

Fiscal Year 2025 Appropriations Bill (A4700/S2025)

Language Changes by Resolution Number

| Resolution | Description | Department | Language Change |
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| 6078 | Modifies language to increase the maximum award for the Student Teacher Stipends program. | State | Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for the Student Teacher Stipends is subject to the following conditions and subject to available funding: (1) a student teacher attending a New Jersey institution that offers an educator preparation program approved by the New Jersey Department of Education and who agrees to complete a semester of full--time clinical field practice in compliance with the terms of the approved educator preparation program shall be eligible for a [\$3,000] one-time award <u>not to exceed \$4,500</u> for the student to use to pay for living expenses while participating in full--time student teaching; (2) the Higher Education Student Assistance Authority shall provide funding to the New Jersey institution at which the eligible student is enrolled to be applied to the student's account, subject to the approval of the Director of the Division of Budget and Accounting; provided, however, that such award shall not displace any other federal, State--, or institution--funded student financial assistance, grants, or scholarships; and (3) no more than 5% of the amount appropriated may be allocated for the administrative costs of the program. |
| 6082 | Removes language that is no longer needed due to program reorganization. | Health | Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for Nurse--Midwife Education is subject to the following condition: the Department of Health shall enter into a partnership agreement with the American College of Nurse-Midwives to develop the criteria and deliverables to be set forth in the application for this grant application. |
| 6084 | Adds language to ensure that adequate funding is available to support the requirements of P.L.2024, c.2. | Judiciary | <u>The unexpended balance at the end of the preceding fiscal year in the Affordable Housing Dispute Resolution Program (P.L.2024, c.2) account is appropriated for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.</u> |
| 6087 | Adds Higher Educational Services language that links Institutional Stabilization Aid to the requirements in P.L.2023, c.115. | State | <u>Amounts appropriated for Institutional Stabilization Aid to a New Jersey senior public college or university while under the oversight of an appointed State Monitor shall be conditioned upon the following provision: the governing body of the senior public college or university shall adopt a resolution whereby the governing body acknowledges the duties and responsibilities of the State Monitor and aligns and revises the senior public college or university's governance, leadership, and administration in accordance with the duties and responsibilities of the State Monitor as prescribed in P.L.2023, c.115.</u> |
| 6092 | Adds language allocating funding from the Urban and Rural Centers Unsafe Demolition Revolving Loan Fund to the City of Salem | Community Affairs | <u>There is appropriated from the Urban and Rural Centers Unsafe Buildings Demolition Revolving Loan Fund established under P.L.1997, c.125 the sum of \$651,899, to be used for the demolition and disposal of projects in the City of Salem.</u> |

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| 6096 | Adds language to ensure that adequate funding is available to support the requirements of P.L.2024, c.2. | Community Affairs | <u>The unexpended balance at the end of the preceding fiscal year in the Affordable Housing (P.L.2024, c.2) account is appropriated for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting. Such additional amounts as may be required to effectuate P.L.2024, c.2, as determined by the Commissioner of Community Affairs, are appropriated to the Affordable Housing (P.L.2024, c.2) account, subject to the approval of the Director of the Division of Budget and Accounting.</u> |
| 6102 | Provides additional funding to support the School Funding Reform Act's income data appeals process. | Education | <u>In addition to the amounts hereinabove appropriated for Adjustment Aid, Equalization Aid, Special Education Categorical Aid, Security Aid, and Transportation Aid, such additional amounts as are necessary, as determined by the Commissioner of Education, to provide additional Adjustment Aid, Equalization Aid, Special Education Categorical Aid, Security Aid, and Transportation Aid to districts who have successfully appealed their aid allocations pursuant to the appeals process set forth in section 11 of P.L.2007, c.260 (C.18A:7F-53) regarding the income data utilized in the calculation of this aid, are appropriated, subject to the approval of the Director of the Division of Budget and Accounting.</u> |

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| <p>6173</p> | <p>Edit to align language with proposed funding level and clarify that in part (7), staff hours are inclusive of Centers for Medicare and Medicaid Services (CMS) adjustments for hours per resident day.</p> | <p>Human Services</p> | <p>Notwithstanding the provisions of N.J.A.C.8:85-1.1 et seq. or any other law or regulation to the contrary, and subject to any required federal approval, the amounts hereinabove appropriated within the General Medical Services program classification are subject to the following conditions: (1) Class I (private), Class II (county), and Class III (special care) nursing facilities being paid on a fee-for-service basis shall be reimbursed at a per diem rate no less than the rate received on June 30, 2024, minus the first provider tax add-on and any performance add-on amounts, subject to the condition that Class III (special care) facilities shall be reimbursed the greater of this rate or \$450 per diem, and that Class III (special care) nursing facilities licensed pursuant to a Certificate of Need to operate a traumatic brain injury unit as of July 1, 2023, shall be reimbursed the greater of this rate or at a base per diem reimbursement rate that is \$400 above the special care nursing facility’s base per diem reimbursement rate as of June 30, 2022; (2) nursing facilities that are being paid by a Managed Care Organization (MCO) for custodial care through a provider contract that includes a negotiated rate shall receive that negotiated rate; (3) any Class I and Class III nursing facility that is being paid by an MCO for custodial care through a provider contract but has not yet negotiated a rate shall receive the equivalent fee-for-service per diem reimbursement rate as it received on June 30, 2024, minus the first provider tax add-on and any performance add-on amounts, and any Class II nursing facility that is being paid by an MCO for custodial care through a provider contract but has not yet negotiated a rate shall receive the equivalent fee-for-service per diem reimbursement rate as it received on June 30, 2024, minus any performance add-on amounts, had it been a Class I nursing facility; (4) monies designated pursuant to subsection c. of section 6 of P.L.2003, c.105 (C.26:2H-97) for distribution to nursing facilities, less the portion of those funds to be paid as pass-through payments in accordance with paragraph (1) of subsection d. of section 6 of P.L.2003, c.105 (C.26:2H-97) and less the actual amounts expended during fiscal year 2024 on performance add-ons and expenditures to establish a minimum per diem of \$188.35, shall be combined with amounts hereinabove appropriated for the General Medical Services program classification for the purpose of calculating NJ FamilyCare reimbursements for nursing facilities; (5) for the purposes of this paragraph, a nursing facility’s per diem reimbursement rate or negotiated rate shall not include, if the nursing facility is eligible for reimbursement, the difference between the full calculated provider tax add-on and the quality-of-care portion of the provider tax add-on, which difference shall be payable as an allowable cost pursuant to subsection d. of section 6 of P.L.2003, c.105 (C.26:2H-97); (6) the add-ons used for fiscal year 2024 shall be applied from July 1, 2024, through September 30, 2024, and the first add-on as calculated in section 4 above shall be applied to both MCO and fee-for-service per diem reimbursement rates effective October 1, 2024; (7) each Class I, Class II, and Class III nursing facility that has, no later than the deadline established by the Commissioner of Human Services, submitted to the Department of Human Services (DHS) the DHS Fiscal Year 2025 CoreQ Long-Stay Survey Sample Size Calculation Grid with affirmative answers, as defined by the Department, CoreQ vendor intent, and completion of the CoreQ Long-Stay Survey sample size calculation and, if eligible for CoreQ, no later than the deadline established by the Commissioner of Human Services, submitted demographics to the CoreQ vendor to initiate the CoreQ survey process, and, during calendar year 2023, has not been included on the Centers for Medicare and Medicaid Services (CMS) Special Focus Facility Lists A, B, E or F, ranked as a one-star facility by the CMS Five-Star Quality Rating System, or cited by the Department of Health for two or more Level G or higher licensing violations (a) shall receive a performance add-on of \$3.00 for each of the following CMS nursing</p> |
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| | | | <p>home long stay quality measures where the nursing facility has not failed to report data for any of the reporting periods Q4 2022, Q1 2023, Q2 2023 and Q3 2023, and the simple average of the quarters, as calculated by the Department with available data, is at or below the lower of the New Jersey or national average, as calculated by CMS, for the percentage of long-stay residents who are losing too much weight and high risk residents with a pressure ulcer, (b) shall receive a performance add-on of \$3.00 for the following CMS nursing home long stay quality measure where the nursing facility has not failed to report data for any of the reporting periods Q3 2022, Q4 2022, Q1 2023 and Q2 2023, and the simple average of the quarters, as calculated by the Department with available data, is at or below the lower of the New Jersey or national average, as calculated by CMS, for the number of hospitalizations per 1,000 long-stay resident days, (c) shall receive a performance add-on of \$3.00 if the nursing facility has been deemed eligible to participate in the CoreQ survey process as determined by the Department and received a composite score of 85 percent or greater, as calculated by the DHS vendor, on the CoreQ Resident and Family Experience Survey for the fiscal year 2025 survey period, (d) shall receive a performance add-on of \$4.50 for the following CMS staff measure where the nursing facility has not failed to report data for any of the reporting periods Q4 2022, Q1 2023, Q2 2023 and Q3 2023 and the simple average of the quarters, as calculated by the Department with the available data, is at or below 30 percent, as calculated by CMS, for the percentage of total nursing staff that are no longer employed at the facility, (e) shall receive a performance add-on of \$4.50 for the following CMS staff measure where the nursing facility has not failed to report data for any of the reporting periods Q4 2022, Q1 2023, Q2 2023 and Q3 2023 and the simple average of the quarters, as calculated by the Department with the available data, is at or above the New Jersey average and below 4.1 hours per resident day, as calculated by CMS, for the total nurse staffing hours adjusted per resident day, (f) shall receive a performance add-on of \$6.75 for the following CMS staff measure where the nursing facility has not failed to report data for any of the reporting periods Q4 2022, Q1 2023, Q2 2023 and Q3 2023 and the simple average of the quarters, as calculated by the Department with the available data, is at or above 4.1 hours per resident day, as calculated by CMS, for the total nurse staffing hours adjusted per resident day, and (g) shall receive a performance add-on of \$1.25 for the following CMS staff measures where the nursing facility has not failed to reported any data for any of the reporting periods Q4 2021, Q1 2022, Q2 2022, Q3 2022, Q4 2022, Q1 2023, Q2 2023 and Q3 2023 and the simple average of Q4 2022, Q1 2023, Q2 2023 and Q3 2023, as calculated by the Department using available data, is equal to or greater than 100.5% of the simple average of Q4 2021, Q1 2022, Q2 2022, and Q3 2022, as calculated by the Department using available data, and is at or above 3.6 hours per resident day and below 4.1 hours per resident day, as calculated by CMS, for total nurse staffing hours adjusted per resident day, and (8) each nursing facility shall receive a per diem adjustment that shall be calculated based upon an additional \$7,200,000 in State and \$7,200,000 in federal appropriations, except that if the Department promulgates regulations implementing a new rate setting methodology in the current fiscal year, nursing facilities shall be reimbursed in accordance with that rate setting methodology, plus the performance add-ons defined above, subject to the approval of the Director of the Division of Budget and Accounting.</p> |

