculosis, dairy products, sexually transmitted diseases, gastrointestinal illnesses,

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

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

EVALUATION DATA

PROGRAM DATA	Actual FY 2003	Actual FY 2004	Revised FY 2005	Budget Estimate FY 2006
Vital Statistics				
Searches	72,000	84,500	84,500	84,500
Certified Copies Issued	55,400	65,000	65,000	65,000
Family Health Services				
Agencies receiving health services grants	290	305	430	450
Handicapped Children				
Physically disabled children receiving services	40,000	40,000	42,000	42,500
Children newly registered with Special Child Health Services	8,576	8,200	8,500	8,500
Maternal and Child Health				
Infant mortality rate/1,000 live births	6.2	6.2	6.2	6.1
Infant born to mothers with no prenatal care/1,000 live births	1.2	1.2	1.2	1.2
Newborns screened for metabolic and genetic disorders ..	113,032	113,404	133,000	133,000
Number of infants to be followed	5,977	7,110	7,250	7,250
Number of infants in early intervention	14,271	15,900	17,800	19,750
HealthStart (prenatal)	31,000	35,000	36,500	37,000
Women assessed for alcohol use/abuse during pregnancy ..	29,116	29,892	34,000	40,000
Women, Infants and Children (WIC) receiving services ...	248,203	248,149	260,000	265,000
Family Planning				
Women in reproductive years applying for and receiving services	109,984	118,579	120,000	120,000
Poison Control				
Children screened for lead poisoning	172,932	180,000	200,000	200,000
Number of lead poisoned children identified	5,320	5,300	5,200	5,000
Adult Health				
Adults served with Cystic Fibrosis	84	95	95	95
Health Promotion				
Persons screened and educated for breast and cervical cancer	11,049	12,322	16,750	16,750
Number of renal patients served	1,300	1,100	1,200	1,200
Public Health Protection Services				
Cancer and Epidemiological Services				
Number of new cancer cases reported	77,000	80,000	80,000	80,000
Number of cumulative cancer reports in master file	1,413,949	1,509,383	1,669,383	1,749,383
Tuberculosis Control				
TB cases on register as of June 30	535	493	500	500
Visits to chest clinics	62,100	67,000	65,000	67,000
Percent of TB patients completing chemotherapy	92.0%	82.5%	84.0%	87.0%

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	Actual FY 2003	Actual FY 2004	Revised FY 2005	Budget Estimate FY 2006
Emergency Medical Services				
Mobile intensive care paramedics certified/recertified	789	789	790	790
Emergency Medical Technicians certified/recertified	7,500	7,500	8,000	8,000
Helicopter response missions	1,600	1,600	1,600	1,600
Mobile intensive care unit's patient charts audited	650	650	1,000	1,000
Ambulance/invalid services licensed	500	500	350	350
Ambulance/invalid vehicles licensed	3,000	3,000	2,500	2,500
EMT training agencies certified	64	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	255	450	500	500
Syphilis cases (early and late) brought to treatment by				
Department of Health	790	1,100	1,150	1,150
Reported cases of gonorrhea	8,900	9,100	8,500	8,500
Gonorrhea cases brought to treatment by Department of				
Health	2,700	2,600	2,700	2,700
Visits to STD clinics	22,700	21,500	23,000	23,000
Patients receiving diagnostic services	12,000	11,300	12,200	12,200
Consumer Health				
Pet spay/neuter surgeries performed	10,000	6,000	6,000	6,000
Registration of dogs (rabies control)	490,000	490,000	490,000	490,000
Environmental and sanitary inspections and investigations conducted	7,000	5,600	6,500	7,000
Number of food, drug and cosmetic embargoes, destructions and recalls	20	16	25	50
Other Communicable Disease Control				
Number of disease cases reported	6,500	7,500	8,500	8,500
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	19,000	20,000	21,000	21,000
Non-outbreak investigations	280	280	280	280
Lyme disease hotline calls	1,600	1,600	1,600	1,600
Public Employees Occupational Safety and Health				
Complaint inspections conducted	558	558	510	510
Telephone consultations	1,400	1,400	1,350	1,350
Educational seminars presented	162	130	160	160
Right to Know				
Factsheets written or revised	250	200	300	300
Public and private workplaces inspected	800	600	600	600
Telephone consultations	3,500	3,500	3,500	3,500
Occupational Health Surveillance				
Exposure and illness reports received	13,000	17,000	20,000	20,000
Educational materials mailed to public	3,000	3,000	4,000	4,000
In-depth industrial hygiene evaluations	45	45	50	50
Follow-up industrial hygiene evaluations	0	5	5	5
Work-related chronic disease and epidemiology studies . . .	5	5	5	5
Worker interviews and mailings	500	500	600	600
Environmental Health Services				
Certification of private training agencies	35	35	35	35
Audits of asbestos and lead training agencies	100	100	100	100
Quality assurance inspections in schools	125	125	125	125
Major community health field study on-going	16	12	12	12
Telephone consultations	4,100	4,250	4,300	4,300
Responses to acute environmental emergencies	9	4	15	25
Consultations provided to other agencies and to the public	10	6	20	30

HEALTH AND SENIOR SERVICES

	Actual FY 2003	Actual FY 2004	Revised FY 2005	Budget Estimate FY 2006
Local health consultations, evaluations, and training services	9,355	10,144	9,978	10,919
Laboratory Services				
Bacteriology				
Specimens analyzed	178,456	173,526	180,000	180,000
Inborn Errors of Metabolism				
Specimens performed	139,357	126,850	145,000	145,000
Chemistry				
Asbestos samples examined	256	344	200	200
Occupational health samples examined	5	5	5	5
Sewage, stream and trade waste samples examined	4,622	4,424	4,500	4,500
Narcotic samples examined	197,498	195,259	205,000	205,000
Potable water samples examined	2,423	2,563	2,500	2,500
Food and milk samples examined	5,562	5,101	6,000	6,000
Blood lead samples examined	8,333	7,399	8,000	8,000
Clinical Laboratory Services				
Clinical laboratories licensed	1,385	1,544	1,600	1,600
Proficiency test samples (percent acceptable)	95%	95%	95%	95%
Proficiency test samples reviewed	57,549	57,712	57,500	57,500
Blood banks inspected	27	49	75	85
Clinical laboratory inspections	335	298	365	380
Blood banks licensed	230	238	240	240
Serology				
Routine screen tests for syphilis	34,027	38,874	38,000	38,000
Virology				
Specimens analyzed	121,063	118,808	115,000	115,000
AIDS Services				
Number of clients tested and counseled	67,067	67,789	67,750	68,500
Contact tracing of individuals	391	300	400	400
Hotline network calls	7,373	8,000	8,000	8,000
Living AIDS clients	17,500	18,200	18,000	18,600
HIV positive clients	15,400	15,700	15,900	16,500
Clients receiving early intervention services	8,959	9,000	9,000	9,000
Individuals reached/HIV training	1,500	3,000	2,000	2,000
AIDS Drug Distribution Program clients served	6,800	7,200	7,200	7,500

PERSONNEL DATA

Position Data

Filled Positions by Funding Source

State Supported	373	380	373	404
Federal	413	523	569	624
All Other	35	32	71	74
Total Positions	821	935	1,013	1,102

Filled Positions by Program Class

Vital Statistics	47	54	56	58
Family Health Services	203	203	206	228
Public Health Protection Services	324	398	468	522
AIDS Services	134	149	147	157
Laboratory Services	113	131	136	137
Total Positions	821	935	1,013	1,102

Notes:

Actual payroll counts are reported for fiscal years 2003 and 2004 as of December and revised fiscal year 2005 as of September. The Budget Estimate for fiscal year 2006 reflects the number of positions funded.

The Evaluation Data and Personnel Data related to the Division of Addiction Services are now displayed in the Department of Human Services, Division of Addiction Services.

