DEPARTMENT OF HEALTH AND SENIOR SERVICES

OVERVIEW

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

The Department's objectives are to:

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

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

Implement 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

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

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

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

The fiscal 2004 Budget for the Department of Health and Senior Services totals \$839.1 million, a decrease of \$475.1 million, or 36.2%, under the fiscal 2003 adjusted appropriation of \$1.314 billion.

HEALTH SERVICES

Recognizing the fiscal constraints faced by the State, the fiscal 2004 Budget eliminates funding for the following programs: Public Health Priority Funding (\$4.1 million), Local Health Department Information Network (LINCS), St. Barnabas Hospital-Neurology Institute, Emergency Medical Services, Drugs are Ugly and Uncool Campaign, Primary Care Services - Dover Free Clinic, Electronic Death Certificate, Timely Issuance of Export Certificate, Human Exposure to Hazardous Waste, Testing for Specific Hereditary Disease, the Advisory Council to Promote the Profession of Nursing, and Vocational Adjustment Centers. Funding for the Animal Control Program and Rabies Control Program were moved to dedicated accounts where they are supported by fees. Funding for newborn screening will be entirely supported by fees assessed to hospitals. Funding for various antismoking initiatives will be reduced from \$30 million to \$10 million and the program will be focused on preventing young people from taking up the habit. Funding for Tourette Syndrome Association of New Jersey. SIDS Assistance Act, Services to Victims of Huntington's Disease, Chronic Renal Disease Services, Hemophilia Services, Cleft Palate Programs, AIDS Grants, Identification System for Children's Health

and Disabilities, and Medical Waste Management Program have also been reduced.

The fiscal 2004 Budget provides \$18 million in funding for the Cancer Institute of New Jersey, \$2 million less than in fiscal year 2003. Due to fiscal constraints, the funding for Expansion of Cancer Initiatives of \$3.25 million has been eliminated, together with the \$.5 million for the Garden State Cancer Center.

Early Childhood Intervention Program

The Early Childhood Intervention Program is a federal mandated entitlement program which provides services for those infants and toddlers up to age three who may be developmentally delayed. The fiscal 2004 Budget recognizes the historical growth experienced by the program. However, the Budget also assumes that the program will be restructured to reduce costs by \$3.5 million during fiscal 2004 and that \$4.0 million will be transferred from the Catastrophic Illness in Children Relief Fund to offset growth.

SENIOR SERVICES

The fiscal 2004 Budget continues funding for the Department's major programs. Funding is provided to continue the Pharmaceutical Assistance to the Aged and Disabled Program, which provides needed pharmaceutical services to seniors and disabled clients with incomes below \$20,016 if single and \$24,542 if married. Clients are required to pay a \$5.00 copayment for each prescription. The Budget also includes funding for the Senior Gold Program that provides pharmaceutical services to aged and disabled clients with incomes below \$30,016 if single and \$34,542 if married. Senior Gold clients pay a \$15.00 copayment and 50% of the remaining cost of the drug.

The Budget includes a number of changes to the Pharmaceutical Assistance to the Aged and Disabled Program (PAAD) designed to reduce overall program costs, including:

Implementation of a polypharmacy program designed to review the prescriptions of individuals who receive over 10 prescriptions each month. The program is designed to improve the client safety while reducing costs. Estimated savings are \$1.25 million.

A decrease in the reimbursement to pharmacies, which will be based on the Average Wholesale Price (AWP) minus 15%, rather than the current discount of 10%. Estimated savings are \$9.2 million.

Establishment of a mandatory generic substitution program as well as a voluntary mail order program. Estimated savings are \$3.9 million.

Implementation of a preferred drug list, as well as a program for supplemental manufacturer rebates. Estimated savings are \$7.4 million.

Establishment of an Assets Test for beneficiaries. PAAD clients with assets in excess of \$75,000 for single individuals and \$100,000 for married couples will be moved from PAAD to the Senior Gold Program. These clients will, however, continue to receive Lifeline benefits and Hearing Aid Assistance. Estimated savings are \$4.2 million.

The Budget also includes a number of changes in Medicaid nursing home reimbursement. First, the budget includes funding to restore the target occupancy rate for nursing homes to 85%, at a cost of \$2.0 million. In addition, nursing home rates will not be rebased during fiscal 2004 to save \$9.4 million. The rates will, however, be adjusted for inflation.

Finally, the Budget assumes the implementation of an assessment on nursing home days. This assessment will increase federal Medicaid dollars received by the State. Funding for the Arthritis Quality of Life Program and the Elder Care Advisory Commission Initiative is reduced by \$1.2 million.

The Budget reflects a \$330 million increase in federal funding from the Intergovernmental Transfer (IGT) Program, which results in an equivalent lowering of State funding to nursing homes. The Budget also includes funding for an additional 375 Assisted Living slots. The Assisted Living Program provides a cost effective alternative to nursing home care for the Medicaid population.

Lifeline - Energy Assistance

In fiscal year 2004, energy assistance grants provided to senior citizens and the disabled through the Lifeline program will be moved from the Department of Health and Senior Services to the Board of Public Utilities and funded from an assessment on residential and commercial energy bills. Funding and eligibility for the program will not change. An annual total of \$72.4 million will be collected from ratepayers by various public utilities and deposited in the Board of Public Utilities' Universal Service Fund, thus completely offsetting the current State

appropriation for Lifeline. The BPU will administer the program through an interagency agreement with the Department of Health and Senior Services (DHSS) governing the continued use of DHSS' existing Lifeline staff to maximize efficiency. Because the Lifeline program was partially funded from the Casino Revenue Fund (CRF), this shift also provides an opportunity to redirect existing CRF revenue to other pressing needs for seniors and the disabled. This initiative, which includes tenants and homeowners, creates a steady funding source to help New Jersey seniors and disabled pay for the cost of energy.

HEALTH PLANNING and EVALUATION

The fiscal 2004 Budget continues funding for Charity Care payments to hospitals. The State's cost for this program increases by \$25.2 million in fiscal year 2004 due to a reduction in other funding sources utilized for Charity Care.

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DEPARTMENT OF HEALTH AND SENIOR SERVICES

SUMMARY OF APPROPRIATIONS BY FUND

(thousands of dollars)

	——Year F	Ending June 30	0, 2002——				Year En	
Orig. & ^(S) Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended		2003 Adjusted Approp.	Requested	Recom- mended
101,627	7,798	8,512	117,937	96,390	Direct State Services	102,006	67,846	67,846
650,668	235,192	-6,657	879,203	670,203	Grants-In-Aid	879,012	467,150	467,150
38,485		189	38,674	37,541	State Aid	53,134	50,054	50,054
2,079	893		2,972	1,218	Capital Construction	650	620	620
792,859	243,883	2,044	1,038,786	805,352	Total General Fund	1,034,802	585,670	585,670
276,963	66,135		343,098	342,680	Total Casino Revenue Fund	279,464	253,447	253,447
1,069,822	310,018	2,044	1,381,884	1,148,032	GRAND TOTAL	1,314,266	839,117	839,117

SUMMARY OF APPROPRIATIONS BY PROGRAM

(thousands of dollars)

	¥7 ¥		0 2002		ousands of dollars)		Year E	
Orig. &	Year E	Ending June 30 Transfers &				2003	——June 30,	, 2004
(S)Supple- mental	Reapp. & (R)Recpts.	(E)Emer- gencies	Total Available	Expended		Adjusted Approp.	Requested	Recom- mended
					DIRECT STATE SERVICES - GENERAL FU	IND		
					Health Services			
1,506	285	-137	1,654	1,537	Vital Statistics	1,381	1,085	1,085
8,499	272	-49	8,722	7,065	Family Health Services	8,499	4,799	4,799
17,338	1,477	-197	18,618	17,021	Public Health Protection Services	25,489	14,907	14,907
32,102	134	507	32,743	20,753	Addiction Services	30,529	10,487	10,487
8,078	520	253	8,851	8,841	Laboratory Services	8,360	8,089	8,089
3,503		229	3,732	2,901	AIDS Services	2,384	1,900	1,900
71,026	2,688	606	74,320	58,118	Subtotal	76,642	41,267	41,267
					Health Planning and Evaluation			
4,336	1,698	-761	5,273	5,088	Long Term Care Systems	4,271	3,949	3,949
3,007	3,190	-1,418	4,779	2,193	Health Care Systems Analysis	1,541	1,185	1,185
7,343	4,888	-2,179	10,052	7,281	Subtotal	5,812	5,134	5,134
					Health Administration			
6,045	24	2,350	8,419	6,950	Administration and Support Services	5,407	4,876	4,876
		<u> </u>			Senior Services			
6,789	125	3,265	10,179	9,549	Medical Services for the Aged	5,249	4,946	4,946
7,124	73	4,844	12,041	11,578	Pharmaceutical Assistance to the Aged and			
,		ŕ	,	ŕ	Disabled	6,904	9,654	9,654
1,115		187	1,302	1,298	Programs for the Aged	485	462	462
1,451		-553	898	897	Office of the Ombudsman	826	826	826
734		-8	726	719	Office of the Public Guardian	681	681	681
17,213	198	7,735	25,146	24,041	Subtotal	14,145	16,569	16,569
101,627	7,798	8,512	117,937	96,390	Subtotal Direct State Services -			
					General Fund	102,006	67,846	67,846
					DIRECT STATE SERVICES - CASINO REV	ENUE FUNI)	
871	2	50	923	890	Senior Services Programs for the Aged	871	871	871
871	2	50	923	890	Subtotal Direct State Services -			
					Casino Revenue Fund	871	871	871
102,498	7,800	8,562	118,860	97,280	TOTAL DIRECT STATE SERVICES	102,877	68,717	68,717
					GRANTS-IN-AID - GENERAL FUND Health Services			
20,310	6,080	433	26,823	26,337	Family Health Services	15,037	13,271	13,271
4,142	45	-85	4,102	4,097	Public Health Protection Services	23,362	20,804	20,804
29,704	216	1,228	31,148	30,519	Addiction Services	30,287	25,672	25,672
18,561		-344	18,217	17,869	AIDS Services	19,012	17,012	17,012
72,717	6,341	1,232	80,290	78,822	Subtotal	87,698	76,759	76,759
/2,/1/								
			166,390	27,966	Health Planning and Evaluation			

	——Year E	nding June 3	0, 2002				Year En	
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended		2003 Adjusted Approp.	Requested	Recom- mended
217.704	227.667	2.726	441.705	121 (00	Senior Services	(15.762	261 100	261 100
217,794 178,352	227,667 1,184	-3,736 -3,796	441,725	431,609	Medical Services for the Aged	615,763	261,109	261,109
170,332	1,104	-3,790	175,740	116,998	Pharmaceutical Assistance to the Aged and Disabled	133,178	72,941	72,941
15,415		-357	15,058	14,808	Programs for the Aged	14,257	13,025	13,025
411,561	228,851	-7,889	632,523	563,415	Subtotal	763,198	347,075	347,075
650,668	235,192	-6,657	879,203	670,203	Subtotal Grants-In-Aid -			
					General Fund	879,012	467,150	467,150
					GRANTS-IN-AID - CASINO REVENUE FU Health Services	ND		
500			500	500	Family Health Services	500	500	500
					Senior Services			
3,857 257,928	64,374		3,857 322,302	3,477 322,300	Medical Services for the Aged Pharmaceutical Assistance to the Aged and	3,857	31,058	31,058
231,926	04,574		322,302	322,300	Disabled	259,874	209,728	209,728
13,807	1,759	-50	15,516	15,513	Programs for the Aged	14,362	11,290	11,290
275,592	66,133	-50	341,675	341,290	Subtotal	278,093	252,076	252,076
276,092	66,133	-50	342,175	341,790	Subtotal Grants-In-Aid -			
					Casino Revenue Fund	278,593	252,576	252,576
926,760	301,325	-6,707	1,221,378	1,011,993	TOTAL GRANTS-IN-AID	1,157,605	719,726	719,726
					STATE AID - GENERAL FUND Health Services			
27,372		189	27,561	27,561	Family Health Services	41,446	42,946	42,946
4,580			4,580	4,572	Public Health Protection Services	4,580		
31,952		189	32,141	32,133	Subtotal	46,026	42,946	42,946
					Senior Services			_
6,533			6,533	5,408	Programs for the Aged	7,108	7,108	7,108
38,485		189	38,674	37,541	Subtotal State Aid - General Fund	53,134	50,054	50,054
38,485		189	38,674	37,541	TOTAL STATE AID	53,134	50,054	50,054
					CAPITAL CONSTRUCTION			
2,079	754		2,833	1,218	Health Services Laboratory Services	650	620	620
	120		120		Health Administration			
	139		139		Administration and Support Services			
2,079	893		2,972	1,218	Subtotal Capital Construction	650	620	620

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 and health service grants.
- 4. To promote and improve local health delivery services, particularly for low income and minority families, and assist local health agencies in meeting recognized minimum standards of performance.
- 5. To assure the wholesomeness and safety of foods and cosmetics; to prevent food related illnesses and the misbranding, adulteration and illicit tampering of foods and cosmetics; to prevent the spread of animal diseases to man, especially rabies; to enhance the Department's capabilities to protect the citizenry from environmental hazards; to assure the health and safety of youth attending camps and the safety of those persons swimming in recreational waters; to assure a high level of sanitation in health care facilities and various State operated institutions; and to administer animal population control programs.
- 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.
- To detect, prevent and control occupationally related diseases, fatal injuries and hazards in high-risk public and private workplaces.
- To reduce abuse of and dependence on narcotics, alcohol, tobacco and other drugs.
- 10. To provide a comprehensive range of timely and accurate public health, environmental and chemical laboratory analytical and diagnostic services to State and federal agencies, physicians, clinics, hospitals, local health departments, and other health care interests in the identification and control of disease and environmental threats and Biological and Biochemical Terrorism preparedness.
- 11. To improve the quality of performance in New Jersey's clinical laboratories in the specialties of microbiology, blood banking, chemistry, hematology, serology and immunohematology and to serve as a reference resource for all laboratories, clinical and analytical, in New Jersey.
- 12. To reduce the spread of AIDS and HIV infection by providing an integrated continuum of AIDS health and social support services to promote cost-effective treatment, and to expand prevention and education efforts.

- 13. To reduce death and disability by improving response to medical emergencies, by assuring the availability of trained personnel for emergency medical services.
- 14. To ensure the timely identification and treatment of infants with biochemical or metabolic disorders, hearing impairments and/or birth defects.

