


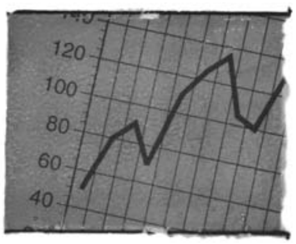



ANALYSIS OF THE NEW JERSEY BUDGET

DEPARTMENT OF HEALTH AND SENIOR SERVICES

FISCAL YEAR 2009 - 2010

PREPARED BY OFFICE OF LEGISLATIVE SERVICES
NEW JERSEY LEGISLATURE • APRIL 2009

NEW JERSEY STATE LEGISLATURE

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This report was prepared by the Human Services Section of the Office of Legislative Services under the direction of the Legislative Budget and Finance Officer. The primary author was Jay A. Hershberg.

Questions or comments may be directed to the OLS Human Services Section (609-292-1646) or the Legislative Budget and Finance Office (609-292-8030).

DEPARTMENT OF HEALTH AND SENIOR SERVICES

Budget Pages....... C-6, C-13 to C-14, D-143 to D-174, G-3, H-25 to H-27

Fiscal Summary ($000)

	Expended FY 2008	Adjusted Appropriation FY 2009	Recommended FY 2010	Percent Change 2009-10
State Budgeted	$1,702,099	$1,602,124	$1,243,878	(22.4%)
Federal Funds	1,556,271	1,841,795	2,089,996	13.5%
Other	281,748	316,860	318,026	0 .4%
Grand Total	$3,540,118	$3,760,779	$3,651,900	(2.9%)

Personnel Summary - Positions By Funding Source

	Actual FY 2008	Revised FY 2009	Funded FY 2010	Percent Change 2009-10
State	779	704	695	(1.3%)
Federal	762	717	704	(1.8%)
Other	324	300	299	(0.3%)
Total Positions	1,865	1,721	1,698	(1.3%)

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

Key Points

Health Services

- **Direct State Services.** Recommended appropriations increase $3.7 million, to $40.6 million, as follows:

  Appropriations for Vital Statistics ($1.3 million), Family Health Services ($2.7 million), and AIDS Services ($1.5 million) are unchanged.

  Public Health Protection Services appropriations are reduced by about $1.1 million, to $20.8 million, as Special Purpose anti-smoking programs are reduced.

  Laboratory Services appropriations increase by $4.8 million, to $14.4 million, for laboratory relocation and the West Nile Virus-Laboratory.

Key Points (Cont'd)

- **Grants-in-Aid.** Recommended **General Fund** appropriations decrease $8.5 million, to $225.9 million, as follows:

  Family Health Services grant funding decreases by $11.2 million, from $144.2 million to $133.0 million. The following grants are reduced or eliminated: Family Planning Services; Chronic Renal Disease Services; Early Childhood Intervention; Cleft Palate Program; Tourette Syndrome Association of New Jersey; Services to Victims of Huntington's Disease; Postpartum Education Campaign; and Federally Qualified Health Center programs.

  An Increase in federal funds from the American Economic Recovery and Investment Act will offset reductions in Early Childhood Intervention and Federally Qualified Health Centers programs.[1] Other federal funds available to the department may be able to offset some of the other grant reductions.

  Public Health Protection Services grant funding is reduced $1.6 million, from $60.5 million to about $59.0 million. The following grants are reduced by a total of $9.6 million: Cancer Research ($7.0 million); Cancer Institute of New Jersey ($2.0 million); and Cancer Institute of New Jersey, South Jersey Program – Debt Service ($0.6 million).

  Offsetting the above reductions, an additional $8.0 million is recommended for the Medical Emergency Disaster Preparedness for Bioterrorism ($4.0 million) and Hospital Asset Transformation Program – Debt Service ($4.0 million) programs.

  AIDS Services grant funding is increased by $4.0 million, to approximately $34.0 million, for costs associated with the AIDS Drug Distribution Program (ADDP). Savings of $1.4 million are anticipated by adopting a $6.00 - $30.00 co-payment for persons enrolled in ADDP with incomes greater than 100% of the federal poverty level.

- **State Aid** for local health departments through Public Health Priority Funding is unchanged at $2.4 million.

- **Casino Revenue Funds** for the Statewide Birth Defects Registry is unchanged at $0.5 million.

- **Federal Funds** available for expenditure increase by $12.7 million, from $352.4 million to $365.1 million.

  Federal funds for Vital Statistics ($1.1 million) and Laboratory Services ($3.9 million) are unchanged from FY 2009 levels.

  Federal funds for Family Health Services increase $12.8 million, to $214.1 million. Most of the increase is related to the American Economic Recovery and Investment Act which provides additional funds for the Early Childhood Intervention Program ($5.4 million), Supplemental Food Program, WIC ($6.0 million) and Elderly Nutrition ($1.1 million)

[1] Federally qualified health centers will receive federal funds directly from the federal government.

Key Points (Cont'd)

Public Health Protection Services federal funds increase $2.9 million, to approximately $73.0 million, and are related to an Immunization Project grant.

Federal funds available for AIDS Services decrease by $3.0 million, to $73.1 million, due to a reduction in the HIV/AIDS Prevention and Education Grants program.

- Other Funds decrease $0.2 million, to $104.6 million. Public Health Protection Services funds decrease by $1.5 million, due to a $1.6 million reduction in Emergency Medical Technician Training Fund expenditures; and AIDS Services funds increase $1.4 million, to $26.4 million, due to a proposed AIDS Drug Distribution Program co-payment.

Health Planning and Evaluation

- Direct State Services recommended appropriations are unchanged at approximately $6.6 million.

- Grants-in-Aid recommended appropriations are reduced $2.0 million, from $62.5 million to $60.5 million. These monies represent a portion of the Health Care Subsidy Fund Payments (Charity Care) payments to hospitals. Overall Charity Care funding is unchanged at $605.0 million.

  Proposed budget language, D-159 to D-160, amends FY 2009 budget language as to the distribution of Charity Care funds among hospitals. While the overall amount of Charity Care funds to be distributed is unchanged at $605 million, some hospitals may receive more Charity Care funds in FY 2010 than in FY 2009, while other hospitals may receive less Charity Care. As of this writing, hospital specific FY 2010 Charity Care distribution amounts compared to FY 2009 distribution amounts is not available.

- Federal Funds are unchanged at $116.5 million. These monies primarily consist of Appropriated Federal Charity Care ($92.1 million) and Medicare/Medicaid Inspection of Nursing Facilities funds ($16.7 million).

- Other Funds of $56.8 million are unchanged from FY 2009 levels. The majority of funds represent: $40 million from the 0.53% assessment on hospital revenues (which is capped at $40.0 million and is distributed to the federally qualified health centers); and $7.2 million from the $10.00 assessment on hospital discharges which is used for department operations. (In addition to the $7.2 million, approximately $8.7 million in unexpended FY 2008 funds were available for department operations.)

Health Administration

- Direct State Services. Recommended appropriations are unchanged at $3.1 million, including $1.5 million for the Office of Minority and Multicultural Health.

- Federal Funds of $3.4 million are anticipated, the same as in FY 2009.

Key Points (Cont'd)

- Other Funds increase by $0.1 million, to $1.5 million, as additional Administrative Overhead funds are allocated. In addition, approximately $1.8 million in unexpended FY 2008 funds are available.

Senior Services

- Direct State Services. Recommended appropriations of $13.4 million are unchanged from FY 2009 adjusted levels and fund: Medical Services for the Aged - $4.6 million; Pharmaceutical Assistance to the Aged and Disabled - $7.8 million; Programs for the Aged - $0.4 million[2]; and Office of the Public Guardian - $0.6 million.

- Grants-in-Aid. Recommended General Fund appropriations decrease by $337.5 million, from $1.033 billon to $713.9 million due to receipt of $319.1 million in Enhanced Federal Medicaid Matching Percentage funds. (As presented here, the additional federal funds are applied against the General Fund appropriation. The FY 2010 recommended budget applied the additional federal funds against the TOTAL Grants-in-Aid appropriation including Casino Revenue Funds.)

  Medical Services for the Aged. General Fund appropriations decrease $4.5 million, from $919.7 million to $915.1 million, as follows:

  Payments to Medical Assistance Recipients – Nursing Homes appropriations increase $6.3 million, to $747.9 million. Savings of $50.0 million are realized by not basing rates on 2008 cost report data provided by nursing homes.

  Global Budget for Long Term Care funding will increases $7.8 million, to $55.1 million, as over 580 additional clients will be served by the program.

  Medical Day Care Services appropriations will decrease $18.6 million, from $106.9 million to $88.3 million. Savings of $18.0 million are anticipated by reimbursing all providers $70 per day. At present, the average reimbursement rate is $93 per day.

  Pharmaceutical Assistance to the Aged and Disabled (PAAD). General Fund appropriations decrease $13.9 million, from $97.7 million to $83.4 million.

  PAAD appropriations decrease $7.8 million, from $83.4 million to $75.5 million.

  Senior Gold appropriations decrease $6.1 million, to $8.3 million.

  In coordination with prescription drug and other savings initiatives in the Medicaid program, savings of $42.2 million are incorporated into the $228.7 million General Fund and Casino Revenue Fund appropriation for PAAD and Senior Gold.

  The number of persons enrolled in PAAD and Senior Gold are estimated at 165,200 and 12,000, respectively.

[2] An additional $0.9 million in Casino Revenue Funds supplements the General Fund appropriation.

Key Points (Cont'd)

Programs for the Aged appropriations are virtually unchanged at $15.5 million.

- State Aid appropriations of $7.2 million for County Office on Aging ($2.5 million) and Older Americans Act – State Share ($4.7 million) are unchanged from FY 2009 levels.