HEALTH AND SENIOR SERVICES

APPROPRIATIONS DATA (thousands of dollars)

Year Ending June 30, 2004					Year Ending June 30, 2006				
Orig. & (S) Supplemental	Reapp. & (R) Recpts.	Transfers & (E) Emergencies	Total Available	Expended	Prog. Class.	2005 Adjusted Approp.	Requested	Recommended	
<u>DIRECT STATE SERVICES</u>									
Distribution by Fund and Program									
1,085	248	425	1,758	1,753	Vital Statistics	01	1,627	1,627	1,627
2,099	—	—	2,099	2,059	Family Health Services	02	7,079	2,079	2,079
31,351	1,211	301	32,863	32,018	Public Health Protection Services	03	32,545	30,395	30,395
8,089	563	-250	8,402	8,340	Laboratory Services	08	7,697	7,697	7,697
3,900	—	321	4,221	4,213	AIDS Services	12	1,890	1,890	1,890
46,524	2,022	797	49,343	48,383	Total Direct State Services		50,838 ^(a)	43,688	43,688
Distribution by Fund and Object									
Personal Services:									
14,992	1,499 ^R	386	16,877	16,804	Salaries and Wages		15,172	15,172	15,172
14,992	1,499	386	16,877	16,804	Total Personal Services		15,172	15,172	15,172
2,424	—	-56	2,368	2,354	Materials and Supplies		2,229	2,229	2,229
964	—	—	—	—	Services Other Than Personal		964	964	964
2,000 ^S	—	516	3,480	3,441	Maintenance and Fixed Charges		153	153	153
153	—	—	153	151	Special Purpose:				
87	—	—	87	87	WIC Farmers Market Program	02	87	87	87
—	—	—	—	—	Women's Health Awareness	02	5,000	—	—
90	—	—	90	90	Breast Cancer Public Awareness Campaign	02	90	90	90
300	—	—	300	298	Identification System for Children's Health and Disabilities	02	300	300	300
500	—	—	500	499	Public Awareness Campaign for Black Infant Mortality	02	500	500	500
79	—	—	79	68	Emergency Medical Services ^(b)	03	—	—	—
—	—	—	—	—	Cardiovascular Program	03	2,000	—	—
1,450	—	—	1,450	1,449	New Jersey Domestic Security Preparedness	03	1,450	1,450	1,450
5,000	—	—	5,000	4,998	Medical Emergency Disaster Preparedness for Bioterrorism	03	4,000	4,000	4,000
400	—	—	400	399	Cancer Registry	03	400	400	400
500	—	-234	266	254	Cancer Investigation and Education	03	500	500	500
50	—	—	50	50	Emergency Medical Services for Children	03	50	50	50
900	—	—	900	900	South Jersey Regional Emergency Training Center	03	—	—	—
6,000	50	—	6,050	6,000	School Based Programs and Youth Anti-Smoking	03	7,000	7,000	7,000
4,000	—	—	4,000	3,999	Anti-Smoking Programs	03	4,000	4,000	4,000
125	—	—	125	83	First Response EMT Cardiac Training Program ^(b)	03	—	—	—
—	—	—	—	—	Nut and Food Allergies	03	250 ^S	—	—
1,000	67	185	1,252	1,004	New Jersey State Commission on Cancer Research	03	1,000	1,000	1,000
774	143	—	917	695	Medical Waste Management Program	03	720	720	720
—	—	—	—	—	Animal Welfare	03	200	300	300
—	179	—	179	179	Rabies Control Program ^(c)	03	—	—	—
—	84	—	84	84	Animal Population Control Program ^(c)	03	—	—	—

HEALTH AND SENIOR SERVICES

Year Ending June 30, 2004					Year Ending June 30, 2006				
Orig. & (S)Supplemental	Reapp. & (R)Recpts.	Transfers & (E)Emergencies	Total Available	Expended	Prog. Class.	2005 Adjusted Approp.	Requested	Recommended	
DIRECT STATE SERVICES									
2,046	—	—	2,046	1,876	03	2,133	2,133	2,133	Worker and Community Right to Know
200	—	—	200	177	03	200	200	200	New Jersey Coalition to Promote Cancer Prevention, Early Detection & Treatment
1,800	—	—	1,800	1,754	08	1,800	1,800	1,800	New Jersey Domestic Security Preparedness
690	—	—	690	690	08	640	640	640	West Nile Virus – Laboratory
GRANTS-IN-AID									
Distribution by Fund and Program									
63,206	21	10,240	73,467	73,257	02	98,698	118,898	118,898	Family Health Services
62,706	21	10,240	72,967	72,760		98,169	118,369	118,369	(From General Fund)
500	—	—	500	497		529	529	529	(From Casino Revenue Fund)
27,304	21	169	27,494	27,487	03	54,586	22,841	22,841	Public Health Protection Services
19,012	—	-241	18,771	16,770	12	40,396	33,396	33,396	AIDS Services
109,522	42	10,168	119,732	117,514		193,680	175,135	175,135	Total Grants-in-Aid
109,022	42	10,168	119,232	117,017		193,151	174,606	174,606	(From General Fund)
500	—	—	500	497		529	529	529	(From Casino Revenue Fund)
Distribution by Fund and Object									
Grants:									
4,180	—	—	4,180	4,180	02	4,767	4,767	4,767	Family Planning Services
939	—	—	939	939	02	1,105	1,105	1,105	Hemophilia Services
2,059	—	—	2,059	2,039	02	2,252	2,252	2,252	Special Health Services for Handicapped Children
383	—	—	383	383	02	459	459	459	Chronic Renal Disease Services
308	—	—	308	308	02	339	339	339	Pharmaceutical Services for Adults With Cystic Fibrosis
25	—	—	25	25	02	31	31	31	Birth Defects Registry
500	—	—	500	497	02	529	529	529	Statewide Birth Defects Registry (CRF)
3,403	4	—	3,407	3,390	02	5,448	5,448	5,448	Maternal and Child Health Services
—	—	10	10	10	02	—	—	—	American Diabetes Association Research Foundation
—	—	—	—	—	02	1,000	1,000	1,000	Lead Testing Kits for Expectant Mothers
795	—	—	795	788	02	883	883	883	Lead Poisoning Program
490	—	—	490	490	02	525	525	525	Poison Control Center
42,946	—	—	42,946	42,946	02	56,965	59,965	59,965	Early Childhood Intervention Program (d)
—	17	—	17	—	02	—	—	—	School for Children with Hidden Intelligence – Early Intervention
565	—	—	565	565	02	651	651	651	Cleft Palate Programs
200	—	—	200	200	02	1,250	1,250	1,250	Tourette Syndrome Association of New Jersey
2,700	—	—	2,700	2,699	02	5,400	5,400	5,400	Cancer Screening – Early Detection and Education Program (e)
86	—	—	86	86	02	197	197	197	SIDS Assistance Act
138	—	—	138	138	02	297	297	297	Services to Victims of Huntington's Disease
—	—	25	25	25	02	—	—	—	Cerebral Palsy Association of Middlesex County
—	—	15	15	15	02	—	—	—	Three Doctors Foundation
—	—	10	10	10	02	—	—	—	Central Jersey Spinal Cord Association
250	—	—	250	250	02	250	250	250	St. Barnabas Medical Center

HEALTH AND SENIOR SERVICES

Year Ending June 30, 2004					Year Ending June 30, 2006				
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended		Prog. Class.	2005 Adjusted Approp.	Requested	Recom- mended
GRANTS-IN-AID									
2,989	—	—	2,989	2,989	Robert Wood Johnson Medical School at Camden	02	—	—	—
—	—	10	10	10	Juvenile Diabetes Research Foundation, East Brunswick Chapter	02	—	—	—
—	—	10	10	10	Juvenile Diabetes Research Foundation, Greater Delaware Valley Chapter	02	—	—	—
—	—	10	10	10	Juvenile Diabetes Research Foundation, Northern New Jersey Chapter	02	—	—	—
—	—	10	10	10	Planned Parenthood of Central NJ / Your Body – Your Health Program	02	—	—	—
—	—	5	5	5	Planned Parenthood of Central NJ for the Picture Me Program	02	—	—	—
—	—	10	10	10	Planned Parenthood Association of Mercer County	02	—	—	—
—	—	10	10	10	Planned Parenthood of Greater Northern NJ	02	—	—	—
—	—	10	10	10	Planned Parenthood of Metropolitan NJ for HPV Testing	02	—	—	—
—	—	5	5	5	Planned Parenthood of Metropolitan NJ for Teen L.I.N.K.S	02	—	—	—
—	—	10	10	10	Women Aware	02	—	—	—
—	—	10	10	10	New Jersey American Parkinson Disease Association Chapter	02	—	—	—
—	—	20	20	20	New Jersey American Parkinson Disease Association, Information & Referral	02	—	—	—
—	—	20	20	20	Parkinson Alliance	02	—	—	—
—	—	10	10	10	Juvenile Diabetes Research Foundation, Shrewsbury Chapter	02	—	—	—
—	—	20	20	20	National Multiple Sclerosis Society, Mid NJ Chapter	02	—	—	—
—	—	10	10	10	Coalition for Brain Injury Research	02	—	—	—
—	—	—	—	—	Stroke Centers	02	3,000	—	—
—	—	—	—	—	Postpartum Education Campaign	02	3,000 ^S	3,000	3,000
—	—	—	—	—	Postpartum Screening	02	—	2,500	2,500
250	—	—	250	250	Camden Optometric Eye Center	02	—	2,000	2,000
—	—	—	—	—	New Jersey Council on Physical Fitness and Sports	02	300	—	—
—	—	10,000	10,000	9,855	Federally Qualified Health Centers – Services to Family Care Clients ^(f)	02	50	50	50
1,304	—	67	1,371	1,371	Tuberculosis Services	03	10,000	26,000	26,000
—	—	20	20	20	Women’s Resource Center	03	1,536	1,536	1,536
—	—	10	10	10	Planned Parenthood of Southern New Jersey	03	—	—	—
—	—	10	10	10	South Jersey Breast Cancer Coalition	03	—	—	—
—	—	10	10	10	Gilda’s Club South Jersey	03	—	—	—