PROGRAM CLASSIFICATIONS

- 01. Vital Statistics. Collects and records data such as births, deaths and marriages from the 566 local registrars; approves appointment of, instructs and supervises local registrars of vital statistics; receives and processes vital records, searches and makes certified copies of these records (R.S. 26:8-23 et seq.); processes legal changes of name, adoptions and corrections to vital records.
- 02. Family Health Services. Provides funding of specialized medical and rehabilitative services for handicapped children (R.S. 9:13-1 et seq.); provides and promotes family planning and genetic services (R.S. 26:5B), maternal and child health care (C.26:1A-37E) including supplemental nutrition services, prenatal care, child health supervision and screening of newborns for metabolic causes of mental retardation and deafness; administers poison control activities e.g., childhood lead poisoning (C.24:14A-1 et seq.); prenatal services for children; provides financial assistance to persons with hemophilia (C.26:2-87 et seq.); provides financial assistance to persons with chronic renal disease (C.26:2-87 et seq.) and general assistance to persons with other chronic diseases (C.26:1A-92 et seq.); provides assistance to local health departments for the provision of primary and preventive health services; develops community based chronic disease detection programs and supports the special health needs of the geriatric population; 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 2001	Actual FY 2002	Revised FY 2003	Budget Estimate FY 2004
PROGRAM DATA				
Vital Statistics				
Searches	121,964	122,000	122,000	114,000
Certified Copies Issued	77,016	77,000	77,000	88,000
Family Health Services				
Agencies receiving health services grants	235	275	290	290
Handicapped Children				
Physically disabled children receiving services	32,440	37,500	40,000	40,000
Children newly registered with Special Child Health				
Services	8,051	7,809	8,200	8,200
Maternal and Child Health				
Infant mortality rate/1,000 live births	6.4	6.4	6.4	6.4
Infant born to mothers with no prenatal care/1,000 live				
births	0.9	1.3	1.3	1.3
Newborns screened for PKU & hypothyroidism, galactosemia, sickle cell & hearing	111,795	112,666	113,800	113,800
Number of infants to be followed	7,183	8,904	9,000	9,150
Number of infants in early intervention	10,595	12,000	14,000	16,000
HealthStart (prenatal)	31,000	30,103	31,000	34,000
Women assessed for alcohol use/abuse during pregnancy.	7,747	18,105	35,000	35,000
Women, Infants and Children (WIC) receiving services	250,000	251,000	251,000	251,000
Family Planning				
Women in reproductive years applying for and receiving				
services	107,000	108,093	108,000	108,500
Poison Control				
Children screened for lead poisoning	149,233	164,156	220,000	220,000
Number of lead poisoned children identified	7,000	5,616	8,800	8,800
Adult Health				
Adults served with Cystic Fibrosis	84	83	84	84
Health Promotion				
Persons screened and educated for breast cancer	11,603	9,203	10,500	10,500
Persons screened and educated for cervical cancer	11,289	9,583	10,500	10,500
Persons screened and educated for prostate & colorectal				
cancer	11,087	8,555	14,100	14,500
Number of renal patients served	2,028	1,400	1,300	1,200

	Actual FY 2001	Actual FY 2002	Revised FY 2003	Budget Estimate FY 2004
Emergency Medical Services				
Mobile intensive care paramedics certified/recertified	615	775	789	789
Emergency Medical Technicians certified/recertified	7,500	8,000	7,500	7,500
Helicopter response missions	1,475	1,500	1,600	1,600
Mobile intensive care unit's patient charts audited	350	550	650	650
Ambulance/invalid services licensed	375	515	500	500
Ambulance/invalid vehicles licensed	2,550	2,900	3,000	3,000
EMT training agencies certified	59	65	64	64
Public Health Protection Services				
Cancer and Epidemiological Services				
Number of new cancer cases reported	109,003	77,000	77,000	77,000
Number of cumulative cancer reports in master file	1,239,385	1,316,385	1,413,949	1,480,949
Tuberculosis Control				
TB cases on register as of June 30	632	600	535	501
Visits to chest clinics	66,088	64,000	62,100	61,000
Percent of TB patients completing chemotherapy	88%	88%	92%	94%
Sexually Transmitted Diseases (STD)				
Percent of STD clinic patients receiving education about				
HIV infection	75%	75%	75%	75%
Reported cases of early syphilis	210	223	255	280
Syphilis cases (early and late) brought to treatment by				
Department of Health	655	700	790	865
Reported cases of gonorrhea	5,877	8,700	8,900	9,300
Gonorrhea cases brought to treatment by Department of				
Health	2,045	2,500	2,700	2,800
Visits to STD clinics	20,424	21,500	22,700	23,500
Patients receiving diagnostic services	10,077	11,300	12,000	12,400
Consumer Health				
Pet spay/neuter surgeries performed	11,500	11,000	10,000	10,000
Registration of dogs (rabies control)	494,000	460,500	490,000	490,000
Environmental and sanitary inspections and investigations conducted	7,200	7,000	7,000	7,000
Number of food, drug and cosmetic embargoes,				
destructions and recalls	19	20	20	20
Other Communicable Disease Control				
Number of disease cases reported	4,209	6,000	6,500	6,500
Number of investigations of outbreaks	95	100	100	100
Levels of protection for children entering school against:				
Rubella	98%	98%	98%	98%
Measles	98%	98%	98%	98%
Mumps	98%	98%	98%	98%
Polio	98%	98%	98%	98%
Diphtheria	98%	98%	98%	98%
Infectious disease consultations	18,000	18,000	19,000	19,000
Non-outbreak investigations	240	240	280	280
Lyme disease hotline calls	1,600	1,600	1,600	1,600
Public Employees Occupational Safety and Health	ŕ	•	ŕ	,
Complaint inspections conducted	256	270	558	558
Telephone consultations	1,400	1,500	1,400	1,400
Educational seminars presented	68	90	162	162
Right to Know				
Factsheets written or revised	320	300	250	250
Public and private workplaces inspected	845	800	800	800
Telephone consultations	4,230	3,500	3,500	3,500

