Question:

Assemblymen Schaer and Burzichelli:

- Please provide the following information as it applies to all nursing facilities participating in the State Medicaid program, in aggregate, and disaggregated by the class of nursing facility (private, county, and Special Care Nursing Facilities): the average annual total service costs per Medicaid resident (including costs reimbursed by Medicaid, Medicare, and all other payers); the average percentage of Medicaid residents' total service costs that are reimbursed by Medicaid; the average percentage of Medicaid residents' total service costs that are reimbursed by Medicare; and the average percentage of Medicaid residents' total service costs that are reimbursed by all other payers.

Answer:

The data requested in the question does not necessarily align with the information that is currently collected as part of our rate setting system. The Department does not receive actual service costs by payer type. For example, Medicare residents often require substantially more care due to recent hospitalizations and the need for sub-acute nursing care. Likewise, private pay residents often demand and receive a higher level of care, such as private rooms and more attendant care, than Medicaid residents receive. In both cases, the service costs would be higher, but they would also be very difficult to quantify in a cost report. As a result, the nursing facility rate setting system, which was devised with great participation by the nursing facility industry, focuses on reasonable rates determined through calculated limits of aggregate costs. Taking the aggregate costs and dividing that number by total patient days would not accurately reflect the actual costs of providing services to Medicaid residents as demonstrated by the two examples above.

The following is the response to the other parts of your question for which the Department has the relevant information.

An analysis of data for all nursing facilities in New Jersey with service dates 7/1/11 - 6/30/12 shows that the total number of patient days billed to the Medicaid program was about 10,530,000 with an average stay in the nursing facility of about 240 days for each Medicaid recipient. On average for these stays, approximately $8,200 was paid by the resident or another party on the Medicaid recipient's behalf, and $40,700 was paid by Medicaid funds for a total payment of $48,900 and an average payment of about $201 per day ($34 paid by the resident and $167 paid by Medicaid). The same information broken down for County facilities, Special Care Nursing Facilities (SCNFs) and all other facilities is as follows:

County Facilities: 1,100,000 billed days, average length of stay of 270 days, $8,800 patient pay and $48,700 Medicaid for a total payment of $57,500, resulting in an average payment of about $216 per day ($33 paid by the resident and $183 paid by Medicaid).

SCNFs: 256,000 billed days, average length of stay of 230 days, $4,000 patient pay and $115,000 Medicaid for a total payment of $119,000, resulting in an average payment of about $521 per day ($17 paid by the resident and $504 paid by Medicaid).
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NF-only: 9,170,000 billed days, average length of stay of 240 days, $8,300 patient pay and $37,700 Medicaid for a total payment of $46,000, resulting in an average payment of about $190 per day ($34 paid by the resident and $156 paid by Medicaid).

Nursing facilities are not required to provide specific claims information for Medicare, private pay or other third party payers. Therefore, the Department is unable to determine what payments have been paid by the Medicare program or other payers.

**Question:**

**Assemblymen Burzichelli and Prieto and Assemblywoman Watson Coleman:**

- Please identify services within the Department of Human Services that will be added or expanded as a result of the $180 million in new Casino Revenue Fund revenues from internet gaming anticipated for FY 2014. For each new or expanded service, please indicate: the specific service being added or expanded; the amount of Casino Revenue Fund dollars that will support the new or expanded portion of the service; and the applicable budget line item.

**Answer:**

Casino revenue resources were increased in DHS for FY14 with the majority of the increase in the Division of Developmental Disabilities (DDD) and Division of Aging Services (DoAS). The additional revenue allowed the State’s General Fund to support approximately $53M (State only dollars/$83M gross) of new growth in DDD for new and annualized placements for Olmstead, the Community Services Waiting List, Emergency placements, and those aging out of educational entitlements. In addition, DoAS’s Global Options budget increased by $9M (State only/$18M gross) in recognition of the increased caseload as the Division continues to divert individuals from institutional care and maintain their supports in the community.