HEALTH AND SENIOR SERVICES

Year Ending June 30, 2004					Year Ending June 30, 2006				
Orig. & (S)Supplemental	Reapp. & (R)Recpts.	Transfers & (E)Emergencies	Total Available	Expended	Prog. Class.	2005 Adjusted Approp.	Requested	Recommended	
GRANTS-IN-AID									
1,500	—	—	1,500	1,496	Implementation of Comprehensive Cancer Control Program (G)	03	1,500	1,500	1,500
795	—	—	795	795	Immunization Services	03	830	830	830
424	—	—	424	424	AIDS Communicable Disease Control	03	444	444	444
—	21	-18	3	—	Coriell Institute for Medical Research—NJ Cord Blood Resource Center	03	2,500 ^S	—	—
—	—	—	—	—	Garden State Cancer Center	03	1,000	—	—
18,000	—	—	18,000	18,000	Cancer Institute of New Jersey	03	36,000	18,250	18,250
5,000	—	—	5,000	5,000	Cancer Institute of New Jersey, South Jersey Program	03	6,000 ^S	—	—
—	—	—	—	—	St. Barnabas Medical Center – Cancer Center	03	—	—	—
—	—	—	—	—	Hackensack Medical Center Stem Cell Research Institute	03	3,250	—	—
—	—	—	—	—	New Jersey Collaborating Center for Nursing	03	900	—	—
—	—	10	10	10	Sisters Network of Central NJ	03	345	—	—
—	—	10	10	10	Sisters Network of Mercer County	03	—	—	—
—	—	20	20	20	Leukemia and Lymphoma Society, Northern NJ Chapter	03	—	—	—
—	—	20	20	20	Leukemia and Lymphoma Society, Southern NJ/Shore Region Chapter	03	—	—	—
281	—	—	281	281	Worker and Community Right to Know	03	281	281	281
—	—	10	10	10	Young Survivors Coalition	03	—	—	—
17,012	—	-321	18,691	16,690	AIDS Grants	12	20,696	18,696	18,696
2,000 ^S	—	—	—	—	Rapid AIDS Testing	12	3,000	5,700	5,700
—	—	—	—	—	AIDS Drug Distribution Program	12	2,700 ^S	—	—
—	—	25	25	25	New Hope Baptist Church of Newark	12	11,700	9,000	9,000
—	—	25	25	25	AIDS Resource Foundation for Children	12	2,300 ^S	—	—
—	—	10	10	10	The Eric Johnson House of Morristown	12	—	—	—
—	—	20	20	20	NJ Women and AIDS Network	12	—	—	—
STATE AID									
Distribution by Fund and Program									
2,400	—	—	2,400	2,272	Public Health Protection Services	03	2,400	2,400	2,400
2,400	—	—	2,400	2,272	Total State Aid		2,400	2,400	2,400
Distribution by Fund and Object									
State Aid:									
2,400	—	—	2,400	2,272	Public Health Priority Funding	03	2,400	2,400	2,400
CAPITAL CONSTRUCTION									
Distribution by Fund and Program									
620	306	—	926	216	Laboratory Services	08	—	—	—
620	306	—	926	216	Total Capital Construction		—	—	—

HEALTH AND SENIOR SERVICES

Year Ending June 30, 2004					Year Ending June 30, 2006				
Orig. & (S) Supplemental	Reapp. & (R) Recpts.	Transfers & (E) Emergencies	Total Available	Expended	Prog. Class.	2005 Adjusted Approp.	Requested	Recommended	
CAPITAL CONSTRUCTION									
Distribution by Fund and Object									
Division of Public Health and Environmental Laboratories									
150	200	—	350	99	Improvements to Laboratories and Installed Equipment	08	—	—	—
470	60	—	530	81	Laboratory Equipment	08	—	—	—
—	46	—	46	36	Clinical Laboratory Services – Automation	08	—	—	—
159,066	2,370	10,965	172,401	168,385	Grand Total State Appropriation		246,918	221,223	221,223
OTHER RELATED APPROPRIATIONS									
Federal Funds									
850	555	—	1,405	828	Vital Statistics	01	850	850	850
144,954					Family Health Services	02	156,146	160,946	160,946
5,719 ^S	24,139	-968	173,844	134,016	Public Health Protection Services	03	58,778	58,374	58,374
72,811					Laboratory Services	08	5,121	4,773	4,773
6,863 ^S	9,402	-1,394	87,682	54,142	AIDS Services	12	83,781	80,933	80,933
4,333	1,249	-229	5,353	3,596	Total Federal Funds		304,676	305,876	305,876
<u>92,755</u>	<u>24,265</u>	<u>-863</u>	<u>116,157</u>	<u>79,673</u>					
<u>328,285</u>	<u>59,610</u>	<u>-3,454</u>	<u>384,441</u>	<u>272,255</u>					
All Other Funds									
—	15 ^R	—	15	15	Vital Statistics	01	600	600	600
	3,232				Family Health Services	02	38,000	38,006	38,006
—	26,636 ^R	14,701	44,569	44,066	Public Health Protection Services	03	15,708	13,350	13,350
	5,760				Laboratory Services	08	350	330	330
—	3,998 ^R	9,553	19,311	13,377	AIDS Services	12	11,000	25,606	25,606
	122				Total All Other Funds		65,658	77,892	77,892
—	332 ^R	—	454	440					
	33								
—	16,114 ^R	—	16,147	16,147					
—	<u>56,242</u>	<u>24,254</u>	<u>80,496</u>	<u>74,045</u>					
<u>487,351</u>	<u>118,222</u>	<u>31,765</u>	<u>637,338</u>	<u>514,685</u>					
GRAND TOTAL ALL FUNDS							617,252	604,991	604,991

Notes — Direct State Services – General Fund

- (a) The fiscal year 2005 appropriation has been adjusted for the allocation of salary program.
- (b) The program is budgeted as a dedicated fund for fiscal years 2005 and 2006.
- (c) The program is budgeted as a dedicated fund for fiscal years 2004, 2005 and 2006.

Notes — Grants-In-Aid – General Fund

- (d) Program was previously budgeted in fiscal years 2004 and 2005 as a State Aid Program.
- (e) Program was previously budgeted in fiscal years 2004 and 2005 as a Direct State Services Program.
- (f) Program was previously budgeted under Health Planning and Evaluation of the Department of Health and Senior Services for fiscal years 2004 and 2005. For fiscal year 2006, the recommended amount includes \$11,000,000, previously funded within the Health Care Subsidy Fund.
- (g) Program was previously budgeted in fiscal years 2004 and 2005 as a Direct State Services Program.

The fiscal year 2004 Expenditure Data for all fund categories have been adjusted to reflect the transfer of the Addiction Services to the Department of Human Services, Division of Addiction Services.

Language Recommendations — Direct State Services – General Fund

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

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 hospital and other health care initiatives account, established pursuant to section 12 of P.L.1992, c.160 (C.26:2H-18.62), for the same purpose.