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| 6174 | Edit to align language with proposed funding level and clarify technical aspects of the managed care state directed payment. | Human Services | <p>Notwithstanding the provisions of any law or regulation to the contrary, and subject to any required federal approval, the amounts hereinabove appropriated within the General Medical Services program classification are subject to the following conditions: (1) the Division of Medical Assistance and Health Services shall establish a managed care state directed payment program pursuant to 42 CFR 438.6(c) and that provides a supplemental payment for each acute care hospital outpatient visit for which NJ FamilyCare is the primary payer and there is no third-party liability; (2) an outpatient visit is defined as all services billed on a single UB-92, UB-04 or successor claim form related to a singular diagnosis or treatment of services, which did not result in hospitalization; (3) public hospitals shall receive a Medicaid outpatient add-on equal to the difference between the statewide average commercial rate (ACR) and the average managed care payment per hospital outpatient visit, where (a) the average managed care payment per hospital outpatient visit shall be calculated by dividing the total amount of managed care hospital outpatient payments by the number of visits, calculated on managed care encounter payments for which NJ FamilyCare was the primary payer for calendar year 2022, with payment dates between January 1, 2022, and June 30, 2023, with a run-date of not later than September 15 12, 2023, (b) the ACR shall be calculated using the 2022 Audited Acute Care Hospital (ACH) Cost Reports submitted to the Department of Health as follows: (i) the ACR numerator equals a hospital's gross revenue from patient care for payers as reported on Form E6, Line 1, Column A, Column B, Column F, and Column I minus prior year allowances and adjustments as reported on Form E6, Line 2, Column A, Column B, Column F, and Column I minus current year allowances as reported on Form E6, Line 3, Column A, Column B, Column F and Column I, (ii) the ACR denominator equals the sum of the hospital's visits as reported on Form B6, Column L, Line 1, Line 2, Line 6 and Line 9, and (iii) the ACR equals the sum of the ACR numerators divided by the sum of the ACR denominators for all hospitals submitting an ACH cost report; (4)(a) the remaining non-public, acute care hospitals shall be ranked by their Relative Medicaid Percentage (RMP) from highest to lowest, which shall be calculated using the 2022 ACH Cost Reports submitted to the Department of Health and shall be calculated as follows: (i) the RMP numerator equals a hospital's gross revenue from patient care as reported on Forms E5 and E6, Line 1, Column D and Column H, (ii) the RMP denominator equals a hospital's gross revenue from patient care as reported on Form E4, Line 1, Column E, (iii) the RMP equals the RMP numerator divided by the RMP denominator for each hospital submitting an ACH cost report, and (iv) for instances where hospitals that have a single Medicare identification number submit a separate ACH Cost Report for each individually licensed hospital, the ACH Cost Report data for those hospitals shall be consolidated to the single Medicaid Medicare identification number, and (b) the top 15 hospitals ranked with the highest RMPs shall receive an outpatient add-on equal to \$200 per visit, hospitals with an RMP ranking of 16 through 30 shall receive an outpatient add on equal to \$150 per visit, hospitals with an RMP ranking of 31 through 45 shall receive an outpatient add on equal to \$100 per visit, and hospitals ranked 46 and lower shall receive an outpatient add on equal to \$50 per visit; (5) each of the hospitals located in the ten municipalities in the State containing a hospital that have the lowest median annual household income according to Table S1901 from the 2022 American Community Survey (ACS) 5-Yr Estimate Released December 7, 2023, shall be ranked from the hospital with the highest hospital-specific reimbursed Medicaid and NJ FamilyCare managed care outpatient hospital services to the hospital with the lowest hospital-specific reimbursed Medicaid and NJ FamilyCare</p> |
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| | | | managed care outpatient hospital services, as calculated on managed care encounter payments for which NJ FamilyCare was the primary payer for calendar year 2022, with payment dates between January 1, 2022, and June 30, 2023, with a run-date of not later than September 15 12, 2023, and the hospital in each of the ten municipalities, if any, with the highest reimbursed Medicaid and NJ FamilyCare managed care outpatient hospital services shall receive a 25 percent increase to their designated tier's add-on payment, <u>unless such hospital is publicly owned</u> ; (6) hospitals shall receive interim monthly <u>quarterly</u> Medicaid managed care outpatient hospital payments on or about the 15th <u>of the first month of</u> each month <u>quarter</u> based on calendar year 2022 outpatient visits as calculated in (5) above, which shall be reconciled to actual fiscal year utilization in the subsequent fiscal year's April payment. |
| 6184 | Language is added to appropriate prior year unexpended balances in the Meadowlands Study account for the same purpose. | Law and Public Safety | <u>The unexpended balance at the end of the preceding fiscal year in the Meadowlands Study account is appropriated for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.</u> |
| 6189 | Adjusts the Open Space PILOT language to distribute the level of funding recommended in the Governor's Budget Message. | Community Affairs | Notwithstanding the provisions of any law or regulation to the contrary, payments to municipalities in lieu of taxes for lands acquired by the State and non-profit organizations for recreation and conservation purposes shall be provided only to <u>the</u> municipalities whose payments received in fiscal year 2010 exceeded \$5,000 and shall be provided at the payment amount provided in fiscal year 2010 <u>2024</u> , subject to the approval of the Director of the Division of Budget and Accounting. |
| 6190 | Allows agencies to apply and receive funds related to the federal Inflation Reduction Act's Elective Pay. | Federal Provisions | <u>Officials from the appropriate executive agencies are hereby authorized to take such steps, as may be necessary to qualify, apply, and file with the Internal Revenue Service for elective payment of applicable tax credits available to applicable entities under section 13801 of the federal Inflation Reduction Act of 2022, Public Law 117-169, subject to the approval of the Director of the Division of Budget and Accounting. Any funds received by such executive agencies shall be deposited in the General Fund as State revenue.</u> |

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| 6192 | Language is updated for the revised motor fuels and petroleum products gross receipts revenue estimates based on the spring update. | Transportation | The amount hereinabove appropriated for the Transportation Trust Fund Subaccount for Debt Service for Prior Bonds and the Transportation Trust Fund Subaccount for Debt Service for Transportation Program Bonds shall be provided from the following revenues: (i) [\$454,836,000] <u>\$464,178,000</u> from motor fuels taxes, which are hereby appropriated for such purposes pursuant to Article VIII, Section II, paragraph 4 of the State Constitution; (ii) [\$991,383,000] <u>\$982,041,000</u> from the petroleum products gross receipts tax, which is hereby appropriated for such purposes pursuant to Article VIII, Section II, paragraph 4 of the State Constitution; and (iii) \$200,000,000 from the sales and use tax which is hereby appropriated for such purposes pursuant to Article VIII, Section II, paragraph 4 of the State Constitution. |

