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, and advocacy – especially for those with the greatest need, and a strong commitment to informing and serving the diverse health needs for New Jersey citizens.

The Department's objectives are to strengthen New Jersey's public health infrastructure by adopting and implementing best practice standards, creating a comprehensive communications system that links health care providers and institutions statewide, and forms a coordinated disease surveillance and response network; 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: implement science 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; eliminate disparities in health care access, treatment and clinical outcomes between racial, ethnic and socioeconomic populations, in part through cultural competency, education and partnering with minority oriented health organizations; provide high quality services that promote independence, dignity and choice for older adults in New Jersey; and optimize access to the highest quality health care for the people of New Jersey.

The fiscal 2003 budget for the Department of Health and Senior Services totals \$1.002 billion, a decrease of \$148.7 million, or 12.9%, under the fiscal 2002 adjusted appropriation of \$1.151 billion.

Public Health Infrastructure/Bioterrorism Preparedness

With the events of September 11, 2001 and subsequent anthrax incidents which affected the citizens of New Jersey, enhancements were implemented to prevent and respond to potential acts of terrorism. Recent legislation, including the New Jersey Domestic Security Preparedness Act, commits \$9 million among various departments to increase their anti-terrorism efforts and aid disaster victims and their families. The Department has received a total of \$3.25 million of this funding, which will continue in fiscal 2003, to establish a program of laboratory services to provide for the prompt and accurate detection and analysis of biological and chemical agents that may be used in terrorist acts -- \$1.8 million, and fund a program of disease surveillance and investigation -- \$1.45 million.

In addition, the Department will receive a total of \$27.2 million in new federal funding in State fiscal year 2002. Of that amount, \$3.5 million is from the Health Resources Services Administration to upgrade the preparedness of our State's hospitals, community health centers; and emergency medical services to respond to acts of bioterrorism. The remaining \$23.7 million is from the Centers for Disease Control and Prevention to support public health preparedness for bioterrorism, infectious diseases, and other emergencies.

MEDPREP

Following the advice of the Medical Emergency and Disaster Prevention and Response Expert Panel ("MEDPREP"), the fiscal year budget allocation provides \$25 million to advance a series of recommendations issued by MEDPREP to further prepare our public

health and health care systems to prevent and respond to acts of terrorism and other emergencies that may result in mass casualties and/or mass exposures. This funding will complement State and federal funding to meet the following primary objectives: establish an incident command structure to respond more effectively to emergencies and disasters; improve real time communications between and among hospitals, emergency medical services, other first responders and the State on disease surveillance and response using various technologies; provide necessary training to the health care workforce on the clinical diagnosis and management of those exposed, infected, injured and/or contaminated; develop plans and procedures for population control and mass treatment including vaccinations; purchase and distribute antibiotics, antidotes, and personal protective and decontamination equipment; support necessary drills and training exercises; enhance public education and notification; standardize training and equipment for, and coordination of, hazardous materials response units; expand laboratory testing capability for chemical, biological and radioactive agents and establish formal relationships with other laboratories within the State; and provide surge capacity testing and back-up services; and inventory Statewide mental health programs.

Comprehensive Tobacco Control Program

The New Jersey Comprehensive Tobacco Control Program is an enrollment based program designed to reduce the sickness, disability, and death associated with the use of tobacco and exposure to environmental tobacco smoke. The Program partners with community leaders, health professionals, advocacy groups, and educators in order to provide New Jersey residents with the knowledge and tools to significantly decrease tobacco use among all populations. The fiscal 2003 Budget recommends \$30 million for the Program, which consists of the following five focused tobacco control programs/areas: community-Based Tobacco Control Partnerships; Youth Anti-Tobacco Awareness Media Campaign; Smoking Cessation Programs for Addicted Adults and Youth; School-Based Programs for the Prevention of Tobacco Use; and Research, Surveillance, Evaluation, and Assistance for Anti-Smoking Programs.

New Jersey Recovers Project

The Division of Addiction Services administers the federally funded \$3.2 million World Trade Center: New Jersey Recovers Project, which offers counseling and other assistance to people who have developed alcohol and/or substance abuse problems as a result of the WTC attacks. These free and confidential services are available to families of the WTC attack victims, survivors of the WTC attacks, witnesses of the attacks and/or collapse of the WTC, all rescue workers, and people who lost their jobs as a result of the attacks.

Eliminating Health Disparities Impact of HIV on Minority Communities in New Jersey

Much has been learned in the last 20 years on how to prevent and treat HIV infection, but these messages do not always get through to those in greatest need. The Department is committed to making the highest quality of prevention and treatment efforts available to those at greatest need, especially for people in our cities, and those in culturally diverse communities. This year \$2 million will support multiple efforts that include: Project IMPACT, to improve the comprehensiveness of HIV prevention and treatment for African Americans in 10 urban centers; a Faith based Initiative of \$400,000 that spreads the message through communities of faith, including support of the Day of Awareness of HIV in the Black Community; and support for a Latino Initiative for HIV/AIDS Awareness.

Office of Minority and Multicultural Health

The Office of Minority and Multicultural Health was created with the passage of A-2204. This amended bill clarifies the populations that the Office serves with the goal of eliminating racial and ethnic disparities. The corresponding appropriation of \$1.5 million allows the Office to award grants to community based providers to reduce racial/ethnic disparities in the areas of pediatric asthma, diabetes and heart disease/stroke.

Charity Care and Subsidized Insurance

Charity Care and Hospital Relief have remained a priority in New Jersey. State law requires that all acute care hospitals provide care to patients, regardless of their ability to pay. Current law fully phases out the Unemployment Insurance diversion in fiscal 2003. This Budget anticipates enactment of new legislation for a diversion of \$325 million in both fiscal 2002 and fiscal 2003 in order to maintain this important health safety net program. This results in a reduction in the fiscal 2003 appropriation to the Health Care Subsidy Fund.

Intergovernmental Transfer (IGT) Program

The FY 2003 Budget assumes a continuation of federal IGT funds which will be used to offset Medicaid nursing home costs.

Community-Based Programs

Community-based programs provide medical and health-related services to seniors and those who are disabled, but still living in their own homes. For example, the Medical Day Care Program provides medical, nursing, social, and rehabilitation services, and transportation to and from adult day care centers. An increase to \$49 million, up \$16.5 million over fiscal 2002, is recommended in fiscal 2003 to cover a projected 18% growth in enrollment.

The Community Care Programs for the Elderly and Disabled (CCPED) provide case management, home health, medical transportation, respite

care, and social day care services. For fiscal 2003, the CCPED program will total \$27.3 million, an increase of \$1.5 million.

Funding for the ElderCare Program will continue at \$19.8 million. This Program consists of the fully State-funded Jersey Assistance for Community Caregiving (JACC), a home and community-based program which provides adult day care, case management, respite care, homemaker services, home modifications, and transportation. The Caregiver Assistance Program (CAP) provides similar services as JACC but receives a combination of federal and State matched funding. The fiscal 2003 Budget of \$14 million is recommended for four Assisted Living Medical Waiver Programs, which fall under the title of Nursing Home Alternatives. This program currently serves 1,500 frail elderly persons, increasing to 1,875 in FY 2003.

Pharmaceutical Assistance to the Aged and Disabled (PAAD)/Senior Gold

The Pharmaceutical Assistance to the Aged and Disabled (PAAD) and Senior Gold Programs provide prescription drug benefits to persons over 65 years of age or permanently disabled. These programs contain one of the highest income eligibility limits in the country, as well as no deductibles, premiums, or enrollment fees, and a lower co-payment than most other states' pharmaceutical programs. In fiscal 2003, approximately 282,000 individuals will receive benefits through these programs. The fiscal 2003 Budget provides a total State and Casino Revenue Fund amount of \$350.1 million for the fiscal year 2003 Budget, \$37.1 million of which will be funded through the Master Settlement Agreement Funds with the Tobacco Industry for Senior Gold, and \$255 million funded by the Casino Revenue Fund for PAAD.

The Department of Health and Senior Services will be pursuing a waiver in order to obtain \$148 million of federal cost sharing for pharmacy services for most PAAD eligibles. This will be transparent to beneficiaries in the program.

SUMMARY OF APPROPRIATIONS BY FUND

(thousands of dollars)

	Year E	nding June 3	0, 2001 —				Year I —June 30	Ending), 2003—
Orig. & ^(S) Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended		2002 Adjusted Approp.	Requested	Recom- mended
86,299	20,952	8,861	116,112	114,442	Direct State Services	102,796	129,625	129,625
750,923	14,909	4,543	770,375	451,256	Grants-In-Aid	693,868	522,607	522,607
32,451	2		32,453	32,441	State Aid	39,969	39,969	39,969
3,465	1,699	410	5,574	4,507	Capital Construction	2,079	650	650
873,138	37,562	13,814	924,514	602,646	Total General Fund	838,712	692,851	692,851
283,305	51,977		335,282	330,024	Total Casino Revenue Fund	312,019	309,165	309,165
1,156,443	89,539	13,814	1,259,796	932,670	GRAND TOTAL	1,150,731	1,002,016	1,002,016

SUMMARY OF APPROPRIATIONS BY PROGRAM (thousands of dollars)

				(th	ousands of dollars)		Year E	nding
	——Year E	nding June 3	0, 2001 —					, 2003—
Orig. & ^(S) Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total	Expended		2002 Adjusted Approp.	Requested	Recom- mended
					DIRECT STATE SERVICES - GENERAL FU	J ND		
4 400	007		4 700	4 707	Health Services	4 700	4 700	
1,409	297	60	1,766	1,765	Vital Statistics	1,506	1,506	1,506
6,331	2,313	66	8,710	8,509	Family Health Services	9,099	10,099	10,099
14,550	1,386	609	16,545	15,637	Public Health Protection Services	16,917	40,067	40,067
30,687	8,295	706	39,688	39,503	Addiction Services	30,529	37,529	37,529
4,597	505	1,068	6,170	6,170	Laboratory Services	8,524	8,524	8,524
2,753	18	183	2,954	2,943	AIDS Services	3,484	2,499	2,499
60,327	12,814	2,692	75,833	74,527	Subtotal	70,059	100,224	100,224
					Health Planning and Evaluation			
4,430	1,711	-1,083	5,058	5,032	Long Term Care Systems	4,798	4,798	4,798
2,013	3,176	-1,728	3,461	3,461	Health Care Systems Analysis	3,285	1,385	1,385
6,443	4,887	-2,811	8,519	8,493	Subtotal	8,083	6,183	6,183
					Health Administration			
3,696	30	2,010	5,736	5,728	Administration and Support Services	6,035	5,535	5,535
					Senior Services			
4,665	2,578	5,668	12,911	12,813	Medical Services for the Aged	6,764	6,014	6,014
6,724	611	1,202	8,537	8,345	Pharmaceutical Assistance to the Aged and		-,	-,
-,		_,	2,221	2,0 20	Disabled	7,101	7,029	7,029
1,994	32	9	2,035	2,006	Lifeline	2,017	1,967	1,967
1,115		91	1,206	1,196	Programs for the Aged	1,112	1,048	1,048
601			601	601	Office of the Ombudsman	898	898	898
734			734	733	Office of the Public Guardian	727	727	727
15,833	3,221	6,970	26,024	25,694	Subtotal	18,619	17,683	17,683
86,299	20,952	8,861	116,112	114,442	Subtotal Direct State Services -			
	,	-,		,	General Fund	102,796	129,625	129,625
					DIRECT STATE SERVICES - CASINO REV	ENUE FU	ND -	
871	2	26	899	894	Senior Services Programs for the Aged	871	871	871
871	2	26	899	894	Subtotal Direct State Services - Casino Revenue Fund	871	871	871
87,170	20,954	8,887	117,011	115,336	TOTAL DIRECT STATE SERVICES	103,667	130,496	130,496
					GRANTS-IN-AID - GENERAL FUND Health Services			
21,353	241	93	21,687	15,448	Family Health Services	19,773	42,510	42,510
2,638	5,000	-57	7,581	7,533	Public Health Protection Services	3,999	42,310	42,310
26,477	327	1,019	27,823	27,773	Addiction Services	29,622	30,405	30,405
16,485		-350	16,135	16,097	AIDS Services	18,437	19,604	19,604
66,953	5,568	705	73,226	66,851	Subtotal	71,831	96,634	96,634
05.100			05.00=	07.00=	Health Planning and Evaluation	100.000	10.110	10.115
95,136	99		95,235	95,235	Health Care Systems Analysis	166,390	18,116	18,116

	Year E	nding June 3					Year Ending —June 30, 2003—	
Orig. & ^(S) Supple- mental	Reapp. & (R)Recpts.	Transfers 8 ^(E) Emer- gencies	Total	Expended		2002 Adjusted Approp.	Requested	Recom- mended
400.050	1.000	11 700	440.040	154507	Senior Services	000 004	007 000	007 000
436,858 85,582	1,026 7,512	11,762 -8,236	449,646 84,858	154,507 83,568	Medical Services for the Aged Pharmaceutical Assistance to the Aged and	226,694	287,263	287,263
03,302	7,312	-0,230	04,030	63,306	Disabled	178,352	95,019	95,019
51,171		353	51,524	35,209	Lifeline	36,171	11,171	11,171
15,223	704	-41	15,886	15,886	Programs for the Aged	14,430	14,404	14,404
588,834	9,242	3,838	601,914	289,170	Subtotal	455,647	407,857	407,857
750,923	14,909	4,543	770,375	451,256	Subtotal Grants-In-Aid -			
700,020	1 2,000	2,0 20	,	101,400	General Fund	693,868	<i>522,607</i>	<i>522,607</i>
					GRANTS-IN-AID - CASINO REVENUE FOR Health Services	J ND		
500			500	498	Family Health Services	500	500	500
					Senior Services			
3,946			3,946	2,297	Medical Services for the Aged	3,857	3,857	3,857
229,918	51,863		281,781	281,531	Pharmaceutical Assistance to the Aged and			
0.4.000			04.000	00 704	Disabled	257,928	255,074	255,074
34,669	112	 -26	34,669	32,784	Lifeline	34,669	34,669	34,669
13,401	112	-20	13,487	12,020	Programs for the Aged	14,194	14,194	14,194
281,934	51,975	-26	333,883	328,632	Subtotal	310,648	307,794	307,794
282,434	51,975	-26	334,383	329,130	Subtotal Grants-In-Aid - Casino Revenue Fund	311,148	308,294	308,294
1,033,357	66,884	4,517	1,104,758	780,386	TOTAL GRANTS-IN-AID	1,005,016	830,901	830,901
					STATE AID - GENERAL FUND Health Services			
22,754			22,754	22,749	Family Health Services	28,425	28,425	28,425
4,645			4,645	4,645	Public Health Protection Services	4,580	4,580	4,580
27,399			27,399	27,394	Subtotal	33,005	33,005	33,005
					Senior Services			
5,052	2		5,054	5,047	Programs for the Aged	6,964	6,964	6,964
32,451	2		32,453	32,441	Subtotal State Aid - General Fund	39,969	39,969	39,969
32,451	2		32,453	32,441	TOTAL STATE AID	39,969	39,969	39,969
1,660	1,699		3,359	2,399	CAPITAL CONSTRUCTION Health Services Laboratory Services	2,079	650	650
1,805		410	2,215	2,108	Health Administration Administration and Support Services			
3,465	1,699	410	5,574	4,507	Subtotal Capital Construction	2,079	650	650
1,156,443	89,539		1,259,796	932,670	-			1,002,016
1,1 <i>5</i> 0,773	00,000	15,014	1,200,700	JJ2,070	I VIAL ALI RVI MALIUN			±,∪∪ <i>ω</i> ,U10