Decapational Health Surveillance 12,918 10,000 13,000 3,000 2,000 2,000 2,000 2,000 10-depth industrial bargines evaluations 27 75 45 54 54 54 54 54 5		Actual FY 2001	Actual FY 2002	Revised FY 2003	Budget Estimate FY 2004
Educational materials mailed to public 3,121 3,000 3,000 3,000 10-depth industrial hygiene evaluations 27 75 45 45 616 6	Occupational Health Surveillance				
In-depth industrial hygiene evaluations	Exposure and illness reports received	12,918	10,000	13,000	13,000
Follow-up industrial hygiene evaluations	Educational materials mailed to public	3,121	3,000	3,000	3,000
Work-related chronic disease and epidemiology studies 5 5 5 Worker interviews and mailings 287 250 250 Environmental Health Services 35 35 35 Certification of private training agencies 100 100 100 Audits of abbestos and lead training agencies 100 100 100 Ouality assurance inspections in schools 125 125 125 125 Major community health field study on-going 17 10 10 10 Responses to acute environmental emergencies 9 9 9 9 Consultations provided to other agencies and to the public 13 10 10 10 Local health consultations, evaluations, and 21 21 21 00 21 00 21 00 21 00 21 00 21 00 21 00 21 00 21 00 21 00 21 00 21 00 21 00 21 00 21 <t< td=""><td>In-depth industrial hygiene evaluations</td><td>27</td><td>75</td><td>45</td><td>45</td></t<>	In-depth industrial hygiene evaluations	27	75	45	45
Serial Environmental Health Services	Follow-up industrial hygiene evaluations	5	5	0	5
Environmental Health Services	Work-related chronic disease and epidemiology studies .	5	5	5	5
Certification of private training agencies 35 35 35 Addits of abbestos and lead training agencies 100 100 100 100 Quality assurance inspections in schools 125 125 125 125 Major community health field study on-going 17 16 16 16 Telephone consultations 4150 41,00 41,00 41,00 Responses to acute environmental emergencies 9 9 9 9 Consultations provided to other agencies and to the public 13 10 10 10 Local health consultations, evaluations, and training services. 7,585 8,394 9,355 9,226 Addiction Services 7,585 8,394 9,355 9,226 Addiction Services 21,000	Worker interviews and mailings	287	250	500	500
Audits of asbestos and lead training agencies 100 100 100 Quality assurance inspections in schools 125 125 125 Major community health field study on-going 17 16 16 16 Responses to acute environmental emergencies 9 9 9 9 9 Responses to acute environmental emergencies 7,585 8,394 9,355 9,926 Consultations provided to other agencies and to the public 13 10 10 10 Local health consultations, evaluations, and training services 7,585 8,394 9,355 9,926 Addiction Services 8 8,394 9,355 9,926 Addiction Services 8 40,000	Environmental Health Services				
Quality assurance inspections in schools. 125 125 125 Major community health field study on-going 17 16 16 16 Telephone consultations 4,150 4,100 4,100 4,100 Responses to acute environmental emergencies 9 9 9 9 Consultations provided to other agencies and to the public 13 10 10 10 Local health consultations, evaluations, and training services. 7,585 8,394 9,355 9,926 Addiction Services 21,000 21	Certification of private training agencies	35	35	35	35
Major community health field study on-going 17 16 16 16 Telephone consultations 4,150 4,100 4,100 4,100 Responses to acute environmental emergencies 9 9 9 9 Consultations provided to other agencies and to the public 13 10 10 10 Local health consultations, evaluations, and training services 7,585 8,394 9,355 9,926 Addiction Services 7,585 8,394 9,355 9,926 Addiction Services 21,000 21,000 21,000 21,000 Drug treatment admissions - primary alcohol 21,000 40,000 40,000 40,000 40,000 40,000 40,000 40,000 40,000 40,000 40,000 40,000 21,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 12,500 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 </td <td>Audits of asbestos and lead training agencies</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td>	Audits of asbestos and lead training agencies	100	100	100	100
Telephone consultations	Quality assurance inspections in schools	125	125	125	125
Responses to acute environmental emergencies 9 0 1 <td>Major community health field study on-going</td> <td>17</td> <td>16</td> <td>16</td> <td>16</td>	Major community health field study on-going	17	16	16	16
Consultations provided to other agencies and to the public Local health consultations, and training services 7,885 8,394 9,355 9,926 Addiction Services 7,885 8,394 9,355 9,926 Addiction Services 21,000 21,000 21,000 21,000 21,000 21,000 40,000 Drug treatment admissions - primary other drugs 40,000 40,000 40,000 40,000 40,000 30,000<	Telephone consultations	4,150	4,100	4,100	4,100
Local health consultations, evaluations, and training services. 7,585 8,394 9,355 9,926	Responses to acute environmental emergencies	9	9	9	9
Addiction Services 7,885 8,394 9,355 9,926 Addiction Services 3 21,000 21,000 21,000 21,000 21,000 21,000 21,000 21,000 21,000 21,000 21,000 21,000 21,000 40,000 40,000 40,000 40,000 40,000 40,000 40,000 40,000 40,000 40,000 40,000 20,000 3,		13	10	10	10
Addiction Services Prug treatment admissions – primary alcohol 21,000 21,000 21,000 21,000 21,000 21,000 21,000 21,000 21,000 21,000 21,000 21,000 21,000 21,000 21,000 21,000 21,000 21,000 21,500 12,500 12,500 12,500 12,500 12,500 12,500 3,000		7.585	8.394	9.355	9,926
Drug treatment admissions - primary alcohol 21,000 21,000 21,000 21,000 21,000 40,000 40,000 40,000 40,000 40,000 40,000 40,000 40,000 40,000 40,000 40,000 40,000 40,000 40,000 40,000 21,500 12,500 12,500 12,500 12,500 3,000	8	.,	,	,	,
Drug treatment admissions - primary other drugs 40,000 40,000 40,000 40,000 Adult hospital detoxification admissions 12,500 12,500 12,500 3,000 Adult residential detoxification admissions 3,000 3,000 3,000 3,000 Adult residential admissions 8,900 8,900 8,900 8,900 Adult out-patient admissions 33,000 33,000 33,000 33,000 Juvenile treatment admissions 250 250 250 Juvenile hospital detoxification admissions 90 90 90 90 Juvenile residential admissions 1,200 1,500 1,500 1,500 Juvenile residential detoxification admissions 3,100 3,100 3,100 3,100 Juvenile residential admissions 3,100 3,500 3,00 90 Juvenile residential admissions 3,100 1,500 1,500 Juvenile residential detoxification admissions 3,100 1,500 Juvenile residential detoxification admissions 3,100 3,100 Juveni		21.000	21.000	21.000	21.000
Adult hospital detoxification admissions 12,500 12,500 12,500 Adult residential detoxification admissions 3,000 3,000 3,000 3,000 Adult residential admissions 8,900 8,900 8,900 Adult out-patient admissions 33,000 33,000 33,000 Juvenile treatment admissions 250 250 250 Juvenile residential detoxification admissions 20 90 90 90 Juvenile residential admissions 1,200 1,500 1,500 3,100 Juvenile residential admissions 3,100 3,100 3,100 3,100 Juvenile residential admissions 1,200 1,500 1,500 1,500 Juvenile out-patient admissions 3,100 3,100 3,100 3,100 Juvenile residential admissions 3,100 1,500 1,500 1,500 Juvenile residential admissions 3,100 1,500 1,500 1,500 Juvenile residential admissions 3,100 1,500 1,500 1,500 1,500 1,500		· ·	,	,	· ·
Adult residential detoxification admissions 3,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 1,000 1,000 1,000 1,000 1,500 </td <td></td> <td>*</td> <td>*</td> <td>· ·</td> <td>· · · · · · · · · · · · · · · · · · ·</td>		*	*	· ·	· · · · · · · · · · · · · · · · · · ·
Adult residential admissions 8,900 8,900 8,900 3,900 Adult out-patient admissions 33,000 33,000 33,000 33,000 Juvenile treatment admissions 250 250 250 250 Juvenile hospital detoxification admissions 90 90 90 90 Juvenile residential admissions 1,200 1,500 1,500 1,500 Juvenile residential admissions 3,100 3,100 3,100 3,100 Juvenile out-patient admissions 3,100 3,100 3,100 3,100 Juvenile out-patient admissions 3,100 3,100 3,100 3,100 Juvenile out-patient admissions 3,100 3,100 3,100 3,100 3,100 Juvenile out-patient admissions 3,100 3,100 3,100 3,100 3,100 3,100 3,100 3,100 3,100 3,100 3,100 3,100 3,100 3,100 3,100 3,100 3,100 3,100 19,000 19,000 19,000 19,000 19,000		· ·	*	,	*
Adult out-patient admissions 33,000 33,000 33,000 33,000 30,000 Juvenile treatment admissions 4,700 5,000 5,000 5,000 Juvenile hospital detoxification admissions 250 250 250 Juvenile residential defoxification admissions 90 90 90 90 Juvenile exidential admissions 1,200 1,500 1,500 3,100 Juvenile out-patient admissions 3,100 3,100 3,100 3,100 Juvenile out-patient admissions 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 3,000 <td< td=""><td></td><td>· ·</td><td>*</td><td>,</td><td>,</td></td<>		· ·	*	,	,
Juvenile treatment admissions 4,700 5,000 5,000 5,000 Juvenile hospital detoxification admissions 250 250 250 250 Juvenile residential admissions 90 90 90 90 Juvenile residential admissions 1,200 1,500 1,500 1,500 Juvenile out-patient admissions 3,100 3,100 3,100 3,100 3,100 3,100 1,500		*	*	,	*
Juvenile hospital detoxification admissions 250 250 250 Juvenile residential detoxification admissions 90 90 90 90 Juvenile residential admissions 1,200 1,500 1,500 1,500 Juvenile out-patient admissions 3,100 3,100 3,100 3,100 Intoxicated driver cases processed 24,000 24,000 24,000 24,000 Individuals given information and referral 45,000 45,000 45,000 45,000 Laboratory Services The security of the securi	•	· ·	*	,	*
Juvenile residential detoxification admissions 90 90 90 90 Juvenile residential admissions 1,200 1,500 1,500 3,100 3,100 Juvenile out-patient admissions 3,100 24,000 24,000 24,000 24,000 Individuals given information and referral 45,000 45,000 45,000 45,000 Laboratory Services 8 8 195,000 195,000 Inborn Errors of Metabolism 186,478 186,863 195,000 195,000 Inborn Errors of Metabolism 132,347 132,710 140,000 145,000 Chemistry Asbestos samples examined 368 439 150 150 Occupational health samples examined 3,645 4,195 4,000 4,000 Narcotic samples examined 25,056 215,232 226,000 237,300 Potable water samples examined 2,195 3,040 3,000 3,000 Food and milk samples examined 4,456 5,038 5,600 5,600 Blood lead samples examine		· ·	*	,	*
Juvenile residential admissions 1,200 1,500 1,500 1,500 Juvenile out-patient admissions 3,100 3,100 3,100 3,100 3,100 Intoxicated driver cases processed 24,000 24,000 24,000 24,000 24,000 Individuals given information and referral 45,000 45,000 45,000 45,000 Laboratory Services 8 8 195,000 195,000 Inborn Errors of Metabolism 8 186,863 195,000 195,000 Specimens performed 132,347 132,710 140,000 145,000 Chemistry 8 439 150 150 Occupational health samples examined 0 3 25 25 Sewage, stream & trade waste samples examined 252,056 215,232 226,000 237,300 Narcotic samples examined 2,195 3,040 3,000 3,000 Potable water samples examined 2,195 3,040 3,000 5,000 Blood lead samples examined 7,924 8,791					
Juvenile out-patient admissions 3,100 3,100 3,100 24,000 45,000 45,000 45,000 45,000 45,000 45,000 25,000 195,000 145,000 145,000 145,000 145,000 145,000 145,000 195,000 195,000 195,000 195,000 195,000 150,000 150,000 150,000 150,000					
Intoxicated driver cases processed 24,000 24,000 24,000 24,000 24,000 100		· ·	*	,	*
Individuals given information and referral 45,000 45,000 45,000 Laboratory Services Bacteriology Specimens analyzed 186,478 186,863 195,000 195,000 Inborn Errors of Metabolism 368 132,347 132,710 140,000 145,000 Chemistry 368 439 150 150 Occupational health samples examined 0 3 25 25 Sewage, stream & trade waste samples examined 3,645 4,195 4,000 4,000 Narcotic samples examined 252,056 215,232 226,000 237,300 Potable water samples examined 2,195 3,040 3,000 3,000 Food and milk samples examined 4,456 5,038 5,600 5,600 Blood lead samples examined 7,924 8,791 9,000 9,000 Clinical Laboratory Services 1,194 1,300 1,375 1,375 Proficiency test samples (percent acceptable) 95% 95% 95% Proficiency test samples reviewed 53,729 <	•	· ·	*	,	*
Descriptor Des	-	· ·	*	,	*
Bacteriology Specimens analyzed	<u> </u>	45,000	43,000	45,000	45,000
Specimens analyzed 186,478 186,863 195,000 195,000 Inborn Errors of Metabolism 32,347 132,710 140,000 145,000 Chemistry 368 439 150 150 Occupational health samples examined 0 3 25 25 Sewage, stream & trade waste samples examined 3,645 4,195 4,000 4,000 Narcotic samples examined 252,056 215,232 226,000 237,300 Potable water samples examined 2,195 3,040 3,000 3,000 Food and milk samples examined 4,456 5,038 5,600 5,600 Blood lead samples examined 7,924 8,791 9,000 9,000 Clinical Laboratory Services 21 21 21 21 21 21 21 21 21 21 21 21 21 21 22 22 20 20 23 23 23 30 30 30 30 30 30 30 30					
Inborn Errors of Metabolism Specimens performed 132,347 132,710 140,000 145,000 Chemistry Sabestos samples examined 368 439 150 150 150 Occupational health samples examined 0 3 25 25 25 Sewage, stream & trade waste samples examined 3,645 4,195 4,000 4,000 Narcotic samples examined 252,056 215,232 226,000 237,300 Potable water samples examined 2,195 3,040 3,000 3,000 Food and milk samples examined 4,456 5,038 5,600 5,600 Blood lead samples examined 4,456 5,038 5,600 5,600 Blood lead samples examined 7,924 8,791 9,000 9,000 Clinical Laboratory Services Clinical Laboratories licensed 1,194 1,300 1,375 1,375 Proficiency test samples (percent acceptable) 95% 95% 95% 95% 95% 95% Proficiency test samples reviewed 53,729 57,279 57,000 57,000 Blood banks inspected 78 84 84 84 Clinical laboratory inspections 382 282 323 320 Blood banks licensed 193 178 185 185		186 478	186 863	195 000	195 000
Specimens performed 132,347 132,710 140,000 145,000 Chemistry Asbestos samples examined 368 439 150 150 Occupational health samples examined 0 3 25 25 Sewage, stream & trade waste samples examined 3,645 4,195 4,000 4,000 Narcotic samples examined 252,056 215,232 226,000 237,300 Potable water samples examined 2,195 3,040 3,000 3,000 Food and milk samples examined 4,456 5,038 5,600 5,600 Blood lead samples examined 7,924 8,791 9,000 9,000 Clinical Laboratory Services 7 7,924 8,791 9,000 9,000 Clinical Laboratories licensed 1,194 1,300 1,375 1,375 Proficiency test samples (percent acceptable) 95% 95% 95% 95% Proficiency test samples reviewed 53,729 57,279 57,000 57,000 Blood banks inspected 78 84	•	100,470	100,003	175,000	155,000
Chemistry Asbestos samples examined 368 439 150 150 Occupational health samples examined 0 3 25 25 Sewage, stream & trade waste samples examined 3,645 4,195 4,000 4,000 Narcotic samples examined 252,056 215,232 226,000 237,300 Potable water samples examined 2,195 3,040 3,000 3,000 Food and milk samples examined 4,456 5,038 5,600 5,600 Blood lead samples examined 7,924 8,791 9,000 9,000 Clinical Laboratory Services 2 2 2 2 3,75 1,375 Proficiency test samples (percent acceptable) 95% 95% 95% 95% 95% Proficiency test samples reviewed 53,729 57,279 57,000 57,000 Blood banks inspected 78 84 84 84 Clinical laboratory inspections 382 282 323 320 Blood banks licensed 193 178 185 185		132 347	132 710	140 000	145 000
Asbestos samples examined 368 439 150 150 Occupational health samples examined 0 3 25 25 Sewage, stream & trade waste samples examined 3,645 4,195 4,000 4,000 Narcotic samples examined 252,056 215,232 226,000 237,300 Potable water samples examined 2,195 3,040 3,000 3,000 Food and milk samples examined 4,456 5,038 5,600 5,600 Blood lead samples examined 7,924 8,791 9,000 9,000 Clinical Laboratory Services 2 2 2 1,375 1,375 Proficiency test samples (percent acceptable) 95% 95% 95% 95% 95% Proficiency test samples reviewed 53,729 57,279 57,000 57,000 Blood banks inspected 78 84 84 84 Clinical laboratory inspections 382 282 323 320 Blood banks licensed 193 178 185 185		132,347	132,710	140,000	143,000
Occupational health samples examined 0 3 25 25 Sewage, stream & trade waste samples examined 3,645 4,195 4,000 4,000 Narcotic samples examined 252,056 215,232 226,000 237,300 Potable water samples examined 2,195 3,040 3,000 3,000 Food and milk samples examined 4,456 5,038 5,600 5,600 Blood lead samples examined 7,924 8,791 9,000 9,000 Clinical Laboratory Services Clinical laboratories licensed 1,194 1,300 1,375 1,375 Proficiency test samples (percent acceptable) 95% 95% 95% 95% Proficiency test samples reviewed 53,729 57,279 57,000 57,000 Blood banks inspected 78 84 84 84 Clinical laboratory inspections 382 282 323 320 Blood banks licensed 193 178 185 185	•	368	130	150	150
Sewage, stream & trade waste samples examined 3,645 4,195 4,000 4,000 Narcotic samples examined 252,056 215,232 226,000 237,300 Potable water samples examined 2,195 3,040 3,000 3,000 Food and milk samples examined 4,456 5,038 5,600 5,600 Blood lead samples examined 7,924 8,791 9,000 9,000 Clinical Laboratory Services 20,000 20,000 1,375	•				
Narcotic samples examined 252,056 215,232 226,000 237,300 Potable water samples examined 2,195 3,040 3,000 3,000 Food and milk samples examined 4,456 5,038 5,600 5,600 Blood lead samples examined 7,924 8,791 9,000 9,000 Clinical Laboratory Services Clinical laboratories licensed 1,194 1,300 1,375 1,375 Proficiency test samples (percent acceptable) 95% 95% 95% 95% Proficiency test samples reviewed 53,729 57,279 57,000 57,000 Blood banks inspected 78 84 84 84 Clinical laboratory inspections 382 282 323 320 Blood banks licensed 193 178 185 185	•				
Potable water samples examined 2,195 3,040 3,000 3,000 Food and milk samples examined 4,456 5,038 5,600 5,600 Blood lead samples examined 7,924 8,791 9,000 9,000 Clinical Laboratory Services 2 2 2 2 2 2 2 2 3 2 9,000 9,000 2 2 0		,		,	
Food and milk samples examined 4,456 5,038 5,600 5,600 Blood lead samples examined 7,924 8,791 9,000 9,000 Clinical Laboratory Services Clinical laboratories licensed 1,194 1,300 1,375 1,375 Proficiency test samples (percent acceptable) 95% 95% 95% 95% Proficiency test samples reviewed 53,729 57,279 57,000 57,000 Blood banks inspected 78 84 84 84 Clinical laboratory inspections 382 282 323 320 Blood banks licensed 193 178 185 185	•	*		,	
Blood lead samples examined 7,924 8,791 9,000 9,000 Clinical Laboratory Services Clinical laboratories licensed 1,194 1,300 1,375 1,375 Proficiency test samples (percent acceptable) 95% 95% 95% 95% Proficiency test samples reviewed 53,729 57,279 57,000 57,000 Blood banks inspected 78 84 84 84 Clinical laboratory inspections 382 282 323 320 Blood banks licensed 193 178 185 185	•	· ·	ŕ	· ·	· ·
Clinical Laboratory Services Clinical laboratories licensed 1,194 1,300 1,375 1,375 Proficiency test samples (percent acceptable) 95% 95% 95% 95% Proficiency test samples reviewed 53,729 57,279 57,000 57,000 Blood banks inspected 78 84 84 84 Clinical laboratory inspections 382 282 323 320 Blood banks licensed 193 178 185 185		· ·	*	,	*
Clinical laboratories licensed 1,194 1,300 1,375 1,375 Proficiency test samples (percent acceptable) 95% 95% 95% 95% Proficiency test samples reviewed 53,729 57,279 57,000 57,000 Blood banks inspected 78 84 84 84 Clinical laboratory inspections 382 282 323 320 Blood banks licensed 193 178 185 185	-	7,924	0,791	9,000	9,000
Proficiency test samples (percent acceptable) 95% 95% 95% Proficiency test samples reviewed 53,729 57,279 57,000 57,000 Blood banks inspected 78 84 84 84 Clinical laboratory inspections 382 282 323 320 Blood banks licensed 193 178 185 185	•	1 104	1 300	1 375	1 375
Proficiency test samples reviewed 53,729 57,279 57,000 57,000 Blood banks inspected 78 84 84 84 Clinical laboratory inspections 382 282 323 320 Blood banks licensed 193 178 185 185		*		· ·	ŕ
Blood banks inspected 78 84 84 Clinical laboratory inspections 382 282 323 320 Blood banks licensed 193 178 185 185	· · · · · · · · · · · · · · · · · · ·				
Clinical laboratory inspections 382 282 323 320 Blood banks licensed 193 178 185 185		*	*	· ·	*
Blood banks licensed					
	• •				
Sciology		193	1/0	103	103
Positing correspondents for symbility 24 407 24 224 40 000		24 407	24 224	40,000	40.000
Routine screen tests for syphilis	••	34,497	34,324	40,000	40,000
Virology Specimens analyzed 120,950 122,282 123,000 123,000	<u>.</u>	120,950	122,282	123,000	123,000

	Actual FY 2001	Actual FY 2002	Revised FY 2003	Budget Estimate FY 2004
AIDS Services				
Number of clients tested and counseled	62,577	61,969	62,750	62,750
Contact tracing of individuals	774	500	900	900
Drug treatment clients and sex partners served	18,062	17,337	18,000	18,000
Hotline network calls	10,561	9,433	10,000	10,500
Living AIDS clients	16,099	15,931	17,500	18,000
HIV positive clients	14,401	13,836	19,500	20,500
Clients receiving early intervention services	9,109	9,894	9,800	9,800
Individuals reached/HIV training	4,061	3,320	3,000	3,500
AIDS Drug Distribution Program clients served	5,500	5,915	6,000	6,000
PERSONNEL DATA				
Position Data				
Filled Positions by Funding Source				
State Supported	401	423	389	385
Federal	538	547	489	516
All Other	58	56	51	92
Total Positions	997	1,026	929	993
Filled Positions by Program Class				
Vital Statistics	55	56	51	53
Family Health Services	203	210	201	197
Public Health Protection Services	309	331	300	341
Alcoholism, Drug Abuse and Addiction Services	156	165	139	128
AIDS Services	150	148	127	134
Laboratory Services	124	116	111	140
Total Positions	997	1,026	929	993

Notes:

Actual payroll counts are reported for fiscal years 2001 and 2002 as of December and revised fiscal year 2003 as of September. The Budget Estimate for fiscal year 2004 reflects the number of positions funded.

APPROPRIATIONS DATA (thousands of dollars)

Orig. &	—Year Ending	June 30, 2002 Transfers &			,		2003	Year En ——June 30,	
(S)Supple- mental	Reapp. & (R)Recpts.	(E)Emer- gencies	Total Available	Expended		Prog. Class.	Adjusted	Requested	Recom- mended
					DIRECT STATE SERVICES				
					Distribution by Fund and Program				
1,506	285	-137	1,654	1,537	Vital Statistics	01	1,381	1,085	1,085
8,499	272	-49	8,722	7,065	Family Health Services	02	8,499	4,799	4,799
17,338	1,477	-197	18,618	17,021	Public Health Protection Services	03	25,489	14,907	14,907
32,102	134	507	32,743	20,753	Addiction Services	04	30,529	10,487	10,487
8,078	520	253	8,851	8,841	Laboratory Services	08	8,360	8,089	8,089
3,503		229	3,732	2,901	AIDS Services	12	2,384	1,900	1,900
71,026	2,688	606	74,320	58,118	Total Direct State Services		76,642 (a)	41,267	41,267
			· · · · · · · · · · · · · · · · · · ·		Distribution by Fund and Object Personal Services:	_			
17,039	$^{2}_{1,398}$ R	115	18,554	18,529	Salaries and Wages		16,045	15,034	15,034
17,039	1,400	115	18,554	18,529	Total Personal Services	_	16,045	15,034	15,034
2,508	2	- 91	2,419	2,348	Materials and Supplies		2,448	2,448	2,448
1,121	1	516	1,638	1,589	Services Other Than Personal		1,029 1,000 s	1,029	1,029
209		-10	199	189	Maintenance and Fixed Charges Special Purpose:		194	169	169
250			250	134	Electronic Death Certificate	01	125		