**Question:**

**Assemblywoman Watson Coleman:**

- Please clarify the procurement process used by the Division of the Deaf and Hard of Hearing for interpreter services. Are interpreter services acquired directly from individual providers or through agencies? Has this policy changed recently, or is it expected to change in the near future?

**Answer:**

The Division of the Deaf and Hard of Hearing (DDHH) has a statutory requirement to compile a list of qualified interpreters and to make this list available to requesting agencies. Currently, interpreters wishing to be listed with DDHH for sign language services must be certified by the Registry of Interpreters for the Deaf. This process has been in place since the Division was established. The Division continues to compile the list, makes it available to requesting agencies and updates it on a regular basis.

Prospectively, the Department of Treasury plans to issue an RFP for sign language services to state government agencies. DDHH supports this initiative as it will provide an opportunity to provide minimum professional standards for interpreters working in the state of NJ. DDHH will work with the Department of the Treasury to make sure that the RFP would not be restricted in a manner that would significantly reduce
access to services providers – either freelance interpreters or referral agencies. In the interim, it is expected that DDHH will maintain its current process until the RFP is issued and a contract is awarded.

**Question:**

**Assemblyman Singleton:**

- The FY 2013 Appropriations Act provided $1 million for Grants for After School and Summer Activities for At-Risk Children, as added by the Legislature and approved by the Governor. However, a Governor’s line-item veto removed appropriations language added by the Legislature directing that the $1 million be awarded "by the Commissioner of Education pursuant to a competitive process to Statewide youth development organizations for after school activities and summer programming targeting high and moderate risk children."

The $1 million was originally appropriated to the Department of Education, but responsibility for the funds is to shift to DHS in FY 2014, where the Division of Family Development will combine the funds with an existing $5 million to provide summer enrichment program funding, upon provider application, to child care providers associated with the county-based Child Care Resource and Referral agencies (CCR&Rs).

Please provide information regarding the organizations associated with the CCR&Rs that will be able to apply for these funds (please provide a comprehensive list of organizations, by county and organization name); a description of the process by which youth development organizations not associated with the CCR&Rs could become eligible to apply for these funds; and a description of the types of youth development organizations that would not be eligible to apply for the funds.

**Answer:**

The FY2013 Appropriations Act provided $1 million to the Department of Education (DOE). For FY14, DOE, through an MOU, will transfer $1 million to the Department of Human Services, Division of Family Development. The Division of Family Development has developed a school-aged 10 week summer camp program aimed at increasing physical activity and nutritional education for approximately 750 school-aged children.

This statewide Summer Camp Program is for at-risk and low-income families. Eligibility will be determined by the Child Care Resource and Referral (CCR&R) agencies. Each CCR&R/county will be allocated a certain number of slots by county.

All organizations serving low income school aged children will be eligible to apply for the funds. Organizations will apply through the CCR&R’s to receive funds and must meet the following requirements:

- participate in DHS/DFD sponsored Nutritional Training program
- accept State subsidy rate
- participate in USDA food program or serve healthy meals and snacks.
- must operate a full-time program (minimum 6 hours per day).
- Commitment to incorporate recommended activities into program.
Notification of the availability of these funds will be widely distributed to:

- all youth service agencies currently providing after school programs, including local municipalities
- the Human Service Advisory Councils (HSAC) in every County
- Faith Based Organizations through the Department of State
- the NJ School Age Child Care Coalition and,
- the School Based Youth Services Programs through the Department of Children and Families.

Families whose annual income is at or below 200% of the Federal Poverty Level (FPL), based upon family size and work activity requirements, will be provided with a summer camp slot through this program on a first come basis.

Children must meet school-aged requirements – 5 – 13 years old and up to 19 years old with special needs.

In addition, DFD is allocating $5M for a literacy summer program directed at preschool children (4-5 years old).