- Casino Revenue Fund appropriations for Direct State Services and Grants-in-Aid are reduced by $13.6 million, from $201.9 million to $188.3 million. Most Casino Revenue Funds are allocated to the Pharmaceutical Assistance to the Aged and Disabled where funding would be reduced from $158.5 million to $144.9 million.

- Federal Funds increase by $235.5 million, to $1.605 billion. Approximately $1.556 billion of the Federal Funds are for costs of the Medical Services for the Elderly program which supports nursing homes and various community programs.

- Other Fund appropriations increase by about $0.2 million to $137.5 million. Most of the monies represent the Nursing Home Provider Assessment Fee ($136.0 million) which is passed through to nursing homes to improve patient care. The Office of the Public Guardian anticipates an additional $0.2 million in Other Funds, to $1.3 million.

Background Papers:

Fiscal and Personnel Summary

AGENCY FUNDING BY SOURCE OF FUNDS ($000)

	Expended FY 2008	Adj. Approp. FY 2009	Recom. FY 2010	Percent Change 2008-10	Percent Change 2009-10
General Fund					
Direct State Services	$89,146	$60,009	$63,744	(28.5%)	6.2%
Grants-In-Aid	1,327,258	1,330,138	981,791	(26.0%)	(26.2%)
State Aid	9,413	9,552	9,552	1.5%	0.0%
Capital Construction	17	0	0	(100.0%)	0.0%
Debt Service	0	0	0	0.0%	0.0%
Sub-Total	$1,425,834	$1,399,699	$1,055,087	(26.0%)	(24.6%)
Property Tax Relief Fund					
Direct State Services	$0	$0	$0	0.0%	0.0%
Grants-In-Aid	0	0	0	0.0%	0.0%
State Aid	0	0	0	0.0%	0.0%
Sub-Total	$0	$0	$0	0.0%	0.0%
Casino Revenue Fund	$276,265	$202,425	$188,791	(31.7%)	(6.7%)
Casino Control Fund	$0	$0	$0	0.0%	0.0%
State Total	$1,702,099	$1,602,124	$1,243,878	(26.9%)	(22.4%)
Federal Funds	$1,566,271	$1,841,795	$2,089,996	33.4%	13.5%
Other Funds	$281,748	$316,860	$318,026	12.9%	0.4%
Grand Total	$3,540,118	$3,760,779	$3,651,900	3.2%	(2.9%)

PERSONNEL SUMMARY - POSITIONS BY FUNDING SOURCE

	Actual FY 2008	Revised FY 2009	Funded FY 2010	Percent Change 2008-10	Percent Change 2009-10
State	779	704	695	(10.8%)	(1.3%)
Federal	762	717	704	(7.6%)	(1.8%)
All Other	324	300	299	(7.7%)	(0.3%)
Total Positions	1,865	1,721	1,698	(9.0%)	(1.3%)

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

AFFIRMATIVE ACTION DATA

Total Minority Percent	35.4%	36.1%	36.1%	----	----

Significant Changes/New Programs ($000)

Budget Item	Adj. Approp. FY 2009	Recomm. FY 2010	Dollar Change	Percent Change	Budget Page
		Health Services			
Public Health Protection Services: Direct State Services	$21,836	$20,781	($1,055)	(4.8%)	D-150

Funding for anti-smoking programs are reduced by $1.04 million as follows: School Based Programs and Youth Anti Smoking ($840,000 reduction) and Anti Smoking Programs ($200,000 reduction). Information as to why funding is reduced is not available.

In addition to the anti-smoking reductions, the Personal Services account is reduced by $15,000.

Budget Item	Adj. Approp. FY 2009	Recomm. FY 2010	Dollar Change	Percent Change	Budget Page
Laboratory Services: Direct State Services	$9,581	$14,371	$ 4,790	50.0%	D-150

Funding for the following programs is increased by approximately $4.8 million as follows: Services Other Than Personal - $2.5 million; Additions, Improvements and Equipment - $1.65 million; and West Nile Virus – Laboratory - $640,000.

The following is noted:

- At the Administration's request, no funds were appropriated for the West Nile Virus – Laboratory in FY 2009. Information as to why funding is restored in FY 2010 is not available.
- The $4,150,000 increase for Services Other Than Personal and Additions, Improvements and Equipment is for relocations costs to a new laboratory under construction in West Trenton. While the laboratory's steel structure is complete, it is not known whether the laboratory will be completed by June 2010. Further, it is not known whether the overall $150 million available for construction and related costs of the new laboratory included funds for these relocation expenses.

Budget Item	Adj. Approp. FY 2009	Recomm. FY 2010	Dollar Change	Percent Change	Budget Page
Family Health Services: Grants-in-Aid (General Fund)	$144,180	$133,004	($11,176)	(7.8%)	D-151

The following grant accounts are reduced by the amounts indicated below:

- Family Planning Services - $399,000;
- Chronic Renal Disease Services - $25,000;
- Early Childhood Intervention - $4.4 million;
- Cleft Palate Program - $36,000;
- Tourette Syndrome Association of New Jersey - $300,000
- Services to Victims of Huntington's Disease - $16,000;
- Postpartum Education Campaign - $500,000.

Significant Changes/New Programs ($000) (Cont'd)

Budget Item	Adj. Approp. FY 2009	Recomm. FY 2010	Dollar Change	Percent Change	Budget Page

The following grant accounts totaling $5.5 million are eliminated:

- Federally Qualified Health Centers Capacity Expansion – $5.0 million; and
- Federally Qualified Health Centers Services to the Homeless – $500,000.

Detailed information regarding why these particular grants were reduced or eliminated is not available. However, the reductions in Family Planning Services, Chronic Renal Disease Services, Cleft Palate Program, Services to Victims of Huntington's Disease and Postpartum Education Campaign bring the FY 2010 recommended appropriations for these programs in line with actual FY 2008 expenditures. In addition, the department may be able to allocate federal funds, such as the Maternal and Child Health Block Grant, to offset some or all of the recommended funding reductions.

The funding reductions affecting the Early Childhood Intervention program and the Federally Qualified Health Centers are offset by additional federal funds made available for these programs by the American Recovery and Reinvestment Act, Pub.L.111-5.

Public Health Protection Services: Grants-in-Aid	$60,544	$58,953	($1,591)	(2.6%)	D-151

The following grants are reduced by the amounts listed below:

- Cancer Institute of New Jersey - $2.0 million;
- Cancer Institute of New Jersey, South Jersey Program – Debt Service - $600,000;
- Cancer Research - $7.0 million.

Detailed information regarding these specific grant reductions is not available. However, the following is noted:

- The Cancer Institute of New Jersey designation as a federal cancer center will be reviewed by the federal government between January – June 2010.
- Though the FY 2009 appropriations act appropriated $17.0 million for Cancer Research, funding was reduced to $10.0 million as part of the State's overall efforts to control spending in FY 2009. Thus, the FY 2010 recommendation represents continuation funding. Also, in FY 2010, the entire $10.0 million recommended appropriation is to be used for cancer research. In FY 2009, $7.0 million of the $17.0 million appropriation was to be used for prevention and treatment services.

Offsetting the above reductions, the budget recommends an additional $4.0 million for the Hospital Asset Transformation Program – Debt Service program and $4.0 million for the Medical Emergency Disaster Preparedness for Bioterrorism program.

The Hospital Asset Transformation Program provides financial assistance to the New Jersey Health Care Facilities Financing Authority when a hospital is downsized or closed. At present, St. Mary's Hospital and St. Michael's Medical Center receive financial assistance

Significant Changes/New Programs ($000) (Cont'd)

Budget Item	Adj. Approp. FY 2009	Recomm. FY 2010	Dollar Change	Percent Change	Budget Page

through the program. JFK Medical Center, on behalf of Muhlenberg, may also request assistance from the program in the near future. In addition, to the $16.5 million recommended appropriation, budget language appropriates "such additional sums as are required" to support the program.

It is noted that $3.7 million of the $12.5 million FY 2009 Hospital Asset Transformation Program appropriation is in reserve and not available for expenditure at this time.

The $4.0 million for Bioterrorism offsets a $4.0 million reduction in FY 2009, which was based on the availability of excess revenues in the Vehicle Rental Surcharge account to support program costs. In FY 2010, it appears that no excess revenues will be available to support the program.

AIDS Services: Grants-in-Aid	$30,016	$33,978	$ 3,962	13.2%	D-151

Funding for the AIDS Drug Distribution Program will increase by nearly $4.0 million, from $4.7 million to $8.7 million. Savings of $1.4 million are anticipated by adopting the following co-payment policy:

Persons with incomes between 101% and 225% of the federal poverty level (FPL) would pay $6.00 per prescription.
Persons with incomes between 226% and 320% FPL would pay $15.00 per prescription; and
Persons with incomes above 320% FPL would pay $30.00 per prescription.

Health Planning and Evaluation

Health Care Systems Analysis: Grants-in-Aid	$62,462	$60,462	($2,000)	(3.2%)	D-158

A $2.0 million reduction in the Health Care Subsidy Fund Payments (Charity Care) account is recommended. However, overall funding for Charity Care is unchanged at $605 million.

While the overall amount of Charity Care to be distributed is unchanged at $605.0 million, proposed budget language on D-159 to D-160 would alter the distribution formula so that individual hospitals may receive more or less Charity Care than they received in FY 2009. At this time, the amount of Charity Care individual hospitals will receive in FY 2010 compared to FY 2009 is not available.