	—Year Ending	June 30, 2002-						Year En	
Orig. & ^(S) Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total	e Expended			2003 Adjusted Approp.	Requested	Recom-
	-			•	DIRECT STATE SERVICES			•	
87			87	86	WIC Farmers Market Program	02	87	87	87
90 s			90	90	Breast Cancer Public Awareness Campaign	02	90	90	90
	27		27		Interagency Council on Osteoporosis	02			
900	8		908	654	Identification System for Children's Health and	02	000	200	200
500			500	500	Disabilities Public Awareness Campaign	02 02	900 500	300 500	300 500
2,700	234		2,934	2,524	for Black Infant Mortality Cancer Screening - Early Detection and Education	02	300	300	300
3,100			3,100	2,183	Program Newborn Screening, Follow-up	02	2,700	2,700	2,700
ŕ	2		,	ŕ	and Treatment	02	3,100		
	3		3		Postpartum Depression - Public Awareness Campaign Advisory Council to Promote	02			
50			50	49	the Profession of Nursing Timely Issuance of Export of	03	25		
200	1		201	188	Certificates of Free Sale Evaluation of Human Exposure	03	50		
1,450 S			1,450	1,426	to Hazardous Waste New Jersey Domestic Security	03	200		
					Preparedness Medical Emergency Disaster	03	1,450	1,450	1,450
					Preparedness for Bioterror- ism	03	5,000 S		
400			400	322	Cancer Registry	03	400	400	400
					Cancer Investigation and Education	03	500	500	500
					Expansion of Cancer Initiatives	03	3,250		
80			80	80	West Nile Virus - Public Health	03	80		
50			50	50	Emergency Medical Services for Children	03	50	50	50
1,000 817	92		1,092 817	1,042 747	New Jersey State Commission on Cancer Research Medical Waste Management	03	1,000	1,000	1,000
017	128		017	/4/	Program	03	874	774	774
502	18 R		648	553	Rabies Control Program (b)	03	460		
557	639		1,196	520	Animal Population Control Program ^(b)	03	349		
300			300	1 044	Animal Population Control Expansion	03			
2,046	4		2,050	1,844	Worker and Community Right to Know	03	2,046	2,046	2,046
200			200	199	New Jersey Coalition to Promote Cancer Prevention, Early Detection & Treatment	03	200	200	200
60			60		Division of Infectious and Zoonotic Disease Field Investigator	03			
8,700			8,700	2,689	Smoking Cessation Programs for Addicted Adults and				
3,000	129		3,129	1,919	Youth Research, Surveillance, Evaluation & Assistance for	04	8,700		
7,000			7,000	6,476	Anti-Smoking Programs Community Based Tobacco	04	3,000		
,,000			7,500	0,770	Control Programs	04	7,000		

0.1.0	—Year Ending	June 30, 2002						Year Er ——June 30,	
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended			2003 Adjusted Approp.	Requested	Recom-
	100pts	generes		2penaea	DIDECT STATE SEDVICES	0141551	ppsp.	21041105110	
11 200	1		11 201	0 207	School Board Brograms and				
11,300	1		11,301	8,287	School Based Programs and Youth Anti-Smoking	04	11,300	6,000	6,000
					Anti-Smoking Programs	04		4,000	4,000
1,570 S		75	1,645	420	Drug Court Substance Abuse Treatment Programs (c)	04			
1,800 S			1,800	1,792	New Jersey Domestic Security		1 000	1 000	1.000
690			690	689	Preparedness	08 08	1,800 690	1,800 690	1,800 690
750			750		West Nile Virus - Laboratory HIV/AIDS Education and	00	090	090	090
					Discharge Program	12			
	1	1	2		Additions, Improvements and Equipment				
					GRANTS-IN-AID				
					Distribution by Fund and Program				
20,810	6,080	433	27,323	26,837	Family Health Services	02	15,537	13,771	13,77
20,310	6,080	433	26,823	26,337	(From General Fund)		15,037	13,271	13,27.
500			500	500	(From Casino Revenue Fund)		500	500	500
4,142	45	-85	4,102	4,097	Public Health Protection Services	03	23,362	20,804	20,80
29,704	216	1,228	31,148	30,519	Addiction Services	04	30,287	25,672	25,67
18,561		-344	18,217	17,869	AIDS Services	12	19,012	17,012	17,012
73,217	6,341	1,232	80,790	79,322	Total Grants-in-Aid		88,198	77,259	77,25
72,717	6,341	1,232	80,290	78,822	(From General Fund)		87,698	76,759	76,75
500			500	500	(From Casino Revenue Fund)		500	500	500
					Distribution by Fund and Object				
					Grants:				
3,685			3,685	3,685	Family Planning Services	02	4,180	3,980	3,980
987 125			987	979 125	Hemophilia Services	02	1,043	939	93
123			125	123	Testing for Specific Hereditary Diseases	02	133		
1,854			1,854	1,854	Special Health Services for Handicapped Children	02	2,059	2,059	2,05
402			402	402	Chronic Renal Disease Services	02	424	383	383
297			297	297	Pharmaceutical Services for				
					Adults With Cystic Fibrosis	02	308	308	308
25			25	25	Birth Defects Registry	02	25	25	23
500			500	500	Statewide Birth Defects Registry (CRF)	02	500	500	500
	3		3		Interagency Council on Osteoporosis	02			
429		361	790	786	Cost of Living Adjustment,				
1,290		97	1,387	1,376	Family Health Services Cost of Living Adjustment,	02	(d)		
1,290		91	1,367	1,370	Deferred Cost-Family Health				
50			50	70	Services	02			
50 2,479			50 2,479	50 2,457	Birth Haven Inc., Newton Maternal and Child Health	02			
2,419			4,479	2,43/	Services	02	3,403	3,403	3,403
236			236	236	Primary Care Services - Dover Free Clinic	02	250		·
344			344	344	Kimball Medical Center,	5 <u>2</u>	250		_ _
					Lakewood - Emergency	02			
100	4		101	100	Services and Equipment	02			
100	1		101	100	Monmouth Medical Center, AWARE	02			
1,000			1,000	1,000	Child Health Institute of New				
					Jersey	02			

O-1 - 0	—Year Ending	June 30, 2002					2002	June 30,	ding 2004———
Orig. & ^(S) Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available H	Expended			2003 Adjusted Approp.	Requested	Recom mende
					GRANTS-IN-AID				
75			75	75	New Jersey Institute for Parent Education, Inc.	02			
25		-25			Child Federation of Atlantic City	02			
766			766	766	Lead Poisoning Program	02	795	795	79:
472			472	472	Poison Control Center	02	490	490	49
	75		75		Early Intervention Program of Monmouth and Ocean Counties - Emergency Funding	02			
75			75	75	School for Children with Hidden Intelligence, Lakewood - Building	02			
75			75	75	School for Children with Hidden Intelligence - Early				
25			25	25	Intervention Karen Ann Quinlan Center of	02			
23			23	23	Hope Hospice	02			
594			594	594	Cleft Palate Programs	02	626	565	565
					Tourette Syndrome Association of New Jersey	02	200	100	100
20			20	20	Rancocas Hospital - Cancer Education Program	02			
144			144	141	Newborn Screening Follow-up and Treatment for Hemoglobins	02	152		
164			164	164	SIDS Assistance Act	02	173	86	8
262			262	262	Services to Victims of Huntington's Disease	02	276	138	138
50			50		Womens' Health and Counseling Center, Somerville	02			
300			300	300	Overlook Hospital -	02			
50			50	50	Neuroscience Institute Cape Volunteers in Medicine,	02			
					Inc.	02			
					St. Barnabas Hospital - Institute of Neurology/Neu- roservice	02	250		
50			50	50	Noah's Ark Children's	02	250		
50			50		Association, Livingston Arc Primary Medical Care	02			
1,500			1,500	1,500	Clinic at KMACC, Whiting Osborn Family Health Center -	02			
75			75	7.5	Our Lady of Lourdes Medical Center	02			
75 20			75 20	75 20	United Way of Ocean County - Dental Clinics Virtua Health, Memorial	02			
					Hospital, Burlington County-Teen Smoking Prevention	02			
20			20	20	Drenk Behavioral Health Center - Computer Equipment	02			
50			50	50	Prevention Education, Inc.,				
500			500	500	Lawrenceville - Facility Newton Memorial Hospital -	02			
					Dental Clinic	02			

	—Year Ending	June 30, 2002						Year Er ——June 30,	ding 2004———
Orig. & ^(S) Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies		Expended		Prog. Class.	2003 Adjusted Approp.	Requested	Recom- mended
					GRANTS-IN-AID				
100			100	100	Saint Clare's Hospital, Sussex - Emergency Room Upgrade	02			
	3,000		3,000	3,000	Children's Hospital of New Jersey at Newark Beth Israel	02			
	2,000		2,000	2,000	Cooper Health System	02			
200	1		201	175	Camden Optometric Eye Center	02	250		
200			200	200	Family Health Center at Community Medical Center, Toms River	02			
125			125	125	Family and Children's Service of Monmouth County	02			
350			350	117	Pregnancy Aid Centers	02			
100			100	100	New Jersey Center for Outreach and Services for the Autistic Community	02			
250			250	250	Traumatic Loss Prevention				
	1 000		1 000	1.000	Program Garden State Cancer Center	02			
220	1,000		1,000 220	1,000 220	Pediatric Asthma Reduction Effort (PARE), Passaic	02 02			
1,009			1,009	1,009	Tuberculosis Services	03	1,304	1,304	1,304
75 s			75	75	Health Research and Educational Trust of New	05	1,501	1,501	1,501
273		-85	188	188	Jersey - Breast Cancer Cost of Living Adjustment,	03			
210			210	210	Public Health Protection Cost of Living Adjustment,	03	(e)		
210			210	210	Deferred Cost-Public Health Protection	03			
630			630	630	Immunization Services	03	795	795	795
58			58	58	Emergency Medical Services	03	58		
395			395	395	AIDS Communicable Disease Control	03	424	424	424
					Garden State Cancer Center	03	500		
100			100	100	Cancer Institute of New Jersey St. Clare's Health Services - Homeless Health Outreach	03	20,000	18,000	18,000
	45		45	45	Program Friends of the Homeless	03			
277					Animals	03			
277			277	277	Worker and Community Right to Know	03	281	281	281
60			60	60	Cape May County Mosquito Extermination Commission	03			
5			5		Cape May County - Center for the Blind and the Visually Impaired	03			
50			50	50	Vineland City - Senior Citizen Smoke and Carbon Monoxide Detector Program	03			
1,000			1,000	1,000	Infectious Disease - Public Health Research Institute	03			
1,325			1,325	1,325	Substance Abuse Treatment for DYFS/WorkFirst Mothers-				
208			208	208	Pilot Project Drugs are Ugly and Uncool	04	1,400	1,400	1,400
1,643			1,643	1,643	Campaign Cost of Living Adjustment,	04	211		
,			,	,	Addiction Services	04	(f)		

	—Year Ending	June 30, 2002						Year En	
Orig. & ^(S) Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total	Expended			2003 Adjusted Approp.	Requested	Recom mende
	•	O		•	GRANTS-IN-AID			•	
20,479	185	1,000	21,664	21,534	Community Based Substance Abuse Treatment and				
					Prevention - State Share (g)	04	19,200	20,900	20,90
102			102	102	Vocational Adjustment Centers	04	104		
450			450	275	Freedom House, Glen Gardner	04			
100			100	100	Rapt Foundation, Inc.	04			
300			300	300	Daytop - NJ, Mendham - Facility Upgrade	04			
50			50	50	Good News Home for Women	04			
		500	500	500	Sub-Acute Residential Detoxification Program	04			
1,216		-272	944	644	Salary Supplement for Direct	0.4			
6.40	2.1		671	6.17	Service Workers	04			
640	31		671	647	Compulsive Gambling	04	650	650	65
658			658	658	Mutual Agreement Parolee Rehabilitation Project for Substance Abusers	04	695	695	69
150			150	150	Bergen County Community Action Program - Ladder	04	0,5	0,5	0,
					Project	04			
50			50	50	Hendrick's House, Vineland	04			
20			20	20	Prevention First, Monmouth				
					County	04			
25			25	25	Cape Assist, Wildwood	04			
60			60	60	The Southwest Council, Vineland-Volunteer Prevention Program for Drug	0.4			
35			35	35	& Alcohol Signs of Sobriety, Inc., Hamilton - Facility	04			
					Renovation	04			
1,918			1,918	1,918	In-State Juvenile Residential Treatment Services	04	2,027	2,027	2,02
50			50	50	Sussex Council on Alcohol and	04			
25			25	25	Drug Abuse - Youth Center Atlantic Prevention Resources	04			
50			50	50	Sussex Council on Alcohol and Drug Abuse - The Family	04			
					Afterward Delaney Hall Drug Treatment	04			
					Program	04	6,000		
100 50			100 50	100 50	Epiphany House Seabrook House - Chemical	04			
					Dependency Treatment Center	04			
862			862	854	Cost of Living Adjustment, AIDS Services	12	(h)		
1,295		-124	1,171	1,044	Cost of Living Adjustment, Deferred Cost-AIDS Services	12			
16,354		-220	16,134	15,971	AIDS Grants	12 12	19,012	17,012	17,01
10,334		-220	50	13,971	Angel Connection, Inc.	12	19,012	17,012	17,01
20			50		-	12			
					STATE AID Distribution by Fund and Program				
27,372		189	27,561	27,561	Family Health Services	02	41,446	42,946	42,94
4,580			4,580	4,572	Public Health Protection Services	03	4,580		
31,952		189	32,141	32,133	Total State Aid	_	46,026	42,946	42,94

	—Year Ending	June 30, 2002						Year En ——June 30,	
Orig. & ^(S) Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total	Expended			2003 Adjusted Approp.	Requested	Recom- mended
					STATE AID				
					Distribution by Fund and Object State Aid:				
405		189	594	594	Cost of Living Adjustment, Family Health Services	02			
26,967			26,967	26,967	Early Childhood Intervention Program	02	26,446 15,000 S	42,946	42,946
4,580			4,580	4,572	Public Health Priority Funding	03	4,100		
					Local Health Department Information Network (LINCS)		480		
					CAPITAL CONSTRUCTION	03			
2,079	754		2,833	1,218	Distribution by Fund and Program Laboratory Services	08	650	620	620
2,079	754		2,833	1,218	Total Capital Construction		650	620	620
					Distribution by Fund and Object Division of Public Health and Env	 vironme	ental Laborat	ories	
400	497		897	153	Improvements to Laboratories		2 01	01105	
1 400	106		4.605	0.45	and Installed Equipment	08	150	150	150
1,489	196 31		1,685 31	945	Laboratory Equipment Warehouse Equipment	08 08	500	470 	470
190	30		220	120	Clinical Laboratory Services -	00			
	. =				Automation	08			
178,274	9,783	2,027	190,084	170,791	Grand Total State Appropriation		211,516	162,092	162,092
				О	THER RELATED APPROPRIATION Federal Funds	NS			
850 142,819	512		1,362	971	Vital Statistics	01	850	850	850
789 S	19,569	-6	163,171	116,704	Family Health Services	02	152,434	145,697	145,697
30,230 27,325 S 47,835	8,027	-2,263	63,319	29,868	Public Health Protection Services	03	53,077	62,233	62,233
2,759 s 1,799	12,041	-250	62,385	47,042	Addiction Services	04	57,919	52,814	52,814
182 s 81,177	350	3,062	5,393	1,102	Laboratory Services	08	1,546	4,389	4,389
158 S	4,377	-899	84,813	62,308	AIDS Services	12	92,221	92,575	92,575
335,923	44,876	<i>-356</i>	380,443	<u>257,995</u>	Total Federal Funds All Other Funds		358,047	<u>358,558</u>	358 <u>,</u> 558
	2,766 23,220 R 2,265	12,355	38,341	35,942	Family Health Services Public Health Protection	02	27,600	34,700	34,700
	2,753 R 3,776	1,944	6,962	4,916	Services	03	13,994	19,507	19,507
	4,963 R 72	1,050	9,789	5,199	Addiction Services	04	4,170	8,370	8,370
	320 R 1,981		392	305	Laboratory Services	08	350	350	350
			11,612	9,014	AIDS Services	12	9,300	9,800	9,800
	9,631 R								
 514,197	51,747 106,406	15,349 17,020	67,096 637,623	55,376 484,162	Total All Other Funds GRAND TOTAL ALL FUNDS	_	55,414 624,977	72,727 593,377	72,727 593,377

Notes -- Direct State Services - General Fund

- (a) The fiscal year 2003 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) The program is budgeted as a dedicated fund in fiscal year 2004.
- (c) For fiscal years 2003 and 2004, the costs associated with the Drug Court Substance Abuse Treatment Programs are budgeted in the Judiciary.