20. PHYSICAL AND MENTAL HEALTH 21. HEALTH SERVICES

OBJECTIVES

- To provide a system for the registration of births, deaths, marriages and other vital statistics and to furnish certified copies as requested.
- 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.
- To promote and improve local health department practice and performance through regulation, licensing, technical assistance, education, health service grants and Public Health Priority Funding.
- 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.
- To detect, prevent, control and treat chronic diseases with emphasis on assistance for persons with low or limited socioeconomic status.
- 7. To reduce the incidence and spread of tuberculosis.
- 8. To detect, prevent and control occupationally related diseases, fatal injuries and hazards in high-risk public and private workplaces.
- 9. To reduce abuse of and dependence on narcotics, alcohol, tobacco and other drugs.
- 10. To provide a comprehensive range of timely and accurate public health, environmental and chemical laboratory analytical and diagnostic services to State and federal agencies, physicians, clinics, hospitals, local health departments and other health care interests in the identification and control of disease and environmental threats and Biological and Biochemical Terrorism preparedness.
- 11. To improve the quality of performance in New Jersey's clinical laboratories in the specialties of microbiology, blood banking, chemistry, hematology, serology and immunohematology and to serve as a reference resource for all laboratories, clinical and analytical, in New Jersey.
- 12. To reduce the spread of AIDS and HIV infection by providing an integrated continuum of AIDS health and social support services to promote cost-effective treatment and to expand prevention and education efforts.

- 13. To reduce death and disability by improving response to medical emergencies and 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.
- Provides funding of specialized 02. Family Health Services. medical and rehabilitative services for handicapped children (R.S. 9:13-1 et seq.); provides and promotes family planning and genetic services (R.S. 26:5B), maternal and child health care (C.26:1A-37E) including supplemental nutrition services, prenatal care, child health supervision and screening of newborns for metabolic causes of mental retardation and deafness; administers poison control activities e.g., childhood lead poisoning (C.24:14A-1 et seq.); prenatal services for children; provides financial assistance to persons with hemophilia (C.26:2-87 et seq.); provides financial assistance to persons with chronic renal disease (C.26:2-87 et seg.) 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; and assists in training of emergency medical personnel and coordinating emergency medical services, including aeromedical response.
- 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. Assures quality of food and milk, drugs, and general sanitation (C.26:1A-7); distributes vaccine for the prevention of rabies; and assures the appropriate utilization of funds from dog license fees (\$1.00 per dog) to support activities. Performs health investigations in private and public workplaces to evaluate occupational exposures; conducts medical screenings for individuals exposed to chemicals; implements the worker provisions of the Worker and Community Right to Know Act and the health provisions of the Public Employees Occupational Safety and Health Act; collects occupational illness and exposure data: conducts environmental monitoring, health assessments, health screening and epidemiologic investigations of community exposure to toxic substances, and implements the State asbestos policy; provides assistance to local health departments for the provision of primary and preventive health services.

- 04. Addiction Services. Provides, by grants, support to multimodality drug clinics and treatment facilities which reduce drug abuse and treat and rehabilitate addicts (C.26:2G). Provides, by grants, counseling and detoxification services in clinics, institutions and schools; assists in development of employee assistance programs; coordinates with Mental Health Programs (C.26:2B-1); coordinates programs on fetal alcohol syndrome and child abuse; and provides counseling programs for compulsive gamblers.
- 08. Laboratory Services. Performs comprehensive analytical and diagnostic laboratory services through five primary service categories on a 24 hour-7 day a week basis, which includes: Bacteriology (e.g. tuberculosis, dairy products, sexually transmitted diseases, gastrointestinal illnesses, drinking water and ocean pollution); Virology (e.g. AIDS, influenza, Rubella and rabies); Serology (e.g. Lyme, Legionella and syphilis);
- Inborn Errors of Metabolism (e.g. sickle cell, hypothyroidism, PKU and Galactosemia) and Environmental and Chemical (e.g. blood lead, asbestos, drugs, water, food and other environmental and chemical contaminants). Clinical Laboratory Services performs tests and monitors the quality of laboratory testing performed in independent, hospital and public health laboratories in the State; inspects, proficiency tests and licenses all such laboratories (C.45:9-42.26 et seq.); improves techniques of laboratory personnel by conducting workshops and seminars as necessary; and certifies clinical laboratories for Medicare participation.
- 12. AIDS Services. Promotes the health of the people of New Jersey by reducing the spread of AIDS by establishing and maintaining a comprehensive system of HIV/AIDS-related prevention, surveillance, counseling and testing, health and supportive services.

EVALUATION DATA

	Actual FY 2000	Actual FY 2001	Revised FY 2002	Budget Estimate FY 2003
PROGRAM DATA				
Vital Statistics				
Searches	107,769	121,964	122,000	122,000
Certified Copies Issued	66,436	77,016	77,000	77,000
Family Health Services				
Agencies receiving health services grants	228	235	250	285
Handicapped Children				
Physically disabled children receiving services	49,003	32,440	35,000	40,000
Children newly registered with Special Child Health				
Services	7,765	8,051	8,100	8,200
Maternal and Child Health				
Infant mortality rate/1,000 live births	6.3	6.4	6.4	6.4
Infant born to mothers with no prenatal care/1,000 live				
births	1.0	0.9	0.8	0.8
Newborns screened for PKU & hypothyroidism,				
galactosemia, sickle cell & hearing	110,815	111,795	112,000	112,000
Number of infants to be followed	6,614	7,183	8,500	8,000
Number of infants in early intervention	9,064	9,243	10,000	10,500
HealthStart (prenatal)	32,000	31,000	30,000	30,000
Women assessed for alcohol use/abuse during pregnancy	8,000	7,747	18,000	35,000
Women, Infants and Children (WIC) receiving services	221,328	250,000	250,000	250,000
Family Planning				
Women in reproductive years applying for and receiving	104 000	107.000	107.000	100 000
services Poison Control	104,000	107,000	107,000	108,000
Children screened for lead poisoning	137,536	170.000	200.000	220.000
Number of lead poisoned children identified	6,847	7,000	8,000	8,800
Adult Health	0,047	7,000	0,000	0,000
Huntington's disease families served	250	246	250	250
•	250 95	240 84	250 84	250 84
Adults served with Cystic Fibrosis Health Promotion	93	04	04	04
Persons screened and educated for breast cancer	6,139	7,747	9.000	9,400
Persons screened and educated for cervical cancer	5,696	7,747	9,000	9,400 9,400
Persons screened and educated for prostate & colorectal	3,030	7,341	5,000	3,400
cancer	9.997	12,950	12.000	12.000
Number of renal patients served	2,078	2,028	1,800	1,600
Emergency Medical Services	2,010	2,020	1,000	1,000
Mobile intensive care paramedics certified/recertified	570	615	775	775
Emergency Medical Technicians certified/recertified .	9,000	7.500	8,000	8,000
Helicopter response missions	1,600	1,475	1,500	1,500
Mobile intensive care unit's patient charts audited	250	350	550	550
patient of author 111	~~~			230

	Actual FY 2000	Actual FY 2001	Revised FY 2002	Budget Estimate FY 2003
Ambulance/invalid services licensed	335	375	515	515
Ambulance/invalid vehicles licensed	2,387	2,550	2,900	2,900
EMT training agencies certified	57	59	65	65
Public Health Protection Services				
Cancer and Epidemiological Services				
Number of new cancer cases reported	77,000	109,003	77,000	77,000
Number of cumulative cancer reports in master file	1,130,382	1,239,385	1,316,385	1,393,385
Tuberculosis Control				
TB cases on register as of June 30	635	632	600	570
Visits to chest clinics	59,100	66,088	64,000	61,000
Percent of TB patients completing chemotherapy	88.50%	88.00%	88.00%	90.00%
Sexually Transmitted Diseases (STD)				
Percent of STD clinic patients receiving education about HIV infection	75%	75%	75%	75%
Reported cases of early syphilis	150	210	223	235
Syphilis cases (early and late) brought to treatment by	100	210	223	200
Department of Health	600	655	700	725
Reported cases of gonorrhea	8,000	5,877	8,700	8,900
Gonorrhea cases brought to treatment by Department of	-,		-,	-,
Health	2,300	2,045	2,500	2,700
Visits to STD clinics	18,000	20,424	21,500	22,000
Patients receiving diagnostic services	9,300	10,077	11,300	11,600
Consumer Health				
Pet spay/neuter surgeries performed	10,000	11,500	11,000	10,000
Registration of dogs (rabies control)	460,000	494,000	460,500	460,500
Environmentaland sanitaryinspections and investigations conducted	7,750	7,200	7,000	7,250
Number of food, drug and cosmetic embargoes,	20	10	0.0	20
destructions and recalls	20	19	20	20
Other Communicable Disease Control	0.000	4.000	0.000	0.500
Number of disease cases reported	8,000	4,209	6,000	6,500
Number of investigations of outbreaks	90	95	100	100
Levels of protection for children entering school against: Rubella	98%	98%	98%	98%
Measles	98%	98%	98%	98%
		98%	98%	
Mumps	98% 98%	98%	98%	98% 98%
Polio	98%	98%	98%	98%
Diphtheria	18,000	18,000	18,000	18,000
	240	240	240	260
Non-outbreak investigations	1,600	1,600	1,600	1,600
Lyme disease hotline calls	1,000	1,000	1,000	1,000
Complaint inspections conducted	253	256	270	275
Telephone consultations	1,900	1,400	1,500	1,500
Educational seminars presented	75	68	90	100
Right to Know	7.5	00	30	100
Factsheets written or revised	300	320	300	300
Public and private workplaces inspected	800	845	800	800
Telephone consultations	3,500	4,230	3,500	3,500
Occupational Health Surveillance	0,000	1,200	0,000	0,000
Exposure and illness reports received	3,300	12,918	10,000	10,000
Educational materials mailed to public	2,500	3,121	3,000	3,000
In-depth industrial hygiene evaluations	45	27	75	50
Follow-up industrial hygiene evaluations	10	5	5	5
Work-related chronic disease and epidemiology studies	4	5	5	5
Worker interviews and mailings	100	287	250	250
Environmental Health Services				
Certification of private training agencies	40	35	35	35
Audits of asbestos and lead training agencies	120	100	100	100
Quality assurance inspections in schools	125	125	125	125
•				

	Actual FY 2000	Actual FY 2001	Revised FY 2002	Budget Estimate FY 2003
Major community health field study on-going	16	17	16	16
Telephone consultations	4,100	4,150	4,100	4,100
Responses to acute environmental emergencies	9	9	9	9
Consultations provided to other agencies and to the public	10	13	10	10
Local health consultations, evaluations, and				
training services	5,278	7,585	8,394	8,433
Addiction Services				
Drug treatment admissions - primary alcohol	17,921	21,000	21,000	21,000
Drug treatment admissions - primary other drugs	36,889	40,000	40,000	40,000
Adult hospital detoxification admissions	9,286	12,500	12,500	12,500
Adult residential detoxification admissions	3,189	3,000	3,000	3,000
Adult residential admissions	9,390	8,900	8,900	8,900
Adult out-patient admissions	29,433	33,000	33,000	33,000
Juvenile treatment admissions	3,130	4,700	5,000	5,000
Juvenile hospital detoxification admissions	73	250	250	250
Juvenile residential detoxification admissions	52	90	90	90
Juvenile residential admissions	1,196	1,200	1,500	1,500
Juvenile out-patient admissions	2,108	3,100	3,100	3,100
Intoxicated driver cases processed	20,747	24,000	24,000	24,000
Individuals given information and referral	45,000	45,000	45,000	45,000
Tobacco Control				
Number of counties with smokefree treatment services Number of counties with tobacco use education	21	21	21	21
in curricula	21	21	21	21
Number of tobacco free schools	2,200	2,200	2,200	2,200
Laboratory Services				
Bacteriology				
Specimens analyzed	188,316	186,478	193,000	195,000
Inborn Errors of Metabolism			,	,
Specimens performed	134,352	132,347	144,000	150,000
Chemistry		,	,	
Asbestos samples examined	292	368	150	150
Occupational health samples examined	28		50	50
Sewage, stream & trade waste samples examined	3,824	3,645	4,000	4,000
Narcotic samples examined	218,398	252,056	240,000	265,000
Potable water samples examined	2,981	2,195	3,000	3,000
Food and milk samples examined	5,505	4,456	5,575	5,000
Blood lead samples examined	8,752	7,924	9,000	9,000
Clinical Laboratory Services	-,	.,-	2,222	-,
Clinical laboratories licensed	1,114	1,194	1,194	1,194
Proficiency test samples (percent acceptable)	95%	95%	95%	95%
Proficiency test samples reviewed	53,912	53,729	54,000	54,000
Blood banks inspected	24	78	75	75
Clinical laboratory inspections	306	382	325	300
Blood banks licensed	187	193	198	198
Serology				
Routine screen tests for syphilis	50,000	34,497	41,000	40,000
Virology	,	,	,	,
Specimens analyzed	120,704	120,950	120,000	120,000
AIDS Services	-,	2,222	2,222	-,
Number of clients tested and counseled	57,260	62,577	61,500	62,750
Contact tracing of individuals	858	774	850	900
Drug treatment clients and sex partners served	17,189	18,062	17,500	18,000
Hotline network calls	13,000	10,561	11,000	11,000
Living AIDS clients	15,348	16,099	16,500	17,000
HIV positive clients	15,651	14,401	16,000	16,500
Clients receiving early intervention services	12,500	9,109	9,100	9,300
Individuals reached/HIV training	5,000	4,061	4,250	4,250
AIDS Drug Distribution Program clients served	4,399	5,500	5,500	6,000
The Diag Distribution Frogram Chems served	4,000	3,300	3,300	0,000

	Actual FY 2000	Actual FY 2001	Revised FY 2002	Budget Estimate FY 2003
PERSONNEL DATA				
Position Data				
Filled Positions by Funding Source				
State Supported	375	401	417	428
Federal	534	538	542	631
All Other	45	58	58	64
Total Positions	954	997	1,017	1,123
Filled Positions by Program Class				
Vital Statistics	52	55	55	56
Family Health Services	204	203	213	225
Public Health Protection Services	302	309	323	338
Alcoholism, Drug Abuse and Addiction Services	140	156	157	179
AIDS Services	143	150	149	175
Laboratory Services	113	124	120	150
Total Positions	954	997	1,017	1,123

Notes

Actual payroll counts are reported for fiscal years 2000 and 2001 as of December and revised fiscal year 2002 as of September. The Budget Estimate for fiscal year 2003 reflects the number of positions funded.