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| <p>6193</p> | <p>Adjusts language to correct several dates related to the payment and run dates used in the calculation of the Graduate Medical Education (GME) Subsidy.</p> | <p>Health</p> | <p>Notwithstanding the provisions of any law or regulation to the contrary, and except as otherwise provided and subject to such modifications as may be required by the Centers for Medicare and Medicaid Services in order to achieve any required federal approval and full Federal Financial Participation, \$218,000,000 from amounts hereinabove appropriated for Graduate Medical Education (GME) shall be designated the GME Subsidy, and shall be calculated as follows: (a) the subsidy payment shall be split into a Direct Medical Education (DME) portion and an Indirect Medical Education (IME) portion; (b) source data used for the GME calculation shall come from the Medicaid cost report for calendar year (CY) 2022 submitted by each acute care hospital by February 14, 2024 2024 and Medicaid Managed Care encounter payments data for Medicaid and NJ FamilyCare clients as reported by insurers to the State for the following reporting period: services dates between January 1, 2022 and December 31, 2022; payment dates between January 1, 2022 and December 31, 2023 2023; and a run-date of not later than February 15, 2023 2024; (c) in the event that a hospital reported less than 12 months of 2022 Medicaid costs, the number of reported months of data regarding days, costs, or payments shall be annualized. In the event the hospital completed a merger, acquisition, or business combination resulting in two cost reports filed during the calendar year, two cost reports will be combined into one or a supplemental cost report for the calendar year 2022 submitted by the affected acute care hospital by January 31, 2021 shall be used. In the event that a hospital did not report its Medicaid managed care days on the cost report utilized in this calculation, the Department of Health (DOH) shall ascertain Medicaid managed care encounter days for Medicaid and NJ FamilyCare clients as reported by insurers to the State as per source data defined in (b) above; (d) Medicaid managed care DME cost begins with the intern and residency program costs using the 2022 submitted Medicaid cost report total residency costs, reported on Worksheet B Pt I Column 21 Line 21 plus Worksheet B Pt I Column 22 Line 22 divided by the 2022 resident full time equivalent employees (FTE), reported on Worksheet S-3 Pt 1 Column 9 line 14 to develop an average cost per resident FTE for each hospital; (e) median cost per resident FTE is calculated based on the average cost per resident FTE for each hospital; (f) the median cost per resident FTE is multiplied by the 2022 resident FTEs reported on Worksheet S-3 Pt 1 Column 9 Line 14 to develop total median residency program cost for each hospital; (g) median residency costs are multiplied by the ratio of Medicaid managed care days, reported on Worksheet S-3 Column 7 Line 2, divided by the difference of total days, reported on Worksheet S-3 Column 8 Line 14, less nursery days, reported on Worksheet S-3 Column 8 Line 13 to determine the Medicaid managed care DME cost of each hospital; (h) Medicaid managed care IME cost is defined as the Medicare IME factor multiplied by Medicaid managed care encounter payments as per source data defined in (b) above; (i) the IME factor is calculated using the Medicare IME formula as follows: $1.35 * [(1 + x)^{0.405} - 1]$, in which “x” is the ratio of submitted IME resident FTEs reported on Worksheet S-3 Pt 1 Column 9 Line 14 divided by the difference of total available beds, reported on Worksheet S-3 Column 2 Line 14, less nursery beds, reported on Worksheet S-3 Column 2 Line 13; (j) total 2022 Medicaid managed care GME costs shall equal total 2022 Medicaid managed care IME costs plus total 2019 2022 Medicaid managed care DME costs; (k) the 2022 total Medicaid managed care DME costs is divided by the total 2022 Medicaid managed care GME costs; (l) the DME allocation portion is calculated by multiplying the total subsidy amount by the ratio in (k) above; (m) each hospital’s percentage of total 2022 Medicaid managed care DME costs shall be multiplied by the DME allocation to calculate its DME payment; (n) the 2022 total Medicaid managed care IME costs are divided by the total 2022 Medicaid</p> |
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| | | | managed care GME costs; (o) the IME allocation portion is calculated by multiplying the total subsidy amount by the ratio in (n) above; (p) each hospital's percentage of total 2022 Medicaid managed care IME costs shall be multiplied by the IME allocation to calculate its IME payment; (q) the sum of a hospital's DME and IME payments shall equal its subsidy payment. The total GME Subsidy amount and these payments shall not exceed \$218,000,000 and shall be paid in 12 monthly payments; (r) in the event that a hospital believes that there are mathematical errors in the calculations, or data not matching the actual source documents used to calculate the subsidy as defined above, hospitals shall be permitted to file calculation appeals within 15 working days of receipt of the subsidy allocation letter. If upon review it is determined by the DOH that the error has occurred and would constitute at least a five percent change in the hospital's allocation amount, a revised industry-wide allocation shall be issued; (s) each hospital receiving a GME allocation shall, on or before May 31, 2025, provide a report to the Commissioner of Health indicating the total number of physicians who completed their training during the preceding calendar year, and the number of those physicians who plan to practice medicine within the State of New Jersey. |
| 6194 | Modifying language to allow Robert Wood Johnson Barnabas Health to utilize the City of Newark Access to Health Care Partnership appropriation for transfers relating to the Medicaid Access to Physician Services (MAPS) program. | Health | Of the amounts hereinabove appropriated to Robert Wood Johnson Barnabas Health -- Community Health Projects and City of Newark Access to Health Care Partnership , amounts may be transferred to the Division of Medical Assistance and Health Services, consistent with CMS guidelines, solely to maximize federal Medicaid payments to faculty physicians and non-physician professionals who are affiliated with Robert Wood Johnson Barnabas Health, subject to the approval of the Director of the Division of Budget and Accounting. |
| 6195 | Technical edit to align budget language with the proper appropriation. | Children and Families | Notwithstanding the provisions of any law or regulation to the contrary, in addition to the amount hereinabove appropriated for Women's Services Domestic Violence Services , an amount not to exceed \$2,550,000 is appropriated to the Displaced Homemaker program from the Workforce Development Partnership Fund established pursuant to section 9 of P.L.1992, c.43 (C.34:15D--9), subject to the approval of the Director of the Division of Budget and Accounting. |
| 6197 | Provides additional State and federal funding for the Community Care Program and modifies the corresponding budget language based on the most recent trends. | Human Services | Notwithstanding the provisions of any law or regulation to the contrary, [\$1,302,098,000] \$1,338,638,000 of federal Community Care Program funds is appropriated for community--based programs in the Division of Developmental Disabilities. The appropriation of federal Community Care Program funds above this amount is conditional upon the approval of a plan submitted by the Department of Human Services that must be approved by the Director of the Division of Budget and Accounting. |

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| 6228 | Language is added to allow for any prior year unexpended balance in the Electric Vehicle Charging Stations Program to carry forward to the budget year. | Environmental Protection | <u>The unexpended balance at the end of the preceding fiscal year in the Electric Vehicle Charging Stations Program account is appropriated for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.</u> |
| 3026 | Modifies language to provide discretion to Office of Food Security Advocate to use appropriation for food and hunger programs to initiate public-private partnerships for innovation. | Agriculture | The amount hereinabove appropriated for Food and Hunger Programs shall be directly distributed <u>allocated</u> as follows: 53% to the Community Food Bank of New Jersey; 15% to the Food Bank of South Jersey; 15% to Fulfill Monmouth & Ocean; 11% to Mercer Street Friends Food Bank; 3% to Norwescap; and 3% to Southern Regional Food Distribution Center. <u>The Office of Food Security Advocate (OFSA) shall develop a plan for the purposes of supporting regional innovative food security initiatives through public-private partnerships. In order to effectuate the plan, the OFSA shall be permitted to reassign a portion of each recipient’s allocated emergency food aid in an amount not to exceed 12% of the allocation. The plan shall ensure that no emergency feeding organizations shall have such an amount reduced that would prevent them from effectively providing services in accordance with their contract with the State.</u> |
| 4757 | Modifies language to revert unexpended balance up to \$1.5 million in Dairy Fee - Administration account to General Fund. | Agriculture | Receipts from dairy licenses and inspections are appropriated for the cost of that program. <u>The unexpended balance at the end of the preceding fiscal year in the Dairy Fee - Administration program less \$1,500,000 is appropriated for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.</u> |
| 6036 | Modifies language to increase allocation from Workforce Development Partnership Fund for Vocational Rehabilitation Services by \$3 million | Labor and Workforce Development | Notwithstanding the provisions of any law or regulation to the contrary, of the amount hereinabove appropriated for Vocational Rehabilitation Services, there is appropriated [\$17,000,000] <u>\$20,000,000</u> from the Workforce Development Partnership Fund. |
| 6473 | Adds language to appropriate funds from the New Jersey Affordable Housing Trust Fund for HMFA Foreclosure Mediation Assistance Program Counseling | Community Affairs | <u>Notwithstanding the provisions of any law or regulation to the contrary, \$800,000 is appropriated from the “New Jersey Affordable Housing Trust Fund” for HMFA Foreclosure Mediation Assistance Program Counseling, subject to the approval of the Director of the Division of Budget and Accounting.</u> |