Significant Changes/New Programs ($000) (Cont'd)

Budget Item	Adj. Approp. FY 2009	Recomm. FY 2010	Dollar Change	Percent Change	Budget Page
		Senior Services			
Medical Services for the Aged: Grants-in-Aid TOTAL	$947,488	$942,958	($4,530)	(0.5%)	D-165
General Funds	$919,658	$915,128	($4,530)	(0.5%)	D-165
Casino Revenue Fund	$27,830	$27,830	$0	- -	D-165

The Enhanced Federal Medicaid Matching Percentage funds of $319.1 million are deducted from the overall Grants-in-Aid appropriation and are not deducted from overall Medical Services for the Aged related spending of $943.0 million.

Appropriations for the following grants are unchanged: ElderCare Initiatives ($14.9 million) and Medicaid High Occupancy – Nursing Homes ($9.0 million).

General Fund appropriations for the Global Budget for Long Term Care program increases by $7.8 million, from $47.3 million to $55.1 million, and will increase the total appropriation to $82.6 million (gross). An additional 580 clients will receive services, bringing the total to over 12,250.

Payments for Medical Assistance Recipients – Nursing Homes increase by about $6.3 million, from $741.7 million to $747.9 million. Savings of over $50.0 million are anticipated by not providing adjusting the rates nursing homes receive based on their 2008 cost reports.

The $741.7 million FY 2009 adjusted appropriation includes an anticipated $59.0 million supplemental appropriation. Information is not available as to what this supplemental appropriation represents.

Overall Nursing Homes expenditures are estimated at $1.870 billion (gross) and will provide nearly 10.8 million patient days of service, an increase of about 75,000 patient days over projected FY 2009 levels.

Medical Day Care Services program costs decrease $18.6 million, from $106.9 million to $88.3 million. Savings of $18.0 million are anticipated by reducing reimbursement to $70 per day for all providers (including providers based in hospitals or nursing homes) compared to the current average of around $93 per day.

The $106.9 million FY 2009 adjusted appropriation includes an anticipated $17.9 million supplemental appropriation. While information is not available as to what this supplemental appropriation represents, program costs had increased when the department lifted the moratorium on licensing new medical day care facilities. In November 2008, the department reinstated the moratorium on enrolling new medical day care providers.

Significant Changes/New Programs ($000) (Cont'd)

Budget Item	Adj. Approp. FY 2009	Recomm. FY 2010	Dollar Change	Percent Change	Budget Page
Pharmaceutical Assistance to the Aged and Disabled: Grants-in-Aid TOTAL	$256,228	$228,698	($27,530)	(10.7%)	D-166
General Fund:	$97,710	$83,814	($13,896)	(14.2%)	D-166
PAAD	83,370	75,524	(7,846)	(9.4%)	
Senior Gold	14,340	8,290	(6,050)	(42.2%)	D-166
Casino Revenue Fund (PAAD)	$158,518	$144,884	($13,634)	(8.6%)	D-166

The recommended $228.7 million appropriation for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) and Senior Gold Prescription Program (Senior Gold) assumes the following savings:

- Discontinue coverage of certain wrap-around Medicare Part D drugs - $4.6 million;
- Reduce drug reimbursement from average wholesale price less 15% to 16% -$0.4 million;
- Unspecified PAAD/Senior Gold savings - $24.7 million; and
- Miscellaneous savings in coordination with the Medicaid program - $12.5 million.

The General Fund appropriations for PAAD ($75.5 million) and Senior Gold ($8.3 million) are expected to decrease by $13.9 million.

Casino Revenue Fund appropriations for PAAD decrease $13.6 million, from $158.5 million to $144.9 million.

For FY 2010, PAAD enrollment is anticipated to decrease slightly to about 165,200: Elderly – 136,100 and Disabled – 29,100. Senior Gold enrollment is expected to decline by 5,000, from 17,000 to 12,000.

Language Provisions

Health Services

2009 Appropriations Handbook

p.B-73.

Notwithstanding the provisions of the "Worker and Community Right to Know Act," P.L.1983, c.315 (C.34:5A-1 et. Seq.), the amount hereinabove appropriated for the Worker and Community Right to Know account is payable from the "Worker and Community Right to Know Fund," and the receipts in excess of the amount anticipated, not to exceed $764,000, are appropriated. If receipts to that fund are less than anticipated the appropriation shall be reduced proportionately.

2010 Budget Recommendations

p. D-154.

Similar language except that the amount has been reduced to $614,000.

Explanation

The amount of additional receipts available to the program in FY 2010 is reduced by $150,000, to $614,000. It is noted that the amount of additional receipts available to the program fluctuates from year to year.

2009 Appropriations Handbook

p. B-75.

Notwithstanding the provisions of any law or regulation to the contrary, in order to maximiz e prescription drug overage under the Medicare Part D program established pursuant to the federal "Medicare Prescription Drug Improvement and Modernization Act of 2003," the amount hereinabove appropriated for the AIDS Drug Distribution Program (ADDP) shall be designated as the authorized representative for the purposes of coordinating benefits with the Medicare Part D program, including enrollment and appeals of coverage determinations. ADDP is authorized to represent program beneficiaries in the pursuit of such coverage. ADDP representation shall not result in any additional financial liability on behalf of such program beneficiaries and shall

2010 Budget Recommendations

p. D-155.

Similar language with the following change as follows:

"the amounts herein appropriated for …(ADDP) shall not be spent unless the AIDS Drug Distribution Program is designated as the authorized representative…."

Language Provisions (Cont'd)

2009 Appropriations Handbook	2010 Budget Recommendations
p. B-75.	p. D-155.
include, but need not be limited to, the following actions: application for the premium and cost-sharing subsidies on behalf of eligible program beneficiaries, pursuit of appeals, grievances, or coverage determinations; and facilitated enrollment in a prescription drug plan or Medicare Advantage Prescription Drug plan. If any beneficiary declines enrollment in any Medicare Part D plan, that beneficiary shall be barred from all benefits of the ADDP Program.	

Explanation

The minor language change has no significant fiscal impact and adds language that may have been inadvertently omitted in the FY 2009 language.

2009 Appropriations Handbook	2010 Budget Recommendations
	p. D-156.
No comparable language provisions.	In order to permit flexibility in the handling of appropriations, the amount hereinabove appropriated for the Medical Emergency Disaster Preparedness for Bioterrorism Program may be transferred to Direct State Services accounts as required, subject to the approval of the Director of the Division of Budget and Accounting. Of the amount hereinabove appropriated for the Surveillance, Epidemiology and End Results Expansion Program (SEER) – Cancer Institute of New Jersey (CINJ) account, an amount may be transferred to Direct State Services in the Department of Health and Senior Services to cover administrative costs of the program, subject to the approval of the Director of the Division of Budget and Accounting.

Language Provisions (Cont'd)

Explanation

The new language provisions would facilitate the transfer of monies from the respective programs to other accounts as needed. Similar language exists in other programs to facilitate the transfer of monies between accounts.

2009 Appropriations Handbook	2010 Budget Recommendations
p. B-72.	
The Commissioner shall allocate the amount hereinabove appropriated for Federally Qualified Health Care Centers – Services to the Homeless to provide not less than $50,000 to each of the five centers that received State funds in the preceding fiscal year for serving the homeless, and in allocating funds in excess of that amount to each center shall consider factors including, but not limited to, the number, type and location of available services, the growth in health care visits, and the availability of extended hours and specialty care services.	No comparable language provision.

Explanation

As the $500,000 appropriation for the program is not continued in FY 2010, the language concerning the distribution of monies is not necessary. It is noted that the American Recovery and Reinvestment Act of 2009 provides federally qualified health centers with additional financial resources.

2009 Appropriations Handbook	2010 Budget Recommendations
p. B-74.	p. D-156.
From the amount hereinabove appropriated to Cancer Research, an amount up to $17,000,000 is appropriated for competitive grants to be made by the New Jersey Commission on Cancer Research, for cancer research, treatment and prevention, provided that the award of such grant funds are: 1) made in consultation with the New	Similar language with the following changes: (a). The amount appropriated is reduced to $10,000,000; (b). The words "treatment and prevention" are eliminated; and (c). The amount that may be transferred to other accounts is increased to 5%.

Language Provisions (Cont'd)

2009 Appropriations Handbook	2010 Budget Recommendations
p. B-74.	p. D-156.
Jersey Department of Health and Senior Services; 2) the notice of grant availability is published in the New Jersey Register; 3) not more than 4% of the total amount hereinabove appropriated may be transferred to various accounts as required, including Direct State Services accounts, and is appropriated for a comprehensive scientific peer review process, subject to the Director of the Division of Budget and Accounting; and 4) expended within this State and benefit New Jersey residents; and 5) the Department of Health and Senior Services shall execute the grant agreements and the New Jersey Commission on Cancer Research shall oversee and administer the grant agreements.	

Explanation

As the FY 2010 recommended appropriation reduces the amount for Cancer Grants from $17.0 million to $10.0 million, the amount referenced in the amended budget language is changed. Also, as the entire $10 million is to be used solely for cancer research, the FY 2010 amended language eliminates the reference to "treatment and prevention." Finally, the amended FY 2010 language changes the amount that can be transferred to other accounts from 4% to 5%. Thus, the total amount that can be transferred is reduced from a maximum of $680,000 (4% of $17,000,000) to $500,000 (5% of $10.0 million).

2009 Appropriations Handbook	2010 Budget Recommendations
	p. D-156.
No comparable language provision.	In addition to the amount hereinabove appropriated for the Early Childhood Intervention Program, such additional sums as may be necessary are appropriated for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.