APPROPRIATIONS DATA (thousands of dollars)

	—Year Ending								Ending 0, 2003—
Orig. & ^(S) Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended			2002 Adjusted Approp.	Requested	Recom- mended
					DIRECT STATE SERVICES				
					Distribution by Fund and Progra	m			
1,409	297	60	1,766	1,765	Vital Statistics	01	1,506	1,506	1,506
6,331	2,313	66	8,710	8,509	Family Health Services	02	9,099	10,099	10,099
14,550	1,386	609	16,545	15,637	Public Health Protection Services	03	16,917	40,067	40,067
30,687	8,295	706	39,688	39,503	Addiction Services	04	30,529	37,529	37,529
4,597	505	1,068	6,170	6,170	Laboratory Services	08	8,524	8,524	8,524
2,753	18	183	2,954	2,943	AIDS Services	12	3,484	2,499	2,499
60,327	12,814	2,692	75,833	74,527	Total Direct State Services	_	70,059 (a)	100,224	100,224
					Distribution by Fund and Object Personal Services:				
15,470	1,571 R	1,901	18,942	18,938	Salaries and Wages		17,637	16,137	16,137
15,470	1,571	1,901	18,942	18,938	Total Personal Services		17,637	16,137	16,137
2,508	2	-37	2,473	2,472	Materials and Supplies		2,508	2,508	2,508
1,121		700	1,821	1,820	Services Other Than Personal		1,069	1,069	1,069
209		25	234	234	Maintenance and Fixed Charges		209	209	209
					Special Purpose:				
250			250	250	Electronic Death Certificate	01	250	250	250
87			87	87	WIC Farmers Market Program	02	87	87	87
79			79	70	Emergency Medical Services	02			
					Breast Cancer Public Awareness Campaign	02	90 S	90	90
					Cancer Investigation and	UL	30 -	90	30
					Education	02		1,000	1,000
50			50	50	Emergency Medical Services	02		1,000	1,000
					for Children	02	50	50	50
125			125	125	First Response EMT Cardiac Training Program	02			
900	45		945	829	Identification System for Children's Health and	~~			
					Disabilities	02	900	900	900

	Year Ending June 30, 2001			Year Ending ——June 30, 2003-					
Orig. & ^(S) Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended			2002 Adjusted Approp.	Requested	Recom- mende
	-	· ·		-	DIRECT STATE SERVICES				
500			500	499	Public Awareness Campaign for Black Infant Mortality	02	500	500	500
2,700	1,928		4,628	4,560	Cancer Screening - Early Detection and Education Program	02	2,700	2,700	2,700
					NewbornScreening,Follow-up and Treatment	02	3,100	3,100	3,100
50 S			50	47	Postpartum Depression - Public Awareness Campaign	02			
200		-200			New Jersey Coalition to Promote Cancer Prevention, Early Detection & Treatment	02			
					Advisory Council to Promote			9.5	9.1
50			50	50	the Profession of Nursing Timely Issuance of Export of	03		25	25 50
200	6		206	206	Certificates of Free Sale EvaluationofHumanExposure to Hazardous Waste	03 03	50 200	50 200	200
					New Jersey Domestic Security Preparedness	03	1,450 S	1,450	1,450
					Medical Emergency Disaster PreparednessforBioterroism	03		25,000	25.000
400			400	400	Cancer Registry	03	400	400	40
					West Nile Virus - Public Health	03	80	80	80
1,000	346		1,346	1,256	New Jersey State Commission on Cancer Research	03	1,000	1,000	1,000
813	19		832	832	Medical Waste Management Program	03	874	874	874
	50 64		50	50	Meningitis Public Awareness Campaign	03			
502	34 R	3	603	480	Rabies Control Program	03	502	460	460
557	357		914	292	Animal Population Control Program	03	557	349	349
400			400	400	Animal Population Control Expansion	03	300		
2,001	80		2,081	2,073	Worker and Community Right to Know	03	2,046	2,046	2,046
		200	200	200	New Jersey Coalition to Promote CancerPrevention, Early Detection & Treatment	03	200	200	200
					Division of Infectious and Zoonotic Disease Field	0.0			
155			155	155	Investigator Middle School Survey on Substance Abuse	03 04	60		
6,300	3,689		9,989	9,975	Youth Anti-Tobacco				6 200
8,700	1,600		10,300	10,273	Awareness Media Campaign Smoking Cessation Programs for Addicted Adults and Youth	04	6,300 8,700	6,300 8,700	6,300 8,700
3,000			3,000	2,965	Research, Surveillance, Evaluation & Assistance for Anti-Smoking Programs				
5,000	202		5,202	5,176	School Based Programs for the Prevention of Tobacco Use	04 04	3,000 5,000	3,000 5,000	3,000 5,000
7,000	2,800		9,800	9,720	Community Based Tobacco Control Programs	04	7,000	7,000	7,000
					Expansion of Cancer Initiatives	04		7,000	7,000

	—Year Ending	June 30, 200)1					Year I ——June 30	Ending 0, 2003—
Orig. & ^{S)} Supple- mental	Reapp. & (R)Recpts.	Transfers & ^(E) Emer- gencies	z Total Available	Exnended		Prog. Class.	2002 Adjusted Approp.	Requested	Recom- mended
manu	recpus	gaicia	1 IV CHICIPIC	шрания			11 1	•	
					DIRECT STATE SERVICES				
					New Jersey Domestic Security Preparedness	08	1,800 S	1,800	1,800
					West Nile Virus - Laboratory	08	690	690	690
					HIV/AIDS Education and Discharge Program	12	750		
	21	100	121	43	Additions, Improvements and Equipment				
					GRANTS-IN-AID				
					Distribution by Fund and Progra	m			
21,853	241	93	22,187	15,946	Family Health Services	02	20,273	43,010	43,010
21,353	241	93	21,687	15,448	(From General Fund)		19,773	42,510	42,510
500			500	498	(From Casino Revenue Fund)		500	500	500
2,638	5,000	- 57	7,581	7,533	Public Health Protection Services	03	3,999	4,115	4,115
26,477	327	1,019	27,823	27.773	Addiction Services	04	29,622	30,405	30,405
16,485		-350	16,135	16,097	AIDS Services	12	18,437	19,604	19,604
67,453	5,568	705	73,726	67,349	Total Grants-in-Aid	_	72,331	97,134	97,134
66,953	5,568	705	73,226	66,851	(From General Fund)		71,831	96,634	96,634
500			500	498	(From Casino Revenue Fund)	_	500	500	500
					Distribution by Fund and Object Grants:				
3,315			3,315	3,315	Family Planning Services	02	4,000	4,000	4,000
945			945	945	Hemophilia Services	02	1,023	1,023	1,023
120			120	120	Testing for Specific Hereditary Diseases	02	130	130	130
1,776			1,776	1,776	Special Health Services for				
					Handicapped Children	02	1,921	1,921	1,921
385			385	385	Chronic Renal Disease Services	02	416	416	416
284			284	284	Pharmaceutical Services for				
					Adults With Cystic Fibrosis	02	302	302	302
25			25	25	Birth Defects Registry	02	25	25	25
500			500	498	Statewide Birth Defects Registry (CRF)	02	500	500	500
300	40	-150	190	188	Interagency Council on				
					Osteoporosis	02			
100			100	100	Best Friends Foundation	02			
429		303	732	632	Cost of Living Adjustment, Family Health Services	02	(b)	586	586
					Cost of Living Adjustment, DeferredCost-FamilyHealth		()		
					Services	02	(c)		
50			50	50	Birth Haven Inc., Newton	02	50		
	25		25		Somerville Kids Care-Kool Vests	02			
607			607	607	Maternal and Child Health Services	02	3,091	3,091	3,091
50		25	23	99					
58 225	1	-35		23	Emergency Medical Services	02	58	58	58
			226	225	Primary Care Services - Dover Free Clinic	02	245	245	245
1,607			1,607	1,573	Salary Supplement for Direct Service Workers	02			
500 S			500	500	Visiting Nurse Association of	0.9			
					New Jersey	02			
050			050	050	Cancer Institute of New Jersey	02		28,000	28,000
250			250	250	Kimball Medical Center, Emergency Room	02			

0-4 : 2	_Year Ending	Year Ending June 30, 2001 ——————————————————————————————————		9AAA	Year Ending ——June 30, 2003				
Orig. & ^(S) Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	: Total Available I	Expended			2002 Adjusted Approp.	Requested	Recom mende
	_			_	GRANTS-IN-AID				
					Kimball Medical Center,				
					Lakewood - Emergency		244		
115			115	115	Services and Equipment	02 02	344		
115 100			115 100	100	Trinity Health Center Monmouth Medical Center,	UZ			
100			100	100	AWARE	02	100		
1,000			1,000	1,000	Child Health Institute of New				
					Jersey	02	1,000		
75			75	75	New Jersey Institute for Parent Education, Inc.	02	75		
25			25	25	Parenting Resources Education	02	7.0		
20			20	20	Network of Southern New				
					Jersey	02			
25		-25			Child Federation of Atlantic	0.0	0.5		
350			350	350	City Lead Poisoning Program	02 02	25 779	779	77
457			457	457	Poison Control Center	02	480	480	48
	75		75		Early Intervention Program of	02	100	400	10
					Monmouth and Ocean				
					Counties - Emergency	02			
					Funding School for Children with	UZ			
					Hidden Intelligence,				
					Lakewood - Building	02	75		
75			75	75	School for Children with				
					Hidden Intelligence - Early Intervention	0.9	75		
					Karen Ann Quinlan Center of	02	75		
					Hope Hospice	02	25		
570			570	569	Cleft Palate Programs	02	614	614	61
25			25	25	Community Action for Social				
					Affairs - Teen Pregnancy Prevention Program	02			
25			25	25	One Hundred Black Men of	UZ			
~~				20	New Jersey - Prostate				
					Screening	02			
145			145	145	St. Peter's Hospital Community	0.0			
					Mobile Health Unit Rancocas Hospital - Cancer	02			
					Education Program	02	20		
100			100	100	Jersey City Medical Center -				
					Neonatal Intensive Care	02			
138			138	138	NewbornScreeningFollow-up				
					and Treatment for Hemoglobins	02	149	149	14
157			157	157	SIDS Assistance Act	02	170	170	17
30 S			30	30	Dialysis Seminar and Support				
					Group of NJ	02			
10			10	10	AD House, Newark	02			
262			262	262	Services to Victims of Huntington's Disease	02	271	271	27
					Womens' Health and	02	ω / 1	ω / 1	۵۱
					Counseling Center,				
					Somerville	02	50		
					Overlook Hospital - Neuroscience Institute	02	300		
					Cape Volunteers in Medicine,	UL	300		
					Inc.	02	50		
					St. Barnabas Hospital -				
					Institute of Neurology/Neu-	00		950	0.5
					roservice	02		250	25

Orig. & ^{S)} Supple- mental									0, 2003—
	Reapp. & ^(R) Recpts.	Transfers & (E)Emer- gencies	Total AvailableE	vnondod			2002 Adjusted Approp.	Requested	Recon mendo
	· Accepts	gaicies	Avanabiel	храма	CDANIEC IN AID	0 212337	PPOP-	200411001012	
					GRANTS-IN-AID Noah's Ark Children's				
					Association, Livingston	02	50		
					Arc Primary Medical Care Clinic at KMACC, Whiting	02	50		
					Osborn Family Health Center - Our Lady of Lourdes Medical Center	0.9	1 500		
					United Way of Ocean County -	02	1,500		
					Dental Clinics Virtua Health, Memorial	02	75		
					Hospital, Burlington County-Teen Smoking Prevention	02	20		
					Drenk Behavioral Health Center - Computer Equipment	02	20		
					Prevention Education, Inc.,	UL	20		
					Lawrenceville - Facility Newton Memorial Hospital -	02	50		
					Dental Clinic Newton Memorial Hospital -	02	500		
					EmergencyRoomEquipment Saint Clare's Hospital, Sussex -	02	100		
3,000 S			3,000		Emergency Room Upgrade Children's Hospital of New	02	100		
-,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Jersey at Newark Beth Israel	02			
2,000 S			2,000		Cooper Health System	02			
150			150	150	Jewish Renaiss ance Foundation	02			-
	100		100	100	Family Health Center at Monmouth Medical Center, Long Branch	02			
200			200	199	Camden Optometric Eye Center	02	200		
					Family Health Center at Community Medical Center,				
					Toms River Family and Children's Service	02	200		
100			100	100	of Monmouth County Meridian Health System,	02	125		
					Parker Family Health Center				
					Pregnancy Aid Centers New Jersey Center for	02	350		
					Outreach and Services for the Autistic Community	02	100		
					Traumatic Loss Prevention Program	02	250		
65			65	65	Epilepsy Foundation of New Jersey	02			
25			25	25	Emanuel Cancer Foundation	02			
1,000 S			1,000		Garden State Cancer Center	02			
78			78	78	Resource Center for Women and Their Families	02			
75			75	75	Paterson Community Health Center	02			
700				700	Pediatric Asthma Reduction Effort (PARE), Passaic	02	220		
720			720	720	Tuberculosis Services	03	1,255	1,255	1,25
					Health Research and Educational Trust of New				