Notes -- Grants-In-Aid - General Fund

- (d) Appropriation of \$586,000 distributed to applicable program classes.
- (e) Appropriation of \$406,000 distributed to applicable program classes.
- (f) Appropriation of \$2,298,000 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 \$1,217,000 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, \$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 the First Response EMT Cardiac Training Program.
- The unexpended balance, as of June 30, 2003, in the New Jersey Emergency Medical Service Helicopter Response Program account is appropriated.
- In addition to the amount hereinabove for Medical Emergency Disaster Preparedness for Bioterrorism, there is appropriated \$5,000,000 from the Emergency Medical Technician Training Fund for the same purpose.
- The amount hereinabove for the New Jersey State Commission on Cancer Research is charged to the Cancer Research Fund pursuant to section 5 of P.L. 1982, c. 40 (C.54:40A-37.1).
- The unexpended balance, as of June 30, 2003, 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, 2003, in the Comprehensive Regulated Medical Waste Management Act account, together with any receipts received by the Department of Health and Senior Services pursuant to the provisions of the "Comprehensive Regulated Medical Waste Management Act," P.L. 1989, c.34 (C.13:1E-48.1 et seq.), is appropriated.
- Notwithstanding the provisions of the "Worker and Community Right to Know Act," P.L. 1983, c. 315 (C.34:5A-1 et seq.), to the contrary, \$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.
- Receipts derived from the agency surcharge on vehicle rentals pursuant to P.L. 2002, c.34, not to exceed \$7,500,000, are appropriated for the Medical Emergency Disaster Preparedness for Bioterrorism program and shall be deposited into a dedicated account, the expenditure of which shall be subject to the approval of the Director of the Division of Budget and Accounting.
- The Division of Addiction Services is authorized to bill a patient, a patient's estate, the person chargeable for a patient's support or the county of residence for institutional, residential and outpatient support of patients treated for alcoholism or drug abuse, or both. Receipts derived from billings or fees and unexpended balances, as of June 30, 2003, from these billings and fees are appropriated to the Department of Health and Senior Services, Division of Addiction Services for the support of the alcohol and drug abuse programs, subject to the approval of the Director of the Division of Budget and Accounting.
- Notwithstanding the provisions of any law to the contrary, the amounts appropriated hereinabove for the two anti-smoking programs (School Based Programs and Youth Anti-Smoking, and Anti-Smoking Programs) shall be charged to the proceeds of the increase in the cigarette tax, established pursuant to P.L. 2002, c.33.
- In order to permit flexibility in the handling of the various appropriations for anti-tobacco initiative accounts hereinabove, funds may be transferred to and from the following items of appropriations: School Based Programs and Youth Anti-Smoking; and Anti-Smoking Programs. Such transfers are subject to the approval of the Director of the Division of Budget and Accounting. Notice thereof shall be provided to the Legislative Budget and Finance Officer on the effective date of the approved transfer.
- There are appropriated from the Alcohol Education, Rehabilitation and Enforcement Fund such sums as may be necessary to carry out the provisions of P.L. 1983, c.531 (C.26:2B-32 et al.).
- There is transferred from the "Drug Enforcement and Demand Reduction Fund" \$350,000 to carry out the provisions of P.L. 1995, c. 318 (C.26:2B-36 et seq.) to establish an "Alcohol and Drug Abuse Program for the Deaf, Hard of Hearing and Disabled" in the Department of Health and Senior Services, subject to the approval of the Director of the Division of Budget and Accounting.
- There is appropriated \$700,000 from the "Drug Enforcement and Demand Reduction Fund," established pursuant to N.J.S. 2C:35-15, to the Department of Health and Senior Services for a grant to Partnerships for a Drug-Free New Jersey.
- The Director of the Division of Budget and Accounting is empowered to transfer or credit appropriations to the Department of Health and Senior Services for diagnostic laboratory services provided to any other agency or department; provided further, however, that funds have been appropriated or allocated to such agency or department for the purpose of purchasing these services.

- Receipts from fees established by the Commissioner of Health and Senior Services for licensing of clinical laboratories, pursuant to P. L. 1975, c. 166 (C.45:9-42.26 et seq.), and blood banks, pursuant to P.L. 1963, c. 33 (C.26:2A-2 et seq.), are appropriated.
- Receipts from licenses, permits, fines, penalties and fees collected by the Department of Health and Senior Services in Health Services, in excess of those anticipated, are appropriated, subject to the approval of the Director of the Division of Budget and Accounting.

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

- There are appropriated from the New Jersey Emergency Medical Service Helicopter Response Program Fund, established pursuant to section 2 of P.L.1992, c.87 (C.26:2K-36.1), such sums as are necessary to pay the reasonable and necessary expenses of the operation of the New Jersey Emergency Medical Service Helicopter Response Program, established pursuant to P.L. 1986, c. 106 (C. 26:2K-35 et seq.), subject to the approval of the Director of the Division of Budget and Accounting.
- 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, 2003, made to the Department of Health and Senior Services by section 20 of P.L. 1989, c. 51 for State-licensed or approved drug abuse prevention and treatment programs is appropriated for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.
- In addition to the amount hereinabove for Community Based Substance Abuse Treatment and Prevention State Share program, there is appropriated \$3,000,000 from the Drug Enforcement and Demand Reduction Fund for the same purpose.
- Notwithstanding the provisions of any other law to the contrary, there is transferred \$1,000,000 to the Department of Health and Senior Services from the "Drug Enforcement and Demand Reduction Fund" for drug abuse services.
- Notwithstanding the provisions of any law to the contrary, there is transferred \$500,000 to the Department of Health and Senior Services from the "Drug Enforcement and Demand Reduction Fund" for the Sub-Acute Residential Detoxification Program.
- An amount, not to exceed \$600,000, collected by the Casino Control Commission is payable to the General Fund pursuant to section 145 of P.L. 1977, c.110 (C.5:12-145).
- In addition to the amount hereinabove for Compulsive Gambling, an amount not to exceed \$200,000 is appropriated from the annual assessment against permit holders to the Department of Health and Senior Services for prevention, education and treatment programs for compulsive gambling pursuant to the provisions of P.L. 2001, c. 199 (C5:5-159), subject to the approval of the Director of the Division of Budget and Accounting.
- There is appropriated \$420,000 from the Alcohol Education, Rehabilitation and Enforcement Fund to fund the Local Alcoholism Authorities Expansion account.
- Notwithstanding the provisions of P.L. 1983, c.531 (C.26:2B-32 et al.) or any other law to the contrary, the unexpended balance in the Alcohol Education, Rehabilitation and Enforcement Fund, as of June 30, 2003, is appropriated and shall be distributed to counties for the treatment of alcohol and drug abusers and for education purposes.
- Notwithstanding any law to the contrary, an amount not to exceed \$2,000,000 is appropriated to the Department of Health and Senior Services to provide education and public awareness concerning the use of the new rapid AIDS test, subject to the approval of the Director of the Division of Budget and Accounting.

Language Recommendations -- State Aid - General Fund

- In addition to the amount hereinabove, receipts from the federal Medicaid (Title XIX) Program for handicapped infants are appropriated, subject to the approval of the Director of the Division of Budget and Accounting.
- Notwithstanding any law to the contrary, in addition to the amounts hereinabove for the Early Childhood Intervention Program, an amount not to exceed \$4,000,000 is appropriated from the Catastrophic Illness in Children Relief Fund, (P.L. 1987, c. 370), subject to the approval of the Director of Budget and Accounting.

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

OBJECTIVES

- 1. To ensure high quality health care accessible to all New Jerseyans, in a safe environment, utilizing the appropriate level of health care facilities, at reasonable costs; to enhance the Department's response to consumer complaints and to conduct on-site visits at all health care facilities against which a complaint has been filed; to ensure that all new applications for licensure are capable of providing high quality care to the ill, the aging, and the vulnerable elderly and young; to continue
- development and implementation of improved licensure regulations for health care delivery; to monitor the quality of health care personnel training programs and to ensure an adequate number of certified personnel capable of providing quality care; and to increase consumer and professional awareness of the quality of care at New Jersey's licensed health care facilities.
- 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 2001	Actual FY 2002	Revised FY 2003	Budget Estimate FY 2004
PROGRAM DATA				
Long Term Care Systems				
Licensed health care facilities	801	855	860	865
Licensed nursing home administrators	950	1,050	900	1,000
Total licenses issued	820	890	895	895
Number of beds licensed	78,300	80,300	80,600	80,600
Total inspections	3,463	3,650	3,700	3,700
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	89	110	125	130
Federal Enforcement Actions	1,242	1,300	1,500	1,600
Nurse Aide applications processed	23,000	23,000	23,000	23,000
Health Care Systems Analysis				
Inspections of acute care facilities	770	845	850	850
Complaints investigations	845	808	825	825
Hospital charity care audits	391	316	316	316
Certificate of need applications processed	57	105	110	100
Collection and analysis of hospital cost, financial, and utilization data				
By patient	1,500,000	1,500,000	1,500,000	1,500,000
By hospital	81	79	79	79
Managed Care publications distributed	31,000	27,000	27,000	27,000
Acute Health Care facilities licensed	760	836	925	975
External Health Maintenance Organization complaints processed	7,500	6,386	6,500	6,700
Acute Health Care facilities license applications processed	970	1,010	1,120	1,220
Acute Health Care facilities enforcement actions/penalties	28	33	30	30

	Actual FY 2001	Actual FY 2002	Revised FY 2003	Budget Estimate FY 2004
PERSONNEL DATA				
Position Data				
Filled Positions by Funding Source				
State Supported	29	102	92	94
Federal	137	88	84	86
All Other	119	96	87	118
Total Positions	285	286	263	298
Filled Positions by Program Class				
Long Term Care Systems Development & Quality Assurance	141	148	137	144
Health Care Systems Analysis	144	138	126	154
Total Positions	285	286	263	298

Notes:

Actual payroll counts are reported for fiscal years 2001 and 2002 as of December and revised fiscal year 2003 as of September. The Budget Estimate for fiscal year 2004 reflects the number of positions funded.

APPROPRIATIONS DATA (thousands of dollars)

	—Year Ending	June 30, 2002						Year Er ——June 30,	0
Orig. & ^(S) Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended		Prog. Class.	2003 Adjusted Approp.	Requested	Recom- mended
					DIRECT STATE SERVICES				
					Distribution by Fund and Program	ı			
4,336	1,698	-761	5,273	5,088	Long Term Care Systems	06	4,271	3,949	3,949
3,007	3,190	-1,418	4,779	2,193	Health Care Systems Analysis	07	1,541	1,185	1,185
7,343	4,888	-2,179	10,052	7,281	Total Direct State Services		5,812	5,134	5,134
					Distribution by Fund and Object Personal Services:	_			
3,996	3,190 R	-476	6,711	5,701	Salaries and Wages		4,250	3,847	3,847
3,996	3,191	-476	6,711	5,701	Total Personal Services		4,250	3,847	3,847
60			60	52	Materials and Supplies		60	60	60
220		-1	219	205	Services Other Than Personal		179	179	179
94		-5	89	86	Maintenance and Fixed Charges Special Purpose:		94	69	69
	1,697 R	-1,697			Long Term Care Systems	06			
979			979	980	Nursing Home Background Checks/Nursing Aide Certification Program	06	979	979	979
500			500	250	Implementation of Statewide	00	9/9	9/9	9/9
300			300	230	Health Information Network	07	250		
94 S			94		Health Data Commission	07			
1,300			1,300	7	Managed Care Oversight	07			
100			100		Health Insurance Consumer Rights Information	07			
					GRANTS-IN-AID				
					Distribution by Fund and Program	1			
166,390			166,390	27,966	Health Care Systems Analysis	07	28,116	43,316	43,316
166,390			166,390	27,966	Total Grants-in-Aid	_	28,116	43,316	43,316

	-Year Ending	June 30, 2002						Year En ——June 30,	
Orig. & ^(S) Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended			2003 Adjusted Approp.	Requested	Recom- mended
					GRANTS-IN-AID				
					Distribution by Fund and Object				
					Grants:				
131,924			131,924		Health Care Subsidy Fund Payments	07		25,200	25,200
5,000			5,000	5,000	Preventive Health Program for Uninsured Children	07			
					Hospital Assistance Grants	07	7,000		
3,100			3,100	3,100	Cooper Health System	07			
					Cooper Children's Hospital Neonatal ICU	07	3,000 S		
1,500			1,500	1,500	Children's Specialized Hospital, Mountainside	07			
5,000			5,000		Physician Reimbursement for ER Services	07			
250			250	250	Meridian Health System - Empowering Heart	07			
750 S			750		Monmouth Medical Center	07			
750 S			750		Atlantic City Medical Center	07			
18,116			18,116	18,116	Supplemental Charity Care	07	18,116	18,116	18,116
173,733	4,888	-2,179	176,442	35,247	Grand Total State Appropriation		33,928	48,450	48,450
				o	THER RELATED APPROPRIATIO	ONS			
					Federal Funds				
9,341 19,270	932	-48	10,225	5,198	Long Term Care Systems	06	11,969	11,969	11,969
79 s	680	-31	19,998	19,015	Health Care Systems Analysis	07	19,566	19,439	19,439
28,690	1,612	<i>- 79</i>	30,223	24,213	Total Federal Funds All Other Funds	_	<i>31,535</i>	<u>31,408</u>	31,408
	822 345 R		1,167	35	Long Term Care Systems	06	316	252	252
	8,913 24,796 R	-13,951	19,758	11,438	Health Care Systems Analysis	07	46,287	46,837	46,837
	34,876	-13,951	20.925	11,473	Total All Other Funds	o, <u> </u>	46,603	47.089	47,089
202,423	41,376	-16,209	227,590	70,933	GRAND TOTAL ALL FUNDS	_	112,066	126,947	126,947

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 amounts appropriated hereinabove, \$1,000,000 is appropriated for the Implementation of Statewide Health Information Network, 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. Of this amount, \$250,000 shall be allocated to Thomas A. Edison State College.

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

Receipts derived from fees charged for processing Certificate of Need applications, and the unexpended balances of such receipts as of June 30, 2003, are appropriated for the cost of this program, subject to the approval 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 Division of Budget and Accounting.

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

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

Notwithstanding the provisions of any other law to the contrary, there is established a Supplemental Charity Care Fund account for disbursement of additional charity care funding to hospitals with documented charity care in calendar year 2002. The total amount to be disbursed from the Supplemental Charity Care Fund shall not exceed the amount appropriated. Hospitals, which have not received payments under the Charity Care Subsidy, pursuant to P.L.1996, c.28, equal to at least \$0.30 per dollar of charity care provided, shall be eligible to receive payments from the Supplemental Charity Care Fund pursuant to a methodology established by the Commissioner of Health and Senior Services. These payments will be prorated so that payments to all hospitals from Supplemental Charity Care do not exceed the amount appropriated.

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 2001	Actual FY 2002	Revised FY 2003	Budget Estimate FY 2004
PERSONNEL DATA				
Affirmative Action Data				
Male Minority	140	141	141	136
Male Minority %	6.8	6.6	6.7	6.7
Female Minority	500	500	511	511
Female Minority %	24.2	23.4	25.2	25.2
Total Minority	640	641	647	647
Total Minority %	31.0	30.0	31.9	31.9
Position Data				
Filled Positions by Funding Source				
State Supported	98	118	105	110
Federal	6	7	3	6
All Other	73	61	52	57
Total Positions	177	186	160	173
Filled Positions by Program Class				
Administration and Support Services	177	186	160	173
Total Positions	177	186	160	173

Notes:

Actual payroll counts are reported for fiscal years 2001 and 2002 as of December and revised fiscal year 2003 as of September. The budget for fiscal year 2004 reflects the number of positions funded.