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

HEALTH AND SENIOR SERVICES

- The unexpended balance at the end of the preceding fiscal year, in the New Jersey State Commission on Cancer Research account is appropriated.
- Amounts deposited in the "New Jersey Breast Cancer Research Fund" from the gross income tax check-offs pursuant to the provisions of P.L.1995, c.26 (C.54A:9-25.7 et al.) are appropriated to the New Jersey State Commission on Cancer Research for breast cancer research projects, subject to the approval of the Director of the Division of Budget and Accounting.
- The unexpended balance at the end of the preceding fiscal year, 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 appropriated for the Worker and Community Right to Know account is payable out of the Worker and Community Right to Know Fund. If receipts to that fund are less than anticipated, the appropriation shall be reduced proportionately.
- Receipts derived from the agency surcharge on vehicle rentals pursuant to section 54 of P.L. 2002, c.34 (C.App.A:9-78), not to exceed \$4,722,000, are appropriated for the Medical Emergency Disaster Preparedness for Bioterrorism program and shall be deposited into a dedicated account, the expenditure of which shall be subject to the approval of the Director of the Division of Budget and Accounting.
- Notwithstanding the provisions of any law 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 section 4 of P.L. 1997, c.264 (C.26:2H-18.58g), \$11,000,000 is appropriated for anti-smoking programs (School Based Programs and Youth Anti-Smoking, and Anti-Smoking Programs).
- In order to permit flexibility in the handling of the various appropriations for anti-tobacco initiative accounts hereinabove, funds may be transferred to and from the following items of appropriations: School Based Programs and Youth Anti-Smoking, and Anti-Smoking Programs. Such transfers are subject to the approval of the Director of the Division of Budget and Accounting. Notice thereof shall be provided to the Legislative Budget and Finance Officer on the effective date of the approved transfer.
- Of the amounts appropriated hereinabove for the two anti-smoking program accounts (School Based Programs and Youth Anti-Smoking Programs and Anti-Smoking Programs), such amounts shall be used to maintain the smoking cessation programs at the same operational level as fiscal year 2005 and shall maintain the most effective programs while those without direct contact or impact may be reduced/eliminated.
- 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

- 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.
- An amount not to exceed \$1,830,000 is appropriated to the Department of Health and Senior Services from the hospital and other health care initiatives account, established pursuant to section 12 of P.L.1992, c.160 (C.26:2H-18.62), to fund the Infant Mortality Reduction Program.
- Of the amount appropriated hereinabove for Cancer Screening – Early Detection and Education Program, an amount may be transferred to Direct State Services in the Department of Health and Senior Services to cover administrative costs of the program, subject to the approval of the Director of the Division of Budget and Accounting.
- There is appropriated \$570,000 from the Alcohol Education, Rehabilitation and Enforcement Fund to fund the Fetal Alcohol Syndrome Program.
- Of the amount appropriated hereinabove for the Implementation of Comprehensive Cancer Control Program, an amount may be transferred to Direct State Services in the Department of Health and Senior Services to cover administrative costs of the program and to the corresponding program in Family Health Services in the Department of Health and Senior Services for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.
- The unexpended balance at the end of the preceding fiscal year, in the Coriell Institute for Medical Research – New Jersey Cord Blood Resource Center account is appropriated.
- From the amount appropriated hereinabove for the Cancer Institute of New Jersey, \$250,000 is appropriated to the Ovarian Cancer Research Fund.
- There are appropriated from the New Jersey Emergency Medical Service Helicopter Response Program Fund, established pursuant to section 2 of P.L.1992, c.87 (C.26:2K-36.1), such sums as are necessary to pay the reasonable and necessary expenses of the operation of the New Jersey Emergency Medical Service Helicopter Response Program, established pursuant to P.L.1986, c.106 (C.26:2K-35 et seq.), subject to the approval of the Director of the Division of Budget and Accounting.
- Notwithstanding any law to the contrary, the Commissioner of the Department of Health and Senior Services shall establish guidelines to develop a formulary for the AIDS Drug Distribution Program subject to the requirements of the federal Ryan White Care Act and its amendments.

Language Recommendations — State Aid – General Fund

The capitation is set not to exceed 40 cents for the year ending June 30, 2006 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.

EVALUATION DATA

	Actual FY 2003	Actual FY 2004	Revised FY 2005	Budget Estimate FY 2006
PROGRAM DATA				
Long Term Care Systems				
Licensed health care facilities	880	883	873	890
Licensed nursing home administrators	980	1,050	1,100	1,050
Total licenses issued	992	991	986	1,000
Number of beds licensed	84,188	84,783	84,819	85,000
Total inspections	3,685	3,627	3,800	3,800
Total federally certified licensed facilities	9	9	9	9
Total federally certified licensed beds	3,646	3,646	3,627	3,627
Administrative actions/penalties	125	95	105	115
Federal Enforcement Actions	1,500	1,352	1,500	1,500
Nurse Aide applications processed	21,625	22,800	25,000	25,000

HEALTH AND SENIOR SERVICES

	Actual FY 2003	Actual FY 2004	Revised FY 2005	Budget Estimate FY 2006
Health Care Systems Analysis				
Inspections of acute care facilities	850	875	1,100	1,100
Complaints investigations	825	850	1,200	1,200
Hospital charity care audits	316	340	328	328
Certificate of need applications processed	137	160	60	60
Collection and analysis of hospital cost, financial, and utilization data				
By patient	1,500,000	3,000,000	4,500,000	4,500,000
By hospital	79	79	83	83
Managed Care publications distributed	27,000	27,000	25,000	25,000
Acute Health Care facilities licensed	912	975	1,000	1,000
External Health Maintenance Organization complaints processed	5,184	6,000	4,000	4,000
Acute Health Care facilities license applications processed	1,107	1,220	1,350	1,350
Acute Health Care facilities enforcement actions/penalties	32	37	40	40
Hospital Performance Report – Distribution	—	12,000	24,000	24,000
Cardiac Surgery Report – Consumer	1,000	2,000	500	500

PERSONNEL DATA

Position Data

Filled Positions by Funding Source

State Supported	91	84	84	73
Federal	87	92	99	106
All Other	88	120	119	117
Total Positions	266	296	302	296

Filled Positions by Program Class

Long Term Care Systems Development & Quality Assurance	138	144	147	162
Health Care Systems Analysis	128	152	155	134
Total Positions	266	296	302	296

Notes:

Actual payroll counts are reported for fiscal years 2003 and 2004 as of December and revised fiscal year 2005 as of September. The Budget Estimate for fiscal year 2006 reflects the number of positions funded.

APPROPRIATIONS DATA (thousands of dollars)

Year Ending June 30, 2004					Year Ending June 30, 2006			
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended	Prog. Class.	2005 Adjusted Approp.	Requested	Recom- mended
DIRECT STATE SERVICES								
Distribution by Fund and Program								
3,949	1,843	-643	5,149	5,110	06	2,949	3,749	3,749
1,185	4,209	-3,295	2,099	2,088	07	2,125	1,125	1,125
5,134	6,052	-3,938	7,248	7,198		5,074	4,874	4,874
Distribution by Fund and Object								
Personal Services:								
3,847	4,209 ^R	-2,095	5,961	5,934		3,787	2,787	2,787
Salaries and Wages								
3,847	4,209	-2,095	5,961	5,934		3,787	2,787	2,787
60	—	-11	49	42		60	60	60
179	—	21	200	192		179	179	179
69	—	-10	59	55		69	69	69
Special Purpose:								
—	1,843 ^R	-1,843	—	—	06	—	—	—
979	—	—	979	975		—	—	—
Long Term Care Systems								
Nursing Home Background Checks/Nursing Aide Certification Program								
—	—	—	—	—	06	979	1,179	1,179
Implement Patient Safety Act								
—	—	—	—	—	06	—	600	600