Language Provisions (Cont'd)

Explanation

The FY 2010 budget recommends $96.8 million for the Early Childhood Intervention Program. The proposed new language would appropriate additional funds to the program, if needed, without formal Legislative review and approval. At this time it is not known whether additional funds will be made available to the program.

2009 Appropriations Handbook	2010 Budget Recommendations
	p. D-156.
No comparable language.	Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for the AIDS Drug Distribution Program shall be conditioned upon the following provision: the co-payment for recipients earning between 101% and 225% of the federal poverty level shall be $6.00 per prescription; the co-payment for recipients earning between 226% and 320% of the federal poverty level shall be $15.00 per prescription; the co-payment for recipients earning above 320% of the federal poverty level shall be $30.00 per prescription.

Explanation

The proposed budget language would implement a variable co-payment of between $6.00 to $30.00 per prescription, based on a recipient's income, on persons enrolled in the AIDS Drug Distribution Program. This is expected to reduce program costs by $1.4 million.

Health Planning and Evaluation

2009 Appropriations Handbook	2010 Budget Recommendations
p. B-77.	
Of the amounts hereinabove appropriated for Health Care Subsidy Fund Payments, $5,000,000 shall be appropriated to the NJ FamilyCare program in the Department of Human Services to provide health care for uninsured children.	No comparable language provision.

Language Provisions (Cont'd)

Explanation

The FY 2009 language is not continued. Thus, the Health Care Subsidy Fund will have an additional $5.0 million available for program purposes. The elimination of the $5.0 million transfer to the Department of Human Services will have no impact on overall NJ FamilyCare funding. As $827.3 million in State and federal funds are recommended for program administration and services, sufficient funds are provided for the program.

2009 Appropriations Handbook	2010 Budget Recommendations
p. B-77.	
An amount not to exceed $2,000,000 is appropriated to the Department of Health and Senior Services from the Health Care Subsidy Fund Payments account to fund the Infant Mortality Reduction Program and an amount not to exceed $2,000,000 is appropriated to the Department of Health and Senior Services from the Health Care Subsidy Fund Payments to fund the Primary Care Physician and Dentist Loan Redemption Program.	No comparable language provision.

Explanation

Funding for the Infant Mortality Reduction Program and the Primary Care Physician and Dentist Loan Redemption Program from the Health Care Subsidy Fund is not continued. Infant Mortality Reduction Program funding has been incorporated within the overall amounts of State and federal funds available to the department for programs to improve infant mortality. Available information is that monies are included within the higher education budget for the loan redemption program.

2009 Appropriations Handbook	2010 Budget Recommendations
p. B-77.	
In addition to the amounts hereinabove appropriated for Health Care Subsidy Fund Payments, $1,000,000 is appropriated to the Health Care Subsidy Fund Payments account from the hospital and other health care initiatives account, established pursuant to P.L.2004, c.67.	No comparable language provision.

Language Provisions (Cont'd)

Explanation

Information is not available as to why this language was eliminated though it is likely that no funds are available in the hospital and other health care initiatives account to transfer.

2009 Appropriations Handbook

p. B-78.

Notwithstanding the provisions of any law or regulation to the contrary, the appropriation for Health Care Subsidy Fund Payments shall be conditioned upon the following provisions: (1) in State Fiscal Year (SFY) 2009, Charity Care subsidies shall be calculated pursuant to section 3 of P.L.2004, c.113 (C.26:2H-18.59i), except that: (2) in paragraph (1) of subsection b., source data used shall be from calendar year 2007 for Charity Care Claims data and total revenue, and for Acute Care Hospital Cost Report total revenue as defined by Form E4, Line 1, Column E data according to Department of Health and Senior Services (DHSS) advance submission request dated March 14, 2008, and source data used shall be from calendar year 2006 for Medicare Cost Report data; (3) for eligible hospitals that failed to submit Acute Care Hospital Cost Report total revenue as defined by Form E4, Line 1, Column E data according to DHSS advance submission request dated March 14, 2008, in paragraph (1) of subsection b. source data from calendar year 2006 shall be used for Charity Care Claims total revenue and for Acute Care Hospital Cost Report total revenue as defined by Form E4, Line 1, Column E; (4) each eligible hospital shall be assigned to one of three groups or tiers based on their initial RCCP as calculated in paragraph (1) of subsection b. with Tier 1 hospitals having an initial RCCP greater than 8%, Tier 2 hospitals having an initial RCCP less than Tier 1 and greater than 3.6% and Tier 3 hospitals having an initial RCCP less than Tier 2; (5) the hospital-specific subsidy initially calculated in accordance of

2010 Budget Recommendations

pp. D-159 to D-160.

Notwithstanding the provisions of any law or regulation to the contrary, the appropriation for Health Care Subsidy Fund Payments shall be conditioned upon the following provisions: (1) in State Fiscal Year (SFY) 2010, Charity Care subsidies shall be calculated pursuant to section 3 of P.L.2004, c.113 (C.26:2H-18.59i), except that: (2) in paragraph (1) of subsection b., source data used shall be from calendar year 2008 for documented charity care claims data and hospital-specific gross revenue for charity care patients, and shall include all adjustments and void claims related to calendar year 2008 and any prior year submitted claim, as submitted by each acute care hospital or determined by the Department of Health and Senior Services (DHSS); (3) in paragraph (1) of subsection b., source data used for each hospital's total gross revenue for all patients shall be from the Acute Care Hospital Cost Report as defined by Form E4, Line 1, Column E data and shall be according to Department of Health and Senior Services (DHSS) advance submission request dated February 23, 2009, as submitted by each acute care hospital, and source data used for Medicare Cost Report data shall be from calendar year 2007; (4) for eligible hospitals that failed to submit its total gross revenue for all patients from the Acute Care Hospital Cost Report as defined by Form E4, Line 1, Column E data according to DHSS advance submission request dated February 23, 2009, in paragraph (1) of subsection b. source data from calendar year 2007 shall be used for hospital specific gross revenue for charity

Language Provisions (Cont'd)

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<tr><th>2009 Appropriations Handbook</th><th>2010 Budget Recommendations</th></tr>
<tr><td>p. B-78.</td><td>pp. D-159 to D-160.</td></tr>
<tr><td>subsections a. and b. for each eligible hospital shall be reduced by 5% for Tier 1 hospitals, 37% for Tier 2 hospitals and 100% for Tier 3 hospitals; (6) for each eligible hospital the difference shall be calculated between its initial calculated SFY 2009 charity care subsidy and its total SFY 2008 charity care allocation; (7) if an eligible hospital's initial calculated SFY 2009 charity care subsidy is more than its total State fiscal year 2008 amount and it has been assigned to Tier 1 or Tier 2, the hospital-specific subsidy calculation for each eligible hospital shall be its total State fiscal year 2008 amount plus 20% of the difference calculated above; (8) if an eligible hospital's initial calculated SFY 2009 charity care subsidy is less than its total SFY 2008 amount and it has been assigned to Tier 1 or Tier 2, the hospital-specific subsidy calculation for each eligible hospital shall be its total SFY 2008 amount minus 40% of the difference calculated above; (9) if an eligible hospital's initial calculated SFY 2009 charity care subsidy is more than its total SFY 2008 amount and it has been assigned to Tier 1 or Tier 2, an amount equal to 4% of the difference calculated above for each eligible hospital shall be assigned to a redistribution pool designated for Tier 1 hospitals; (10) if the hospital-specific SFY 2009 subsidy calculated thus far for an eligible hospital assigned to Tier 2 is calculated to be more than 50 percent of its documented charity care for calendar year 2007, the hospital-specific subsidy for each hospital shall be reduced to 50 percent of its documented charity care and the total amount reduced shall be assigned to a redistribution pool designated for Tier 1 hospitals; (11) if an eligible hospital's SFY 2009 subsidy calculated thus far is less than its total SFY 2008 amount and it has been assigned to Tier 1, that hospital shall participate in the redistribution pool designated for Tier 1 hospitals; (12) the total of all amounts</td><td>care patients and for hospital total gross revenue for all patients as defined by Form E4, Line 1, Column E; (5) each eligible hospital shall be assigned to one of three tiers based on its initial Relative Charity Care Percentage (RCCP) as calculated in paragraph (1) of subsection b. with Tier 1 hospitals having an initial RCCP greater than 8%, Tier 2 hospitals having an initial RCCP less than Tier 1 and greater than 3.6% and Tier 3 hospitals having an initial RCCP less than Tier 2; (6) the hospital specific subsidy initially calculated in accordance with subsections a. and b. for each eligible hospital shall be reduced by 5% for Tier 1 hospitals, 49% for Tier 2 hospitals and 89% for Tier 3 hospitals; (7) for each eligible hospital the difference shall be calculated between its initial calculated SFY 2010 charity care subsidy and its total SFY 2009 charity care allocation; (8) if an eligible hospital's initial calculated SFY 2010 charity care subsidy is more than its total State fiscal year 2009 amount, the hospital-specific subsidy calculation for each eligible hospital shall be its total State fiscal year 2009 amount plus 50% of the difference calculated above; (9) if an eligible hospital's initial calculated SFY 2010 charity care subsidy is less than its total SFY 2009 amount, the hospital-specific subsidy calculation for each eligible hospital shall be its total SFY 2009 amount minus 50% of the difference calculated above; (10) the hospital-specific subsidy for University of Medicine and Dentistry of New Jersey (UMDNJ) shall be equal to its total State fiscal year 2009 amount; (11) if the hospital-specific subsidy calculated thus far for an eligible hospital is calculated to be more than 100 percent of its documented charity care for calendar year 2008, the hospital-specific subsidy for each hospital shall be reduced to 100 percent of its documented charity care; (12) the hospital-specific subsidy for an eligible hospital assigned to</td></tr>
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Language Provisions (Cont'd)