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|------------|--|-------------------|---|
| 5972 | Modifies language to increase allocation from New Jersey Affordable Housing Trust Fund for the Down Payment Assistance Fund. | Community Affairs | The amount hereinabove appropriated for the Down Payment Assistance Fund, together with [\$10,000,000] <u>\$17,000,000</u> appropriated from the “New Jersey Affordable Housing Trust Fund,” are appropriated to the New Jersey Housing and Mortgage Finance Agency for a Down Payment and Closing Cost Assistance Program to provide down payment and closing cost assistance, including but not limited to mortgage insurance assistance, escrows, pre-paid costs, and interest rate reductions, to assist in stabilizing neighborhoods through owner--occupancy and providing home ownership opportunities to households that would otherwise remain tenants, subject to the approval of the Director of the Division of Budget and Accounting. |
| 6233 | Modifies budget language to clarify that the Department of Education may support various needs related to preschool expansion. | Education | Notwithstanding the provisions of any law or regulation to the contrary, amounts hereinabove appropriated for Preschool Education Aid shall be allocated as follows: 1) in the case of a district that received Early Launch to Learning Initiative aid in the 2007-2008 school year, an amount equal to the district’s 2007-2008 allocation of Early Launch to Learning Initiative aid; 2) in the case of a school district that received a 2008-2009 allocation of Preschool Education Aid based on its 2007-2008 Early Childhood Program Aid allocation, an aid amount equal to the district’s 2023-2024 per pupil allocation of Preschool Education Aid inflated by the CPI and multiplied by the district’s projected preschool enrollment, except in the case of a school district that participated in the federal Preschool Expansion Grant in 2018-2019, districts that received an allocation of Preschool Education Expansion Aid in 2017-2018 or 2018-2019, and districts that received an allocation of Preschool Education Aid through the competitive process administered by the Commissioner of Education which began in 2019-2020; 3) in the case of any other district with an allocation of Preschool Education Aid in the 2023-2024 school year calculated using the provisions of section 12 of P.L.2007, c.260 (C.18A:7F-54), districts that participated in the federal Preschool Expansion Grant in 2018-2019, districts that received an allocation of Preschool Education Expansion Aid in 2017-2018 or 2018-2019, or districts that received an allocation of Preschool Education Aid through the competitive process administered by the Commissioner of Education which began in 2019-2020, an amount calculated in accordance with those provisions based upon 2024-2025 projected FTE enrollments, and multiplied by the per pupil allocations as set forth in the February 2024 State Aid notice issued by the commissioner. [Notwithstanding the provisions of any law or regulation to the contrary, of the amounts hereinabove appropriated for Preschool Education Aid, an amount not to exceed \$20,000,000 shall be allocated by the commissioner to districts in total additional preschool funding for the purpose of expanding free access to full day preschool for resident three- and four year old children in accordance with the preschool quality standards issued by the commissioner and based on a district’s demonstration of its readiness to operate a preschool program consistent with those standards and to address workforce preparation and training and other ancillary needs related to preschool expansion, as determined by the Commissioner of Education]. A school district that receives Preschool Education Aid for the first time in the 2024-2025 school year shall demonstrate, in its application, due diligence in establishing partnerships to provide its preschool program through a mixed-delivery system in all licensed child care providers and Head Start programs in its community or neighboring communities that are willing and able to meet all preschool program requirements. |

Fiscal Year 2025 Appropriations Bill (A4700/S2025)
Language Changes by Resolution Number

| Resolution | Description | Department | Language Change |
|------------|---|----------------|--|
| 6235 | Language is added to allow for any prior year unexpended balance in the Paraprofessional Training Program account to carry forward to the budget year. | Education | <u>The unexpended balance at the end of the preceding fiscal year in the Paraprofessional Training Program account is appropriated for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.</u> |
| 6236 | Language is added to allow for any prior year unexpended balance in the K-12 Education Workforce Diversity Program account to carry forward to the budget year and allows for the transfer of funds to the High Poverty School District Minority Teacher Recruitment Program account. | Education | <u>Of the amount hereinabove appropriated for K-12 Education Workforce Diversity Programs, an amount may be transferred to the High Poverty School District Minority Teacher Recruitment Program account as determined by the Commissioner of Education, subject to the approval of the Director of the Division of Budget and Accounting. The unexpended balance at the end of the preceding fiscal year in the K-12 Education Workforce Diversity Programs account is appropriated for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.</u> |
| 4690 | Carry forward language for prior year for Township of Lawrence (Mercer) - Long Acres Wall Barrier (PTRF) account. | Transportation | <u>The unexpended balance at the end of the preceding fiscal year in the Township of Lawrence (Mercer) - Long Acres Wall Barrier (PTRF) account is appropriated for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.</u> |
| 4669 | Adds language to establish the number of State-funded positions at School of Veterinary Medicine at Rowan University. | State | <u>For the purpose of implementing the appropriations act for the current fiscal year, the fringe benefits for 47 positions at the School of Veterinary Medicine of Rowan University are funded by the State.</u> |

Fiscal Year 2025 Appropriations Bill (A4700/S2025)

Language Changes by Resolution Number

| Resolution | Description | Department | Language Change |
|------------|---|----------------|--|
| 4875 | Shifts Additional \$10M of Work First New Jersey Child Care Expenditures to the Workforce Development Partnership Fund | Human Services | Notwithstanding the provisions of any law or regulation to the contrary, in addition to the amounts hereinabove appropriated for Work First New Jersey Child Care, an amount not to exceed [\$40,100,000] <u>\$50,100,000</u> is appropriated from the Workforce Development Partnership Fund established pursuant to section 9 of P.L. 1992, c.43 (C.34:15D--9), subject to the approval of the Director of the Division of Budget and Accounting. |
| 5955 | Removes language to reflect elimination of \$5 Million Appropriation for Stabilization Aid (PTRF) | Education | Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated for Stabilization Aid is subject to the following condition: no funds shall be allocated by the Commissioner of Education unless a district experiences a reduction in State aid or otherwise confronts a structural budgetary imbalance and the district provides, in a format acceptable to the commissioner, a written plan explaining how the district intends to fund operations in future years in which the district does not receive similar supplemental State aid. |
| 2014 | Modifies language to increase Medicaid reimbursement rates for adult medical day by \$2.53 per day. | Human Services | Notwithstanding the provisions of any law or regulation to the contrary, the amounts hereinabove appropriated within the General Medical Services program classification for medical day care services shall be conditioned upon the following provision: the minimum fee--for--service and managed care per diem reimbursement rates for adult medical day care providers shall be [\$89.55] <u>\$92.08</u> . |
| 6893 | Modifies language to increase funding for Community Based Substance Use Disorder Treatment and Prevention - State Share. | Human Services | Notwithstanding the provisions of any law or regulation to the contrary, of the amount hereinabove appropriated for Community Based Substance Use Disorder Treatment and Prevention -- State Share, an amount not to exceed [\$400,000] <u>\$1,000,000</u> , subject to the approval of the Director of the Division of Budget and Accounting, shall be allocated to New Beginnings to provide support for addiction, housing, and rehabilitation services in South Jersey. |
| 4010 | Modifies language to increase Medicaid PPS create and their uninsured patient reimbursement rate at Federal Qualified Health Centers. | Human Services | Notwithstanding the provisions of any law or regulation to the contrary, the amounts hereinabove appropriated in the General Medical Services program classification are subject to the following conditions: the base payment rate per medical encounter, as described in N.J.A.C.10:66-4.1, for a federally qualified health center (FQHC) shall be equal to 100 percent of the Medicare FQHC prospective payment system base rate, as adjusted according to the geographic location of the FQHC, plus an add-on payment of \$19.35 <u>and an additional amount that when aggregated for all FY 2025 payments totals \$2,000,000</u> . |

Fiscal Year 2025 Appropriations Bill (A4700/S2025)

Language Changes by Resolution Number

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| <p>4175</p> | <p>Modifies language to increase reimbursement rate for nursing facilities that operate a neurologically impaired young adult unit.</p> | <p>Human Services</p> | <p>Notwithstanding the provisions of N.J.A.C.8:85-1.1 et seq. or any other law or regulation to the contrary, and subject to any required federal approval, the amounts hereinabove appropriated within the General Medical Services program classification are subject to the following conditions: (1) Class I (private), Class II (county), and Class III (special care) nursing facilities being paid on a fee-for-service basis shall be reimbursed at a per diem rate no less than the rate received on June 30, 2024, minus the first provider tax add-on and any performance add-on amounts, subject to the condition that Class III (special care) facilities shall be reimbursed the greater of this rate or \$450 per diem, and that Class III (special care) nursing facilities licensed pursuant to a Certificate of Need to operate a traumatic brain injury unit as of July 1, 2023, shall be reimbursed the greater of this rate or at a base per diem reimbursement rate that is \$400 above the special care nursing facility's base per diem reimbursement rate as of June 30, 2022 <u>and that Class III (special care) nursing facilities licensed pursuant to a Certificate of Need to operate a neurologically impaired young adult unit as of July 1, 2024 shall be reimbursed, at a minimum, the greater of the special care nursing facility's FY 2024 base per diem rate or \$804 per diem</u>; (2) <u>nursing facilities</u> that are being paid by a Managed Care Organization (MCO) for custodial care through a provider contract that includes a negotiated rate shall receive that negotiated rate; (3) any Class I and Class III nursing facility that is being paid by an MCO for custodial care through a provider contract but has not yet negotiated a rate shall receive the equivalent fee-for-service per diem reimbursement rate as it received on June 30, 2024, minus the first provider tax add-on and any performance add-on amounts, and any Class II nursing facility that is being paid by an MCO for custodial care through a provider contract but has not yet negotiated a rate shall receive the equivalent fee-for-service per diem reimbursement rate as it received on June 30, 2024, minus any performance add-on amounts, had it been a Class I nursing facility; (4) monies designated pursuant to subsection c. of section 6 of P.L.2003, c.105 (C.26:2H-97) for distribution to nursing facilities, less the portion of those funds to be paid as pass-through payments in accordance with paragraph (1) of subsection d. of section 6 of P.L.2003, c.105 (C.26:2H-97) and less the actual amounts expended during fiscal year 2024 on performance add-ons and expenditures to establish a minimum per diem of \$188.35, shall be combined with amounts hereinabove appropriated for the General Medical Services program classification for the purpose of calculating NJ FamilyCare reimbursements for nursing facilities; (5) for the purposes of this paragraph, a nursing facility's per diem reimbursement rate or negotiated rate shall not include, if the nursing facility is eligible for reimbursement, the difference between the full calculated provider tax add-on and the quality-of-care portion of the provider tax add-on, which difference shall be payable as an allowable cost pursuant to subsection d. of section 6 of P.L.2003, c.105 (C.26:2H-97); (6) the add-ons used for fiscal year 2024 shall be applied from July 1, 2024, through September 30, 2024, and the first add-on as calculated in section 4 above shall be applied to both MCO and fee-for-service per diem reimbursement rates effective October 1, 2024; (7) each Class I, Class II, and Class III nursing facility that has, no later than the deadline established by the Commissioner of Human Services, submitted to the Department of Human Services (DHS) the DHS Fiscal Year 2025 CoreQ Long-Stay Survey Sample Size Calculation Grid with affirmative answers, as defined by the Department, CoreQ vendor intent, and completion of the CoreQ Long-Stay Survey sample size calculation and, if eligible for CoreQ, no later than the deadline established by the Commissioner of Human Services, submitted demographics to the CoreQ vendor to initiate the CoreQ survey process, and, during calendar year 2023, has not been included on the Centers for Medicare and Medicaid Services (CMS)</p> |
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Fiscal Year 2025 Appropriations Bill (A4700/S2025)
Language Changes by Resolution Number