HEALTH AND SENIOR SERVICES

Year Ending June 30, 2004					Year Ending June 30, 2006				
Orig. & (S) Supplemental	Reapp. & (R) Recpts.	Transfers & (E) Emergencies	Total Available	Expended	Prog. Class.	2005 Adjusted Approp.	Requested	Recommended	
GRANTS-IN-AID									
Distribution by Fund and Program									
73,269	—	-9,975	63,294	63,294	Health Care Systems Analysis	07	300,725	119,725	119,725
<u>73,269</u>	<u>—</u>	<u>-9,975</u>	<u>63,294</u>	<u>63,294</u>	Total Grants-in-Aid		<u>300,725</u>	<u>119,725</u>	<u>119,725</u>
Distribution by Fund and Object									
Grants:									
25,200	—	—	25,200	25,200	Health Care Subsidy Fund Payments (b)	07	280,725	119,725	119,725
19,953	—	—	19,953	19,953	Hospital Assistance Grants	07	20,000	—	—
18,116	—	—	18,116	18,116	Supplemental Charity Care	07	—	—	—
—	—	25	25	25	Dover Community Clinic	07	—	—	—
<u>10,000</u>	<u>—</u>	<u>-10,000</u>	<u>—</u>	<u>—</u>	Federally Qualified Health Centers – Services to Family Care Clients (a)	07	—	—	—
<u>78,403</u>	<u>6,052</u>	<u>-13,913</u>	<u>70,542</u>	<u>70,492</u>	Grand Total State Appropriation		<u>305,799</u>	<u>124,599</u>	<u>124,599</u>
OTHER RELATED APPROPRIATIONS									
Federal Funds									
11,969	1,805	—	13,774	6,657	Long Term Care Systems	06	15,672	16,826	16,826
<u>19,589</u>	<u>1,274</u>	<u>—</u>	<u>20,863</u>	<u>20,312</u>	Health Care Systems Analysis	07	<u>72,439</u>	<u>45,577</u>	<u>45,577</u>
<u>31,558</u>	<u>3,079</u>	<u>—</u>	<u>34,637</u>	<u>26,969</u>	Total Federal Funds		<u>88,111</u>	<u>62,403</u>	<u>62,403</u>
All Other Funds									
—	987	—	1,545	—	Long Term Care Systems	06	117	117	117
—	558 ^R	—	—	—	Health Care Systems Analysis	07	52,974	40,336	40,336
—	9,297	—	26,654	13,127	Total All Other Funds		<u>53,091</u>	<u>40,453</u>	<u>40,453</u>
—	34,959 ^R	<u>-17,602</u>	<u>28,199</u>	<u>13,127</u>	GRAND TOTAL ALL FUNDS		<u>447,001</u>	<u>227,455</u>	<u>227,455</u>
<u>109,961</u>	<u>54,932</u>	<u>-31,515</u>	<u>133,378</u>	<u>110,588</u>					

Notes — Grants-In-Aid – General Fund

- (a) In fiscal years 2005 and 2006, program appropriation has been moved to the Health Services section of the Department of Health and Senior Services.
- (b) In fiscal year 2006, \$11,000,000 in funding for Federally Qualified Health Centers previously funded within the Health Care Subsidy Fund has been brought on-budget and is reflected as a line item appropriation within Health Services. This adjustment reduces the Health Care Subsidy Fund Payments account by \$11,000,000.

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.

In addition to the amounts appropriated hereinabove, \$1,000,000 is appropriated for the Implementation of Statewide Health Information Network, from the hospital and other health care initiatives account, established pursuant to section 12 of P.L.1992, c.160 (C.26:2H-18.62) 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 at the end of the preceding fiscal year, of such receipts are appropriated for the cost of this program, subject to the approval of the Director of the Division of Budget and Accounting.

Language Recommendations — Grants-In-Aid – General Fund

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

Notwithstanding the provisions of any 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.

HEALTH AND SENIOR SERVICES

Notwithstanding the provisions of any law to the contrary, the amounts appropriated hereinabove for Health Care Subsidy Fund Payments shall be charged to the proceeds of the fiscal year 2005 increase in the cigarette tax and to the proceeds of the Second Referral Debt Collection–Hospitals revenue item.

Notwithstanding any provision of law to the contrary, the appropriation for Health Care Subsidy Fund Payments shall be conditioned upon the following provision: fiscal year 2006 charity care allocations will be based upon the fiscal year 2005 distribution as published by the Department of Health and Senior Services on August 6, 2004. Each hospital that received a 96% or greater subsidy in fiscal year 2005 shall receive the same subsidy amount in fiscal year 2006. The rank ordering of the remaining hospitals shall be maintained, but their subsidy shall be prorated so that the total amount distributed in fiscal year 2006 does not exceed \$532,430,000. In the event that revenues from the assessment on cosmetic surgery procedures exceed current estimates, the total amount available for Charity Care may be increased by this excess amount, plus the associated federal revenue, not to exceed a total of \$583,400,000, subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding any law to the contrary, effective commencing with the start of the fiscal year, all revenues collected from the tax on cosmetic surgery procedures enacted by P.L. 2004, C.53 shall be deposited in the Health Care Subsidy Fund established pursuant to section 8 of P.L. 1992, c.160 (C.26:2H–18.58)

20. PHYSICAL AND MENTAL HEALTH 25. HEALTH ADMINISTRATION

OBJECTIVES

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

PROGRAM CLASSIFICATIONS

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

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

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

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

EVALUATION DATA

	Actual FY 2003	Actual FY 2004	Revised FY 2005	Budget Estimate FY 2006
PERSONNEL DATA				
Affirmative Action Data				
Male Minority	156	157	157	157
Male Minority %	7.4	7.3	7.3	7.3
Female Minority	544	564	564	564
Female Minority %	25.8	26.4	26.4	26.4
Total Minority	700	721	721	721
Total Minority %	33.2	33.7	33.7	33.7
Position Data				
Filled Positions by Funding Source				
State Supported	107	101	100	97
Federal	3	3	16	20
All Other	120	155	125	137
Total Positions	230	259	241	254
Filled Positions by Program Class				
Administration and Support Services	230	259	241	254
Total Positions	230	259	241	254

Notes:

Actual payroll counts are reported for fiscal years 2003 and 2004 as of December and revised fiscal year 2005 as of September. The budget for fiscal year 2006 reflects the number of positions funded.

HEALTH AND SENIOR SERVICES

APPROPRIATIONS DATA (thousands of dollars)

Year Ending June 30, 2004					Year Ending June 30, 2006				
Orig. & (S)Supplemental	Reapp. & (R)Recpts.	Transfers & (E)Emergencies	Total Available	Expended	Prog. Class.	2005 Adjusted Approp.	Requested	Recommended	
<u>DIRECT STATE SERVICES</u>									
Distribution by Fund and Program									
5,376	16	2,688	8,080	8,037	Administration and Support Services	99	6,013	6,013	6,013
<u>5,376</u>	<u>16</u>	<u>2,688</u>	<u>8,080</u>	<u>8,037</u>	Total Direct State Services		6,013 ^(a)	6,013	6,013
Distribution by Fund and Object									
Personal Services:									
3,156	16 ^R	2,398	5,570	5,530	Salaries and Wages		3,793	3,793	3,793
<u>3,156</u>	<u>16</u>	<u>2,398</u>	<u>5,570</u>	<u>5,530</u>	Total Personal Services		3,793	3,793	3,793
49	—	—	49	49	Materials and Supplies		49	49	49
587	—	290	877	877	Services Other Than Personal		587	587	587
Special Purpose:									
1,500	—	—	1,500	1,497	Office of Minority and Multicultural Health	99	1,500	1,500	1,500
84	—	—	84	84	Affirmative Action and Equal Employment Opportunity	99	84	84	84
<u>CAPITAL CONSTRUCTION</u>									
Distribution by Fund and Program									
—	6	—	6	—	Administration and Support Services	99	—	—	—
<u>—</u>	<u>6</u>	<u>—</u>	<u>6</u>	<u>—</u>	Total 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	—	—	—
<u>—</u>	<u>2</u>	<u>—</u>	<u>2</u>	<u>—</u>	“E” Public Health	99	—	—	—
<u>5,376</u>	<u>22</u>	<u>2,688</u>	<u>8,086</u>	<u>8,037</u>	Grand Total State Appropriation		6,013	6,013	6,013
<u>OTHER RELATED APPROPRIATIONS</u>									
Federal Funds									
1,296	—	—	—	—	Administration and Support Services	99	4,717	4,717	4,717
189 ^S	103	2,980	4,568	2,403	Total Federal Funds		4,717	4,717	4,717
<u>1,485</u>	<u>103</u>	<u>2,980</u>	<u>4,568</u>	<u>2,403</u>					
All Other Funds									
—	6,090	—	—	—	Administration and Support Services	99	1,300	1,300	1,300
<u>—</u>	<u>1,312^R</u>	<u>4,078</u>	<u>11,480</u>	<u>6,314</u>	Total All Other Funds		1,300	1,300	1,300
<u>6,861</u>	<u>7,527</u>	<u>9,746</u>	<u>24,134</u>	<u>16,754</u>	GRAND TOTAL ALL FUNDS		12,030	12,030	12,030

Notes — Direct State Services – General Fund

(a) The fiscal year 2005 appropriation has been adjusted for the allocation of salary program.