2009 Appropriations Handbook

p. B-78.

assigned to the redistribution pool designated for Tier 1hospitals shall be distributed to Tier 1 hospitals identified as participating in the redistribution pool; (13) the amount redistributed to each participating Tier 1 hospital shall be equal to the percentage calculated as the difference calculated above for that hospital divided by the total of all the differences calculated above for all Tier 1 hospitals participating in the redistribution pool, and multiplied by the total of all amounts assigned to the redistribution pool designated for Tier 1hospitals; (14) the amount redistributed to each hospital identified as participating in the redistribution pool designated for Tier 1 shall be added to each hospital's hospital-specific subsidy calculation; (15) if the hospital-specific subsidy calculated thus far for an eligible hospital assigned to Tier 1 is calculated to be less than 60 percent of its documented charity care for calendar year 2007, the hospital-specific subsidy for each hospital shall be increased to 60 percent of its documented charity care; (16) if the hospital-specific subsidy calculated thus far for an eligible hospital assigned to Tier 1 is calculated to be more than 100 percent of its documented charity care for calendar year 2007, the hospital-specific subsidy for each hospital shall be reduced to 100 percent of its documented charity care; (17) if the hospital-specific subsidy calculated thus far for an eligible hospital assigned to Tier 3 is calculated to be less than 10 percent of its documented charity care for calendar year 2007, the hospital-specific subsidy for each hospital shall be increased to 10 percent of its documented charity care. The resulting number will constitute each eligible hospital's SFY 2009 Charity Care subsidy allocation. A proportionate reduction will be applied to all hospitals if necessary such that the SFY 2009 Charity Care subsidy allocation for all hospitals totaled shall not exceed $605,000,000.

2010 Budget Recommendations

pp. D-159 to D-160.

Tier 3 shall be equal to 5 percent of its documented charity care for calendar year 2008. The resulting number will constitute each eligible hospital's SFY 2010 Charity Care subsidy allocation. A proportionate increase will be applied to all hospitals except UMDNJ and eligible hospitals assigned to Tier 3 if necessary such that the calculated SFY 2010 Charity Care subsidy allocation for all hospitals totaled shall not exceed $605,000,000. Each eligible hospital's SFY 2010 Charity Care subsidy allocation as calculated above shall be reduced by one-twelfth for payments payable in SFY 2010. Each eligible hospital that received an SFY 2009 Charity Care subsidy allocation shall receive an amount payable in SFY 2010 equal to one-twelfth of their SFY 2009 Charity Care subsidy allocation, except for any hospital's SFY 2009 Charity Care subsidy allocation that was fully paid as calculated in SFY 2009.

Language Provisions (Cont'd)

Explanation

The total amount of Charity Care to be distributed in Fiscal Year 2010 is unchanged at $605.0 million. The amended language concerning the distribution of Charity Care among hospitals makes numerous changes that may increase or reduce the amounts of Charity Care funds individual hospitals will receive in FY 2010.

At this time, the Office of Legislative Services has no information as to the impact these changes will have on the amount individual hospitals will receive in Charity Care.

2009 Appropriations Handbook	2010 Budget Recommendations
p. B-78.	p. D-160.
Of the amount hereinabove appropriated for Health Care Subsidy Fund Payments, any amounts not allocated to a hospital-specific SFY 2009 Charity Care subsidy shall be assigned to the Health Care Stabilization Fund to be established within the Department of Health and Senior Services for the purposes of maintaining access to essential health care services in the community. The eligibility and participation requirements shall be developed by the Commissioner of the Department of Health and Senior Services and set forth in separate legislation. Combined funding for Charity Care and the Health Care Stabilization Funds shall not exceed $649,000,000. The commissioner shall provide notice to the Joint Budget Oversight Committee of each distribution made from the Health Care Stabilization Fund within 5 business days of the distribution. Each facility that receives funding from the Health Care Stabilization Fund shall be subject to an audit by the State Comptroller to be initiated 12 months after the date of payment.	Of the amount hereinabove appropriated for Health Care Subsidy Fund Payments, any amounts not allocated to a hospital-specific SFY 2010 Charity Care subsidy is appropriated, subject to the approval of the Director of the Division of Budget and Accounting to the Health Care Stabilization Fund established pursuant to P.L.2008, c.33 and applied as set forth in such act. Combined funding for Charity Care and the Health Care Stabilization Fund shall not exceed $645,000,000.

Explanation

The amended language reduces the total amount available for Charity Care and the Health Care Stabilization Fund from $649.0 million to $645.0 million. As Charity Care is to receive $605.0 million, the amount available to the Health Care Stabilization Fund is being reduced from $44.0 million to $40.0 million.

Language Provisions (Cont'd)

Other requirements included in the FY 2009 appropriations act language are not continued as P.L.2008, c.33, which established the Health Care Stabilization Fund, addressed these issues.

Senior Services

2009 Appropriations Handbook	2010 Budget Recommendations
pp. B-83, 87.	p. D-172
Notwithstanding the provisions of any law or regulation to the contrary, no funds appropriated in the Pharmaceutical Assistance to the Aged and Disabled program classification and the Senior Gold Prescription Discount Program shall be expended for prescription claims with no Medicare Part D coverage except under the following conditions: (a) reimbursement for the cost of single source brand name legend and non-legend drugs shall be on the basis of Average Wholesale Price less a **15%** discount and reimbursement for the cost of multisource generic drugs shall be in accordance with the federal Deficit Reduction Act of 2005 upon final adoption of regulations by the Department of Health and Human Services; (b) the current prescription drug dispensing fee structure set as a variable rate of $3.73 to $3.99 shall remain in effect through the current fiscal year, including the current increments for impact allowances as determined by revised qualifying requirements and allowances for 24-hour emergency services; and (c) multisource generic and single source brand name drugs shall be dispensed without prior authorization but multisource brand name drugs shall require prior authorization issued by the Department of Health and Senior Services or its authorizing agent; however, a 10-day supply of the multisource brand name drug shall be dispensed pending receipt of prior authorization. Certain multi-source brand name drugs with a narrow therapeutic index, other drugs recommended by the Drug Utilization Review Board or brand name drugs with lower cost per unit	Similar language except the **15%** has been increased to **16%**, and the FY 2009 budget language in bold has been eliminated.

Language Provisions (Cont'd)

2009 Appropriations Handbook

pp. B-83, 87.

than the generic, may be excluded from prior authorization by the Department of Health and Senior Services. Further, not later than April 1, 2009 the State Treasurer in consultation with the Commissioner of Health and Senior Services shall review whether the utilization of generic pharmaceuticals exceeds the level anticipated and the effect of such enhanced utilization of generic drugs on disbursements from these accounts, net of manufacturers rebates and adjusted for utilization shifts resulting from patent expirations or other one time factors, and to the extent possible within the limits of the funds appropriated and federal regulations herein above shall modify the average wholesale price discount rate to not less than 12.5%, the upper limit of the prescription drug dispensing fee structure to not greater than $4.07, or both, retroactive to July 1, 2009.

2010 Budget Recommendations

p. D-172

Explanation

The amended language would increase the discount the State receives for payment of prescription drugs from 15% to 16% of Average Wholesale Price. This will save $1.2 million.

The amended language also deletes a provision included by the Legislature regarding a report to be submitted by April 1, 2009 concerning generic drug issues. Information is not available as to whether a report has been submitted.

2009 Appropriations Handbook

pp. B-83, 85.

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

2010 Budget Recommendations

pp. D-171, D-173

The first language provision concerning erectile dysfunction drugs is eliminated.

The second language provision concerning diabetic testing materials is expanded to read as follows:

Notwithstanding the provisions of any law or

Language Provisions (Cont'd)

2009 Appropriations Handbook

pp. B-83, 85.

(tablets/injections/suppositories) per month, Moreover, payment will only be provided if the diagnoses of erectile dysfunction is written on the prescription form and treatment is provided to males over the age of 18 years. Furthermore, no payments for erectile dysfunction therapy will be made on behalf of sex offenders.

Notwithstanding the provisions of any law or regulation to the contrary, no amounts hereinabove appropriated for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program or the Senior Gold Prescription Discount Program shall be expended for diabetic testing materials and supplies which are covered under the federal Medicare Part B program.

2010 Budget Recommendations

pp. D-171, D-173

regulation to the contrary, no amounts hereinabove appropriated for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program or the Senior Gold Prescription Discount Program shall be expended for diabetic testing materials and supplies which are covered under the federal Medicare Part B program, or for vitamins, cough/cold medications, drugs used for the treatment of erectile dysfunction, or cosmetic drugs including but not limited to: drugs used for baldness, weight loss, and skin conditions.

Explanation

The proposed language prohibits PAAD and Senior Gold reimbursement for vitamins, cough/cold medications, drugs used to treat erectile dysfunction and certain cosmetic drugs to treat baldness, weight loss and skin conditions. Savings these changes may generate are incorporated within the $24.7 million in PAAD and Senior Gold savings.

2009 Appropriations Handbook

p. B-100.

At any point during the year, and notwithstanding the provisions of any law or regulation to the contrary, subject to the approval of a plan by the Commissioner of Health and Senior Services, no funds appropriated for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program, pursuant to P.L.1975, c. 194 (C.30:4D-20 et seq.), or the Senior Gold Prescription Discount Program, pursuant to P.L.2001, c.96 (C.30:4D-43 et Seq.), shall be expended, when PAAD or Senior Gold is the primary payer, unless participating pharmaceutical manufacturing companies

2010 Budget Recommendations

p. D-169

Similar language except that the last sentence section concerning generic drug manufacturers, is deleted.