APPROPRIATIONS DATA (thousands of dollars)

	—Year Ending	June 30, 2002						Year En ——June 30,	
Orig. & ^(S) Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available	Expended			2003 Adjusted Approp.	Requested	Recom- mended
					DIRECT STATE SERVICES				
					Distribution by Fund and Program				
6,045	24	2,350	8,419	6,950	Administration and Support Services	99	5,407	4,876	4,876
6,045	24	2,350	8,419	6,950	Total Direct State Services		5,407 (a)	4,876	4,876
_				_	Distribution by Fund and Object Personal Services:				
3,656	24 R	1,949	5,629	5,504	Salaries and Wages		3,156	3,156	3,156
3,656	24	1,949	5,629	5,504	Total Personal Services		3,156	3,156	3,156
49		5	54	53	Materials and Supplies		49	49	49
718		390	1,108	1,097	Services Other Than Personal		618	587	587
38		6	44	38	Maintenance and Fixed Charges				
1.500 S			1.500	174	Special Purpose:				
1,500 S			1,500	174	Office of Minority and Multicultural Health	99	1,500	1,000	1,000
84			84	84	Affirmative Action and Equal Employment Opportunity	99	84	84	84
					CAPITAL CONSTRUCTION				
					Distribution by Fund and Program				
	139		139		Administration and Support Services	99			
	139		139		Total Capital Construction				
					Distribution by Fund and Object				
					Division of Management and Adr	ninistra	tion		
	1		1		Information Processing				
					Network - Infrastructure Upgrade	99			
	15		15		Infrastructure Network	99			
	123		123		"E"Public Health	99			
6,045	163	2,350	8,558	6,950	Grand Total State Appropriation		5,407	4,876	4,876
				0	THER RELATED APPROPRIATIO	NS			
					Federal Funds				
770 185 s	519	79	1,553	010	Administration and Support Services	99	1,296	1,296	1,296
955	519 519		1,553 1,553	810 810	Services Total Federal Funds	⁹⁹	1,296 1,296	1,296	1,296
755			1,000	010	All Other Funds		1,270	1,270	1,290
	4,492 1,722 R	2 2 4 2	0.557	4.092	Administration and Support Services	99	1,944	1,300	1,300
	6,214	3,343 3,343	9,557 9,557	4,082 4,082	Services Total All Other Funds	99	1,944 1,944	1,300 1,300	1,300 1,300
7,000	6,896	5,772	19,668	11,842	GRAND TOTAL ALL FUNDS		8,647	7,472	7,472
7,000		5,772	17,000	11,072	GIGIND TO LILL ADD FORDS				7,472

Notes -- Direct State Services - General Fund

⁽a) The fiscal year 2003 appropriation has been adjusted for the allocation of salary program.

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

PROGRAM CLASSIFICATIONS

- 22. Medical Services for the Aged. Supports medically related services to eligible elderly and disabled individuals including community-based services to clients who would normally be eligible for Medicaid coverage only in an institution. Rebates for hearing aids purchased are provided to persons eligible for Pharmaceutical Assistance to the Aged and Disabled. Home care services are also provided to persons previously ineligible because of income limits.
- 24. Pharmaceutical Assistance to the Aged and Disabled (PAA/D). The Pharmaceutical Assistance to the Aged (PAA) Program provides prescription drug benefits to persons over 65

- years of age with an income of up to \$9,000 if single or \$12,000 if married. Eligible individuals above these income limits and the disabled are funded from the Casino Revenue Fund through the Pharmaceutical Assistance to the Aged and Disabled (PAAD) Program, which provides prescription drug benefits to persons over 65 years of age, or disabled as defined by the Federal Social Security Act, with an income of up to \$20,016 if single or \$24,542 if married. Both programs provide payment to pharmacies for the average wholesale price of prescription drugs (minus 15%) 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.
- 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 2001	Actual FY 2002	Revised FY 2003	Budget Estimate FY 2004
PROGRAM DATA				
Medical Services for the Aged				
Nursing Home Services:				
Per diem	\$109.56	\$116.18	\$124.35	\$129.24
Patient days	11,423,851	11,004,752	10,810,416	10,558,804
Gross annual cost (a)	\$1,251,597,116	\$1,278,550,848	\$1,344,303,458	\$1,364,645,684
Community Care Programs:				
Community Care Program for the Elderly and Disabled clients served	4,933	5,200	5,200	5,200
Community Care Program for the Elderly and Disabled amount expended	\$ 57,160,000 ^(b)	\$ 58,120,000 ^(b)	\$ 61,246,000 ^(b)	\$ 61,246,000 ^(b)
Assisted Living/ Alternative Family Care Clients served	1,350	1,500	1,875	2,250

	Actual FY 2001	Actual FY 2002	Revised FY 2003	Budget Estimate FY 2004
Pharmaceutical Assistance to the Aged and Disabled				
Pharmaceutical Assistance to the Aged (PAA) Only:				
Average monthly eligibles	23,920	22,218	19,236	16,943
Average monthly prescriptions per eligible	2.34	2.35	2.53	2.65
Annual prescriptions	671,674	626,548	583,469	538,787
Cost per prescription (excludes co-payment)	\$52.11	\$55.29	\$62.01	\$67.98
Gross Cost PAA Program	\$35,002,254	\$34,641,795	\$36,180,330	\$36,626,000
Recoveries (c)	(\$1,643,000)			
Annual Cost	\$33,359,254	\$34,641,795	\$36,180,330	\$36,626,000
Pharmaceutical Assistance to the Aged & Disabled (PAAD) Only:				
Aged				
Average monthly eligibles	140,023	150,280	149,606	134,854
Average monthly prescriptions per eligible	2.74	2.77	2.93	2.99
Annual prescriptions	4,603,956	4,995,313	5,260,129	4,838,562
Cost per prescription (excludes co-payment)	\$53.50	\$58.64	\$67.08	\$72.61
Gross Cost PAAD Program (Aged only)	\$246,311,659	\$292,911,370	\$352,845,510	\$351,307,844
Recoveries (c)	(\$7,086,600)	(\$8,354,876)	(\$8,432,250)	(\$8,432,250)
PAAD manufacturers' rebates (c)	(\$38,100,000)	(\$49,567,749)	(\$48,000,000)	(\$48,000,000)
Net Annual Cost	\$201,125,059	\$234,988,746	\$296,413,260	\$294,875,594
Disabled				
Average monthly eligibles	24,728	26,933	27,983	27,206
Average monthly prescriptions per eligible	3.64	3.69	3.69	3.69
Annual prescriptions	1,080,119	1,193,426	1,239,087	1,204,682
Cost per prescription (excludes co-payment)	\$78.23	\$84.56	\$96.12	\$103.10
Gross Cost PAAD Program (Disabled only)	\$84,497,712	\$100,921,871	\$119,104,713	\$124,201,757
Recoveries	(\$2,213,400)	(\$2,111,100)	(\$2,810,750)	(\$2,810,750)
PAAD manufacturers' rebates (c)	(\$11,900,000)	(\$14,805,951)	(\$16,000,000)	(\$16,000,000)
Net Annual Cost	\$70,384,312	\$84,004,820	\$100,293,963	\$105,391,007
Total General Fund	\$83,582,000	\$106,185,017	\$127,081,553	\$36,626,000
Total Casino Revenue Fund	\$229,918,000	\$247,450,344	\$259,874,000	\$209,728,601
Total federal PAA/D Waiver (d)			\$45,932,000	\$190,538,000
Senior Gold				
Aged				
Average monthly eligibles		22,352	29,216	41,031
Average monthly prescriptions per eligible		1.70	2.12	2.55
Annual prescriptions		455,211	744,424	1,255,549
Cost per prescription (excludes cost sharing)		\$22.56	\$25.39	\$28.25
Gross Cost Senior Gold Program (Aged only)		\$10,271,013	\$18,903,881	\$35,469,881
PAAD manufacturers' rebates		(\$1,078,666)	(\$2,450,000)	(\$2,450,000)
Net Annual Cost		\$9,192,348	\$16,453,881	\$33,019,881
Disabled				
Average monthly eligibles		962	1,508	2,293
Average monthly prescriptions per eligible		1.98	2.60	3.30
Annual prescriptions		22,828	47,050	90,803
Cost per prescription (excludes cost sharing)		\$23.68	\$30.24	\$36.29
Gross Cost Senior Gold Program (Disabled only)		\$540,580	\$1,422,873	\$3,295,016
Total General Fund		\$9,732,927	\$17,876,753	\$36,314,897

	Actual FY 2001	Actual FY 2002	Revised FY 2003	Budget Estimate FY 2004
Programs for the Aged				
Services and Service Units Provided:				
Congregate meals service	2,201,200	2,109,273	2,109,273	2,109,273
Home delivered meals service	3,264,000	3,020,231	3,084,794	3,084,794
Transportation service	1,104,000	1,003,029	1,066,392	1,066,392
Information and referral service	326,000	353,916	405,005	405,005
Telephone reassurance service	349,000	359,805	371,418	371,418
Outreach service	27,000	27,150	34,287	34,287
Personal care service	595,000	790,563	755,952	755,952
Legal service	28,000	24,575	25,013	25,013
Housekeeping and chore services	486,000	442,902	479,539	479,539
Education and training services	9,000	9,549	9,844	9,844
Case management service	102,000	85,961	134,256	134,256
Physical health services	68,000	53,666	47,310	47,310
Congregate Housing Services Program	,	,	.,	• ,
Persons served	1,984	2,434	2,592	2,592
Site locations	44	64	70	70
Adult Protective Services	• •	01	70	7.0
Persons served	5,350	5,350	4,581 ^(e)	4,600
Health Insurance Counseling	3,330	5,550	4,361 (7	4,000
Clients served	100.000	74.500	75,000	75,000
Security Housing and Transportation	109,000	74,500	75,000	75,000
, , ,	7.500	7.076	5 704 (e)	5.200
Clients served	7,500	7,376	5,794 ^(e)	5,300
Gerontology Services	4.270	2054	2012	2012
Geriatric Patients Served	4,250	3,051	3,043	3,043
Alzheimer's Day Care Units Provided	55,000	57,092	64,000	64,000
Persons Trained in Gerontology	4,000	4,812	3,592	3,592
Caregivers Receiving Respite Care	2,500	3,520	2,500	2,500
Office of the Ombudsman				
Office of the Ombudsman				
Institutionalized elderly	110,000	120,000	125,000	125,000
On-site investigations:				
Involving patient funds	250	608	600	600
Involving care/abuse/neglect	5,000	6,300	6,300	6,300
Nursing homes visited	3,500	3,600	3,600	3,600
Boarding homes visited	150	175	175	175
Residential health care/psychiatric and development centers				
visits	300	200	200	200
Cases referred to enforcement agencies	475	381	400	400
Office of the Public Guardian				
Office of the Public Guardian				
Number of inquiries	400	450	464	550
Number of cases handled	1,400	1,500	1,650	1,820
Number of court-appointed cases	150	150	150	170
PERSONNEL DATA				
Position Data				
Filled Positions by Funding Source				
State Supported	285	330	302	319
Federal	142	142	119	126
All Other	23	19	21	23
Total Positions	450	491	442	468

	Actual FY 2001	Actual FY 2002	Revised FY 2003	Budget Estimate FY 2004
Filled Positions by Program Class				
Medical Services for the Aged	232	217	191	189
Pharmaceutical Assistance to the Aged & Disabled	91	143	131	152
Lifeline	30	28	17	18
Programs for the Aged	53	58	55	62
Ombudsman's Office	18	23	22	22
Office of the Public Guardian	26	22	26	25
Total Positions	450	491	442	468

Notes:

Actual payroll counts are reported for fiscal years 2001 and 2002 as of December and revised fiscal year 2003 as of September. The Budget Estimate for fiscal year 2004 reflects the number of positions funded.

Actual fiscal year 2001 and 2002 amounts have been restated to reflect accurate accounts.

- The appropriation and evaluation data for the Lifeline Credits and Tenants Assistance Rebates Programs have been adjusted for all fiscal years to reflect the transfer of these programs to the Board of Public Utilities, in accordance with a pending executive reorganization. The administrative portion of Lifeline will remain in the Department of Health and Senior Services.
- (a) Includes expenses for Medicaid High Occupancy, federal Peer Grouping, and SOBRA funded in the General Fund.
- (b) Includes resources from the Casino Revenue Fund, Grants-in-Aid, the Health Care Subsidy Fund, and matching federal funds.
- (c) Rebates and recoveries earned by all portions of the PAA/PAAD program; beginning in fiscal year 2002 they are applied only to the PAAD program.
- (d) Fiscal year 2003 and 2004 reflect the implementation of a federal PAA/D Waiver, effective April 1, 2003.
- (e) Definition was changed to standardize reporting by Adult Protective Services agencies.

APPROPRIATIONS DATA (thousands of dollars)

0:0	—Year Ending	June 30, 2002			,		2002	Year En ——June 30,	
Orig. & ^(S) Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total	Expended		0	2003 Adjusted Approp.	Requested	Recom- mended
					DIRECT STATE SERVICES				
					Distribution by Fund and Program				
6,789	125	3,265	10,179	9,549	Medical Services for the Aged	22	5,249	4,946	4,946
7,124	73	4,844	12,041	11,578	Pharmaceutical Assistance to the Aged and Disabled	24	6,904	9,654	9,654
1,986	2	237	2,225	2,188	Programs for the Aged	55	1,356	1,333	1,333
1,115		187	1,302	1,298	(From General Fund)		485	462	462
871	2	50	923	890	(From Casino Revenue Fund)		871	871	871
1,451		-553	898	897	Office of the Ombudsman	56	826	826	826
734		-8	726	719	Office of the Public Guardian	57	681	681	681
18,084	200	7,785	26,069	24,931	Total Direct State Services		15,016	17,440	17,440
17,213	198	7,735	25,146	24,041	(From General Fund)		14,145 ^(a)	16,569	16,569
871	2	50	923	890	(From Casino Revenue Fund)		871	871	871
					Distribution by Fund and Object Personal Services:				
8,493		-678	7,815	7,814	Salaries and Wages		8,311	8,735	8,735
796			796	634	Salaries and Wages (CRF)		658	658	658
				161	Employee Benefits (CRF)		138	138	138
9,289		-678	8,611	8,609	Total Personal Services		9,107	9,531	9,531
8,493		-678	7,815	7,814	(From General Fund)		8,311	8,735	8,735
796			796	<i>795</i>	(From Casino Revenue Fund)		796	796	796
173		-3	170	166	Materials and Supplies		170	170	170
14			14	14	Materials and Supplies (CRF)		14	14	14
2,771		448	3,219	3,187	Services Other Than Personal		2,172	2,172	2,172
47		50	97	80	Services Other Than Personal (CRF)		47	47	47