| Resolution | Description | Department | Language Change |
|------------|-------------|------------|---|
| | | | <p>Special Focus Facility Lists A, B, E or F, ranked as a one-star facility by the CMS Five-Star Quality Rating System, or cited by the Department of Health for two or more Level G or higher licensing violations (a) shall receive a performance add-on of \$3.00 for each of the following CMS nursing home long stay quality measures where the nursing facility has not failed to report data for any of the reporting periods Q4 2022, Q1 2023, Q2 2023 and Q3 2023, and the simple average of the quarters, as calculated by the Department with available data, is at or below the lower of the New Jersey or national average, as calculated by CMS, for the percentage of long-stay residents who are losing too much weight and high risk residents with a pressure ulcer, (b) shall receive a performance add-on of \$3.00 for the following CMS nursing home long stay quality measure where the nursing facility has not failed to report data for any of the reporting periods Q3 2022, Q4 2022, Q1 2023 and Q2 2023, and the simple average of the quarters, as calculated by the Department with available data, is at or below the lower of the New Jersey or national average, as calculated by CMS, for the number of hospitalizations per 1,000 long-stay resident days, (c) shall receive a performance add-on of \$3.00 if the nursing facility has been deemed eligible to participate in the CoreQ survey process as determined by the Department and received a composite score of 85 percent or greater, as calculated by the DHS vendor, on the CoreQ Resident and Family Experience Survey for the fiscal year 2025 survey period, (d) shall receive a performance add-on of \$4.50 for the following CMS staff measure where the nursing facility has not failed to report data for any of the reporting periods Q4 2022, Q1 2023, Q2 2023 and Q3 2023 and the simple average of the quarters, as calculated by the Department with the available data, is at or below 30 percent, as calculated by CMS, for the percentage of total nursing staff that are no longer employed at the facility, (e) shall receive a performance add-on of \$4.50 for the following CMS staff measure where the nursing facility has not failed to report data for any of the reporting periods Q4 2022, Q1 2023, Q2 2023 and Q3 2023 and the simple average of the quarters, as calculated by the Department with the available data, is at or above the New Jersey average and below 4.1 hours per resident day, as calculated by CMS, for the total nurse staffing hours per resident day, (f) shall receive a performance add-on of \$6.75 for the following CMS staff measure where the nursing facility has not failed to report data for any of the reporting periods Q4 2022, Q1 2023, Q2 2023 and Q3 2023 and the simple average of the quarters, as calculated by the Department with the available data, is at or above 4.1 hours per resident day, as calculated by CMS, for the total nurse staffing hours per resident day, and (g) shall receive a performance add-on of \$1.25 for the following CMS staff measures where the nursing facility has not failed to reported any data for any of the reporting periods Q4 2021, Q1 2022, Q2 2022, Q3 2022, Q4 2022, Q1 2023, Q2 2023 and Q3 2023 and the simple average of Q4 2022, Q1 2023, Q2 2023 and Q3 2023, as calculated by the Department using available data, is equal to or greater than 100.5 percent of the simple average of Q4 2021, Q1 2022, Q2 2022, and Q3 2022, as calculated by the Department using available data, and is at or above 3.6 hours per resident day and below 4.1 hours per resident day, as calculated by CMS, for total nurse staffing hours per resident day, and (8) each nursing facility shall receive a per diem adjustment that shall be calculated based upon an additional \$7,200,000 in State and \$7,200,000 in federal appropriations, except that if the Department promulgates regulations implementing a new rate setting methodology in the current fiscal year, nursing facilities shall be reimbursed in accordance with that rate setting methodology, plus the performance add-ons defined above, subject to the approval of the Director of the Division of Budget and Accounting.</p> |

Fiscal Year 2025 Appropriations Bill (A4700/S2025)
Language Changes by Resolution Number

| Resolution | Description | Department | Language Change |
|------------|---|----------------|---|
| 4193 | Modifies language making participation of hospitals in State-Directed Payment Program conditional upon participation in the New Jersey Health Information Network (NJHIN) | Human Services | Notwithstanding the provisions of any law or regulation to the contrary, the amount hereinabove appropriated in for the General Medical Services program classification <u>for the managed care state directed payment program pursuant to 42 CFR 438.6(c) that provides a supplemental payment for each acute care hospital outpatient visit</u> is subject to the condition that hospitals in receipt of NJ FamilyCare payments shall demonstrate <u>by January 1, 2025 participation in the New Jersey Department of Health’s New Jersey Health Information Network (NJHIN); so long as the NJHIN and its vendors maintain policies and procedures to ensure that the minimum necessary personal health information (PHI) is collected, used, disclosed or stored; develops and implements a cyber security incident program; maintains adequate cyber security insurance; and, assumes sole responsibility for notification of any breach of PHI.</u> For purposes of this paragraph, demonstrated participation in the NJHIN shall mean: (1) the hospital has directly, or indirectly through another Trusted Data Sharing Organization, executed the NJHIN Data Use and Reciprocal Support Agreement and the NJHIN Business Associate Agreement; (2) the hospital participates in bi-directional Statewide Admission, Discharge, Transfer Notification using industry standard data exchange technology, and (3) the hospital participates in bi-directional Continuity of Care document (CCDA) exchange using industry standard data exchange technology with at least 90% data conformance to standards as reported in hospital performance reports as determined by the Commissioner of Health; <u>except hospitals may apply for a hardship exception to be adjudicated by the Commissioner of Health.</u> |
| 4391 | Modifies language to increase hourly rate for Medicaid personal care assistant services. | Human Services | Notwithstanding the provisions of any law or regulation to the contrary, and subject to the notice provisions of 42 C.F.R. s.447.205, of the amount hereinabove appropriated for the General Medical Services program classification, personal care assistant services shall be authorized prior to the beginning of services by the Director of the Division of Medical Assistance and Health Services. The hourly rate for personal care services shall be [\$25.16] <u>\$26.68.</u> |
| 4458 | Modifies budget language to remove prohibition on Medicaid coverage for weight loss medication. | Human Services | Notwithstanding the provisions of any law or regulation to the contrary, of the amount hereinabove appropriated to the General Medical Services program classification, no payment shall be expended for drugs used for: <u>(1) the treatment of erectile dysfunction, select cough/cold medications as defined by the Commissioner of Human Services, or cosmetic drugs, including, but not limited to: drugs used for baldness</u> [-, weight loss,] <u>and purely cosmetic skin conditions; and (2) weight loss, unless deemed medically necessary to meaningfully promote the proper function of the body or prevent or treat illness or disease, and until the Department of Human Services, in consultation with the Department of Health, completes and submits to the Legislature an examination of the viability and likely cost to the State of providing coverage for such drugs in the NJ FamilyCare Program, Pharmaceutical Assistance for the Aged and Disabled program, and AIDS Drug Distribution Program, and additional funding has been appropriated for payments for drugs used for weight loss</u> by the Legislature. |