Language Provisions (Cont'd)

2009 Appropriations Handbook	2010 Budget Recommendations
p. B-100.	p. D-169
execute contracts with the Department of Health and Senior Services, through the Department of Human Services. Name brand manufacturers must provide for the payment of rebates to the State on the same basis as provided for in section 1927 (a) through (c) of the federal Social Security Act, 42 U.S.C.s.1396r-8(a)-(c). Generic manufacturers shall be required to provide rebates equal to 15.1% of the Average Manufacturer's Price for all drugs, with the exception that any branded pharmaceutical shall generate rebates 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).	

Explanation

The sentence is deleted as manufacturers of generic drugs were not willing to provide the 15.1% rebate specified in the language.

2009 Appropriations Handbook	2010 Budget Recommendations
	p. D-169
No comparable language provision.	Notwithstanding the provisions of any law or regulation to the contrary, amounts hereinabove appropriated for Medical Day Care Services shall be conditioned upon the following provision: the per diem reimbursement rate for all adult Medical Day Care providers, regardless of provider type, shall be set at $70.

Explanation

The proposed language would reduce Medicaid reimbursement for adult Medical Day Care Services to $70, irrespective of whether the provider is a free-standing provider or based in a hospital or nursing home. In December 2008, the average Medicaid reimbursement rate for the service was approximately $93.

This provision is expected to save $18.0 million.

Language Provisions (Cont'd)

2009 Appropriations Handbook	2010 Budget Recommendations
pp. B-85,88.	
The amounts hereinabove appropriated for Global Budget for Long Term Care shall only be expended if federal approvals are received for such programs and only if federal Medicaid reimbursement or other federal matching funds are available to support the State appropriation.	No comparable language provision.

Explanation

The language is no longer required as federal funding is available for the program.

2009 Appropriations Handbook	2010 Budget Recommendations
	p. D-170
No comparable language provision.	Notwithstanding the provisions of any law or regulation to the contrary, no amounts hereinabove appropriated for the Pharmaceutical Assistance to the Aged and Disabled Program (PAAD) and the Senior Gold Prescription Discount Program shall be expended to cover medications not on the formulary of a PAAD or Senior Gold beneficiary's Medicare Part D Plan. This exclusion shall not apply to those drugs covered by PAAD and Senior Gold which are specifically excluded by the Medicare Modernization Act (MMA) of 2003. In addition, this exclusion shall not impact the beneficiary's rights guaranteed by the MMA of 2003, to appeal the medical necessity of coverage for drugs not on the formulary of a Medicare Part D plan.

Explanation

The language will limit the "wrap around" aspect of PAAD and Senior Gold by excluding coverage for prescription drugs that are not on the formulary of a beneficiary's Medicare Part D plan. Thus, if a particular Medicare Part D plan does not cover Drug X, PAAD and Senior Gold will not cover Drug X. By PAAD and Senior Gold providing "wrap around" coverage, there was no incentive for a PAAD or Senior Gold beneficiary to appeal the Medicare Part D plan's

Language Provisions (Cont'd)

denial. This change may result in more PAAD and Senior Gold beneficiaries filing appeals with Medicare for drugs not covered by their particular Medicare Part D plan.

This change is expected to save $2.5 million.

2009 Appropriations Handbook	2010 Budget Recommendations
p. B-85.	p. D-169
Notwithstanding the provisions of N.J.A.C.8:85-3.19 or any other law to the contrary, the amount hereinabove appropriated for Payments for Medical Assistance Recipients – Nursing Homes shall be conditioned upon the following provisions: no facility shall receive a per diem rate increase as the result of the annual rebasing of facility submitted costs. In addition, only those facilities with greater than 75% Medicaid occupancy shall receive the full inflation adjustment as defined in N.J.A.C.8:85-3.19 to their per diem reimbursement rate, all other facilities shall receive half of their calculated adjustment.	Notwithstanding the provisions of N.J.A.C.8:85 or any other law to the contrary, the amount hereinabove appropriated for Payments for Medical Assistance Recipients – Nursing Homes shall be conditioned upon the following provision: no facility shall receive a per diem rate increase as the result of the annual rebasing of facility submitted costs or the inflation adjustment as defined in N.J.A.C.8:85-3.19. In addition, for those nursing facilities that have a cost reporting period ending on other than December 31, their Medicaid per diem reimbursement rates shall be adjusted to remove any inflation that is applicable to the State Fiscal Year 2010.

Explanation

The proposed language would save $50.0 million by not providing nursing homes with an annual rate adjustment based on the facility's 2008 cost report.

2009 Appropriations Handbook	2010 Budget Recommendations
p. B-86.	p. D-171
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	Notwithstanding the provisions of P.L.1988, c.92 (C.30:4E-5 et seq,) to the contrary, funds appropriated for the Home Care Expansion Program (HCEP) shall be paid only for individuals enrolled in the program as of June 30, 1996 who are not eligible for the Global Budget for Long Term Care or alternative programs, and only for so long as those individuals require services covered by the HCEP.

Language Provisions (Cont'd)

2009 Appropriations Handbook	2010 Budget Recommendations
p. B-86.	p. D-171
of June 30, 1996 and eligible for the Community Care Program for the Elderly and Disabled may apply to be enrolled in that program.	

Explanation

The Community Care Program for the Elderly and Disabled has been replaced by the Global Budget for Long Term Care program. The elimination of the last sentence will have no impact as all Home Care Expansion Programs recipients who are eligible for other programs have been enrolled in those programs. It is noted that only five persons remain on the Home Care Expansion program.

2009 Appropriations Handbook	2010 Budget Recommendations
p. B-103.	p. D-171
Notwithstanding the provisions of any law or regulation to the contrary, of the amount hereinabove appropriated for the Respite Care for Elderly (CRF) account, $600,000 shall be charged to the Casino Simulcasting Fund.	Similar language, except the amount is $500,000.

Explanation

The amount charged to the Casino Simulcasting Fund for the Respite Care for the Elderly program is reduced from $600,000 to $500,000.

Department of Health and Senior Services (General)

2009 Appropriations Handbook	2010 Budget Recommendations
p. B-89, as amended by P.L.2009, c. 22.	p. D-173
Notwithstanding the provisions of P.L.2005, c.237, $25,300,000 from the surcharge on each general hospital and each specialty heart hospital is appropriated to fund federally qualified health centers and $14,700,000 is appropriated to the General Fund as general revenue. Any unexpended	Consistent with the provisions of P.L.2005, c.237, $40,000,000 from the surcharge on each general hospital and each specialty heart hospital is appropriated to fund federally qualified health centers. Any unexpended balance at the end of the preceding fiscal year in the Health Care

Language Provisions (Cont'd)

2009 Appropriations Handbook	2010 Budget Recommendations
p. B-89, as amended by P.L.2009, c. 22.	p. D-173
balance at the end of the preceding fiscal year in the Health Care Subsidy Fund received through the hospital and other health care initiatives account during fiscal year 2008 is appropriated, and notwithstanding the provision of P.L.2005, c.237 or any law or regulation to the contrary, an amount not to exceed $3,000,000 is appropriated from the unexpended balance of such funds, subject to the approval of the Director of the Division of Budget and Accounting, to provide one time grants to federally qualified health centers in financial distress, as shall be determined by the Commissioner of Health and Senior Services, for the purpose of maintaining adequate access to healthcare within the State; provided further, however, that such one time grants shall only be awarded pursuant to procedure for applications, criteria for eligibility, qualifications of applicants and any other relevant information as shall be established by the Commissioner. The qualifications shall include an agreement by a recipient that the recipient shall allow the Commissioner to review its finances and operational performance to ensure that access to health care is maintained and public funds are utilized for their intended purpose.	Subsidy Fund received through the hospital and other health care initiatives account during fiscal year 2009 is appropriated, and notwithstanding the provision of P.L.2005, c.237 or any law or regulation to the contrary, an amount not to exceed $3,000,000 is appropriated from the unexpended balance of such funds, subject to the approval of the Director of the Division of Budget and Accounting, to provide one time grants to federally qualified health centers in financial distress, as shall be determined by the Commissioner of Health and Senior Services, for the purpose of maintaining adequate access to healthcare within the State; provided further, however, that such one time grants shall only be awarded pursuant to procedure for applications, criteria for eligibility, qualifications of applicants and any other relevant information as shall be established by the Commissioner. The qualifications shall include an agreement by a recipient that the recipient shall allow the Commissioner to review its finances and operational performance to ensure that access to health care is maintained and public funds are utilized for their intended purpose.

Explanation

The FY 2010 budget language restores the original FY 2009 budget language which was subsequently amended by P.L. 2009, c. 22. The words in bold represent the changes between the FY 2009 language, as amended, the proposed FY 2010 language. In FY 2010, federally qualified health centers will receive $40.0 million from the revenues generated by the assessment in FY 2010.

Language Provisions (Cont'd)

2009 Appropriations Handbook	2010 Budget Recommendations
p. B-89.	
On or before April 1, 2009, the Commissioner of the Department of Health and Senior Services shall report to the Governor, the State Treasurer, the President of the Senate and the Speaker of the General Assembly, the department's plan for the conversion of the Medicaid fee for service long term care benefit to managed care. The report shall include but not be limited to timeframes for implementation per county, plan design, included and excluded populations, and projected savings in related Medicaid expenditures relative to fee-for-service projections for Fiscal Year 2010 through 2014.	No comparable language provision.

Explanation

The FY 2009 language was included by the Legislature and required the Commissioner of Health and Senior Services to submit a report on the possibility of converting long-term care services to a managed care program, as opposed to a fee-for-service financing arrangement, along with various other information. The report was to be submitted by April 1, 2009. Information is not available as to whether a report has been submitted.