	_Year Ending	June 30, 2001	l					Year I ——June 30	Ending 0, 2003—
Orig. & ^(S) Supple- mental	Reapp. & (R)Recpts.	Transfers & ^(E) Emer- gencies	Total Available	Expended			2002 Adjusted Approp.	Requested	Recom- mende
	•	Ü		•	GRANTS-IN-AID				
273		-15	258	258	Cost of Living Adjustment, Public Health Protection	03	(d)	406	400
					Cost of Living Adjustment, Deferred Cost-PublicHealth Protection	0.0	(e)		
463			463	463	Immunization Services	03 03	765	765	76
262		-42	220	220	Salary Supplement for Direct	US	703	703	70
378		-42	378	375	Service Workers AIDS Communicable Disease	03			
0.0			010	0.0	Control	03	408	408	40
	5,000		5,000	5,000	Cord Blood Resource Center	03			
					Garden State Cancer Center	03		1,000	1,00
150			150	150	Saint Francis Medical Center - Saint Clare Mobile Outreach Van	0.2			
					St. Clare's Health Services - Homeless Health Outreach	03			
					Program	03	100		
50			50	50	CommunityHealthLawProject	03			
45 S			45		Friends of the Homeless Animals	03			
25			25	25	Pet Rescue of Mercer County	03			
272			272	272	Worker and Community Right to Know	03	281	281	28
					Cape May County Mosquito Extermination Commission	03	60		
					Cape May County - Centerfor the Blind and the Visually Impaired	03	5		
					Vineland City - Senior Citizen Smoke and Carbon MonoxideDetectorProgram	03	50		
					Infectious Disease - Public Health Research Institute	03	1,000		
1,270			1,270	1,270	SubstanceAbuseTreatmentfor DYFS/WorkFirst Mothers- Pilot Project	04	1,373	1,373	1,37
204			204	204	Drugs are Ugly and Uncool	04	1,373	1,575	1,57
1,588			1,588	1,588	Campaign Cost of Living Adjustment,	04	211	211	21
	10			10	Addiction Services	04	(f)	2,298	2,29
17,740	19 292	1,000	19 19,032	19 19,004	Substance Abuse Care Coordination Services Community Based Substance	04			
,, _0	~~~	2,000	_ 3,00%	- 3,001	Abuse Treatment and Prevention - State Share (g)	04	23,100	23,100	23,10
97			97	97	Vocational Adjustment Centers	04	104	104	10
450			450	450	FreedomHouse,GlenGardner	04	450		
100			100	100	Daytop, NJ	04			
100			100	100	Somerset Treatment Services	04			
100 10			100 10	100 10	Rapt Foundation, Inc. Sunrise House In-Patient AdolescentSubstanceAbuse	04	100		
					Treatment Daytop - NJ, Mendham -	04			
					Facility Upgrade	04	300		
25			25	25	Good News Home for Women	04	50		
		500	500	500	Sub-Acute Residential Detoxification Program	04			

0.1.0	_Year Ending						9000		Ending 0, 2003—
Orig. & ^{S)} Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended			2002 Adjusted Approp.	Requested	Recom- mende
					GRANTS-IN-AID				
25			25	25	Resolve Community				
1,516		-481	1,035	1,035	Counseling Center Salary Supplement for Direct	04			
					Service Workers	04	(h)		
627	16		643	628	Compulsive Gambling	04	650	650	650
630			630	623	Mutual Agreement Parolee Rehabilitation Project for Substance Abusers	04	682	682	682
					Bergen County Community Action Program - Ladder				002
					Project	04	150		
					Hendrick's House, Vineland	04	50		
					Prevention First, Monmouth	0.4	20		
					County Cana Assist Wildwood	04 04	20 25		
					Cape Assist, Wildwood The Southwest Council,	υ4	23		
					Vineland-Volunteer PreventionProgramforDrug	0.4	00		
					& Alcohol Signs of Sobriety, Inc., Hamilton - Facility	04	60		
1,838			1,838	1,838	Renovation In-State Juvenile Residential	04	35		
					Treatment Services	04	1,987	1,987	1,987
10			10	10	Sussex Councilon Alcoholand Drug Abuse - Strengthening Families Program	04			
					Sussex Councilon Alcoholand	04			
					Drug Abuse - Youth Center	04	50		
25			25	25	Atlantic Prevention Resources	04	25		
					Sussex Councilon Alcoholand Drug Abuse - The Family		~ 0		
22			22	22	Afterward Catholic Charities - Project FREE	04 04	50		
100			100	100	Epiphany House	04	100		
					Seabrook House - Chemical Dependency Treatment	01	100		
					Center	04	50		
862			862	862	Cost of Living Adjustment,	12	(i)	1,217	1 917
					AIDS Services Cost of Living Adjustment, Deferred Cost-AIDS	12	(1)	1,217	1,217
					Services	12	(j)		
1,614		-61	1,553	1,550	Salary Supplement for Direct Service Workers	12	10.007		
13,939		-289	13,650	13,615	AIDS Grants	12	18,387	18,387	18,387
20			20	20	Angel Connection, Inc.	12	50		
20 50			20	20	Free Throw for AIDS	12			
อบ			50	50	Saint Mary's Hospital - F.A.I.T.H.	12			
					STATE AID Distribution by Fund and Program	m			
22,754			22,754	22,749	Family Health Services	02	28,425	28,425	28,425
4,645			4,645	4,645	Public Health Protection Services	03	4,580	4,580	4,580
						_			

	_Year Ending	June 30, 200	1						Ending D, 2003—
Orig. & ^{S)} Supple- mental	Reapp. & (R)Recpts.	Transfers 8 ^(E) Emer- gencies	Total	Expended			2002 Adjusted Approp.	Requested	Recom- mended
					STATE AID				
					Distribution by Fund and Object				
					State Aid:				
485			485	480	Cost of Living Adjustment,	0.9	(k)		
22,269			22.269	22,269	Family Health Services Early Childhood Intervention	02	(n)		
22,200			22,200	22,200	Program	02	28,425	28,425	28,425
4,645			4,645	4,645	Public Health Priority Funding	03	4,100	4,100	4,100
					Local Health Department Information Network				
					(LINCS)	03	480	480	480
					CAPITAL CONSTRUCTION				
					Distribution by Fund and Progra	m			
1,660	1,699		3,359	2,399	Laboratory Services	08	2,079	650	650
1,660	1,699		3,359	2,399	Total Capital Construction	_	2,079	650	650
					Distribution by Fund and Object	_			
	1 100		1 160	679	Division of Public Health and E	inviron	mental Laboi	atories	
	1,168		1,168	672	Improvements to Laboratories and Installed Equipment	08	400	150	150
720	271		991	835	Laboratory Equipment	08	1,489	500	500
	33		33	4	Warehouse Equipment	08			
750			750	471	New State Health Laboratory	08			
190	227		417	417	Clinical Laboratory Services - Automation	08	190		
156,839	20,081	3,397	180,317	171,669	Grand Total State Appropriation		177,474	231,013	231,013
				0	THER RELATED APPROPRIATION	ONS			
					Federal Funds				
850	575		1,425	737	Vital Statistics	01	850	850	850
140,485 294 S	16,836	822	158,437	106,873	Family Health Services	02	142,819	147,196	147,196
28,139	10,000	022	100,107	100,070	Public Health Protection	02	112,010	117,100	117,100
789 S	4,925	357	34,210	17,932	Services	03	30,591		
50 00e							26,874 S	44,219	44,219
50,896 100 s	13,664	-250	64,410	51,341	Addiction Services	04	47,835		
	,,,,,,		, -	- ,-	Tauticuo a Borvicos	• •	2,400 S	57,919	57,919
1,895 100 s	750	1.40	9 500	1 675		00	0.000		
1003	750	-146	2,599	1,675	Laboratory Services	08	2,000 182 S	1,796	1,796
74,275					AIDC Complete	4.0			82,525
74,275 145 s	-4,356	-578	69,486	49,635	AIDS Services	12	81,177	82,525	
74,275 145 s	-4,356 32,394	- 578 205	69,486 330,567	49,635 228,193	Total Federal Funds	12	81,177 334,728	82,525 334,505	
74,275 145 s	32,394					12			
74,275 145 s	3,069 21,843 R				Total Federal Funds All Other Funds Family Health Services	02			334,505
74,275 145 s 297,968	3,069 21,843 R 1,717	205 13,745	330,567 38,657	228,193 37,838	Total Federal Funds All Other Funds Family Health Services Public Health Protection	02	334,728 29,453	334,505 31,498	334,50 5
74,275 145 s 297,968	32,394 3,069 21,843 R 1,717 2,250 R	205	330,567	<i>228</i> ,193	Total Federal Funds All Other Funds Family Health Services	_	334,728	334,505	334,50 5 31,498 2,596
74,275 145 s 297,968	3,069 21,843 R 1,717	205 13,745	330,567 38,657	228,193 37,838	Total Federal Funds All Other Funds Family Health Services Public Health Protection	02	334,728 29,453	334,505 31,498	334,505 31,498 2,596
74,275 145 \$ 297,968	32,394 3,069 21,843 R 1,717 2,250 R 2,226 3,329 R 12	205 13,745 50 3,050	38,657 4,017 8,605	37,838 2,029 5,101	Total Federal Funds All Other Funds Family Health Services Public Health Protection Services Addiction Services	02 03 04	29,453 2,111 4,014	334,505 31,498 2,596 4,170	334,505 31,498 2,596 4,170
74,275 145 s 297,968	32,394 3,069 21,843 R 1,717 2,250 R 2,226 3,329 R 12 334 R	205 13,745 50	330,567 38,657 4,017	37,838 2,029	Total Federal Funds All Other Funds Family Health Services Public Health Protection Services	02	29,453 2,111	334,505 31,498 2,596	334,505 31,498 2,596 4,170
74,275 145 s 297,968	32,394 3,069 21,843 R 1,717 2,250 R 2,226 3,329 R 12	205 13,745 50 3,050	38,657 4,017 8,605	37,838 2,029 5,101	Total Federal Funds All Other Funds Family Health Services Public Health Protection Services Addiction Services	02 03 04	29,453 2,111 4,014	334,505 31,498 2,596 4,170	334,50 5
74,275 145 s 297,968	32,394 3,069 21,843 R 1,717 2,250 R 2,226 3,329 R 12 334 R 141	205 13,745 50 3,050	38,657 4,017 8,605 346	228,193 37,838 2,029 5,101 288	Total Federal Funds All Other Funds Family Health Services Public Health Protection Services Addiction Services Laboratory Services	02 03 04 08	29,453 2,111 4,014 375	334,505 31,498 2,596 4,170 350	334,505 31,498 2,596 4,170 350

Notes

- (a) The fiscal year 2002 appropriation has been adjusted for the allocation of salary program and has been reduced to reflect the transfer of funds to the Interdepartmental Salary and Other Benefits accounts.
- (b) Appropriation of \$429,000 distributed to applicable program classes.
- (c) Appropriation of \$1,290,000 distributed to applicable program classes.
- (d) Appropriation of \$273,000 distributed to applicable program classes.
- (e) Appropriation of \$210,000 distributed to applicable program classes.
- (f) Appropriation of \$1,643,000 distributed to applicable program classes.
- (g) This account provides the necessary State maintenance of effort requirement to match the federal Substance Abuse Block grant.
- (h) Appropriation of \$1,216,000 distributed to applicable program classes.
- (i) Appropriation of \$862,000 distributed to applicable program classes.
- (j) Appropriation of \$1,295,000 distributed to applicable program classes.
- (k) Appropriation of \$405,000 distributed to applicable program classes.

Language Recommendations -- Direct State Services - General Fund

- In addition to the amount appropriated above for Emergency Medical Services for Children Program, \$150,000 is appropriated from the annual .53% assessment on New Jersey hospitals established pursuant to section 12 of P.L. 1992, c. 160 (C.26:2H-18.62) for the same purpose.
- 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 First Response EMT Cardiac Training Program.
- The unexpended balance as of June 30, 2002, in the New Jersey Emergency Medical Service Helicopter Response Program account is appropriated.
- Notwithstanding the provisions of any law to the contrary, there is appropriated from the "Emergency Medical Technician Training Fund" \$2,000,000 for the training, testing and recruitment of emergency medical personnel who serve on volunteer ambulance squads, first aid or rescue squads, including but not limited to, the purchase of computers and internet access for volunteer squads for distance learning purposes and grants to accredited training sites for equipment and educational materials.
- The amount hereinabove for the New Jersey State Commission on Cancer Research is charged to the Cancer Research Fund pursuant to section 5 of P.L. 1982, c. 40 (C.54:40A-37.1).
- The unexpended balance as of June 30, 2002, in the New Jersey State Commission on Cancer Research account is appropriated.
- Amounts deposited in the "New Jersey Breast Cancer Research Fund" from the gross income tax check-offs pursuant to the provisions of P.L. 1995, c.26 (C.54A:9-25.7 et al.) are appropriated to the New Jersey State Commission on Cancer Research for breast cancer research projects, subject to the approval of the Director of the Division of Budget and Accounting.
- The unexpended balance as of June 30, 2002, 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.
- The unexpended balance as of June 30, 2002, in the Rabies Control Program account, together with any receipts in excess of the amount anticipated, is appropriated.
- The amount hereinabove for the Rabies Control Program account is payable out of the Rabies Control Fund. If receipts to that fund are less than anticipated, the appropriation shall be reduced proportionately.
- The unexpended balance as of June 30, 2002, in the Animal Population Control Program account, together with any receipts in excess of the amount anticipated, is appropriated.
- The amount hereinabove for the Animal Population Control Program account is payable out of the Animal Population Control Fund. If receipts to that fund are less than anticipated, the appropriation shall be reduced proportionately.
- Notwithstanding the provisions of the Worker and Community Right to Know Act, P.L. 1983, c. 315 (C.34:5A-1 et seq.), \$1,362,000 of the amount hereinabove 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.
- The Division of Addiction Services is authorized to bill a patient, a patient's estate, or the person chargeable for a patient's support, or the county of residence for institutional, residential and out-patient support of patients treated for alcoholism or drug abuse or both. Receipts derived from billings or fees and unexpended balances as of June 30, 2002 from these billings and fees are appropriated to the Department of Health and Senior Services, Division of Addiction Services, for the support of the alcohol and drug abuse programs, subject to the approval of the Director of the Division of Budget and Accounting.
- In order to permit flexibility in the handling of the various anti-tobacco initiative accounts appropriated hereinabove, funds may be transferred to and from the following items of appropriations: Youth Anti-Tobacco Awareness Media Campaign; Smoking Cessation Programs for Addicted Adults and Youth; Research, Surveillance, Evaluation & Assistance for Anti-Smoking Programs; School Based Programs for the Prevention of Tobacco Use; and Community Based Tobacco Control Programs. Such transfers are subject to the approval of the Director of the Division of Budget and Accounting. Notice thereof shall be provided to the Legislative Budget and Finance Officer on the effective date of the approved transfer.
- There are appropriated from the Alcohol Education, Rehabilitation and Enforcement Fund such sums as may be necessary to carry out the provisions of P.L. 1983, c.531 (C.26:2B-32 et al.).