Fiscal Year 2025 Appropriations Bill (A4700/S2025)
Language Changes by Resolution Number

| Resolution | Description | Department | Language Change |
|------------|--|-------------------|---|
| 4606 | Adds language expanding Navigator Program. | Human Services | From the amount appropriated hereinabove for Payments for Cost of General Assistance, the commissioner shall allocate not less than [\$5,600,000] <u>\$6,600,000</u> to Volunteers of America Delaware Valley to provide enhanced navigation and coordination of housing and homeless services in locations to include but not limited to Camden and Atlantic counties. |
| 4708 | Modifies language for Charter School Facility Improvements to increase appropriation amount and expand allowable uses of funds. | Education | Notwithstanding the provisions of any law or regulation to the contrary, of the amount hereinabove appropriated for Charter School Facility Improvements, to protect the health and safety of students, [\$5,000,000] <u>\$9,000,000</u> shall be provided to the Department of Education to administer grants to support emergent needs [and] , capital maintenance, <u>and facilities costs</u> in charter schools and renaissance school projects upon the review of the Director of the New Jersey Department of Education Office of Charter and Renaissance Schools. |
| 4717 | Modifies language provision associated with Transportation Aid (PTRF) to increase per pupil nonpublic transportation aid amount | Education | Notwithstanding the provisions of section 2 of P.L.1981, c.57 (C.18A:39-1a) or any other law or regulation to the contrary, the maximum amount of nonpublic school transportation costs per pupil provided for in N.J.S.18A:39-1 shall equal [\$1,165] <u>\$1,185.</u> |
| 4685 | Adds language stipulating use of funds for Bloomfield, Belleville, and Nutley Fire Departments – Enhanced Safety and Training | Community Affairs | <u>The amount hereinabove appropriated for Bloomfield, Belleville, and Nutley Fire Departments – Enhanced Safety and Training (PTRF) shall be used to support the construction of a training tower and other programs to enhance the service quality of the fire departments in Bloomfield, Belleville, and Nutley.</u> |
| 6426 | Adds language to allow for any prior year unexpected balance for Hackensack Meridian Health Fresh Match Program to carry forward to current fiscal year. | Human Services | <u>The unexpended balance at the end of the preceding fiscal year in the Hackensack Meridian Health- Fresh Match Program Expansion account is appropriated for the same purpose, subject to the approval of the Director of the Division of Budget and Accounting.</u> |
| 6702 | Modifies language to increase per pupil amount of Nonpublic Nursing Services Aid. | Education | Notwithstanding the provisions of section 9 of P.L.1991, c.226 (C.18A:40--31), the amount hereinabove appropriated for Nonpublic Nursing Services Aid shall be made available to local school districts based upon the number of pupils enrolled in each nonpublic school on the last day prior to October 15, 2023 and the rate per pupil shall be [\$122] <u>\$135.</u> |

Fiscal Year 2025 Appropriations Bill (A4700/S2025)
Language Changes by Resolution Number

| Resolution | Description | Department | Language Change |
|---------------|--|-----------------------|---|
| 4226 | Adds language providing that \$5 million of the amounts appropriated for Tuition Aid Grants will be used to increase awards for Kean University students. | State | <u>Notwithstanding the provisions of any law or regulation to the contrary, \$5,000,000 of the amount hereinabove appropriated for Tuition Aid Grants shall be used to ensure that the maximum Tuition Aid Grant award amount for applicants at Kean University, as that term is defined pursuant to section 3 of P.L.2021, c.282 (C.18A:64O-3), qualifying for full-time Tuition Aid Grant awards in the 2024-2025 academic year is no less than the maximum Tuition Aid Grant award amount for applicants at all other public research universities, as that term is defined pursuant to section 3 of P.L.1994, c.48 (C.18A:3B-3), qualifying for full-time Tuition Aid Grant awards in the 2024-2025 academic year.</u> |
| 6811 | Adds language providing \$22 million of the amounts appropriated for Care Management Organizations should be used for cost-of-living increase in the Children’s System of Care | Children and Families | <u>Of the amount hereinabove appropriated for Care Management Organizations, \$22,000,000 shall be used to provide a percentage basis rate increase for Children’s System of Care Medicaid-based fee-for-service contracts and cost reimbursement contracts for residential treatment, outpatient treatment, partial hospitalization and partial care treatment, in-community care and intensive in-home behavioral assistance, mobile response, or care management, in order to facilitate and sustain a robust network of providers responding to the current and ongoing youth mental health crisis.</u> |
| 4644 (1 of 2) | Adds language concerning the provision of Preschool Education Aid. | Education | <u>The Department of Education, the Department of Children and Families, and the Department of Human Services shall post on the departments’ Internet websites, no later than July 14, 2024, lists of all: current districts with State-funded preschool; districts eligible to apply for Preschool Education Aid and licensed child care providers and Head Start programs in each eligible district’s community and in neighboring communities, including contact information for the providers and programs. The Department of Education, the Department of Children and Families, and the Department of Human Services shall post revised lists for the 2025-2026 school year no later than April 1, 2025. The Department of Education, the Department of Children and Families, and the Department of Human Services shall, in consultation with school districts, licensed child care providers, Head Start programs, and other stakeholders identified by the Commissioner of Education, produce a report to the Legislature on the efficacy of the mixed-delivery model of preschool education, on or before March 1, 2025, and the report shall be posted on the Department of Education’s Internet website.</u> |

Fiscal Year 2025 Appropriations Bill (A4700/S2025)

Language Changes by Resolution Number

| Resolution | Description | Department | Language Change |
|---------------|---|------------|--|
| 4644 (2 of 2) | Adds language providing that \$20 million of the amount appropriated for Preschool Education Aid for the provision of preschool expansion aid grants. | Education | <u>Notwithstanding the provisions of any law or regulation to the contrary, of the amounts hereinabove appropriated for Preschool Education Aid, an amount not to exceed \$20,000,000 shall be allocated in amounts determined by the Commissioner of Education: (1) for the provision of preschool expansion grants to be allocated by the commissioner to districts in total additional preschool funding for the purpose of expanding free access to full-day preschool for resident three- and four-year old children in accordance with the preschool quality standards issued by the commissioner and based on a district's demonstration of its readiness to operate a preschool program consistent with those standards and; (2) to the Department to address workforce preparation and training and other ancillary needs related to preschool expansion. In allocating grant funds to school districts, the commissioner shall give preference to districts that demonstrate in their preschool expansion grant applications a planned preschool program that includes a mixed-delivery model of preschool education. A district applying for a grant that does not have a planned mixed-delivery model of preschool education shall demonstrate in its application due diligence to partner with all ready, willing, and able licensed child care providers and Head Start programs in their communities and neighboring communities. Notwithstanding any law, rule, or regulation to the contrary, a district receiving a grant may enter into contracts with licensed child care providers for the provision of preschool education services, which shall be stated in the Notice of Funding Opportunity for preschool expansion grants posted by the department.</u> |
| 6701 | Eliminates language providing for 50% of Summer Tuition Aid Grant awards. | State | Notwithstanding the provisions of section 2 of P.L.2023, c.34 (C.18A:71B-20a), as amended by P.L.2023, c.283 or any law or regulation to the contrary, the amount hereinabove appropriated for Summer TAG shall be used to provide grant awards to eligible applicants at fifty percent of the maximum amount for which eligible applicants qualify under the provisions of section 2 of P.L.2023, c.34 (C.18A:71B-20a), as amended by P.L.2023, c.283. |

Fiscal Year 2025 Appropriations Bill (A4700/S2025)

Language Changes by Resolution Number

| Resolution | Description | Department | Language Change |
|------------|---|------------|---|
| 6864 | Modifies language redistributing Charity Care appropriation | Health | <p>Notwithstanding the provisions of any law or regulation to the contrary, the amounts hereinabove appropriated from the Health Care Subsidy Fund for Charity Care payments are subject to the following conditions: (a) a disproportionate share hospital eligible for funding through the Charity Care program may decline all or part of its Charity Care payments for the fiscal year by notifying the Commissioner of Health on a form designated by the Department of Health on or before the fifteenth day following enactment. If a disproportionate share hospital declines Charity Care payments for the fiscal year the amount declined shall be redistributed <u>in the following manner: the amount to be redistributed shall be distributed to the remaining eligible hospitals in proportion to its share of the original subsidy total to the other remaining eligible hospitals</u> in accordance with the provisions of section 3 of P.L.2004, c.113 (C.26:2H--18.59i), as modified by this act, subject to the approval of the Director of the Division of Budget and Accounting; and (b) a disproportionate share hospital that accepts Charity Care payments in the current fiscal year or in a prior fiscal year and is therefore determined through a hospital audit to have exceeded its hospital--specific disproportionate share hospital limit, potentially resulting in the State being required to reimburse the federal government, shall have its Charity Care payments reduced by the amount of any such required reimbursement. In the event that the hospital is determined to have exceeded its disproportionate share hospital limit by an amount greater than its Charity Care allocation for the current fiscal year, the entirety of its Charity Care allocation shall be withheld and the hospital shall be subject to such additional reductions or repayments, or both, as may be determined by the Commissioner of Health to be necessary to ensure compliance with federal and State requirements, subject to the approval of the Director of the Division of Budget and Accounting. In the event that a disproportionate share hospital has its Charity Care payments reduced by the State pursuant to this paragraph, any amounts so reimbursed shall be redistributed in accordance with the provisions of section 3 of P.L.2004, c.113 (C.26:2H--18.59i), as modified by the appropriations law in effect at the time the hospital's reimbursed Charity Care allocation was authorized, subject to the approval of the Director of the Division of Budget and Accounting <u>in the following manner: the amount to be redistributed shall be distributed to the remaining eligible hospitals proportional to each hospital's share of the Charity Care payment determined under this paragraph.</u></p> |

Fiscal Year 2025 Appropriations Bill (A4700/S2025)