	—Year Ending	June 30, 2002	2					Year Ending ——June 30, 2004———	
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	: Total	Expended			2003 Adjusted Approp.	Requested	Recom- mended
					DIRECT STATE SERVICES				
564		-130	434	431	Maintenance and Fixed Charges		450	450	450
2			2		Maintenance and Fixed Charges (CRF) Special Purpose:		2	2	2
1,487		-434	1,053	1,053	Fiscal Agent - Medical Services for the Aged	22	737	737	737
703			703	501	Community Choice/Acuity Audits	22			
	125	4,316	4,441	4,040	ElderCare Initiatives	22			
2,134	70	434	2,638	2,204	Payments to Fiscal Agent - PAA	24	2,134	4,134	4,134
		3,696	3,696	3,694	Senior Gold Prescription Assistance Program	24			
100			100	99	New Jersey Easy Access Single Point-of-Entry (NJEASE)	55			
170			170	170	Arthritis Quality of Life	55			
		191	191	190	Initiative Act ElderCare Advisory				
410			410	410	Commission Initiatives Federal Programs for the Aging	55			
208	3	-105	106	82	(State Share) Additions, Improvements and	55	143	143	143
12	2		14	1	Equipment Additions, Improvements and		28	28	28
	-			-	Equipment (CRF)		12	12	12
					GRANTS-IN-AID				
					Distribution by Fund and Program				
221,651	227,667	-3,736	445,582	435,086	Medical Services for the Aged	22	619,620	292,167	292,167
217,794	227,667	-3,736	441,725	431,609	(From General Fund)		615,763	261,109	261,109
3,857		2.706	3,857	3,477	(From Casino Revenue Fund)		3,857	31,058	31,058
436,280	65,558	-3,796	498,042	439,298	Pharmaceutical Assistance to the Aged and Disabled	24	393,052	282,669	282,669
178,352	1,184	-3,796	175,740	116,998	(From General Fund)	27	133,178	72,941	72,941
257,928	64,374		322,302	322,300	(From Casino Revenue Fund)		259,874	209,728	209,728
29,222	1,759	-407	30,574	30,321	Programs for the Aged	55	28,619	24,315	24,315
15,415		-357	15,058	14,808	(From General Fund)		14,257	13,025	13,025
13,807	1,759	-50	15,516	15,513	(From Casino Revenue Fund)		14,362	11,290	11,290
687,153	294,984	- 7,939	974,198	904,705	Total Grants-in-Aid		1,041,291	599,151	599,151
411,561	228,851	-7,889	632,523	563,415	(From General Fund)		763,198	347,075	347,075
275,592	66,133	-50	341,675	341,290	(From Casino Revenue Fund)	_	278,093	252,076	252,076
					Distribution by Fund and Object Grants:				
		1,138	1,138	1,138	Assisted Living Program (b)	22	13,973	16,940	16,940
25,807		-1,176	24,631	24,631	Community Care Alternatives	22	27,370		
3,253		-10	3,243	2,910	Community Care Alterna- tives (CRF)	22	3,253	30,623	30,623
130,590	227,664	-6,619	351,635	345,534	Payments for Medical Assistance Recipients -				,
					Nursing Homes (c)	22	166,497 330,000 s	161,306	161,306
32,520		8,246	40,766	40,766	Medical Day Care Services	22	49,046	58,863	58,863
9,000			9,000	9,000	Medicaid High Occupancy -		,	ŕ	,
ŕ			•	•	Nursing Homes	22	9,000	9,000	9,000
19,877	3	-5,325	14,555	10,540	ElderCare Initiatives	22	19,877	15,000	15,000
354		72	426	380	Home Care Expansion (CRF)	22	354	235	235

Orig. & (S)Supple- mental	—Year Ending	June 30, 2002					2002	Year Ending ——June 30, 2004———	
	Reapp. & (R)Recpts.	Transfers & (E)Emer- gencies	Total Available Expended			2003 Adjusted Approp.	Requested	Recom mende	
					GRANTS-IN-AID				
250		-62	188	187	Hearing Aid Assistance for the Aged and Disabled (CRF)	22	250	200	200
35,493		-100	35,393	34,643	Pharmaceutical Assistance to the Aged - Claims	24	36,626	36,626	36,620
67,859 25,000 s			92,859	71,543	Pharmaceutical Assistance to the Aged and Disabled - Claims ^(d)	24	5,959 62,500 S		,
257,928	64,374 R		322,302	322,300	Pharmaceutical Assistance to the Aged and Disabled - Claims (CRF) ^(e)	24	259,874	209,728	209,728
50,000	1,184	-3,696	47,488	10,812	Senior Gold Prescription Assistance Program	24	28,093	36,315	36,315
464			464	464	Arthritis Quality of Life		,	232	ŕ
8,130			8,130	8,130	Initiative Act Purchase of Social Services	55 55	464 8,673	8,673	232 8,673
3,500		-191	3,309	3,309	ElderCare Advisory	55	0,073	0,073	0,0/3
253		-191	253	253	Cost-of-Living Adjustment,	55	3,500	2,500	2,500
		-166	980	980	Senior Services	55			
1,146		-100	980	980	Cost-of-Living Adjustment, Deferred Cost, Senior Services	55			
733			733	733	Alzheimer's Disease Program	55	775	775	77:
2,483	330	-50	2,763	2,763	Demonstration Adult Day Care Center Program-Alzheimer's				
250			2.70		Disease (CRF)	55	2,632	2,632	2,632
250			250		Adult Day Care Center of Somerset County - Facility	55			
824			824	824	Adult Protective Services	55	845	845	843
1,752			1,752	1,752	Adult Protective Ser-	55	1,780	1,780	1 79
15			15	15	vices (CRF) CONTACT Cape - Atlantic	55	1,700	1,760	1,780
1,642	3		1,645	1,642	Senior Citizen Housing-Safe Housing and Transporta-				
100			100	100	tion (CRF) ^(f) Hunterdon County Department of Human Services - LINK	55	1,668	534	534
5,054	23		5,077	5,077	Program Respite Care for the	55			
1,907	1,403		3,310	3,310	Elderly (CRF) Congregate Housing Support	55	5,359	5,359	5,359
969			969	969	Services (CRF) ^(f) Home Delivered Meals	55	1,938		
707			707	707	Expansion (CRF)	55	985	985	985
					STATE AID				
					Distribution by Fund and Program				
6,533			6,533	5,408	Programs for the Aged	55	7,108	7,108	7,108
6,533			6,533	5,408	Total State Aid	_	7,108	7,108	7,108
					Distribution by Fund and Object State Aid:				
620			620	620	Cost-of-Living Adjustment, Senior Services	55			

Owig &	—Year Ending	June 30, 2002 Transfers &				Prog. Class.	2003 Adjusted Approp.	Year Ending ——June 30, 2004———	
Orig. & (S)Supple- mental	Reapp. & (R)Recpts.	(E)Emer- gencies	Total	Expended				Requested	Recom- mended
					STATE AID				
2,679			2,679	1,554	County Offices on Aging	55	2,832	2,832	2,832
3,234			3,234	3,234	Older Americans Act-State				
					Share	55	4,276	4,276	4,276
711,770	295,184	-154	1,006,800	935,044	Grand Total State Appropriation		1,063,415	623,699	623,699
				O	THER RELATED APPROPRIATIO	ONS			
					Federal Funds				
1,121,119	-321	-203	1,120,595	1,060,711	Medical Services for the Aged	22	1,351,873	1,347,746	1,347,746
					Pharmaceutical Assistance to				
					the Aged and Disabled	24	45,932	190,538	190,538
44,603									
250 S	3,331	5	48,189	41,740	Programs for the Aged	55	45,268	45,015	45,015
420	42	150	612	276	Office of the Ombudsman	56	420	600	600
250		52	302	272	Office of the Public Guardian	57	250	500	500
1,166,642	3,052	4	1,169,698	1,102,999	Total Federal Funds	_	1,443,743	1,584,399	1,584,399
					All Other Funds				
	1,127,000 R		1,127,000	1,127,000	Medical Services for the Aged	22		18,500	18,500
	166								
	134 ^R		300	138	Programs for the Aged	55	150	3,222	3,222
	32 p								
	40 R		72	44	Office of the Ombudsman	56			
	347 R		347	346	Office of the Public Guardian	57	550	600	600
<u></u> .	1,127,719	<u></u> _	1,127,719	1,127,528	Total All Other Funds	_	700	22,322	22,322
1,878,412	1,425,955	-150	3,304,217	3,165,571	GRAND TOTAL ALL FUNDS		2,507,858	2,230,420	2,230,420
						_			

Notes -- Direct State Services - General Fund

(a) The FY2003 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.

Notes -- Grants-In-Aid - General Fund

- (b) The Assisted Living Program was previously funded out of the Payments for Medical Assistance Recipients Nursing Homes account. The Alternate Family Care, Assisted Living Residence, and Comprehensive Personal Care Home programs are funded out of the Assisted Living Program appropriation.
- (c) Due to an enhanced federal match from the Intergovernmental Transfer, the FY2002 adjusted amount reflects a \$497.3 million offset. The FY2003 adjusted amount reflects a \$137.2 million offset. The FY2004 recommended and requested amount reflects a \$467 million federal revenues maximization IGT/Stimulus Bill/other initiatives 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. In FY2004, PAAD is funded entirely out of the Casino Revenue Fund. The FY2003 adjusted appropriation and FY2004 recommended and requested appropriation assumes the receipt of a PAAD federal waiver effective April 1, 2003.

Notes -- Grants-In-Aid - Casino Revenue Fund

- (e) In FY2002, \$92,859,000 has been shifted to the General Fund due to insufficient resources in the Casino Revenue Fund. In FY2003, \$68,459,000 has been shifted to the General Fund.
- (f) In fiscal year 2004, an appropriation for Congregate Housing Support Services and Senior Citizen Housing-Safe Housing and Transportation in the amount of \$3.0 million shall be provided from revenues received from the Housing and Mortgage Finance Agency (HMFA).

Language Recommendations -- Direct State Services - General Fund

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

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

The unexpended balances, as of June 30, 2003, in the Payments to Fiscal Agent - PAA account are appropriated.

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

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

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

- The amounts hereinabove appropriated for Payments for Medical Assistance Recipients-Nursing Homes are available for the payment of obligations applicable to prior fiscal years.
- In order to permit flexibility in the handling of appropriations and ensure the timely payment of claims to providers of medical services, amounts may be transferred to and from the various items of appropriation within the General Medical Services program classification in the Division of Medical Assistance and Health Services in the Department of Human Services and the Medical Services for the Aged program classification in Senior Services in the Department of Health and Senior Services, subject to the approval of the 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, 2004 are appropriated for payments to providers in the same program class from which the recovery originated.
- Notwithstanding the provisions of any other law to the contrary, a sufficient portion of receipts generated or savings realized in the Medical Services for the Aged Grants-In-Aid accounts from initiatives included in the fiscal year 2004 Budget may be transferred to administration accounts to fund costs incurred in realizing these additional receipts or savings, subject to the approval of the Director of the Division of Budget and Accounting.
- The Division of Medical Assistance and Health Services in the Department of Human Services and the Department of Health and Senior Services, subject to federal approval, shall implement policies that would limit the ability of persons who have the financial ability to provide for their own long-term care needs to manipulate current Medicaid rules to avoid payment for that care. The Division of Medical Assistance and Health Services and the Department of Health and Senior Services shall require, in the case of a married individual requiring long-term care services, that the portion of the couple's resources which are not protected for the needs of the community spouse be used solely for the purchase of long-term care services.
- Such sums as may be necessary are appropriated from enhanced audit recoveries obtained by the Department of Health and Senior Services to fund the costs of enhanced audit recovery efforts of the department within the Medical Services for the Aged program classification, subject to the approval of the Director of the Division of Budget and Accounting.
- Notwithstanding the provisions of any other law to the contrary, no funds appropriated for Medicaid nursing facility reimbursement shall be expended for administrator or assistant administrator costs or nonfood general costs in excess of 100% of the median for those cost centers, subject to the notice provisions of 42 CFR 447.205.
- Notwithstanding the provisions of any other law to the contrary, effective July 1, 2003, reimbursement for nursing facility services shall be 50% of the per diem rate when a Medicaid beneficiary is hospitalized. These payments shall be limited to the first 10 days of the hospitalization. Medicaid reimbursement for nursing facility services shall be discontinued beyond the 10th day of the hospitalization.
- The funds appropriated hereinabove for Payments for Medical Assistance Recipients Medicaid High Occupancy Nursing Homes shall be distributed for patient services among those nursing homes where Medicaid patient day occupancy level is at or above 75%. Each such facility shall receive its distribution through a prospective per diem rate adjustment according to the following formula: E = A 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, 2003; T Medicaid days is the total reported Medicaid days for all affected nursing homes; and F is the total amount of State and federal funds to be distributed. No nursing home shall receive a total allocation greater than the amount lost, due to adjustments in Medicaid reimbursement methodology, which became effective April 1, 1995. Any balances remaining undistributed, from the abovementioned amount, shall be deposited in a reserve account in the General Fund.
- The amounts hereinabove appropriated for payments for the Pharmaceutical Assistance to the Aged and Disabled program, P.L.1975, c.194 (C.30:4D-20 et seq.), and the Senior Gold Prescription Discount Program, P.L.2001, c.96 (C.30:4D-43 et seq.), are available for the payment of obligations applicable to prior fiscal years.
- Benefits provided under the Pharmaceutical Assistance to the Aged and Disabled (PAA/D) program, P.L.1975, c.194 (C.30:4D-20 et seq.), and the Senior Gold Prescription Discount Program, P.L.2001, c.96 (C.30:4D-43 et seq.), shall be the last resource benefits, notwithstanding any provisions contained in contracts, wills, agreements or other instruments. Any provision in a contract of insurance, will, trust agreement or other instrument which reduces or excludes coverage or payment to an individual because of that individual's eligibility for or receipt of PAA/D or Senior Gold benefits shall be void, and no PAA/D and 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 copayment 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 and the Senior Gold Prescription Discount Program shall continue throughout fiscal year 2004. All revenues from such rebates during the fiscal year ending June 30, 2004, are appropriated for the Pharmaceutical Assistance to the Aged and Disabled program and the Senior Gold Prescription Discount Program.
- Notwithstanding the provisions of any other law or regulation to the contrary, effective July 1, 2003, each prescription order dispensed in the Pharmaceutical Assistance to the Aged and Disabled program and the Senior Gold Prescription Discount Program for Maximum Allowable Cost (MAC) drugs shall state "Brand Medically Necessary" in the prescriber's own handwriting if the prescriber determines that it is necessary to override generic substitution of drugs, and each prescription order shall follow the requirements of P.L.1977, c.240 (C.24:6E-1 et seq.).
- Notwithstanding the provisions of any other law or regulation to the contrary, effective July 1, 2003, no State funds are appropriated for a Drug Utilization Review Council in the Department of Health and Senior Services and therefore the functions of the Council shall cease.
- Notwithstanding the provisions of any other law to the contrary, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled program, pursuant to P.L.1975, c.194 (C.30:4D-20 et seq.), and the Senior Gold Prescription Discount Program, pursuant to P.L.2001, c.96 (C.30:4D-43 et seq.), shall be expended unless participating pharmaceutical manufacturing companies execute contracts with the Department of Health and Senior Services, through the Department of Human Services, providing for the payment of rebates to the State.
- Notwithstanding the provisions of any other law or regulation to the contrary, effective July 1, 2003 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 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, 2003 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 15% 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; (c) the current prescription drug dispensing fee structure set as a variable rate of \$3.73 to \$4.07 is in effect on June 30, 2003 shall remain in effect through fiscal year 2004, including the current increments for patient consultation, impact allowances and allowances for 24-hour emergency services; and (d) multisource generic and single source brand name drugs shall be dispensed without prior authorization but multisource brand name drugs shall require prior authorization issued by the Department of Health and Senior Services or its authorizing agent. Certain multisource brand name drugs with a narrow therapeutic index or brand name drugs with lower cost per unit than the generic, may be excluded from prior authorization by the Department of Health and Senior Services.
- Notwithstanding the provisions of any other law to the contrary, no funds appropriated for the Pharmaceutical Assistance for the Aged and Disabled program and the Senior Gold Prescription Discount Program shall be used to pay for quantities of erectile dysfunction therapy medication in excess of four treatments per month. Moreover, payment will only be provided if the diagnosis of erectile dysfunction is written on the prescription form and the treatment is provided to males over the age of 18 years.
- In addition to the amount hereinabove, there are appropriated from the General Fund and available federal matching funds such additional sums as may be required for the payment of claims, credits and rebates, subject to the approval of the Director of the Division of Budget and Accounting.
- Notwithstanding the provisions of any other law to the contrary, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled (PAA/D) program and the Senior Gold Prescription Discount Program are available to pharmacies that have not submitted an application to enroll as an approved medical supplier in the Medicare program, unless they already are an approved Medicare medical supplier. Pharmacies will not be required to bill Medicare directly, but must agree to allow PAAD to bill Medicare on their behalf by completing and submitting an electronic data interchange (EDI) form to PAAD. Beneficiaries are responsible for the applicable PAA/D or Senior Gold copayment.
- No funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled and Senior Gold programs shall be expended for prescriptions in excess of 10 a month per client unless approved by the Department of Health and Senior Services under a program to review the necessity and safety of drugs prescribed for those clients who exceed this number.
- Notwithstanding the provisions of any law or regulation to the contrary, effective July 1, 2003, the Department of Health and Senior Services shall establish a voluntary prescription drug mail-order program.
- Notwithstanding the provisions of any law or regulation to the contrary, the Commissioner of Health and Senior Services shall establish a list of preferred drugs for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) and the Senior Gold programs upon the recommendation of a Pharmacy and Therapeutics Committee which he/she shall appoint. No funds may be expended to reimburse non-preferred drugs through the PAAD or Senior Gold programs unless there is medical justification received through a prior authorization process.
- At any point during the year and notwithstanding the provisions of any other law or regulation to the contrary, subject to the approval of a plan by the Commissioner of the Department of Health and Senior Services, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled program, pursuant to P.L.1975, c.194 (C.30:4D-20 et seq.), or the Senior Gold Prescription Discount Program, pursuant to P.L.2001, c.96 (C.30:4D-43 et seq.), shall be expended unless participating pharmaceutical manufacturing companies execute contracts with the Department of Health and Senior Services, through the Department of Human Services, providing for (i) the payment of rebates to the State on the same basis as provided for in section 1927 (a) through (c) of the federal Social Security Act, 42 U.S.C. s.1396r-8(a)-(c) and (ii) additional rebates on drugs on the preferred list as determined by the Commissioner.