- There is transferred from the Drug Enforcement and Demand Reduction Fund \$350,000 to carry out P.L. 1995, c. 318 to establish an "Alcoholism and Drug Abuse Program for the Deaf, Hard of Hearing and Disabled" with the Department of Health and Senior Services, subject to the approval of the Director of the Division of Budget and Accounting.
- There is appropriated \$700,000 from the Drug Enforcement and Demand Reduction Fund established pursuant to N.J.S. 2C:35-15, to the Department of Health and Senior Services for a grant to Partnerships for a Drug Free New Jersey.
- The Director of the Division of Budget and Accounting is empowered to transfer or credit appropriations to the Department of Health and Senior Services for diagnostic laboratory services provided to any other agency or department; provided further, however, that funds have been appropriated or allocated to such agency or department for the purpose of purchasing these services.
- Receipts from fees established by the Commissioner of Health and Senior Services for licensing of clinical laboratories pursuant to P. L. 1975, c. 166 (C.45:9-42.26 et seq.), and blood banks pursuant to P.L. 1963, c. 33 (C.26:2A-2 et seq.).
- 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 a plan approved by the Director of the Division of Budget and Accounting.

Language Recommendations -- Grants-In-Aid - General 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 created 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.
- Of the amounts appropriated for Maternal and Child Health Services, there shall be available \$300,000 for the Perinatal Addictions Initiative, \$450,000 for Fetal Alcohol Clinics, and \$400,000 for the Maternal and Child Health Nutrition Initiative.
- An amount not to exceed \$1,830,000 is appropriated to the Department of Health and Senior Services from monies deposited in the Health Care Subsidy Fund established pursuant to section 8 of P.L. 1992, c. 160 (C.26:2H-18-58) to fund the Infant Mortality Reduction Program.
- There is appropriated \$570,000 from the Alcohol Education, Rehabilitation and Enforcement Fund to fund the Fetal Alcohol Syndrome Program.
- The unexpended balance of appropriations, as of June 30, 2002, made to the Department of Health and Senior Services by section 20 of P.L. 1989, c. 51 for State licensed or approved drug abuse prevention and treatment programs is appropriated for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.
- Notwithstanding the provisions of any law to the contrary, there is transferred \$1,000,000 to the Department of Health and Senior Services from the Drug Enforcement and Demand Reduction Fund for drug abuse services.
- Notwithstanding the provisions of any law to the contrary, there is transferred \$500,000 to the Department of Health and Senior Services from the Drug Enforcement and Demand Reduction Fund for the Sub-Acute Residential Detoxification Program.
- An amount, not to exceed \$600,000, collected by the Casino Control Commission is payable to the General Fund pursuant to section 145 of P.L. 1977, c.110 (C.5:12-145). The unexpended balance as of June 30, 2002 in the Compulsive Gambling account is appropriated to the Department of Health and Senior Services to provide funds for compulsive gambling grants.
- There is appropriated \$420,000 from the Alcohol Education, Rehabilitation and Enforcement Trust Fund to fund the Local Alcoholism Authorities Expansion account.
- Notwithstanding the provisions of P.L. 1983, c.531 (C.26:B-32 et al.) or any other law to the contrary, the unexpended balance in the Alcohol, Education, Rehabilitation and Enforcement Fund as of June 30, 2002 is appropriated and shall be distributed to counties for the treatment of alcohol and drug abusers and for education purposes.

Language Recommendations -- State Aid - General Fund

- The capitation is set not to exceed 40 cents for the year ending June 30, 2003 for the purposes prescribed in P.L. 1966, c.36 (C.26:2F-1 et seq.).
- 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.
- In addition to the amount hereinabove for the Early Childhood Intervention Program, such additional sums as may be required are appropriated from the General Fund to cover additional costs of the program to maintain federal compliance, subject to the approval of the Director of the Division of Budget and Accounting.

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

OBJECTIVES

 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.
- Allocate health care subsidy funds for hospitals and other health care initiatives; review and analyze issues related to health care financing.
- 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 2000	Actual FY 2001	Revised FY 2002	Budget Estimate FY 2003
PROGRAM DATA				
Long Term Care Systems				
Licensed health care facilities	700	801	855	900
Licensed nursing home administrators	1,135	950	1,050	1,050
Total licenses issued	720	820	890	935
Number of beds licensed	69,000	78,300	80,300	80,900
Total inspections	3,000	3,463	3,650	4,200
Total federally certified licensed facilities	9	9	9	9
Total federally certified licensed beds	3,690	3,690	3,690	3,690
Administrative actions/penalties	365	89	110	125
Federal Enforcement Actions	310	1,242	1,300	1,400
Nurse Aide applications processed	17,800	23,000	23,000	23,000
Health Care Systems Analysis				
Inspections of acute care facilities	780	770	806	846
Complaints investigations	859	845	905	950
Hospital charity care audits	354	391	316	316
Certificate of need applications processed	133	57	52	47
Collection and analysis of hospital cost, financial, and utilization data				
By patient	1,479,861	1,500,000	1,500,000	1,500,000
By hospital	81	81	79	79
Managed Care publications distributed	28,000	31,000	31,000	35,000
Acute Health Care facilities licensed	680	760	850	950
External Health Maintenance Organization complaints				
processed	5,185	7,500	6,300	7,100
Acute Health Care facilities license applications processed	728	970	1,070	1,170
Acute Health Care facilities enforcement actions/penalties		28	29	30

	Actual FY 2000	Actual FY 2001	Revised FY 2002	Budget Estimate FY 2003
PERSONNEL DATA				
Position Data				
Filled Positions by Funding Source				
State Supported	29	29	98	101
Federal	125	137	86	106
All Other	121	119	95	115
Total Positions	275	285	279	322
Filled Positions by Program Class				
Long Term Care Systems Development & Quality Assurance	130	141	143	169
Health Care Systems Analysis	145	144	136	153
Total Positions	275	285	279	322

Notes

Actual payroll counts are reported for fiscal years 2000 and 2001 as of December and revised fiscal year 2002 as of September. The Budget Estimate for fiscal year 2003 reflects the number of positions funded.

APPROPRIATIONS DATA (thousands of dollars)

	—Year Ending	June 30, 200	1					Year I ——June 30	Ending D, 2003—
Orig. & ^{S)} Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended			2002 Adjusted Approp.	Requested	Recom- mendec
					DIRECT STATE SERVICES				
					Distribution by Fund and Progra	m			
4,430	1,711	-1,083	5,058	5,032	Long Term Care Systems	06	4,798	4,798	4,798
2,013	3,176	-1,728	3,461	3,461	Health Care Systems Analysis	07	3,285	1,385	1,385
6,443	4,887	-2,811	8,519	8,493	Total Direct State Services	_	8,083	6,183	6,18
			·		Distribution by Fund and Object Personal Services:				
3,996	4,880 R	-3,061	5,815	5,814	Salaries and Wages		4,742	4,742	4,742
3,996	4,880	-3,061	5,815	5,814	Total Personal Services		4,742	4,742	4,742
60	1		61	60	Materials and Supplies		60	60	60
220	1	246	467	467	Services Other Than Personal		214	214	214
94		- 5	89	86	Maintenance and Fixed Charges Special Purpose:		94	94	94
918		25	943	936	Nursing Home Background Checks/Nursing Aide	0.0	070	0.70	0.54
155		-25	130	130	Certification Program Resident Satisfaction System -	06	979	979	979
					Long Term Care	06			
1,000			1,000	1,000	Implementation of Statewide Health InformationNetwork	07	500		
					Health Data Commission	07	94 S	94	94
					Managed Care Oversight	07	1,300		
					Health Insurance Consumer Rights Information	07	100		
	5	9	14		Additions, Improvements and Equipment				
					GRANTS-IN-AID				
					Distribution by Fund and Progra	m			
95,136	99		95,235	95,235	Health Care Systems Analysis	07	166,390	18,116	18,110
95,136	99		95,235	95,235	Total Grants-in-Aid		166,390	18,116	18,11

Requested	Recom- mended
18,116	18,116
24,299	24,299
9,559	9,559
19,416	19,416
28,975	28,975
316	316
46 287	46,287
	46,603
	99,877
	,
	19,416

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.

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.

In addition to the amount appropriated above for the Implementation of Statewide Information Network, \$1,000,000 is appropriated from the annual .53% assessment on New Jersey hospitals established pursuant to section 12 of P.L. 1992, c. 160 (C.26:2H-18.62) for establishing HIPAA compliance.

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

Receipts derived from fees charged for processing Certificate of Need applications and the unexpended balances of such receipts as of June 30, 2002, 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 any law to the contrary, \$6,000,000 of the amount hereinabove for the Health Care Subsidy Fund payments account is appropriated from the Admission Charge Hospital Assessment revenue item.

Notwithstanding any law to the contrary, up to \$25,000,000, representing increased payments for hospital charity care, are appropriated from the Health Care Subsidy Fund, subject to the approval of the Director of the Division of Budget and Accounting.

Notwithstanding the provisions of any law to the contrary, there is established a Supplemental Charity Care Fund account for disbursement of additional charity care funding to hospitals with documented charity care in calendar year 2001. The total amount to be disbursed from the Supplemental Charity Care Fund will not exceed the amount appropriated. Hospitals which have not received payments under the Charity Care Subsidy pursuant to P.L. 1997, Chapter 263, equal to at least \$0.30 per dollar of charity care provided, shall be eligible to receive payments from the Supplemental Charity Care Fund pursuant to a methodology established by the Commissioner of Health and Senior Services. These payments will be prorated so that payments to all hospitals from Supplemental Charity Care do not exceed the amount appropriated.

20. PHYSICAL AND MENTAL HEALTH 25. HEALTH ADMINISTRATION

OBJECTIVES

- 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.
- 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 2000	Actual FY 2001	Revised FY 2002	Budget Estimate FY 2003
138	140	141	141
6.7	6.8	6.6	6.6
482	500	500	500
23.4	24.2	23.4	23.4
620	640	641	641
30.1	31.0	30.0	30.0
98	98	116	110
5	6	6	7
83	73	55	56
186	177	177	173
186	177	177	173
186	177	177	173
	138 6.7 482 23.4 620 30.1	FY 2000 FY 2001 138 140 6.7 6.8 482 500 23.4 24.2 620 640 30.1 31.0 98 98 5 6 83 73 186 177 186 177	FY 2000 FY 2001 FY 2002 138 140 141 6.7 6.8 6.6 482 500 500 23.4 24.2 23.4 620 640 641 30.1 31.0 30.0 98 98 116 5 6 6 83 73 55 186 177 177 186 177 177

Notes

Actual payroll counts are reported for fiscal years 2000 and 2001 as of December and revised fiscal year 2002 as of September. The budget for fiscal year 2003 reflects the number of positions funded.

APPROPRIATIONS DATA

(thousands of dollars)

	—Year Ending .								Ending D, 2003—
Orig. & ^{S)} Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended			2002 Adjusted Approp.	Requested	Recom- mended
					DIRECT STATE SERVICES				
3,696	30	2,010	5,736	5,728	Distribution by Fund and Progra Administration and Support Services	m 99	6,035	5,535	5,535
3,696	30	2,010	5,736	5,728	Total Direct State Services		6,035 (a)	5,535	5,535
					Distribution by Fund and Object Personal Services:				
2,807	30 R	1,955	4,792	4,784	Salaries and Wages		3,656	3,156	3,156
2,807	30	1,955	4,792	4,784	Total Personal Services		3,656	3,156	3,156
49		10	59	59	Materials and Supplies		49	49	49
718		44	762	762	Services Other Than Personal		708	708	708
38			38	38	Maintenance and Fixed Charges Special Purpose:		38	38	38
					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
		1	1	1	Additions, Improvements and Equipment				
					CAPITAL CONSTRUCTION				
					Distribution by Fund and Program	m			
1,805		410	2,215	2,108	Administration and Support Services	99			
1,805		410	2,215	2,108	Total Capital Construction	_			
665			665	665	Distribution by Fund and Object Division of Management and Ad Information Processing Network - Infrastructure	dminist	ration		
					Upgrade	99			
		410	410	396	Infrastructure Network	99			
1,140			1,140	1,047	"E"Public Health	99			
5,501	30	2,420	7,951	7,836	Grand Total State Appropriation		6,035	5,535	5,535
				0'	THER RELATED APPROPRIATIO	NS			
460					Federal Funds Administration and Support				
402 S	256	73	1,191	768	Services and Support	99	770	770	770
862	256	73	1,191	768	Total Federal Funds All Other Funds	_	<i>770</i>	770	770
					Administration and Support				
	2,377 1 322 R	4 497	8 126	3 750		99	1 944	1 944	1 944
	2,377 1,322 R 3,699	4,427 4,427	8,126 8,126	3,759 3,759	Services Total All Other Funds	99	1,944 1,944	1,944 1,944	1,944 1,94 4

Notes

⁽a) The fiscal year 2002 appropriation has been adjusted for the allocation of salary program and has been reduced to reflect the transfer of funds to the interdepartmental salary and other benefits accounts.

20. PHYSICAL AND MENTAL HEALTH 26. SENIOR SERVICES

OBJECTIVES

- To provide a variety of medical and health services to individuals in their own homes to avoid unnecessary institutional placement.
- 2. To provide prescription drugs, insulin and insulin syringes for State residents qualifying for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) and Senior Gold programs (C.30:4D-21 et seq.).
- 3. To administer the Lifeline Credit Program (C.48:2-29.15 et seq.) and the Tenants Lifeline Assistance Program (C.48:2-29.30 et seq.).
- 4. To promote and encourage advocacy for the aging population at the federal, State, county and municipal levels in order to ensure that the elderly will not be deprived of their rights, privileges, entitlements or benefits.
- To promote, advocate and insure, as a whole and in particular cases, the adequacy of the care received, and the quality of life experienced, by elderly patients, residents and clients of institutional facilities within this State.
- To increase energy conservation and reduce the utility costs of low-income households through the weatherization of single and multi-family dwellings.
- 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.
- 8. To continue to serve as an effective and visible advocate for the elderly through programs for the aging.
- To provide assistance to elderly citizens who have been found by the court to need a guardian or conservator and to administer those services in order to provide a better quality of life for each individual represented.
- To set nursing facility Medicaid reimbursement through the rate setting process.