HEALTH AND SENIOR SERVICES

20. PHYSICAL AND MENTAL HEALTH

26. SENIOR SERVICES

OBJECTIVES

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

PROGRAM CLASSIFICATIONS

22. **Medical Services for the Aged.** Supports medically related services to eligible elderly and disabled individuals including community-based services to clients who would normally be eligible for Medicaid coverage only in an institution. Rebates for hearing aids purchased are provided to persons eligible for Pharmaceutical Assistance to the Aged and Disabled. Home care services are also provided to persons previously ineligible because of income limits.
24. **Pharmaceutical Assistance to the Aged and Disabled (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 \$20,989 if single or \$25,735 if married. The Senior Gold program provides prescription drug benefits to everyone over 65 years of age or receiving Social Security Disability benefits, whose annual income is \$10,000 above the applicable PAAD income eligibility limits for single and married persons, which amount is to be determined on the same basis as income is determined for the purpose for eligibility for PAAD.

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

PROGRAM DATA	Actual FY 2003	Actual FY 2004	Revised FY 2005	Budget Estimate FY 2006
Medical Services for the Aged				
Nursing Home Services:				
Per diem	\$123.08	\$131.67	\$157.85	\$161.51
Patient days	10,758,012	10,645,163	10,536,256	10,427,837
Gross annual cost (a)	\$1,324,140,202	\$1,401,648,612	\$1,663,148,048	\$1,684,200,000
Medical Day Care Services				
Per diem	\$66.52	\$73.01	\$76.19	\$79.05
Total days	1,353,096	1,513,416	1,722,710	1,784,972
Gross annual cost	\$90,005,365	\$110,499,536	\$131,253,242	\$141,102,000

HEALTH AND SENIOR SERVICES

	Actual FY 2003	Actual FY 2004	Revised FY 2005	Budget Estimate FY 2006
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	\$ 55,110,484 ^(b)	\$ 56,257,208 ^(b)	\$ 58,485,324 ^(b)	\$ 60,282,000 ^(b)
Assisted Living/ Alternative Family Care Clients served ..	1,875	2,450	3,200	3,575
Pharmaceutical Assistance to the Aged and Disabled				
Pharmaceutical Assistance to the Aged (PAA) Only:				
Average monthly eligibles	17,766	16,657	15,934	15,456
Average monthly prescriptions per eligible	2.50	2.47	1.93	2.50
Annual prescriptions	532,980	493,713	368,381	463,679
Cost per prescription (excludes co-payment)	\$63.01	\$65.88	\$62.05	\$64.34
Gross Cost PAA Program	\$33,580,622	\$32,527,859	\$22,857,000	\$29,835,000
Recoveries (c)				
Annual Cost	\$33,580,622	\$32,527,859	\$22,857,000	\$29,835,000
Pharmaceutical Assistance to the Aged & Disabled (PAAD) Only:				
Aged				
Average monthly eligibles	147,841	148,349	148,971	149,597
Average monthly prescriptions per eligible	2.99	3.08	3.10	3.12
Annual prescriptions	5,304,535	5,477,045	5,538,742	5,600,900
Cost per prescription (excludes co-payment)	\$67.19	\$71.07	\$68.08	\$66.02
Gross Cost PAAD Program (Aged only)	\$356,422,261	\$389,266,584	\$377,058,134	\$369,783,000
Recoveries (c)	(\$6,832,818)	(\$5,638,260)	(\$6,857,250)	(\$6,857,250)
PAAD manufacturers' rebates (c)	(\$55,149,276)	(\$95,940,109)	(\$86,250,000)	(\$109,500,000)
Net Annual Cost	\$294,440,167	\$287,648,215	\$283,950,884	\$253,425,750
Disabled				
Average monthly eligibles	27,247	27,902	28,319	28,741
Average monthly prescriptions per eligible	3.85	3.99	3.94	3.99
Annual prescriptions	1,258,811	1,334,832	1,340,055	1,374,967
Cost per prescription (excludes co-payment)	\$94.38	\$97.20	\$93.79	\$89.65
Gross Cost PAAD Program (Disabled only)	\$118,807,420	\$129,742,195	\$125,686,045	\$123,261,000
Recoveries (c)	(\$2,277,606)	(\$1,879,420)	(\$2,285,750)	(\$2,285,750)
PAAD manufacturers' rebates (c)	(\$18,383,092)	(\$31,980,036)	(\$28,750,000)	(\$36,500,000)
Net Annual Cost	\$98,146,722	\$95,882,738	\$94,650,295	\$84,475,250
Total General Fund	\$166,293,511	\$161,411,859	\$146,794,178	\$82,968,000
Total Casino Revenue Fund	\$259,874,000	\$254,646,953	\$254,664,000	\$284,768,000
Senior Gold				
Aged				
Average monthly eligibles	28,133	28,257	28,591	28,750
Average monthly prescriptions per eligible	2.04	2.08	2.09	2.11
Annual prescriptions	688,696	705,295	717,062	727,950
Cost per prescription (excludes cost sharing)	\$24.78	\$27.13	\$31.57	\$31.97
Gross Cost Senior Gold Program (Aged only)	\$17,063,778	\$19,135,019	\$22,638,412	\$23,270,280
Senior Gold manufacturers' rebates	(\$2,036,375)	(\$4,028,510)	(\$3,500,000)	(\$4,000,000)
Net Annual Cost	\$15,027,403	\$15,106,509	\$19,138,412	\$19,270,280
Disabled				
Average monthly eligibles	1,259	1,461	1,672	1,839
Average monthly prescriptions per eligible	2.43	2.34	2.30	2.35
Annual prescriptions	36,712	41,025	46,080	51,865
Cost per prescription (excludes cost sharing)	\$33.16	\$38.00	\$42.50	\$45.92
Gross Cost Senior Gold Program (Disabled only)	\$1,217,466	\$1,558,839	\$1,958,588	\$2,381,720
Total General Fund	\$16,244,869	\$16,665,348	\$21,097,000	\$21,652,000 ^(c)

HEALTH AND SENIOR SERVICES

	Actual FY 2003	Actual FY 2004	Revised FY 2005	Budget Estimate FY 2006
Programs for the Aged				
Services and Service Units Provided:				
Congregate meals service	2,127,431	2,127,000	2,127,000	2,127,000
Home delivered meals service	3,589,384	3,589,000	3,589,000	3,589,000
Transportation service	1,039,220	1,039,000	1,039,000	1,039,000
Information and referral service	375,603	376,000	376,000	376,000
Telephone reassurance service	237,859	238,000	238,000	238,000
Outreach service	56,824	57,000	57,000	57,000
Personal care service	762,846	763,000	763,000	763,000
Legal service	26,226	26,000	26,000	26,000
Housekeeping and chore services	511,341	511,000	511,000	511,000
Education and training services	29,214	29,000	29,000	29,000
Case management service	160,668	161,000	161,000	161,000
Physical health services	103,370	103,000	103,000	103,000
Congregate Housing Services Program				
Persons served	2,994	3,000	3,000	3,000
Site locations	70	70	70	70
Adult Protective Services				
Persons served	5,322 (d)	5,300	5,300	5,300
Health Insurance Counseling				
Clients served	75,000	75,000	75,000	75,000
Security Housing and Transportation				
Clients served	9,342 (d)	9,300	9,300	9,300
Gerontology Services				
Geriatric Patients served	3,043	3,000	3,000	3,000
Alzheimer's Day Care Units provided	62,030	62,000	62,000	62,000
Persons Trained in Gerontology	3,592	3,600	3,600	3,600
Caregivers Receiving Respite Care	2,500	2,500	2,500	2,500
Office of the Ombudsman				
Office of the Ombudsman				
Institutionalized elderly	125,000	125,000	125,000	125,000
On-site investigations:				
Involving patient funds	697	770	880	880
Involving care/abuse/neglect	7,803	8,580	9,460	9,460
Nursing homes visited	3,854	4,290	4,730	4,730
Boarding homes visited	216	220	220	220
Residential health care/psychiatric and development centers visits	221	220	220	220
Cases referred to enforcement agencies	424	440	440	440
Office of the Public Guardian				
Office of the Public Guardian				
Number of inquiries	247	280	300	300
Number of cases handled	1,614	1,764	1,924	1,924
Number of court-appointed cases	114	150	160	160
PERSONNEL DATA				
Position Data				
Filled Positions by Funding Source				
State Supported	301	303	318	317
Federal	120	114	119	123
All Other	21	25	25	27
Total Positions	442	442	462	467

HEALTH AND SENIOR SERVICES

Filled Positions by Program Class	Actual FY 2003	Actual FY 2004	Revised FY 2005	Budget Estimate FY 2006
Medical Services for the Aged	194	172	192	195
Pharmaceutical Assistance to the Aged & Disabled	130	146	151	147
Lifeline	17	22	21	19
Programs for the Aged	56	53	49	55
Ombudsman's Office	20	21	19	21
Office of the Public Guardian	25	28	30	30
Total Positions	442	442	462	467

Notes:

Actual payroll counts are reported for fiscal years 2003 and 2004 as of December and revised fiscal year 2005 as of September. The Budget Estimate for fiscal year 2006 reflects the number of positions funded.