Language Changes by Resolution Number

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| <p>4677</p> | <p>Modifies language to increase Medicaid per diem rates for nursing home residents</p> | <p>Human Services</p> | <p>Notwithstanding the provisions of N.J.A.C.8:85-1.1 et seq. or any other law or regulation to the contrary, and subject to any required federal approval, the amounts hereinabove appropriated within the General Medical Services program classification are subject to the following conditions: (1) Class I (private), Class II (county), and Class III (special care) nursing facilities being paid on a fee-for-service basis shall be reimbursed at a per diem rate no less than the rate received on June 30, 2024, minus the first provider tax add-on and any performance add-on amounts, subject to the condition that Class III (special care) facilities shall be reimbursed the greater of this rate or \$450 per diem, and that Class III (special care) nursing facilities licensed pursuant to a Certificate of Need to operate a traumatic brain injury unit as of July 1, 2023, shall be reimbursed the greater of this rate or at a base per diem reimbursement rate that is \$400 above the special care nursing facility's base per diem reimbursement rate as of June 30, 2022; (2) nursing facilities that are being paid by a Managed Care Organization (MCO) for custodial care through a provider contract that includes a negotiated rate shall receive that negotiated rate; (3) any Class I and Class III nursing facility that is being paid by an MCO for custodial care through a provider contract but has not yet negotiated a rate shall receive the equivalent fee-for-service per diem reimbursement rate as it received on June 30, 2024, minus the first provider tax add-on and any performance add-on amounts, and any Class II nursing facility that is being paid by an MCO for custodial care through a provider contract but has not yet negotiated a rate shall receive the equivalent fee-for-service per diem reimbursement rate as it received on June 30, 2024, minus any performance add-on amounts, had it been a Class I nursing facility; (4) monies designated pursuant to subsection c. of section 6 of P.L.2003, c.105 (C.26:2H-97) for distribution to nursing facilities, less the portion of those funds to be paid as pass-through payments in accordance with paragraph (1) of subsection d. of section 6 of P.L.2003, c.105 (C.26:2H-97) and less the actual amounts expended during fiscal year 2024 on performance add-ons and expenditures to establish a minimum per diem of \$188.35, shall be combined with amounts hereinabove appropriated for the General Medical Services program classification for the purpose of calculating NJ FamilyCare reimbursements for nursing facilities; (5) for the purposes of this paragraph, a nursing facility's per diem reimbursement rate or negotiated rate shall not include, if the nursing facility is eligible for reimbursement, the difference between the full calculated provider tax add-on and the quality-of-care portion of the provider tax add-on, which difference shall be payable as an allowable cost pursuant to subsection d. of section 6 of P.L.2003, c.105 (C.26:2H-97); (6) the add-ons used for fiscal year 2024 shall be applied from July 1, 2024, through September 30, 2024, and the first add-on as calculated in section 4 above shall be applied to both MCO and fee-for-service per diem reimbursement rates effective October 1, 2024; (7) each Class I, Class II, and Class III nursing facility that has, no later than the deadline established by the Commissioner of Human Services, submitted to the Department of Human Services (DHS) the DHS Fiscal Year 2025 CoreQ Long-Stay Survey Sample Size Calculation Grid with affirmative answers, as defined by the Department, CoreQ vendor intent, and completion of the CoreQ Long-Stay Survey sample size calculation and, if eligible for CoreQ, no later than the deadline established by the Commissioner of Human Services, submitted demographics to the CoreQ vendor to initiate the CoreQ survey process, and, during calendar year 2023, has not been included on the Centers for Medicare and Medicaid Services (CMS) Special Focus Facility Lists A, B, E or F, ranked as a one-star facility by the CMS Five-Star Quality Rating System, or cited by the Department of Health for two or more Level G or higher licensing violations (a) shall receive a performance add-on of \$3.00 for each of the following CMS nursing</p> |
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| | | <p>home long stay quality measures where the nursing facility has not failed to report data for any of the reporting periods Q4 2022, Q1 2023, Q2 2023 and Q3 2023, and the simple average of the quarters, as calculated by the Department with available data, is at or below the lower of the New Jersey or national average, as calculated by CMS, for the percentage of long-stay residents who are losing too much weight and high risk residents with a pressure ulcer, (b) shall receive a performance add-on of \$3.00 for the following CMS nursing home long stay quality measure where the nursing facility has not failed to report data for any of the reporting periods Q3 2022, Q4 2022, Q1 2023 and Q2 2023, and the simple average of the quarters, as calculated by the Department with available data, is at or below the lower of the New Jersey or national average, as calculated by CMS, for the number of hospitalizations per 1,000 long-stay resident days, (c) shall receive a performance add-on of \$3.00 if the nursing facility has been deemed eligible to participate in the CoreQ survey process as determined by the Department and received a composite score of 85 percent or greater, as calculated by the DHS vendor, on the CoreQ Resident and Family Experience Survey for the fiscal year 2025 survey period, (d) shall receive a performance add-on of \$4.50 for the following CMS staff measure where the nursing facility has not failed to report data for any of the reporting periods Q4 2022, Q1 2023, Q2 2023 and Q3 2023 and the simple average of the quarters, as calculated by the Department with the available data, is at or below 30 percent, as calculated by CMS, for the percentage of total nursing staff that are no longer employed at the facility, (e) shall receive a performance add-on of \$4.50 for the following CMS staff measure where the nursing facility has not failed to report data for any of the reporting periods Q4 2022, Q1 2023, Q2 2023 and Q3 2023 and the simple average of the quarters, as calculated by the Department with the available data, is at or above the New Jersey average and below 4.1 hours per resident day, as calculated by CMS, for the total nurse staffing hours per resident day, (f) shall receive a performance add-on of \$6.75 for the following CMS staff measure where the nursing facility has not failed to report data for any of the reporting periods Q4 2022, Q1 2023, Q2 2023 and Q3 2023 and the simple average of the quarters, as calculated by the Department with the available data, is at or above 4.1 hours per resident day, as calculated by CMS, for the total nurse staffing hours per resident day, and (g) shall receive a performance add-on of \$1.25 for the following CMS staff measures where the nursing facility has not failed to reported any data for any of the reporting periods Q4 2021, Q1 2022, Q2 2022, Q3 2022, Q4 2022, Q1 2023, Q2 2023 and Q3 2023 and the simple average of Q4 2022, Q1 2023, Q2 2023 and Q3 2023, as calculated by the Department using available data, is equal to or greater than 100.5 percent of the simple average of Q4 2021, Q1 2022, Q2 2022, and Q3 2022, as calculated by the Department using available data, and is at or above 3.6 hours per resident day and below 4.1 hours per resident day, as calculated by CMS, for total nurse staffing hours per resident day, and (8) each nursing facility shall be eligible to receive a per diem adjustment that shall be calculated based upon an additional [\$7,200,000] <u>\$37,200,000</u> in State and [\$7,200,000] <u>\$37,200,000</u> in federal appropriations except that if the Department promulgates regulations implementing a new rate setting methodology in the current fiscal year, nursing facilities shall be reimbursed in accordance with that rate setting methodology, plus the performance add-ons defined above, subject to the approval of the Director of the Division of Budget and Accounting; <u>and (9) within 30 days of setting nursing facility Medicaid reimbursement rates based upon Medicaid cost reports submitted by</u></p> |
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| | | | <u>nursing homes, the Commissioner of Human Services shall report to the Legislature on the differential between the average per diem nursing home Medicaid rate and the average per diem cost of providing nursing home care to Medicaid beneficiaries.</u> |
| 6816 | Adds language specifying use of amounts appropriated for Mass Violence Care Fund | Law and Public Safety | <u>The amount appropriated for Mass Violence Care Fund is appropriated for the purposes set forth in P.L. __, c. (C. ____) (pending before the Legislature as Assembly Bill No. 4409 and Senate Bill No. 3124).</u> |
| 6863 | Adds language specifying use of amounts appropriated for Mental Health Initiatives | Children and Families | <u>The amount appropriated for Mental Health Initiatives shall be used to support and expand the mental health workforce and to provide mental health services to children and adolescents, as well as to individuals in professions that have been disproportionately impacted by the COVID-19 pandemic, subject to the approval of the Director of the Division of Budget and Accounting.</u> |
| 6929 | Adds language ensuring implementation of Stay NJ Property Tax Credit Program appropriation | Treasury | <u>Notwithstanding the provisions of subsection e. of section 17 of P.L.2023, c.75 (C.54:4-8.75n), the amount hereinabove appropriated for Stay NJ Property Tax Credit Program (P.L.2023, c.75) is appropriated for the purpose of providing property tax benefits in accordance with subsection c. of section 16 of P.L.2023, c.75 (C. 54:4-8.75m).</u> |