- Notwithstanding the provisions of any law or regulation to the contrary, no funds appropriated in the Pharmaceutical Assistance to the Aged and Disabled program are available to meet the costs of benefits for any beneficiaries who have liquid assets in excess of \$75,000 for single persons and \$100,000 for married couples, where liquid assets include but are not limited to savings accounts, checking accounts, stocks, bonds, certificates of deposit, annuities, trusts, savings bonds, money market funds, mutual funds, Treasury notes, Treasury bills and Treasury bonds. Liquid assets do not include the beneficiary's principal place of residence and one automobile. An applicant shall be considered ineligible for PAAD benefits if the applicant or his spouse has disposed of resources of less than fair market value at anytime within the 36-month period prior to his applying in order to become eligible for PAAD benefits. Any PAAD applicant found ineligible for the PAAD program solely because of this asset test, shall become eligible for the PAAD program solely because of this asset test, shall remain eligible to receive Lifeline Tenants or Lifeline Credits benefits and Hearing Aid Assistance.
- From the amount appropriated hereinabove for the Senior Gold Prescription Discount Program, an amount not to exceed \$3,750,000 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 2004, subject to the approval of the Director of the Division of Budget and Accounting.
- Notwithstanding the provisions of any other law to the contrary and subject to the notice provisions of 42 CFR 447.205, for rates implemented on or after July 1, 2000, target occupancy as determined pursuant to N.J.A.C.10:63-3.16 shall not apply to those facilities receiving enhanced rates of reimbursement pursuant to N.J.A.C.10:63-2.21. The per diem amounts for all other expenses of the enhanced rates shall be based upon reasonable base period costs divided by actual base period patient days, but no less than 85% of licensed bed days shall be used.
- Notwithstanding the provisions of any other law to the contrary, effective July 1, 2003, reimbursement for nursing facility services, including Special Patient Care rates, shall be limited with the exception of the target occupancy adjustment, to the base rates established during FY2003 adjusted for inflation as calculated in N.J.A.C.10:63.
- Such sums as may be necessary are appropriated from the General Fund for the payment of increased nursing home rates to reflect the costs incurred due to the payment of a nursing home provider assessment (pending enactment of legislation), subject to the approval of the Director of the Division of Budget and Accounting of a plan to be submitted by the Commissioner of Health and Senior Services.

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, 2004, are appropriated for payments to providers in the same program class from which the recovery originated.
- In order to permit flexibility in the handling of appropriations and ensure the timely payment of claims to providers of medical services, amounts may be transferred to and from the various items of appropriation within the Medical Services for the Aged program classification, subject to the approval of the Director of the Division of Budget and Accounting. Notice thereof shall be provided to the Legislative Budget and Finance Officer on the effective date of the approved transfer.
- For the purposes of account balance maintenance, all object accounts in the Medical Services for the Aged program classification shall be considered as one object. This will allow timely payment of claims to providers of medical services but ensure that no overspending will occur in the program classification.
- Notwithstanding the provisions of P.L.1988, c.92 (C.30:4E-5 et seq.) to the contrary, funds appropriated for the Home Care Expansion Program (HCEP) shall be paid only for individuals enrolled in the program as of June 30, 1996 who are not eligible for the Community Care Program for the Elderly and Disabled or alternative programs, and only for so long as those individuals require services covered by the HCEP. Individuals enrolled in the HCEP as of June 30, 1996 and eligible for the Community Care Program for the Elderly and Disabled, may apply to be enrolled in that program.
- Notwithstanding the provisions of any other law to the contrary, a sufficient portion of receipts generated or savings realized in Casino Revenue Fund Medical Services for the Aged or Pharmaceutical Assistance to the Aged and Disabled Grants-In-Aid accounts from initiatives included in the fiscal year 2004 budget may be transferred to administration accounts to fund costs incurred in realizing these additional receipts or savings, subject to the approval of the Director of the Division of Budget and Accounting.
- The amounts hereinabove appropriated for payments for the Pharmaceutical Assistance to the Aged and Disabled Program, P.L.1975, c.194 (C.30:4D-20 et seq.), are available for the payment of obligations applicable to prior fiscal years.
- Benefits provided under the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program, P.L.1975, c.194 (C.30:4D-20 et seq.), shall be the last resource benefits, notwithstanding any provision contained in contracts, wills, agreements or other instruments. Any provision in a contract of insurance, will, trust agreement or other instrument which reduces or excludes coverage or payment to an individual because of that individual's eligibility for or receipt of PAAD benefits shall be void, and no PAAD payments shall be made as a result of any such provision.
- Notwithstanding the provisions of section 3 of P.L.1975, c.194 (C.30:4D-22) to the contrary, the copayment in the Pharmaceutical Assistance to the Aged and Disabled program shall be \$5.00.

- Notwithstanding the provisions of any other law 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 2004. All revenues from such rebates during the fiscal year ending June 30, 2004 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, 2003, 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.).
- Notwithstanding the provisions of any other law or regulation to the contrary, effective July 1, 2003, no State funds are appropriated for a Drug Utilization Review Council in the Department of Health and Senior Services and therefore the functions of the Council shall cease.
- Notwithstanding the provisions of any other law to the contrary, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled program, pursuant to P.L.1975, c.194 (C.30:4D-20 et seq.), shall be expended unless participating pharmaceutical manufacturing companies execute contracts with the Department of Health and Senior Services, through the Department of Human Services, providing for the payment of rebates to the State.
- Notwithstanding the provisions of any other law or regulation to the contrary, effective July 1, 2003 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, 2003 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 15% 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; (c) the current prescription drug dispensing fee structure set as a variable rate of \$3.73 to \$4.07 is in effect on June 30, 2003 shall remain in effect through fiscal year 2004, including the current increments for patient consultation, impact allowances and allowances for 24-hour emergency services; and (d) multisource generic and single source brand name drugs shall be dispensed without prior authorization but multisource brand name drugs shall require prior authorization issued by the Department of Health and Senior Services or its authorizing agent. Certain multisource brand name drugs with a narrow therapeutic index or brand name drugs with lower cost per unit than the generic, may be excluded from prior authorization by the Department of Health and Senior Services.
- Notwithstanding the provisions of any other law to the contrary, no funds appropriated for the Pharmaceutical Assistance to the Aged and the Disabled program shall be used to pay for quantities of erectile dysfunction therapy medication in excess of four treatments per month. Moreover, payment will only be provided if the diagnosis of erectile dysfunction is written on the prescription form and the treatment is provided to males over the age of 18 years.
- Notwithstanding the provisions of any other law to the contrary, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled (PAA/D) program are available to pharmacies that have not submitted an application to enroll as an approved medical supplier in the Medicare program, unless they already are an approved Medicare medical supplier. Pharmacies will not be required to bill Medicare directly, but must agree to allow PAAD to bill Medicare on their behalf by completing and submitting an electronic data interchange (EDI) form to PAAD. Beneficiaries are responsible for the applicable PAA/D copayment.
- No funds appropriated in the Pharmaceutical Assistance to the Aged and Disabled and Senior Gold programs shall be expended for prescriptions in excess of 10 a month per client unless approved by the Department of Health and Senior Services under a program to review the necessity and safety of drugs prescribed for those clients who exceed this number.
- Notwithstanding the provisions of any law or regulation to the contrary, no funds appropriated in the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program are available to meet the costs of benefits for any beneficiaries who have liquid assets in excess of \$75,000 for single persons and \$100,000 for married couples, where liquid assets include but are not limited to savings accounts, checking accounts, stocks, bonds, certificates of deposit, annuities, trusts, savings bonds, money market funds, mutual funds, Treasury notes, Treasury bills and Treasury bonds. Liquid assets do not include the beneficiary's principal place of residence and one automobile. An applicant shall be considered ineligible for PAAD benefits if the applicant or his spouse has disposed of resources of less than fair market value at anytime within the 36-month period prior to his applying in order to become eligible for PAAD benefits. Any PAAD applicant found ineligible for the PAAD program solely because of this asset test, shall become eligible for the PAAD program solely because of this asset test, shall remain eligible to receive Lifeline Tenants or Lifeline Credits benefits and Hearing Aid Assistance.
- Notwithstanding the provisions of any law or regulation to the contrary, effective July 1, 2003, the Department of Health and Senior Services shall establish a voluntary prescription drug mail-order program.
- Notwithstanding the provisions of any law or regulation to the contrary, the Commissioner of Health and Senior Services shall establish a list of preferred drugs for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) and the Senior Gold programs upon the recommendation of a Pharmacy and Therapeutics Committee which he/she shall appoint. No funds may be expended to reimburse non-preferred drugs through the PAAD or Senior Gold programs unless there is medical justification received through a prior authorization process.

- At any point during the year and notwithstanding the provisions of any other law or regulation to the contrary, subject to the approval of a plan by the Commissioner of Health and Senior Services, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled program, pursuant to P.L.1975, c.194 (C.30:4D-20 et seq.), 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 (i) the payment of rebates to the State on the same basis as provided for in section 1927 (a) through (c) of the federal Social Security Act, 42 U.S.C. s.1396r-8(a)-(c) and (ii) additional rebates on drugs on the preferred list as determined by the Commissioner.
- Notwithstanding the provisions of section 2 of P.L.1988, c.114 (C.26:2M-10) to the contrary, private for- profit agencies shall be eligible grantees for funding from the Demonstration Adult Day Care Center Program Alzheimer's Disease account.
- Notwithstanding the provisions of any other law to the contrary, of the amount appropriated hereinabove for the Respite Care for the Elderly (CRF) account, \$700,000 shall be charged to the Casino Simulcasting Fund.

DEPARTMENT OF HEALTH AND SENIOR SERVICES

Language Recommendations -- Direct State Services - General Fund

- Notwithstanding the provisions of any other law to the contrary, there is appropriated to the Department of Health and Senior Services from the Health Care Subsidy Fund, established pursuant to section 8 of P.L.1992, c.160 (C.26:2H-18.58), to continue to fund programs established pursuant to section 25 of P.L.1991, c.187 (C.26:2H-18.47), section 30 of P.L. 1997, c.192 and section 15 of P.L.1998, c.43, through the annual .53% 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% of poverty and the Infant Mortality Reduction Program. Of the funds remaining, \$11,000,000 is available for payments to federally qualified health centers. Any remaining available funds may be used to increase payments to federally qualified health centers and to fund programs established pursuant to section 25 of P.L.1991, c.187 (C.26:2H-18.47), section 30 of P.L.1997, c.192 and section 15 of P.L.1998, c.43, as determined by the Commissioner of Health and Senior Services, subject to the approval of the Director of the Division of Budget and Accounting. Any unexpended balance as of June 30, 2003 in the Health Care Subsidy Fund received through the .53% annual assessment on hospitals made during fiscal year 2003 is appropriated.
- Receipts from licenses, permits, fines, penalties and fees collected by the Department of Health and Senior Services, in excess of those anticipated, are appropriated, subject to the approval of the Director of the Division of Budget and Accounting.
- Notwithstanding the provisions of section 7 of P.L.1992, c.160 (C.26:2H-18.57) or any other law to the contrary, the first \$1,200,000 in per adjusted admission charge assessment revenues, attributable to \$10.00 per adjusted admission charge assessments made by the Department of Health and Senior Services, shall be anticipated as revenue in the General Fund available for health-related purposes. Furthermore, it is recommended that the remaining revenue attributable to this fee shall be available to carry out the provisions of section 7 of P.L. 1992, c.160 (C.26:2H-18.57), as determined by the Commissioner of Health and Senior Services and subject to the approval of the Director of the Division of Budget and Accounting.
- Notwithstanding the provisions of any other law to the contrary, the State Treasurer shall transfer to the Health Care Subsidy Fund, established pursuant to section 8 of P.L. 1992, c.160 (C.26:2H-18.58), only those additional revenues generated from third party liability recoveries, excluding Medicaid, by the State arising from a review by the Director of the Division of Budget and Accounting of hospital payments reimbursed from the Health Care Subsidy Fund with service dates that are after the date of enactment of P.L.1996, c.29.
- Notwithstanding the provisions of any other law to the contrary, the Commissioner of Health and Senior Services shall devise, at the commissioner's discretion, rules or guidelines that allocate reductions in health service grants to the extent possible toward administration, and not client services.
- Any change in program eligibility criteria and increases in the types of services or rates paid for services to or on behalf of clients for all programs under the purview of the Department of Health and Senior Services, not mandated by federal law, shall first be approved by the Director of the Division of Budget and Accounting.
- Notwithstanding the provisions of any other law to the contrary, fees, fines, penalties and assessments owed to the Department of Health and Senior Services shall be offset against payments due and owing from other appropriated funds.
- In addition to the amount hereinabove, receipts from the federal Medicaid (Title XIX) program for health services-related programs throughout the Department of Health and Senior Services are appropriated, subject to the approval of the Director of the Division of Budget and Accounting.

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

- In order to permit flexibility in implementing the ElderCare Initiatives within the Medical Services for the Aged program classification, amounts may be transferred between Direct State Services and Grants-In-Aid accounts, subject to the approval of the Director of the Division of Budget and Accounting. Notice thereof shall be provided to the Legislative Budget and Finance Officer on the effective date of the approved transfer.
- In order to permit flexibility in implementing the ElderCare Advisory Commission Initiatives within the Programs for the Aged program classification, amounts may be transferred between Direct State Services and Grants-In-Aid accounts, subject to the approval of the Director of the Division of Budget and Accounting. Notice thereof shall be provided to the Legislative Budget and Finance Officer on the effective date of the approved transfer.
- There are appropriated such sums as are necessary to counties with Class II Governmental Nursing Facilities, effective July 1, 2003, to satisfy obligations incurred in connection with the Intergovernmental Transfer Program.

Language Recommendations -- State Aid - General Fund

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

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