As the language applied to FY 2009, it is not continued in FY 2010.

Discussion Points

DEPARTMENT OF HEALTH AND SENIOR SERVICES – GENERAL

The first three questions were previously provided to all State agencies by the Legislative Budget and Finance Officer and are reproduced in their entirety below.

1. The Governor's budget incorporates an estimated $5.183 billion over two fiscal years in federal stimulus funding provided by the American Recovery and Reinvestment Act (ARRA) of 2009. According to a table on page 42 of the Governor's abbreviated budget, the State will use $3.074 billion ($854 million in FY09 and $2.220 billion in FY10) from ARRA for budget relief. In addition to these funds which will offset revenue shortfalls, $2.109 billion will be used for new or expanded programs or initiatives. The ARRA allocates funds to states both by formula and by competitive awards. The Governor's FY 2010 budget includes $509 million from ARRA for the Department of Health and Senior Services: $180.6 million in FY 2009 and $328.4 million in FY 2010 as shown of pp. C-21 and C-22.

- *Question:* Please itemize the federal stimulus funding, other than portions of the $3.074 billion allocated for budget relief, included in the department's budget, by fiscal year and federal program, setting forth program goals and eligible uses together with the amount for state administrative expenses and the amount for allocation to local public and private recipients, respectively. Please identify intended and actual recipients and the process by which the department determines recipients and funding awards. Are there ARRA funds that flow through your department for which the State has no discretion? Please also set forth the timetable for obtaining federal approval of funding, obligation and allocation of funding to recipients, and use by recipients. Could any of this funding be used to offset other State appropriations, and if so, what programs and in what amount? What additional positions, if any, have been and will be hired with these funds? If this money is being used for new or expanded activities, will the new or expanded activities be continued in FY 2011? If so, how will they be funded?

- *Question:* In addition to funding incorporated in the FY 2010 budget, what specific competitive grant opportunities has the department identified that it is eligible to pursue, has applied for, and has been awarded, respectively?

2. Over the past several years, the overall staffing level in the Executive branch has been reduced through restrictions on hiring and an early retirement program. The FY 2010 budget proposal envisions continuation of the hiring restrictions coupled with possible furloughs or further reductions in positions.

- *Question:* How has the reduction in staffing affected your department? What strategies has the department employed to deal with staff reductions? What projects, work products or functions has the department discontinued or deferred because of staffing levels? Will the department be able to accommodate furloughs in FY 2010 without increasing spending for overtime?

3. The FY 2009 appropriations act anticipated that $25 million in procurement savings would be achieved by Executive departments. A chart on page 75 of the Budget in Brief categorizes those savings and indicates they will continue into FY 2010. The FY 2010 budget includes another $25 million from procurement savings (Budget in Brief, Appendix I, page 8).

Discussion Points (Cont'd)

- *Question:* Please indicate the FY 2009 amount of procurement savings achieved by your department, by the categories set forth in the referenced table, and the sources of those savings by department program? What is the annual amount of these savings as continued into FY 2010? How have these reductions affected the department? What projects, work products or functions has the department discontinued or deferred in order to achieve these savings?

4. The Governor's FY 2010 budget estimates $790,000 in Licenses, Fines, Permits, Penalties and Fees (Schedule I). Actual revenues realized in both FY 2007 and FY 2008 from these sources were $7.6 million and $7.9 million.

- *Question:* Can these Schedule I revenues be increased?

HEALTH SERVICES

5. The FY 2010 recommended budget would reduce grant funds for Family Planning Services, Cleft Palate Programs, Chronic Renal Disease Services, Services to Victims of Huntington's Disease, etc. by varying amounts.

There are various federal programs within the department that anticipate additional federal revenues or which have unexpended federal funds available such as the Maternal and Child Health Block Grant, State Based Diabetes Program, etc.

- *Question:* Can existing federal programs offset some or all of the proposed funding reductions?

6. In an effort to reduce black infant mortality rates, the department awarded contracts to seven agencies and the Black Infant Mortality Reduction and Resource Center. The programs focused on outreach, community education and awareness, professional education, and support services.

The department had previously indicated that one agency might lose its funding if sufficient progress at meeting contract objectives was not met.

- *Questions:* What is the status of the contract with that one agency? If funding was terminated, which agency was awarded a new contract?

7.a. The FY 2009 appropriations act included $7.0 million in Early Intervention Program (EIP) co-payments. Available data project that co-payments will produce about $5.8 million or about $1.2 million less than anticipated.

- *Question:* Are sufficient funds available to offset this potential $1.2 million shortfall in co-pay revenues?

7.b. The FY 2010 recommended budget estimates $7.0 million in EIP co-payment revenues.

- *Question:* As current co-payments collections approximate $5.8 million, what is the basis for the $7.0 million estimate?

Discussion Points (Cont'd)

7.c. The FY 2009 appropriations act and the FY 2010 recommended budget assume $15.0 million in federal Medicaid reimbursement to support EIP. Available Medicaid data indicate that such revenues will exceed $18.0 million.

- *Questions:* Does the $15.0 million estimate reflect the enhanced federal Medicaid reimbursement? Based on projected FY 2009 federal Medicaid EIP reimbursements of $18.0 million, can the $15.0 million estimate be increased?

8. As originally envisioned, the $17.0 million FY 2009 appropriation for Cancer Research was to be expended as follows: $7.0 million for grants to hospitals for treatment and prevention programs and $10.0 million for various forms of cancer research grants.

Due to the State's budget difficulties, only $10.0 million is now available for expenditure and $7.0 million is in reserve and may not be spent.

- *Question:* Of the $10.0 million to be awarded, how much is for treatment and prevention programs and how much is for cancer research grants?

9. Recommended appropriations for the Hospital Asset Transformation Program – Debt Service will increase $4.0 million, to $16.5 million. Available information is that $3.7 million of the $12.5 million FY 2009 appropriation is in reserve and may lapse.

- *Question:* As actual expenditures from the account may total $8.8 million, on what basis are expenditures anticipated to increase to $16.5 million in FY 2010?

10. The FY 2009 appropriations act adopted the Governor's recommendation to eliminate funding for the West Nile Virus – Laboratory. The FY2010 recommended budget restores funding for the laboratory.

- *Question:* Why was funding eliminated in FY 2009, only to be restored in FY 2010?

11. The FY 2010 budget recommends $4.2 million for Additions, Improvements and Equipment and Services Other Than Personal related to the relocation to a new $150 million laboratory under construction in West Trenton.

- *Question:* Are monies available within the $150 million in construction funds for the new laboratory to support such costs?

12.a. The FY 2010 recommended budget indicates that Emergency Medical Technician Training Fund (EMTTF) expenditures will be reduced from approximately $2.0 million to $0.4 million.

- *Question:* What accounts for the reduction?

12.b. In FY 2008, about $0.4 million was transferred from the EMTTF. In FY 2009, approximately $4.5 million was transferred from the fund.

Discussion Points (Cont'd)

- *Question:* For what purpose/programs was the $4.5 million transfer?

13. At the end of FY 2008, the Governor's Council for Medical Research and Treatment of Autism had approximately $10.3 million in unexpended funds and the Brain Injury Research Fund had approximately $16.5 million in unexpended funds. These unexpended balances are primarily due to members not being appointed to oversee the programs on a timely basis, which resulted in an accumulation of revenues.

- *Question:* What is the status of these programs?

14. The Spinal Cord Research Fund awards various grants for research into finding cures for spinal cord injuries. In some instances, the researchers who are awarded grant funds are overdue in submitting their final research project. Researchers do not receive additional funding to complete projects that are overdue.

However, in several instances a researcher was awarded a new spinal cord research grant even though an existing research project may two or more years overdue.

- *Question:* Should researchers who are more than two years overdue in completing an existing research project be precluded from being awarded a new spinal cord research grant?

15. The Governor's FY 2010 recommended budget would reduce funding for Anti-Smoking Programs and School Based Programs and Youth Anti-Smoking programs by over $1.0 million. Compared to FY 2008 expenditures, recommended appropriations for anti-smoking programs are reduced by $2.8 million.

- *Question:* What specific programs are being either reduced or eliminated?

16a. The FY 2010 recommended budget assumes savings of $1.4 million by requiring a $6.00 - $30.00 co-payment per prescription for persons enrolled in the AIDS Drug Distribution Program (ADDP) with incomes greater than 100% of the federal poverty level (FPL).

- *Questions:* Of the 7,000 persons on ADDP, how many have incomes of 101% - $225% FPL? Between 226% - 320% FPL? Over 320% FPL? On average, how many prescriptions do such individuals fill?

16.b. Federal funds in support of ADDP are included within the $49.6 million in federal Comprehensive AIDS Resource Grant.

- *Question:* Of the $49.6 million in federal funds, how much is for the ADDP?

17. The amount of federal HIV/AIDS Prevention and Education Grant funds available in FY 2010 is reduced from $18.0 million to $15.0 million.

- *Question:* What impact will this $3.0 million reduction have on the overall program?

Discussion Points (Cont'd)

18. P.L.2003, c.113 required counties to support their county health department by allocating a portion of monies raised through an increase in the Realty Transfer Fee. During the past two years, the number of home sales has declined with a corresponding reduction in the amount of revenues generated from the increase in the Realty Transfer Fee.

- *Questions:* Are counties experiencing a shortfall in revenues that provide financial support to their county health department? If so, how much is the shortfall?

HEALTH PLANNING AND EVALUATION

19 The FY 2009 appropriations act reduced funding for the Implement Patient Safety Act program by $0.2 million, to $0.4 million. The reduction was to be offset by $0.2 million in Medicaid reimbursements. The department subsequently indicated a determination had not been made as to whether Medicaid reimbursement would be available for the program.