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| 6928 | Adds language requiring Department of Human Services to conduct an assessment of a supplemental Medicaid add-on payment to certain healthcare facilities | Human Services | Notwithstanding the provisions of any law or regulation to the contrary, and subject to any required federal approval, the amounts hereinabove appropriated within the General Medical Services program classification are subject to the following conditions: (1) the Division of Medical Assistance and Health Services shall establish a managed care state directed payment program pursuant to 42 CFR 438.6(c) and that provides a supplemental payment for each acute care hospital outpatient visit; (2) an outpatient visit is defined as all services billed on a single UB-92 claim form related to a singular diagnosis or treatment of services; (3) public hospitals shall receive a Medicaid outpatient add-on equal to the difference between the statewide average commercial rate (ACR) and the average managed care payment per hospital outpatient visit, where (a) the average managed care payment per hospital outpatient visit shall be calculated by dividing the total amount of managed care hospital outpatient payments by the number of visits, calculated on managed care encounter payments for which NJ FamilyCare was the primary payer for calendar year 2022, with payment dates between January 1, 2022, and June 30, 2023, with a run-date of not later than September 15, 2023, (b) the ACR shall be calculated using the 2022 Audited Acute Care Hospital (ACH) Cost Reports submitted to the Department of Health as follows: (1) the ACR numerator equals a hospital's gross revenue from patient care for payers as reported on Form E6, Line 1, Column A, Column B, Column F, and Column I minus prior year allowances and adjustments as reported on Form E6, Line 2, Column A, Column B, Column F, and Column I minus current year allowances as reported on Form E6, Line 3, Column A, Column B, Column F and Column I, (2) the ACR denominator equals the sum of the hospital's visits as reported on Form B6, Column L, Line 1, Line 2, Line 6 and Line 9, and (3) the ACR equals the sum of the ACR numerators divided by the sum of the ACR denominators for all hospitals submitting an ACH cost report; (4)(a) the remaining non--public, acute care hospitals shall be ranked by their Relative Medicaid Percentage (RMP) from highest to lowest, which shall be calculated using the 2022 ACH Cost Reports submitted to the Department of Health and shall be calculated as follows: (1) the RMP numerator equals a hospital's gross revenue from patient care as reported on Forms E5 and E6, Line 1, Column D and Column H, (2) the RMP denominator equals a hospital's gross revenue from patient care as reported on Form E4, Line 1, Column E, (3) the RMP equals the RMP numerator divided by the RMP denominator for each hospital submitting an ACH cost report, (4) for instances where hospitals that have a single Medicare identification number submit a separate ACH Cost Report for each individually licensed hospital, the ACH Cost Report data for those hospitals shall be consolidated to the single Medicaid identification number, and (4)(b) the top fifteen hospitals ranked with the highest RMPs shall receive an outpatient add-on equal to \$200 per visit, hospitals with an RMP ranking of sixteen through thirty shall receive an outpatient add on equal to \$150 per visit, hospitals with an RMP ranking of thirty-one through forty-five shall receive an outpatient add on equal to \$100 per visit, and hospitals ranked forty--six and lower shall receive an outpatient add on equal to \$50 per visit; (5) each of the hospitals located in the ten municipalities in the State containing a hospital that have the lowest median annual household income according to Table S1901 from the 2022 American Community Survey (ACS) 5--Yr Estimate Released December 7, 2023, shall be ranked from the hospital with the highest hospital--specific reimbursed Medicaid and NJ FamilyCare managed care outpatient hospital services to the hospital with the lowest hospital--specific reimbursed Medicaid and NJ FamilyCare managed care outpatient hospital services, as calculated on managed care encounter payments for which NJ FamilyCare was the primary payer for calendar year 2022, with payment dates between January 1, 2022, and June 30, 2023, |
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| | | | with a run--date of not later than September 15, 2023, and the hospital in each of the ten municipalities, if any, with the highest reimbursed Medicaid and NJ FamilyCare managed care outpatient hospital services shall receive a twenty--five percent increase to their designated tier’s add--on payment; and (6) hospitals shall receive interim monthly Medicaid managed care outpatient hospital payments on or about the fifteenth of each month based on calendar year 2022 outpatient visits as calculated in (5) above, which shall be reconciled to actual fiscal year utilization in the subsequent fiscal year’s April payment. <u>In addition, notwithstanding the provisions of any law or regulation to the contrary, from the amounts hereinabove appropriated for the General Medical Services program classification, the Department of Human Services shall conduct an assessment of the viability and cost to the State of a supplemental Medicaid add-on payment to physician practices that are affiliated with hospital systems for services provided to Medicaid recipients, which may differentiate based on delivery systems employed in different health systems. The Commissioner of Human Services shall report to the Legislature whether such funding is consistent with federal approvals and does not jeopardize any federal funding.</u> |
| 4702 | Adds language specifying use of Hillsborough Township Public Schools – Capital appropriation | Education | <u>The amount appropriated for Hillsborough Township Public Schools – Capital (PTRF) shall be available to the school district for various purposes including, but not limited to, STEM program enhancements, the marching band program, and the preservation of extracurricular activities.</u> |
| 6826 | Adds language specifying use of Hunterdon Central Regional School District – Capital appropriation | Education | <u>The amount appropriated for Hunterdon Central Regional School District – Capital (PTRF) shall be available to the school district for various purposes including, but not limited to, STEM program enhancements and the marching band program.</u> |
| 4695 | Adds language specifying use of South Brunswick School District – Capital appropriation | Education | <u>The amount appropriated for South Brunswick School District – Capital (PTRF) shall be available to the school district for various purposes including, but not limited to, STEM program enhancements, the marching band program, and school security.</u> |
| 4324 | Adds language specifying use of certain Family Support Services appropriation for increased camp rates | Children and Families | <u>Of the amount hereinabove appropriated for Family Support Services, \$1,250,000 shall be allocated to increase day and overnight camp reimbursement rates for children with intellectual and developmental disabilities within the Children’s System of Care.</u> |

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| 5919 | Shifts \$1 Million Appropriation for Partnership for Drug Free New Jersey to the Cannabis Regulatory, Enforcement Assistance, and Marketplace Modernization Fund | Human Services | <u>Notwithstanding the provisions of the “New Jersey Cannabis Regulatory, Enforcement Assistance, and Marketplace Modernization Act,” P.L.2021, c.16 (C.24:6I--31 et al, there is appropriated \$1,000,000 from Cannabis Regulatory, Enforcement Assistance, and Marketplace Modernization Fund to fund the Partnership for a Drug Free New Jersey.</u> |
| 5934 | Shifts \$15.0 Million General Fund Appropriation for Grid Modernization to Clean Energy Fund | Treasury | Notwithstanding the provisions of any law or regulation to the contrary, in addition to the amount hereinabove appropriated for Grid Modernization, there is appropriated [\$25,000,000] <u>\$32,500,000</u> from the Clean Energy Fund to the Board of Public Utilities for the purpose of providing grants, through a competitive process, to support the development of comprehensive and regional resilience strategies to address threats to the State’s power system infrastructure, prevent outages, enhance the resiliency of the electric grid, and deploy technologies to enhance grid flexibility, subject to the approval of the Director of the Division of Budget and Accounting. |
| 6871 | Expands eligibility for Direct Support Professionals Wage Increase | General Provisions | Notwithstanding any law or regulation to the contrary, the amount hereinabove appropriated for Direct Support Professionals Wage Increase shall be used to provide payments, based upon the wage increase established in fiscal year 2024 for each direct support professional, <u>or professional with an equivalent title and job function</u> , who provides children's behavioral health services or assists children or adults with intellectual or developmental disabilities under a provider contract or fee-for-service agreement with the Department of Children and Families, the Division of Developmental Disabilities in the Department of Human Services, or the Division of Vocational Rehabilitation Services in the Department of Labor and Workforce Development. |
| 4693 | Adds language specifying use of Health Insurance Fund COVID-19 Reimbursements | Education | <u>Notwithstanding the provisions of any law or regulation to the contrary, the amount appropriated for Health Insurance Fund COVID-19 Reimbursements is to be used to reimburse the New Jersey Health Insurance Fund for costs incurred due to reimbursement of members' claims for COVID-19 surveillance testing.</u> |

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| 6181 | General provision language is modified to allow appropriations to be transferred to several additional entities to support Section 1115 Waiver program implementations. | General Provisions | 80. Notwithstanding the provisions of any law or regulation to the contrary, in order to implement the provisions of the Comprehensive Medicaid Waiver as approved on October 2, 2012 by the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS), as well as any amendments, extensions , renewals , or supplements to the Comprehensive Medicaid Waiver (collectively referred to as Waiver): The Commissioner of Human Services shall implement immediately those provisions contained in the Comprehensive Medicaid Waiver approved by the United States Department of Health and Human Services for the Centers for Medicare and Medicaid Services (CMS) and any amendments to such waiver as CMS requires to be implemented pursuant to such waiver and amounts may be transferred to and from various items of appropriation within the General Medical Services and the Health Services Administration and Management program classification of the Division of Medical Assistance and Health Services in the Department of Human Services; the Community Services and Addiction Services program classifications in the Division of Mental Health and Addiction Services in the Department of Human Services; the Disability Services program classification in the Division of Disability Services in the Department of Human Services; the Purchased Residential Care, Social Supervision and Consultation, and Adult Activities program classifications in the Division of Developmental Disabilities in the Department of Human Services; the Medical Services for the Aged program classification in the Division of Aging Services in the Department of Human Services; and the Children's System of Care program classification in the Division of Children's System of Care in the Department of Children and Families, and any other program classifications associated with any other department, division, authority, or public college or university necessary to support implementation of the Waiver . A portion of receipts generated or savings realized in Medical Assistance Grants-In-Aid accounts from Waiver initiatives may be transferred to the Health Services Administration and Management accounts in the Department of Human Services, as determined by the Commissioner of Human Services to be required to fund costs incurred in realizing these additional receipts or savings. All such transfers are subject to the approval of the Director of the Division of Budget and Accounting. Notice of the Director of the Division of Budget and Accounting's approval shall be provided to the Legislative Budget and Finance Officer on the effective date of the approved transfer. |
| 4218 | Modifies language provision to reflect line item name change. | Education | The amount hereinabove appropriated for Literacy Screening Initiatives is subject to the following conditions: the Commissioner of Education shall develop a competitive grant program for school districts to acquire or develop high-quality literacy screening tools for grades K-3, as determined by the Commissioner of Education, subject to the approval of the Director of the Division of Budget and Accounting. |