Actual fiscal year 2003 and 2004 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; 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, 2004					Year Ending June 30, 2006			
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended	2005 Prog. Class.	2005 Adjusted Approp.	Requested	Recom- mended
DIRECT STATE SERVICES								
Distribution by Fund and Program								
5,016	203	4,665	9,884	8,632	22	5,733	5,793	5,793
9,654	41	4,166	13,861	12,734	24	8,560	4,699	4,699
1,333	31	279	1,643	1,592	55	1,333	1,333	1,333
462	7	191	660	655		462	462	462
871	24	88	983	937		871	871	871
826	—	204	1,030	1,028	56	826	826	826
681	—	295	976	975	57	681	681	681
17,510	275	9,609	27,394	24,961		17,133	13,332	13,332
16,639	251	9,521	26,411	24,024		16,262	12,461	12,461
871	24	88	983	937		871	871	871
Distribution by Fund and Object								
Personal Services:								
8,735	—	619	9,354	8,332		9,422	5,621	5,621
796	—	—	796	617		658	658	658
—	—	—	—	178		138	138	138
9,531	—	619	10,150	9,127		10,218	6,417	6,417
8,735	—	619	9,354	8,332		9,422	5,621	5,621
796	—	—	796	795		796	796	796
170	—	—	240	123		170	170	170
70 ^S	—	—	240	123		170	170	170
14	—	5	19	18		14	14	14
2,172	—	751	2,923	2,586		1,178	1,178	1,178
47	—	83	130	119		47	47	47
450	—	—	450	448		450	450	450

HEALTH AND SENIOR SERVICES

Year Ending June 30, 2004					Year Ending June 30, 2006				
Orig. & (S) Supplemental	Reapp. & (R) Recpts.	Transfers & (E) Emergencies	Total Available	Expended	Prog. Class.	2005 Adjusted Approp.	Requested	Recommended	
GRANTS-IN-AID									
255,182	127,920 ^R	-500	382,602	382,643					
28,358	4,029 ^R	-9,700	22,687	20,257	Pharmaceutical Assistance to the Aged and Disabled – Claims (CRF) (C)	24	313,596	284,768	284,768
232	—	—	232	232	Senior Gold Prescription Assistance Program	24	24,947	24,022	24,022
8,673	—	—	8,673	8,673	Arthritis Quality of Life Initiative Act	55	620	620	620
2,500	—	-191	2,309	2,309	Purchase of Social Services	55	8,976	8,976	8,976
775	—	—	775	775	ElderCare Advisory Commission Initiatives	55	2,500	2,500	2,500
2,632	—	-50	2,582	2,582	Alzheimer's Disease Program	55	802	802	802
—	—	—	—	—	Demonstration Adult Day Care Center Program—Alzheimer's Disease (CRF)	55	2,724	2,724	2,724
—	—	10	10	10	The Armenian Home for the Aged	55	—	—	—
845	—	—	845	845	Adult Protective Services	55	874	874	874
1,780	—	-38	1,742	1,742	Adult Protective Services (CRF)	55	1,842	1,842	1,842
1,668	—	—	1,668	1,664	Senior Citizen Housing—Safe Housing and Transportation (CRF)	55	1,726	1,726	1,726
—	—	—	—	—	NJ Caring for Caregivers Initiative	55	2,000	—	—
—	—	25	25	25	Senior Adult League of Middlesex County	55	—	—	—
5,359	—	—	5,359	5,359	Respite Care for the Elderly (CRF)	55	5,566	5,566	5,566
1,938	—	—	1,938	1,938	Congregate Housing Support Services (CRF)	55	2,006	2,006	2,006
985	—	—	985	985	Home Delivered Meals Expansion (CRF)	55	1,020	1,020	1,020
STATE AID									
Distribution by Fund and Program									
7,108	—	—	7,108	7,108	Programs for the Aged	55	7,585	7,152	7,152
7,108	—	—	7,108	7,108	Total State Aid		7,585	7,152	7,152
Distribution by Fund and Object									
State Aid:									
2,832	—	—	2,832	2,832	County Offices on Aging	55	2,931	2,498	2,498
4,276	—	—	4,276	4,276	Older Americans Act—State Share	55	4,654	4,654	4,654
872,794	132,234	705	1,005,733	970,530	Grand Total State Appropriation		1,304,765	1,266,032	1,266,032
OTHER RELATED APPROPRIATIONS									
Federal Funds									
1,484,246	37,166	-60,050	1,461,362	1,282,201	Medical Services for the Aged	22	924,800	1,092,916	1,092,916
148,625	—	—	148,625	—	Pharmaceutical Assistance to the Aged and Disabled	24	102,360	102,360	102,360
44,870	—	—	—	—	Programs for the Aged	55	44,472	45,432	45,432
798 ^S	2,378	12	48,058	40,700	Office of the Ombudsman	56	800	800	800
600	44	—	644	124	Office of the Public Guardian	57	801	801	801
500	96	50	646	629	Total Federal Funds		1,073,233	1,242,309	1,242,309
1,679,639	39,684	-59,988	1,659,335	1,323,654					
All Other Funds									
—	33,925 ^R	—	33,925	33,925	Medical Services for the Aged	22	—	—	—
—	2,859	—	2,859	—	Lifeline	28	—	—	—
—	186	—	—	—					
—	193 ^R	—	379	208	Programs for the Aged	55	316	300	300

HEALTH AND SENIOR SERVICES

Year Ending June 30, 2004					Year Ending June 30, 2006				
Orig. & (S)Supplemental	Reapp. & (R)Recpts.	Transfers & (E)Emergencies	Total Available	Total Expended	Prog. Class.	2005 Adjusted Approp.	Requested	Recommended	
—	265 ^R	—	265	264					
—	37,428	—	37,428	34,397					
2,552,433	209,346	-59,283	2,702,496	2,328,581					
OTHER RELATED APPROPRIATIONS									
					Office of the Public Guardian	57	600	600	600
					<i>Total All Other Funds</i>		<i>916</i>	<i>900</i>	<i>900</i>
					GRAND TOTAL ALL FUNDS		2,378,914	2,509,241	2,509,241

Notes — Grants-In-Aid – General Fund

- (a) The fiscal year 2004 actual amount reflects a \$445 million federal revenues maximization offset for IGT/Stimulus Bill/other initiatives. The fiscal year 2005 adjusted appropriations amount reflects an \$18 million offset, and the fiscal year 2006 recommended and requested amounts reflect a \$24 million offset for a new federal initiative.
- (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 fiscal year 2004, \$144,684,000 has been shifted to the General Fund due to insufficient resources in the Casino Revenue Fund. In fiscal year 2005, \$100,238,000 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 balance at the end of the preceding fiscal year in the Payments to Fiscal Agent – PAA account are appropriated.

Such sums as may be necessary, not to exceed \$1,628,000, may be credited from the Energy Assistance program account in the Board of Public Utilities to the Lifeline program account and shall be applied in accordance with a Memorandum of Understanding between the President of the Board of Public Utilities and the Commissioner of Health and Senior Services, subject to the approval of the Director of the Division of Budget and Accounting.

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

Language Recommendations — Grants-In-Aid – General Fund

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

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

All funds recovered pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.) and P.L.1975, c.194 (C.30:4D-20 et seq.) during the fiscal year ending June 30, 2006 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 2006 annual appropriations act may be transferred to administration accounts to fund costs incurred in realizing these additional receipts or savings, subject to the approval of the Director of the Division of Budget and Accounting.

The 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 commencing with the start of this fiscal year, 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 the 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, 2005; 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.

Notwithstanding the provisions of any other law or regulation to the contrary, effective commencing with the start of this fiscal year, 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 program and Senior Gold Prescription Discount 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.).