PROGRAM CLASSIFICATIONS

- 22. Medical Services for the Aged. Supports medically related services to eligible elderly and disabled individuals including community-based services to clients who would normally be eligible for Medicaid coverage only in an institution. Rebates for hearing aids purchased are provided to persons eligible for Pharmaceutical Assistance to the Aged and Disabled. Home care services are also provided to persons previously ineligible because of income limits.
- 24. Pharmaceutical Assistance to the Aged and Disabled (PAAD). The Pharmaceutical Assistance to the Aged (PAA) Program provides prescription drug benefits to persons over 65 years of age with an income of up to \$9,000 if single or \$12,000 if married. Eligible individuals above these income limits and the

- disabled are funded from the Casino Revenue Fund through the Pharmaceutical Assistance to the Aged and Disabled (PAAD) Program, which provides prescription drug benefits to persons over 65 years of age, or disabled as defined by the Federal Social Security Act, with an income of up to \$19,739 if single or \$24,203 if married. Both programs provide payment to pharmacies for the average wholesale price of prescription drugs (minus 10%) plus a dispensing fee reduced by a recipient co-payment. 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.
- 28. **Lifeline.** The Lifeline Credit Program provides combined gas and electric utility credits of up to \$225 a year to N.J. residents who are eligible for Pharmaceutical Assistance to the Aged and Disabled, Supplemental Security Income, Medicaid only, or Lifeline only. The Tenants Lifeline Assistance Program provides a cash payment of up to \$225 a year to tenants who would be eligible for the Lifeline Credit Program except for the fact that they do not pay their own utility bills. Persons receiving Supplemental Security Income (SSI) who are eligible for this program receive monthly utility supplements totaling \$225 a year included in their SSI checks.
- 55. **Programs for the Aged.** Division of Senior Affairs (C.52:27D-28.1) supports programs which improve the quality of life for New Jersey's older citizens through technical assistance and grants to local entities. Funded programs include congregate and home delivered meals, informational assistance, outreach, personal care, legal services, transportation, telephone reassurance, housekeeping and chore services, and case management. These programs are financed with both State and federal funds. The 21 County Offices on Aging are also supported with State aid.
- 56. Office of the Ombudsman. The Ombudsman for the Institutionalized Elderly (C.52:27G-1 et seq.) receives, investigates and resolves complaints concerning health care facilities serving the elderly, and initiates actions to secure, preserve and promote the health, safety, welfare and the civil and human rights of the institutionalized elderly. The Office reviews requests for the withdrawal or withholding of life-sustaining treatment for persons without advance directives for health care.
- 57. Office of the Public Guardian. The Public Guardian (C.52:27G-20 et seq.) provides guardianship services for elderly adults who have been deemed by the courts to be in need of a guardian or conservator. Services include legal assistance, individualized social service plans, investigations into family/social history, and financial management, dependent on the client's personal needs.

EVALUATION DATA

	Actual FY 2000	Actual FY 2001	Revised FY 2002	Budget Estimate FY 2003
PROGRAM DATA				
Medical Services for the Aged				
Nursing Home Services:				
Per diem	\$103.97	\$109.56	\$114.58	\$119.00
Patient days	11,634,674	11,423,851	11,586,874	11,243,647
Gross annual cost (a)	\$1,209,657,056	\$1,251,597,116	\$1,327,624,000	\$1,337,994,000
Community Care Programs:				
Community Care Program for the Elderly and Disabled				
clients served	4,620	4,933	5,200	5,200
Community Care Program for the Elderly and Disabled	0 50 051 000 (h) 057400000	h) o so too ooo (h))
amount expended	\$ 52,851,082 ^(b)			
Assisted Living/Alternative Family Care Clients served	850	1,350	1,500	1,875
Pharmaceutical Assistance to the Aged and Disabled Pharmaceutical Assistance to the Aged (PAA) Only:				
Average monthly eligibles	26,653	23,920	22,491	21,399
Average monthly prescriptions per eligible	2.35	2.34	2.32	21,399
Annual prescriptions	751,609	671,674	626,149	582,909
Cost per prescription (excludes co-payment)	\$47.95	\$52.11	\$57.60	\$62.79
Gross Cost PAA Program	\$36,039,650	\$35,002,254	\$36,066,208	\$36,600,841
Recoveries (c)	(\$1,643,000)	(\$1,643,000)		
Annual Cost	\$34,458,000	\$33,359,254	\$36,066,208	\$36,600,841
Pharmaceutical Assistance to the Aged & Disabled (PAAD)	, , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	***************************************	,,,,,,,,,
Only:				
Aged				
Average monthly eligibles	137,305	140,023	152,871	166,511
Average monthly prescriptions per eligible	2.68	2.74	2.80	2.82
Annual prescriptions	4,415,742	4,603,956	5,136,466	5,634,732
Cost per prescription (excludes co-payment)	\$48.30	\$53.50	\$59.79	\$65.06
Gross Cost PAAD Program (Aged only)	\$213,280,322	\$246,311,659	\$307,109,278	\$366,595,680
Recoveries (c)	(\$7,188,900)	(\$7,086,600)	(\$8,354,876)	(\$7,188,900)
PAAD manufacturers' rebates (c)	(\$31,229,200)	(\$38,100,000)	(\$43,434,000)	(\$43,434,000)
Net Annual Cost	\$174,862,222	\$201,125,059	\$255,320,402	\$315,972,780
Disabled				
Average monthly eligibles	23,400	24,728	26,809	29,574
Average monthly prescriptions per eligible	3.68	3.64	3.71	3.72
Annual prescriptions	1,031,940	1,080,119	1,193,537	1,320,183
Cost per prescription (excludes co-payment)	\$72.90	\$78.23	\$86.58	\$93.80
Gross Cost PAAD Program (Disabled only)	\$75,228,426	\$84,497,712	\$103,336,406	\$123,833,199
Recoveries	(\$2,111,100)	(\$2,213,400)	(\$2,111,100)	(\$2,111,100)
PAAD manufacturers' rebates (c)	(\$9,170,800)	(\$11,900,000)	(\$13,566,000)	(\$13,566,000)
Net Annual Cost	\$63,946,526	\$70,384,312	\$87,659,305	\$108,156,099
Total Casino Revenue Fund	\$54,464,000 \$218,811,000	\$83,582,000 \$229,918,000	\$134,545,915 \$244,500,000	\$57,859,841 \$255,074,000
Total federal PAAD Waiver (d)	3210,011,000	3223,316,000	3244,300,000	\$147,808,000
				\$147,000,000
Senior Gold Aged				
Average monthly eligibles			27,188	61,972
Average monthly prescriptions per eligible			1.66	1.74
Annual prescriptions			541,585	1,293,975
Cost per prescription (excludes cost sharing)			\$25.92	\$27.51
Gross Cost Senior Gold Program (Aged only)			\$14,037,882	\$35,597,262
PAAD manufacturers' rebates			(\$1,941,836)	(\$4,906,365)
Net Annual Cost			\$12,096,046	\$30,690,897

	Actual	Actual	Revised	Budget Estimate
Pr. 11.1	FY 2000	FY 2001	FY 2002	FY 2003
Disabled			1 917	9.759
Average monthly eligibles			1,217 2.10	2,752 2.20
Annual prescriptions			30,668	72,653
Cost per prescription (excludes cost sharing)			\$27.34	\$28.94
Gross Cost Senior Gold Program (Disabled only)			\$838,474	\$2,102,572
Total General Fund			\$12,934,520	\$32,793,469
			, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
Lifeline				
Lifeline Credit Program				
Population Data				
Pharmaceutical Assistance to the Aged and Disabled .	115,708	114,366	114,000	114,000
Supplemental Security Income	29,585	30,117	30,000	30,000
Medicaid only	9,893	11,287	11,300	11,300
Lifeline only	3,598	3,481	3,500	3,500
Total recipients	158,784	159,251	158,800	158,800
Credit amount	\$225	\$225	\$225	\$225
Tenants Lifeline Assistance Program				
Population Data	04.004	05.000	05.000	05.000
Pharmaceutical Assistance to the Aged and Disabled .	34,224	35,903	35,900	35,900
Supplemental Security Income	112,418	113,295	113,000	113,000
Medicaid only	8,529	8,874	8,900	8,900
Lifeline only	581	783	800	800
Total recipients	155,752	158,855	158,855	158,855
Rebate amount	\$225	\$225	\$225	\$225
Programs for the Aged				
Services and Service Units Provided:	0.044.000	0.004.000	0.400.000	0.400.070
Congregate meals service	2,311,000	2,201,200	2,109,273	2,109,273
Home delivered meals service	2,908,000	3,264,000	3,020,231	3,020,231
Transportation service	1,238,000	1,104,000	1,003,029	1,003,029
Information and referral service	277,000	326,000	353,916	353,916
Telephone reassurance service	336,000	349,000	359,805	359,805
Outreach service	26,000	27,000	27,150	27,150
Personal care service	577,000	595,000	790,563	790,563
Legal service	34,000	28,000	24,575	24,575
Housekeeping and chore services	489,000	486,000	442,902	442,902
Education and training services	11,000	9,000	9,549	9,549
Case management service	87,000	102,000	85,961	85,961
Physical health services	70,000	68,000	53,666	53,666
Congregate Housing Services Program	1.004	1.004	0.404	0.404
Persons served	1,834	1,984	2,434	2,434
Site locations	29	44	64	64
Adult Protective Services	E 250	5 250	E 250	5 250
Persons served	5,350	5,350	5,350	5,350
Health Insurance Counseling	25 000	100 000	74 500	75 000
Clients served	25,000	109,000	74,500	75,000
Security Housing and Transportation Clients served	6 000	7,500	7,376	7 976
	6,000	7,300	7,370	7,376
Gerontology Services Geriatric Patients Served	2 100	4 250	2 051	2.050
	3,100	4,250	3,051	3,050
Alzheimer's Day Care Units Provided	42,000	55,000	57,092	57,092
Persons Trained in Gerontology	3,000	4,000	4,812	4,812
Caregivers Receiving Respite Care	2,500	2,500	3,520	3,520
Office of the Ombudsman				
Office of the Ombudsman	79 500	110 000	100 000	195 000
Institutionalized elderly	72,500	110,000	120,000	125,000
On-site investigations:	950	950	EOO	E77 E
Involving patient funds	250 5 000	250 5 000	500 7.500	575 8 500
Involving care/abuse/neglect	5,000	5,000	7,500	8,500

	Actual FY 2000	Actual FY 2001	Revised FY 2002	Budget Estimate FY 2003
Nursing homes visited	3,200	3,500	4,000	4,500
Boarding homes visited	120	150	200	220
Residential health care/psychiatric and development centers				
visits	250	300	400	425
Cases referred to enforcement agencies	425	475	500	600
Office of the Public Guardian				
Office of the Public Guardian				
Number of inquiries	200	400	450	450
Number of cases handled	1,200	1,400	1,500	1,500
Number of court-appointed cases	150	150	150	150
PERSONNEL DATA				
Position Data				
Filled Positions by Funding Source				
State Supported	246	285	316	337
Federal	149	142	145	163
All Other	22	23	21	22
Total Positions	417	450	482	522
Filled Positions by Program Class				
Medical Services for the Aged	208	232	218	240
Pharmaceutical Assistance to the Aged & Disabled	81	91	137	148
Lifeline	32	30	29	27
Programs for the Aged	56	53	53	62
Ombudsman's Office	17	18	22	23
Office of the Public Guardian	23	26	23	22
Total Positions	417	450	482	522

Notes

Actual payroll counts are reported for fiscal years 2000 and 2001 as of December and revised fiscal year 2002 as of September. The Budget Estimate for fiscal year 2003 reflects the number of positions funded.

Actual fiscal year 2000 and 2001 amounts have been restated to reflect accurate accounts.

- (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 the matching federal funds.
- (c) Rebates and recoveries earned by all portions of the PAA/PAAD program; however, beginning in fiscal year 2002 they are applied only to the PAAD program.
- (d) Fiscal year 2003 reflects the implementation of a federal PAAD Waiver, effective October 1, 2002 which will generate additional rebates. This will offset a portion of the General Fund's PAAD appropriation.