- *Question:* Is federal Medicaid reimbursement being obtained for costs associated with the program?

20. In an effort to reduce Charity Care and expedite enrollment of uninsured persons into Medicaid/NJ FamilyCare, State law requires county welfare agencies to "out-station" personnel at hospitals designated by the Commissioner of Health and Senior Services to accept and process applications for Medicaid/NJ FamilyCare by uninsured persons who utilize hospitals.

The department indicated that it would work with the Medicaid program to determine which counties did not assign staff to hospitals and the adequacy of the staff assigned by counties to hospitals.

- *Questions:* What was the outcome of this review?

21. Proposed budget language on D-159 to D-160 makes various changes to the formula by which the $605 million in Charity Care subsidies is to be distributed among hospitals in FY 2010.

- *Questions:* Please provide a hospital by hospital breakdown as to the amount each hospital will receive in Charity Care subsidies in FY 2010, compared to FY 2009.

22 Revenues generated by a tax on cosmetic surgery procedures are used to support Charity Care. Approximately $10 million in revenues are anticipated in FY 2010.

It has been reported in the media that the recession has resulted in fewer cosmetic surgery procedures being performed. This may result in a reduction in the amount of revenues generated by the cosmetic surgery tax.

- *Question:* Based on existing tax collection trends, is the $10 million estimate valid?

Discussion Points (Cont'd)

SENIOR SERVICES

23. The FY 2010 recommended budget indicates $76.9 million in FY 2009 supplemental appropriations as follows: Payments for Medical Assistance Recipients – Nursing Homes - $59.0 million; and Medical Day Care Services - $17.9 million.

- *Question:* What do these supplemental appropriations represent?

24. Enhanced Federal Medicaid Matching funds of $319.1 million are anticipated which will be used to reduce State Grant-in-Aid appropriations from $1.234 billion to $882.8 million.

- *Question:* As the enhanced federal matching rate may range from 58.78% to 61.59%, what federal matching rate does the $319.1 million assume?

25. The FY 2010 recommended budget assumes that 10.8 million patient days of Nursing Home Services will be provided, an increase of about 100,000 patient days over estimated FY 2009 levels.

- *Question:* As over 1,000 persons have been transferred from nursing homes to community programs and more persons are receiving community services as an alternative to nursing homes, what accounts for the increase in the number of nursing home patient days?

26. In recent years at least two private equity firms or hedge funds, Warburg Pincus and Carlyle Partners, have become owners of New Jersey long term care facilities.

A 2008 New York Times article reported that long term care facilities owned by private equity firms or hedge funds tend to have more licensing violations and fewer direct care staff than facilities not owed by private equity firms or hedge funds.

- *Questions:* Has the number of violations increased at long term care facilities in which private equity firms or hedge funds have an ownership interest? Have overall staffing levels at such facilities decreased as a result of private equity or hedge fund ownership when compared to staffing under previous ownership?

27.a. The department issued a Request for Proposals and is reviewing three bids to develop and implement a new nursing home rate setting system. The department has indicated that any new rate setting system that is developed must be cost neutral, that is, the new rate setting system should not increase total State costs over what costs would have been under the current rate setting system.

In the late 1990's, the State awarded a similar contract with a similar cost neutrality requirement. After spending several hundred thousand dollars, the contract was terminated in the early 2000s when information became available that a new rate setting system would increase overall State expenditures.

- *Questions:* Approximately how much is included in the FY 2010 recommended budget for costs associated with developing a new rate setting system? In view of the

Discussion Points (Cont'd)

State's previous effort, can a new cost neutral nursing home rate setting system be developed?

27.b. Available information is that since 2005/2006, the department has not conducted any nursing home acuity audits as the department did not fill nursing positions associated with conducting such reviews. As such, nursing homes may receive greater reimbursement than warranted due to the absence of such acuity audits.

- *Questions:* What is the status of conducting acuity audits? How much would acuity audits have saved had they been conducted?

27.c. The department has acknowledged that due to a reduction in the number of staff assigned to the nursing home rate setting unit, the number of nursing home rate recalculations conducted has decreased with a corresponding reduction in recoveries.

- *Questions:* How many rate recalculations were undertaken in FY 2008 and will be conducted in FY 2009? How much in recoveries will be realized in both years as a result of these recalculations?

28. Savings of $18 million are assumed as part of the Medical Day Care Services recommended appropriation by reimbursing all providers at a $70 per day rate, regardless of whether the provider is a free-standing facility or is based in a hospital or nursing home. At present, the Medicaid reimbursement rate for this service is around $93 per day.

- *Questions:* Have any providers notified the department that their participation in the Medical Day Care Services program may be discontinued if reimbursement is reduced to $70 per day? Is sufficient capacity available to provide services to clients from those facilities that terminate services?

29.a. FY 2010 PAAD enrollment estimate for the elderly component is estimated at 136,100. In February 2009, the number of elderly enrolled in PAAD was 134,100, or about 2,000 below the FY 2010 estimate.

- *Question:* Can the FY 2010 PAAD enrollment estimate be reduced?

29.b. The recommended budget assumes that 12,000 persons will be enrolled in Senior Gold during FY 2010 compared to 17,000 in FY 2009. In February 2009, At present, there were about 21,700 persons enrolled in Senior Gold. Further, Senior Gold enrollment has been stable at between 21,000 – 22,000. Based on existing trends, it appears unlikely that enrollment will reach 17,000 by the end of FY 2009.

- *Question:* Is the FY 2010 Senior Gold enrollment estimate too low?

30. The recommended appropriation for the Office of the Public Guardian assume $1.3 million in Other Funds, an increase of more than $0.2 million over FY 2009. The office had been considering an increase in the fee charged for its services.

- *Question:* What accounts for the increase?

Background Paper: Casino Revenue Fund: Revenue and Expenditure Data, FY 2005 – FY 2010

Budget Page.... H-27.

SUMMARY

The Casino Revenue Fund provides revenues to support a variety of programs. The majority of program are for programs administered by the Departments of Health and Senior Services and Human Services, though housing and transportation programs administered by the Departments of Community Affairs and Transportation also receive funding.

As legislators frequently raise questions regarding the programs supported with Casino Revenue Funds, Tables I and 2, below and on the next page provide a modified version of the budgetary information included in the Governor's FY 2010 recommended budget, page H-27, for the FY 2005 – FY 2010 period for reference purposes.

Table 1. Casino Revenue Fund Available Resources, FY 2005 – FY 2010 (in millions)

	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009 Rev.	FY 2010 Budget
Opening Surplus, July 1[3]	$22.7	$0	$1.0	$0.0	$0.0	$0.0
Revenues	$474.1	$500.2	$446.1	$411.1	$365.8	$351.1
Lapses and Adjustments	$2.7	$2.1	$3.5	$5.1	$2.6	$0.7
TOTAL	$499.5	$501.3	$450.5	$416.2	$368.4	$351.8

[3] Opening Surplus is equal to Total Available Resources less Total Expenditures. For example, in FY 2006, the Opening Surplus was $0 as in FY 2005 Total Available Resources and Total Expenditures were $499.5 million.

Background Paper: Casino Revenue Fund: Revenue and Expenditure Data, FY 2005 – FY 2010

Table 2. Casino Revenue Fund Program Expenditures, FY 2005 – FY 2010 (in millions)

	FY 2005	FY 2006	FY 2007	FY 2008 Rev	FY 2009 Revised	FY 2010 Recom.
HUMAN SERVICES PROGRAMS	$118.6	$142.7	$163.0	$112.8	$130.4	$130.4
Personal Assistance	3.7	3.7	3.7	3.7	3.7	3.7
Personal Care	60.1	90.1	111.0	60.1	77.7	77.7
DDD Programs	38.3	32.4	31.8	32.5	32.5	32.5
Disability Services Waivers	16.5	16.5	16.5	16.5	16.5	16.5
HEALTH & SENIOR SERVICES PROGRAMS	$344.2	$312.6	$241.1	$255.0	$193.2	$179.6
Home Care Expansion	0.2	0.1	0.1	0.1	0.1	0.1
PAAD	309.0	276.0	205.3	220.1	158.5	144.9
Global Options for Long Term Care	28.0	29.3	28.7	27.8	27.6	27.6
Respite Care	5.4	5.6	5.4	5.4	5.4	5.4
Hearing Aid Assistance	0.1	0.1	0.1	0.1	0.2	0.2
Birth Defects Registry	0.5	0.5	0.5	0.5	0.5	0.5
Administration	1.0	1.0	0.9	1.0	0.9	0.9
TRANSPORTATION	$27.4	$36.8	$37.3	$39.3	$35.4	$32.4
Senior Citizens/Disabled	25.3	34.4	34.9	36.9	33.0	30.2
Sheltered Workshop	2.4	2.4	2.4	2.4	2.4	2.2
COMMUNITY AFFAIRS PROGRAMS	$3.6	$3.6	$3.7	$3.7	$3.7	$3.7
Congregate Housing Support	1.9	1.9	2.0	2.0	2.0	2.0
Safe Housing & Transportation	1.7	1.7	1.7	1.7	1.7	1.7
OTHER	$5.4	$5.6	$5.5	$5.6	$5.6	$5.6
TOTAL EXPENDITURES/APPROPRIATIONS	$499.5	$501.3	$450.5	$416.2	$368.4	$351.8

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Legislative Budget and Finance Office
State House Annex
Room 140 PO Box 068
Trenton, NJ 08625
(609) 292-8030 • Fax (609) 777-2442