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

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

Of the amount 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, 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 (PAAD) program, pursuant to P.L.1975, c.194 (C.30:4D-20 et seq.), and the Senior Gold Prescription Discount Program, pursuant to P.L.2001, c.96 (C.30:4D-43 et seq.), shall be expended unless participating pharmaceutical manufacturing companies execute contracts with the Department of Health and Senior Services, through the Department of Human Services, providing for the payment of rebates to the State. Furthermore, rebates from pharmaceutical manufacturing companies for prescriptions purchased by the PAAD program and the Senior Gold Prescription Discount Program shall continue during fiscal year 2006, provided that the manufacturer's rebates for the Senior Gold Prescription Discount Program shall apply only to the amount paid by the State under the Senior Gold Prescription Discount program. All revenues from such rebates during the fiscal year ending June 30, 2006 are appropriated for the PAAD program and the Senior Gold Prescription Discount Program.

Notwithstanding the provisions of any other law or regulation to the contrary, effective commencing with the start of this fiscal year, 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 Discount 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, 2005 shall remain in effect through fiscal year 2006, 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 a lower cost per unit than the generic may be excluded from prior authorization by the Department of Health and Senior Services.

Notwithstanding the provisions of any other law to the contrary, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled program and the Senior Gold Prescription Discount Program shall be used to pay for quantities of erectile dysfunction therapy medication in excess of four 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.

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 Disabled (PAAD) program and the Senior Gold Prescription Discount Program are available to pharmacies that have not submitted an application to enroll as an approved medical supplier in the Medicare program, unless they already are an approved Medicare medical supplier. Pharmacies 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 PAAD 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 10 per month per PAAD or Senior Gold Prescription Discount Program client and shall approve or disallow future payments for clients whose prescriptions exceed 10 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 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 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 (PAAD) program and Senior Gold Prescription Discount 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 PAAD program and Senior Gold Prescription Discount Program.

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 program classifications to ensure the continuity of long-term care support services for beneficiaries receiving services within the Medical Services for the Aged program classification in the Division of Senior Services in the Department of Health and Senior Services, subject to the approval of the Director of Budget and Accounting. Notice thereof shall be provided to the Legislative Budget and Finance Officer on the effective date of the approved transfer.

The rates to be paid to Adult and Pediatric Day Health Service providers, effective commencing with the start of the fiscal year, as appropriated hereinabove in the Medical Day Care Services account, shall be computed on the basis of the nursing home per diem data in effect as of July 1, 2004, in accordance with the existing methodology for adult and pediatric day health services.

Notwithstanding the provisions of any law to the contrary, effective January 1, 2005, no payment for Medicaid Adult or Pediatric Medical Day 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 hereinabove for Payments for Medical Assistance Recipients – Nursing Homes, the Commissioner of Health and Senior Services shall increase the reasonableness limit for total nursing care up to 120% of the median costs in the Medicaid nursing home rate-setting system during State fiscal year 2006.

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

Such sums as may be necessary are appropriated from the General Fund for the payment of increased nursing home rates to reflect the costs incurred due to the payment of a nursing home provider assessment, as per P.L. 2004, c.41, "Nursing Home Quality of Care Improvement Fund Act", subject to the approval of the Director of the Division of Budget and Accounting.

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

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Notwithstanding the provisions of any other law or regulation to the contrary, the appropriations hereinabove to the Pharmaceutical Assistance to the Aged and Pharmaceutical Assistance to the Aged and Disabled (PAA/D) programs is conditioned upon the Department of Health and Senior Services having the authority to coordinate the benefits of the PAA/D programs with the prescription drug benefits of the federal Medicare Modernization Act of 2003 as the primary payer due to the current federal prohibition against State automatic enrollment of PAA/D recipients in the new federal program. The PAA/D benefit and reimbursement shall only be available to cover the beneficiary cost share to in network pharmacies.

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

Commencing with the start of the fiscal year, and consistent with the requirements of the federal Medicare Modernization Act (MMA) of 2003 and the current federal prohibition against State automatic enrollment of Pharmaceutical Assistance to the Aged and Pharmaceutical Assistance to the Aged and Disabled (PAA/D) recipients, no funds appropriated hereinabove from the PAA/D accounts shall be expended unless any individual enrolled in the PAA/D programs provides all data that may be necessary to enroll them in the federal Medicare Part D drug program, including data required for the subsidy assistance, as outlined by the Centers for Medicare and Medicaid Services.

Notwithstanding the provisions of any law or regulation to the contrary, effective commencing with the start of this fiscal year, reimbursement for Special Nursing Facility (SCNF) Rates, as appropriated hereinabove in the Payments for Medical Assistance Recipients – Nursing Homes account, shall be limited to the rates in effect in fiscal year 2005.

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

Notwithstanding the provisions of any other law or regulation to the contrary, effective commencing with the start of the fiscal year, the appropriations hereinabove for the Pharmaceutical Assistance to the Aged (PAA), Pharmaceutical Assistance to the Aged and Disabled (PAAD), and Senior Gold accounts shall be conditioned upon the following provision: the frequency of pricing updates to the reimbursement rates paid for PAA, PAAD, and Senior Gold prescription drugs shall be decreased from once a week to once a month.

Notwithstanding the provisions of any other law or regulation to the contrary, effective commencing with the start of the fiscal year, the appropriation hereinabove for Medical Day Care Services shall be conditioned upon the following provision: all Department of Health and Senior Services beneficiaries will be required to provide a \$3.00 copayment for each Medical Day Care Services visit.

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, 2006, 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 2006 annual appropriations act may be transferred to administration accounts to fund costs incurred in realizing these additional receipts or savings, subject to the approval of the Director of the Division of Budget and Accounting.

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

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

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- 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 commencing with the start of this fiscal year, 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 program and Senior Gold Prescription Discount 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.).
- 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 (PAAD) program, pursuant to P.L.1975, c.194 (C.30:4D–20 et seq.), shall be expended unless participating pharmaceutical manufacturing companies execute contracts with the Department of Health and Senior Services, through the Department of Human Services, providing for the payment of rebates to the State. Furthermore, rebates from pharmaceutical manufacturing companies for prescriptions purchased by the PAAD program and the Senior Gold Prescription Discount Program shall continue during the fiscal year 2006, provided that the manufacturer’s rebates for the Senior Gold Prescription Discount Program shall apply only to the amount paid by the State under the Senior Gold Prescription Discount Program. All revenues from such rebates during the fiscal year ending June 30, 2006 are appropriated for the PAAD program and the Senior Gold Prescription Discount Program.
- 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 (PAAD) program are available to pharmacies that have not submitted an application to enroll as an approved medical supplier in the Medicare program, unless they already are an approved Medicare medical supplier. Pharmacies 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 PAAD copayment.
- Notwithstanding the provisions of any other law or regulation to the contrary, effective commencing with the start of this fiscal year, 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 Discount 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, 2005 shall remain in effect through fiscal year 2006, 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 a lower cost per unit than the generic may be excluded from prior authorization by the Department of Health and Senior Services.
- Notwithstanding the provisions of any law or regulation to the contrary, the 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 10 per month per PAAD or Senior Gold Prescription Discount Program client and shall approve or disallow future payments for clients whose prescriptions exceed 10 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 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 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 (PAAD) 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 PAAD 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, \$800,000 shall be charged to the Casino Simulcasting Fund.

Notwithstanding the provisions of any other law or regulation to the contrary, the appropriation hereinabove to the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program is conditioned upon the Department of Health and Senior Services having the authority to coordinate the benefits of the PAAD programs with the prescription drug benefits of the federal Medicare Modernization Act of 2003 as the primary payer due to the current federal prohibition against State automatic enrollment of PAAD recipients in the new federal program. The PAAD benefit and reimbursement shall only be available to cover the beneficiary cost share to in network pharmacies.

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

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

Notwithstanding the provisions of any other law or regulation to the contrary, effective commencing with the start of the fiscal year, the appropriations hereinabove for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) and Senior Gold Prescription Discount Program accounts, shall be conditioned upon the following provision: the frequency of pricing updates to the reimbursement rates paid for PAAD and Senior Gold Prescription Discount Program prescription drugs shall be decreased from once a week to once a month.

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

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 hospital and other health care initiatives account 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. Remaining amounts may be used 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 at the end of the preceding fiscal year in the Health Care Subsidy Fund received through the hospital and other health care initiatives account during fiscal year 2005 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.

HEALTH AND SENIOR SERVICES

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.

Language Recommendations — State Aid – General Fund

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.