APPROPRIATIONS DATA (thousands of dollars)

Year Ending June 30. 2003 Year Ending June 30, 2001 2002 Orig. & Transfers & Prog. Class. (S)Supple-(E)Emer-Adjusted Recom-Total Reapp. & (R)Recpts. Approp. Requested mended mental gencies Available Expended DIRECT STATE SERVICES **Distribution by Fund and Program** 4,665 2,578 5,668 12,911 12,813 Medical Services for the Aged 22 6,764 6,014 6,014 6,724 611 1,202 8,537 8,345 Pharmaceutical Assistance to the Aged and Disabled 24 7.101 7.029 7.029 1,994 32 9 2,035 2,006 28 2,017 1,967 1,967 1,986 2 117 2,105 2,090 Programs for the Aged 55 1,983 1,919 1,919 1,115 91 1,206 1,196 (From General Fund) 1,112 1,048 1,048 871 2 26 899 894 (From Casino Revenue Fund) 871 871 871 601 601 601 Office of the Ombudsman 56 898 898 898 734 733 Office of the Public Guardian 57 727 727 727 734 16,704 3,223 6,996 26,923 26,588 **Total Direct State Services** 19,490 18,554 18,554 15,833 3,221 6,970 26,024 25,694 18,619 (a) 17,683 17,683 (From General Fund) 871 2 26 899 894 (From Casino Revenue Fund) 871 871 871

	—Year Ending	June 30, 200						Year I ——June 3	Ending 0, 2003——
Orig. & ^(S) Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total	Expended			2002 Adjusted Approp.	Requested	Recom- mended
	-	J		-	DIRECT STATE SERVICES				
					Distribution by Fund and Object				
					Personal Services:				
8,939		599	9,538	9,520	Salaries and Wages		9,611	9,425	9,425
796			796	653	Salaries and Wages (CRF)		658	658	658
				159	Employee Benefits (CRF)		138	138	138
9,735		599	10,334	10,332	Total Personal Services		10,407	10,221	10,221
8,939		599	9,538	9,537	(From General Fund)		9,611	9,425	9,425
<i>796</i>			796	795	(From Casino Revenue Fund)		796	796	796
339		39	378	374	Materials and Supplies		339	339	339
14			14	14	Materials and Supplies (CRF)		14	14	14
1,820		2,604	4,424	4,413	Services Other Than Personal		2,691	2,691	2,691
47		26	73	71	Services Other Than Person-				
0.40		440	~~~	~~~	al (CRF)		47	47	47
849 2		-113 	736 2	706	Maintenance and Fixed Charges Maintenance and Fixed		849	849	849
					Charges (CRF) Special Purpose:		2	2	2
119			119	119	Fiscal Agent - Medical Services for the Aged	22	1,487	737	737
703			703	654	Community Choice/Acuity Audits	22	703	703	703
	2,578	2,783	5,361	5,338	ElderCare Initiatives	22			
2,134	527		2,661	2,591	Payments to Fiscal Agent - PAA	24	2,134	2,134	2,134
		730	730	728	Senior Gold Prescription Assistance Program	24			
100		-100			New Jersey Easy Access Single Point- of- Entry (NJEASE)	55	100	100	100
170			170	166	Arthritis Quality of Life Initiative Act	55	170	170	170
		191	191	191	ElderCare Advisory				
410			410	410	Commission Initiatives Federal Programsforthe Aging	55			
	110	007			(State Share)	55	410	410	410
250	116	237	603	467	Additions, Improvements and Equipment		125	125	125
12	2		14	14	Additions, Improvements and Equipment (CRF)		12	12	12
					GRANTS-IN-AID Distribution by Fund and Program	m			
440,804	1,026	11,762	453,592	156,804	Medical Services for the Aged	22	230,551	291,120	291,120
436,858	1,026	11,762	449,646	154,507	(From General Fund)	~ ~	226,694	287,263	287,263
3,946	1,020		3,946	2,297	(From Casino Revenue Fund)		3,857	3,857	3,857
315,500	59,375	-8,236	366,639	365,099	Pharmaceutical Assistance to the				
	-	_			Aged and Disabled	24	436,280	350,093	350,093
85,582	7,512	-8,236	84,858	83,568	(From General Fund)		178,352	95,019	95,019
229,918	51,863		281,781	281,531	(From Casino Revenue Fund)		257,928	255,074	255,074
85,840		353	86,193	67,993	Lifeline	28	70,840	45,840	45,840
51,171		353	51,524	35,209	(From General Fund)		36,171	11,171	11,171
34,669			34,669	32,784	(From Casino Revenue Fund)		34,669	34,669	34,669

	_Year Ending						205-	Year 1 ——June 3	ending 0, 2003—
Orig. & ^(S) Supple-	Reapp. &	Transfers & ^(E) Emer-	Total				2002 Adjusted	Dogwood	Recom-
mental	(R)Recpts.	gencies	Available	Expended		Class	Approp.	Requested	mende
	0.1.0	0.7	00.070	07.000	GRANTS-IN-AID				00 500
28,624	816	-67	29,373	27,906	Programs for the Aged	55	28,624	28,598	28,598
15,223 13,401	704 112	-41 -26	15,886 13,487	15,886 12,020	(From General Fund) (From Casino Revenue Fund)		14,430 14,194	14,404 14,194	14,404 14,194
15,401			13,407	12,020	(110m Casmo Revenue 1 unu)	_	14,134	14,134	14,134
870,768	61,217	3,812	935,797	617,802	Total Grants-in-Aid		766,295	715,651	715,651
588,834	9,242	3,838	601,914	289,170	(From General Fund)		455,647	407,857	407,857
281,934	51,975	-26	333,883	328,632	(From Casino Revenue Fund)	_	310,648	307,794	307,794
	_				Distribution by Fund and Object				
		40	40		Grants:	0.0			
		40	40		Alternate Family Care	22			
		653	653	412	Assisted Living Residence	22			
		668	668	413	Comprehensive Personal Care Home	22			
		00	00	99	Assisted Living Program (b)	22 22			
585 S		88	88 505	22 505	0 0			13,973	13,973
		2.044	585	585	IGT Administrative Costs	22	05 007	97 970	07 070
25,327		-3,044	22,283	22,283	Community Care Alternatives	22	25,807	27,370	27,370
3,253		- 50	3,203	1,661	Community Care Alterna- tives (CRF)	22	3,253	3,253	3,253
323,748					Payments for Medical				
33,581 S		15,956	373,285	86,270	Assistance Recipients - Nursing Homes ^(c)	22	130,590 8,900 s	167.007	167.003
94.740		£ 900	20 020	20 490	Madical Day Care Sarvices	99	,	167,997	167,997
24,740 9,000		5,288	30,028 9,000	29,480 9,000	Medical Day Care Services Medicaid High Occupancy -	22	32,520	49,046	49,046
10.077	1 000	7 007	10.010	0.040	Nursing Homes	22	9,000	9,000	9,000
19,877	1,026	-7,887	13,016	6,042	ElderCare Initiatives	22	19,877	19,877	19,877
443		50	493	486	Home Care Expansion (CRF)	22	354	354	354
250			250	150	Hearing Aid Assistance for the Aged and Disabled (CRF)	22	250	250	250
	12 7 7 2 2 P	~ ~ ~ ~ ~			Pharmaceutical Assistance to		07.400		22.22
34,082	7,500 R	-7,506	34,088	33,982	the Aged - Claims	24	35,493	36,626	36,626
49,500			49,500	49,500	Pharmaceutical Assistance to the Aged and Disabled -	0.4	67.050		
	2,042				Claims (d) Pharmaceutical Assistance to	24	67,859 25,000 s	21,259	21,259
229,918	49,821 R		281,781	281,531	the Aged and Disabled -				
220,010	10,021		201,.01	201,001	Claims (CRF) (f)	24	257,928	255,074	255,074
2,000 S		-730	1,270	86	Senior Gold Prescription				
34,669			34,669	32,784	Assistance Program Payments for Lifeline	24	50,000	37,134	37,134
36,171					Credits (CRF) Payments for Tenants	28	34,669	34,669	34,669
15,000 S		353	51,524	35,209	Assistance Rebates (e)	28	36,171	11,171	11,171
464			464	464	Arthritis Quality of Life			•	
					Initiative Act	55	464	464	464
7,789			7,789	7,789	Purchase of Social Services	55	8,497	8,497	8,497
3,500		-191	3,309	3,309	ElderCare Advisory Commission Initiatives	55	3,500	3,500	3,500
		150	150	150	Interagency Council on	55			
253			253	253	OsteoporosisSeniors Cost-of-Living Adjustment, Senior Services				
1,428			1,428	1,428	Salary Supplement for Direct	55		339	339
001			001	001	Service Workers	55	750	750	750
681	704		681	681	Alzheimer's Disease Program	55	759	759	759
	704		704	704	Demonstration Adult Day Care				
					CenterProgram-Alzheimer's	E E			
					Disease	55			

	-Year Ending								Ending 80, 2003—
Orig. & ^(S) Supple-	Reapp. &	Transfers (E)Emer-				Prog.	2002 Adjusted		Recom-
mental	(R)Recpts.	gencies		eExpended			Approp.	Requested	mended
					GRANTS-IN-AID				
2,412	71	-26	2,457	2,407	Demonstration Adult Day Care				
					CentelProgram-Alzheimer's Disease (CRF)	55	2,572	2,572	2,572
200			200	200	Adult Day Health Center, St.	33	2,312	2,312	۵,512
					Barnabas Medical Center	55			
					Adult Day Care Center of		0.50		
808			808	808	Somerset County - Facility Adult Protective Services	55 55	250 845	845	845
1,718			1,718	1,718	Adult Protective Ser-	33	040	040	043
1,,10			1,110	1,,10	vices (CRF)	55	1,780	1,780	1,780
					CONTACT Cape - Atlantic	55	15		
1,610			1,610	1,610	Senior Citizen Housing-Safe				
					Housing and Transporta- tion (CRF)	55	1,668	1,668	1,668
100			100	100	HunterdonCountyDepartment	33	1,000	1,006	1,000
100			100	100	of Human Services - LINK				
					Program	55	100		
4,841	41		4,882	4,868	Respite Care for the		- 0-4	- 0-1	
1,870			1,870	467	Elderly (CRF)	55	5,251	5,251	5,251
1,070			1,070	407	Congregate Housing Support Services (CRF)	55	1,938	1,938	1,938
950			950	950	Home Delivered Meals		,	,	,
					Expansion (CRF)	55	985	985	985
					STATE AID				
					Distribution by Fund and Program	m			
5,052	2		5,054	5,047	Programs for the Aged	55	6,964	6,964	6,964
5,052	2		5,054	5,047	Total State Aid		6,964	6,964	6,964
					Distribution by Fund and Object				
~~~			~~~	~~~	State Aid:				
773			773	773	Cost-of-Living Adjustment, Senior Services	55			
1,177	2		1,179	1,172	County Offices on Aging	55	2,775	2,775	2,775
3,102			3,102	3,102	Older Americans Act-State		,	,	,
					Share	55	4,189	4,189	4,189
892,524	64,442	10,808	967,774	649,437	Grand Total State Appropriation		792,749	741,169	741,169
				O'	THER RELATED APPROPRIATIO	NS			
					Federal Funds				
949,072 298,000 <b>s</b>	247	20,000	1,267,319	1 220 000	Medical Services for the Aged	99	1,121,119	1,310,266	1,310,266
290,000	241 	20,000	1,207,319	1,229,900	Pharmaceutical Assistance to	22	1,121,119	1,310,200	1,310,200
					the Aged and Disabled	24		147,808	147,808
41,025					•				
937 <b>S</b>	9,431	4	51,397	43,510	Programs for the Aged	55	44,603	44,828	44,828
420	45		465	424	Office of the Ombudsman Office of the Public Guardian	56 57	420	420	420
900	9,723	20,004	200 1 319 381	201 <b>1,274,123</b>	Total Federal Funds	_	250 <b>1,166,392</b>	250 <b>1,503,572</b>	250 <b>1,503,572</b>
200 1 289 654	il. [ 641]	₩ <b>U,UU</b> 1	1,010,001	1,617,163	All Other Funds	_	1,1 UU,JJ&	1,503,372	1,500,572
200 1 <b>,289,654</b>									
1,289,654	28		000 000	900 099		99			
	28 890,000 <b>R</b>		890,028	890,028	Medical Services for the Aged	22 28	 25 000 <b>S</b>	 25 000	 25 000
1,289,654	28		890,028	890,028		22 28	25,000 s	25,000	 25,000

	—Year Ending	June 30, 200	)1						Ending 30, 2003—	
Orig. & ^(S) Supple- mental	Reapp. & (R)Recpts.	Transfers & ^(E) Emer- gencies	Total	eExpended		Prog. Class.	2002 Adjusted Approp.	Requested	Recom- mended	
				0	THER RELATED APPROPRIATIO	ONS				
	3									
	127 R		130	128	Office of the Ombudsman	56				
	339 R		339	338	Office of the Public Guardian	57	550	550	550	
	890,743		890,743	890,549	Total All Other Funds		25,700	25,700	25,700	
2,182,178	964,908	30,812	3,177,898	2,814,109	GRAND TOTAL ALL FUNDS		1,984,841	2,270,441	2,270,441	
						_				

#### Notes

- (a) The FY2002 appropriation has been adjusted largely for the allocation of salary increments; the remaining salary program costs are budgeted in the Interdepartmental Salary Increases and Other Benefits Account.
- (b) The Assisted Living Program was previously funded out of the Payments for Medical Assistance Recipients Nursing Homes account.
- (c) Due to an enhanced federal match from the Intergovernmental Transfer, the FY2001adjusted amount reflects a \$250 million offset and the FY2002 adjusted amount reflects a \$497.3 million offset. The FY2003 recommended and requested appropriation reflects a \$467 million offset.
- (d) The FY2003 amount represents partial costs of the Pharmaceutical Assistance to the Aged and Disabled program. The remainder is funded by the Casino Revenue Fund. This figure also takes into account a PAAD federal waiver offset of \$147.8 million.
- (e) The FY2003 recommendation will be supplemented by \$25 million from the Housing and Mortgage Finance Agency (HMFA) dedicated revenue fund.
- (f) In FY2001, \$49,500,000 has been shifted to the General Fund and charged to the Tobacco Settlement Trust Fund due to insufficient resources of the Casino Revenue Fund. In FY2002, \$92,859,000 has been shifted to the General Fund. In FY2003, \$165,713,000 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 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 Department of Health and Senior Services may reimburse the county welfare agency in the amount of 25% of the gross recovery.

Notwithstanding any State law to the contrary, any third party as defined in subsection m. of section 3 of P.L.1968, c.413 (C.30:4D-3), writing health, casualty, or malpractice insurance policies in the State or covering residents of this State, shall enter into an agreement with the Department of Health and Senior Services to permit and assist the matching of the Department of Health and Senior Services program eligibility and/or adjudication claims files against that third party's eligibility and/or adjudicated claims files for the purpose of the coordination of benefits, utilizing, if necessary, social security numbers as common identifiers.

The unexpended balances as of June 30, 2002, in the Payments to Fiscal Agent-PAA account are appropriated.

Receipts from the Office of the Public Guardian 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 the Division of Senior Services in the Department of Health and Senior Services, subject to the approval of the Director of the Division of Budget and Accounting. Notice thereof shall be provided to the Legislative Budget and Finance Officer on the effective date of the approved transfer.

All funds recovered pursuant to P.L.1968, c.413 (C.30: 4D-1 et seq.) and P.L.1975, c.194 (C.30: 4D-20 et seq.) during the fiscal year ending June 30, 2003 are appropriated for payments to providers in the same program class from which the recovery originated.

Notwithstanding any other law to the contrary, a sufficient portion of receipts generated or savings realized in Medical Services for the Aged Grants-In-Aid accounts from initiatives included in the fiscal year 2003 Budget may be transferred to administration accounts to fund costs incurred in realizing these additional receipts or savings, subject to the approval of the Director of the Division of Budget and Accounting.

The Division of Medical Assistance and Health Services 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 and Department of Health and Senior Services shall require, in the case of a married individual requiring long-term care services, that the portion of the couple's resources, which are not protected for the needs of the community spouse, be used solely for the purchase of long-term care services.

- Such sums as may be necessary are appropriated from enhanced audit recoveries obtained by the Department of Health and Senior Services to fund the costs of enhanced audit recovery efforts of the Department within the Medical Services for the Aged program classification subject to the approval of the Director of the Division of Budget and Accounting.
- Notwithstanding the provisions of any law to the contrary, no funds appropriated for Medicaid nursing facility reimbursement shall be expended for administrator or assistant administrator costs or non-food general costs in excess of 100% of the median for those cost centers, subject to the notice provisions of 42 CFR. 447.205.
- Notwithstanding any other law to the contrary, effective July 1, 1996, reimbursement for nursing facility services shall be 90% of the per diem rate when a Medicaid beneficiary is hospitalized. These payments shall be limited to be the first ten days of the hospitalization. Medicaid reimbursement for nursing facility services shall be discontinued beyond the tenth day of the hospitalization.
- From the amount appropriated for the Payments for Medical Assistance Recipients-Nursing Home account, funds shall be available to develop and implement a new nursing home rate setting system, subject to the approval of the Director of the Division of Budget and Accounting.
- Notwithstanding the provisions of any law to the contrary, no payment for Medicaid Adult Medical Day Care services shall be provided unless the services are prior authorized by professional staff, designated by the Department of Health and Senior Services, certifying that the individual requires nursing home level of care.
- The funds appropriated here and above for Payments for Medical Assistance Recipients-High Medicaid Occupancy Nursing Homes shall be distributed for patient services among those nursing homes where Medicaid patient day occupancy level is at or above 75%. Each such facility shall receive its distribution through a prospective per diem rate adjustment according to the following formula: E = A Medicaid days/T Medicaid days x 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, 2002; T Medicaid days is the total reported Medicaid days for all affected nursing homes; and F is the total amount of State and federal funds to be distributed. No nursing home shall receive a total allocation greater than the amount lost, due to adjustments in Medicaid reimbursement methodology, which became effective April 1, 1995. Any balances remaining undistributed from the abovementioned amount, shall be deposited in a reserve account in the General Fund.
- The amounts hereinabove appropriated for payments for Pharmaceutical Assistance to the Aged and Disabled and Senior Gold programs, 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) and Senior Gold programs, P.L.1975, c.194 (C.30: 4D-20 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 benefits shall be void, and no PAA/D or Senior Gold payments shall be made as a result of any such provision.
- Notwithstanding the provisions of section 3 of P.L.1975, c.194 (C.30: 4D-22) to the contrary, the co-payment in the Pharmaceutical Assistance to the Aged and Disabled programs shall be \$5.00.
- Notwithstanding the provisions of any law to the contrary, rebates from pharmaceutical manufacturing companies for prescriptions purchased by the Pharmaceutical Assistance to the Aged and Disabled and Senior Gold programs shall continue throughout fiscal year 2003. All revenues from such rebates during the fiscal year ending June 30, 2003, are appropriated for the Pharmaceutical Assistance to the Aged and Disabled and Senior Gold programs.
- Notwithstanding the provisions of any other law or regulation to the contrary, effective July 1, 2002, each prescription order dispensed in the Pharmaceutical Assistance to the Aged and Disabled and Senior Gold programs for Maximum Allowable Cost (MAC) drugs 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 list of drugs substituted shall conform to the Drug Utilization Review Council approved list of substitutable drugs and all other requirements pertaining to drug substitution and federal upper limits for MAC drugs as administered by the State Medicaid Program.
- Notwithstanding the provisions of any law to the contrary, no funds appropriated to the Pharmaceutical Assistance to the Aged and Disabled and Senior Gold programs pursuant to the Act 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.
- Notwithstanding the provisions of any other law or regulation to the contrary, effective July 1, 2002 consistent with the notice provisions of 42 CFR. 447.205 where applicable, no funds appropriated in the Pharmaceutical Assistance to the Aged and Disabled and Senior Gold programs classification shall be expended except under the following conditions: legend and non-legend drugs dispensed by a retail pharmacy shall be limited to a maximum 34 day supply for an initial prescription and a 34 day or 100 unit dose supply, whichever is greater, for any prescription refill.
- Notwithstanding the provisions of any other law or regulation to the contrary, effective July 1, 2002 consistent with the notice provisions of 42 CFR. 447.205 where applicable, no funds appropriated in the Pharmaceutical Assistance to the Aged and Disabled and Senior Gold programs classification shall be expended except under the following conditions: (a) reimbursement for prescription drugs, shall be based on the Average Wholesale Price less a 10% discount; (b) prescription drugs dispensed by a retail pharmacy shall be limited to a maximum 34 day supply for the initial prescription and a 34 day or 100 unit dose supply, whichever is greater, for any prescription refill; and (c) the current prescription drug dispensing fee structure set as a variable rate of \$3.73 to \$4.07 in effect on June 30, 2002 shall remain in effect through fiscal year 2003, including the current increments for patient consultation, impact allowances, and allowances for 24-hour emergency services.

- Notwithstanding any laws to the contrary, payments for Pharmaceutical Assistance for the Aged and Disabled and Senior Gold programs shall not cover quantities of erectile dysfunction impotence therapy medication in excess of four treatments per month. Moreover, payment will only be provided if the diagnosis of erectile dysfunction is written on the prescription form and the treatment is provided to males over the age of 18 years.
- In addition to the amount hereinabove, there are appropriated from the General Fund and available federal matching funds such additional sums as may be required for the payment of claims, credits and rebates, subject to the approval of the Director of the Division of Budget and Accounting.
- Notwithstanding any laws to the contrary, no funds appropriated in the Pharmaceutical Assistance to the Aged and Disabled and Senior Gold programs are available to pharmacies who 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. Beneficiaries are responsible for the applicable PAAD or Senior Gold co-payment.
- At any point during the year and notwithstanding the provisions of any law or regulation, subject to the approval of a plan by the Commissioner of the Department of Health and Senior Services, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled or Senior Gold programs pursuant to the Act 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. 1396 r-8 (a) (c).
- From the amount appropriated hereinabove for the Senior Gold Program, an amount not to exceed \$4,300,000 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.
- There is appropriated to the Department of Health and Senior Services, such sums as are necessary, not to exceed \$10,000,000, to increase the reasonableness limit for total nursing care up to 120% of the median costs in the Medicaid nursing home rate setting system in recognition of the nursing shortage in the State, during State fiscal year 2003, subject to the approval of the Director of the Division of Budget and Accounting.
- Notwithstanding any law to the contrary and subject to the notice provisions of 42 CFR 444.205, 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 (N.J.A.C.10: 63-2.21). The per diem amounts for all other expenses of the enhanced rates will be based upon reasonable base period costs divided by actual base period patient days, but no less than 85 percent of licensed bed days will be used.
- The unexpended balances as of June 30, 2002 in the Payments for Medical Assistance Recipients Nursing Homes account are appropriated, subject to the approval of the Director of the Division of budget and Accounting.

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

- In addition to the amount hereinabove, there are appropriated from the Casino Revenue Fund and available federal matching funds such additional sums as may be required for the payment of claims, credits and rebates, subject to the approval of the Director of the Division of Budget and Accounting.
- All funds recovered under P.L.1968, c.413 (C.30: 4D-1 et seq.) and P.L.1975, c.194 (C.30: 4D-20 et seq.) during the fiscal year ending June 30, 2003, 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.), funds appropriated for the Home Care Expansion (HCE) program 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 HCE program. Individuals enrolled in the HCE program 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 P.L.1979, c.197 (C.48:2-29.15 et seq.), or the provisions of P.L.1981, c.210 (C.48:2-29.30 et seq.), or any other law to the contrary, the benefits of the Lifeline Credit Program and the Tenants' Lifeline Assistance Program may be distributed throughout the entire year from July through June, and are not limited to an October to March heating season, and therefore applications for Lifeline benefits and benefits from the Pharmaceutical Assistance to the Aged and Disabled program may be combined.
- Notwithstanding 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 2003 budget may be transferred to administration accounts to fund costs incurred in realizing these additional receipts or savings, subject to the approval of the Director of the Division of Budget and Accounting.
- The amounts hereinabove appropriated for payments in 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.
- Notwithstanding the provisions of section 3 of P.L.1975, c.194 (C.30:4D-22) to the contrary, the co-payment in the Pharmaceutical Assistance to the Aged and Disabled program shall be \$5.00.
- Notwithstanding the provisions of any law to the contrary, rebates from pharmaceutical manufacturing companies for prescriptions purchased by the Pharmaceutical Assistance to the Aged and Disabled program shall continue throughout fiscal year 2003. All revenues from such rebates during the fiscal year ending June 30, 2003, shall be appropriated for the cost of the Pharmaceutical Assistance to the Aged and Disabled program.
- Notwithstanding the provisions of any other law or regulation to the contrary, effective July 1, 2002, each prescription order dispensed in the Pharmaceutical Assistance to the Aged and Disabled program for Maximum Allowable Cost (MAC) drugs 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 list of drugs substituted shall conform to the Drug Utilization Review Council approved list of substitutable drugs and all other requirements pertaining to drug substitution and federal upper limits for MAC drugs as administered by the State Medicaid Program.
- Notwithstanding the provisions of any law to the contrary, no funds appropriated in the Pharmaceutical Assistance to the Aged and Disabled program pursuant to the Act 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.
- Notwithstanding the provisions of any law or regulation to the contrary, effective July 1, 2002 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 shall be expended except under the following conditions: legend and non-legend drugs dispensed by a retail pharmacy shall be limited to a maximum 34 day supply for an initial prescription and a 34 day or 100 unit dose supply, whichever is greater, for any prescription refill.
- Notwithstanding the provisions of any other law or regulation to the contrary, effective July 1, 2002 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 shall be expended except under the following conditions: (a) reimbursement for prescription drugs, shall be based on the Average Wholesale Price less a 10% discount; (b) prescription drugs dispensed by a retail pharmacy shall be limited to a maximum 34 day supply for an initial prescription and a 34 day or 100 unit dose supply, whichever is greater, for any prescription refill; and (c) the current prescription drug dispensing fee structure set as a variable rate of \$3.73 to \$4.07 in effect on June 30, 2002 shall remain in effect through fiscal year 2003, including the current increments for patient consultation, impact allowances, and allowances for 24-hour emergency services.
- Notwithstanding any laws to the contrary, payments for Pharmaceutical Assistance for the Aged and the Disabled Programs shall not cover 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 any laws to the contrary, no funds appropriated in the Pharmaceutical Assistance to the Aged and Disabled Programs are available to pharmacies who 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. Beneficiaries are responsible for the applicable PAA/D co-payment.
- At any point during the year and notwithstanding the provisions of any law or regulation, subject to the approval of a plan by the Commissioner of the Department of Health and Senior Services, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled or Senior Gold programs pursuant to the Act 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. 1396 r-8 (a) (c).
- The amounts hereinabove for payments for the Lifeline Credit Program and payments for Tenants Lifeline Assistance Rebates 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 Lifeline claims, amounts may be transferred from the various items of appropriation within the Lifeline program classification, subject to the approval of the Director of the Division of Budget and Accounting.
- 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 any law to the contrary, of the amount appropriated hereinabove for Respite Care for the Elderly (CRF) account, \$2,000,000 shall be charged to the Casino Simulcasting Fund.

### **DEPARTMENT OF HEALTH AND SENIOR SERVICES**

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

Notwithstanding the provisions of any 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); P.L. 1997, c.192 (C.26:2H-10); and P.L. 1998, c.43 (C.26:2H-7C) through the annual .53 percent assessment on New Jersey hospitals 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 percent of poverty, and the Infant Mortality Reduction Program. Of the funds remaining, an amount up to \$11,000,000 is available for payments to Federally Qualified Health Centers. Any remaining available funds may be used to fund programs established by section 25 of P.L. 1991, c.187 (C.26:2H-18.47); P.L. 1997, c.192 (C.26:2H-10); and P.L. 1998, c.43 (C.26:2H-7C), as determined by the Commissioner of Health and Senior Services, subject to the approval of the Director of the Division of Budget and Accounting. Any unexpended balance as of June 30, 2002 in the Health Care Subsidy Fund received through the .53 percent annual assessment on hospitals made during fiscal year 2002 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 P.L. 1995, c.133, 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 P.L. 1995, c.133 as determined by the Commissioner of Health and Senior Services and subject to the approval of the Director of the Division of Budget and Accounting.
- Notwithstanding the provisions of any law 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 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 any laws to the contrary, fees, fines, penalties and assessments owed to the Department of Health and Senior Services shall be offset against payments due and owing from other appropriated funds.
- In addition to the amount hereinabove, receipts from the Federal Medicaid (Title XIX) Program for health services related programs throughout the Department of Health and Senior Services are appropriated, subject to the approval of the Director of the Division of Budget and Accounting.

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

- In order to permit flexibility in implementing the ElderCare Initiatives within the Medical Services for the Aged program classification, amounts may be transferred between Direct State Services and Grants-In-Aid accounts, subject to the approval of the Director of the Division of Budget and Accounting. Notice thereof shall be provided to the Legislative Budget and Finance Officer on the effective date of the approved transfer.
- In order to permit flexibility in implementing the ElderCare Advisory Commission Initiatives within the Programs for the Aged program classification, amounts may be transferred between Direct State Services and Grants-In-Aid accounts, subject to the approval of the Director of the Division of Budget and Accounting. Notice thereof shall be provided to the Legislative Budget and Finance Officer on the effective date of the approved transfer.
- There are appropriated such sums as are necessary to counties to satisfy obligations incurred in connection with the execution and delivery of Intergovernmental Transfer Agreements.

### Language Recommendations -- State Aid - General Fund

- From the amounts provided hereinabove for cost of living adjustments throughout the Department of Health and Senior Services, it is intended that these moneys shall be used to fund, at a minimum, a 2.0% cost of living increase for direct service workers' salaries, effective July 1, 2002.
- Notwithstanding any other law to the contrary, there are appropriated such amounts to the Department of Health and Senior Services, subject to the approval of the Director of the Division of Budget and Accounting, as are necessary to pay such supplemental payments in accordance with the Medicaid State Plan amendments to any participating governmental entity for certain Class II Governmental Nursing Facilities. There are appropriated to the Department of Health and Senior Services and the Department of the Treasury such additional sums as are necessary to pay costs incurred by the State Treasurer or any other State agency in connection with the execution and delivery of any agreements authorized under P.L.2000, c.28 (C.30:4D-19.2 et seq.), including the costs of professional services, attorneys and other costs necessary to complete the intergovernmental transfer.
- Such sums as may be necessary are appropriated or transferred from existing appropriations within the Department of Health and Senior Services for the purpose of promoting awareness to increase participation in programs that are administered by the departments, subject to the approval of the Director of the Division of Budget and Accounting.