Discussion Points

Hospital Funding and Charity Care

1. The Governor has proposed a new hospital funding mechanism in FY 2025, which will redirect $204.8 million in resources from the Charity Care Subsidy program to a new Medicaid outpatient hospital supplemental state-directed payment that will reportedly enable the State to draw down enhanced federal Medicaid reimbursement.

Federal Medicaid rules, found at 42 C.F.R. s.438.6(c), specify how states may direct certain payments made by Medicaid managed care plans to certain providers in order to implement Medicaid delivery system reforms and provider payment initiatives as part of the state's Medicaid managed care contract.

- ***Questions:*** **Is the proposed Medicaid outpatient hospital supplemental state-directed payment a state-directed payment mechanism, as specified in federal regulations at 42 C.F.R. s.438.6(c)? If not, please provide extensive details on the proposed initiative, including information on how the redirected funds will yield enhanced federal Medicaid reimbursements for outpatient hospital services.**

- **What net increase in federal Medicaid revenue does the State anticipate under this proposed initiative in FY 2025? What portion of this federal increase will be directed to participating hospitals, and what portion(s) of the increase, if any, will be allocated to other programs? (Please list any other programs and allocations.)**

- **Under this proposal, will each participating hospital receive total Medicaid outpatient reimbursements in FY 2025 that surpass the combined Charity Care outpatient subsidies and Medicaid outpatient payments received in the current fiscal year? Please provide a table showing, for each participating hospital: i.) the total Medicaid outpatient payments (all federal and non-federal dollars) that each participating hospital would be projected to receive in FY 2025 in the absence of the proposed state-directed payment initiative; ii.) the projected amounts of additional FY 2025 Medicaid outpatient payments that will be directly attributable to the state-directed payment mechanism alone; iii.) each hospital's available Charity Care outpatient subsidies in FY 2024; and iv.) each hospital's projected FY 2024 Medicaid outpatient payments.**

- **Will the State need approval from the federal Centers for Medicare and Medicaid Services (CMS) prior to implementing this new Medicaid outpatient hospital state-directed payment (e.g., submission and approval of a state-directed payment "preprint"), or is the initiative covered by the State's existing Medicaid authorities? What is the anticipated timeline for securing federal approval, if required?**

- **How many of the State's hospitals will be eligible to participate in this new state-directed payment initiative, and what will be the criteria for determining hospitals' eligibility to participate?**

- **Does the department anticipate a transition period during which hospitals will shift from participation in the Charity Care Subsidy program to the proposed state-directed payment program? Please provide details on the steps that the Department of Health,**

Discussion Points (Cont'd)

the Department of Human Services, participating hospitals, and Medicaid managed care plans will take during this transition period, and the specific timing of those steps.

- **Of the total funding recommended for this initiative as part of the Governor's proposed FY 2025 budget, how much will be allocated to the department to scale up and administer the program? Does the department anticipate hiring additional staff to administer this new program? If so, please provide details on the number of new positions, and the titles and annual salaries for these positions.**

- **Under this proposal, does the Executive anticipate allocating a portion of the enhanced federal revenue to the department to improve oversight of hospital finances or the quality of care provided by the State's acute care hospitals? Will any portion of the new state-directed payments be tied to hospital performance or other value-based initiatives?**

- **Has the department contracted with any consultants to develop and implement the proposed state-directed payment initiative, or does the department anticipate using its own staff for this purpose? If the department has already hired a consultant, please provide details on the awardee, amount, and duration of the contract specifically associated with this initiative. If the department anticipates issuing a request for proposal for a consultant, when will this occur?**

  Questions regarding the proposed Medicaid State Directed Payment should be directed to the Department of Human Services.

  With respect to the Charity Care program, no transition period is proposed. The DOH does not require any additional staff to administer the proposed revision to the Charity Care subsidy methodology. DOH's oversight of hospital finances is a separate function from Charity Care and is not directly affected by the rebalancing proposal.

2. In May 2023, CMS released a proposed rule (88 FR 28092) that would establish new regulatory standards to ensure that payment rates for Medicaid managed care state-directed payments (SDPs) are "reasonable, appropriate, and attainable." The rule proposed limiting projected SDP total payment rates for certain services, including hospital outpatient services, and invited public comment on multiple options for payment limits—ranging from higher limits based on average provider payment rates under commercial insurance to lower limits based on federal Medicare payment rates. CMS also indicated that the payment rate limit options under consideration could restrict the federal funding available to support states' SDP arrangements. The final rule is still pending at the time of this writing.

- ***Questions:*** **How would any future CMS state-directed payment rate limit affect the Executive's proposed shifting of Charity Care funding to a new Medicaid outpatient hospital state-directed payment arrangement? For instance, would additional State funding be required to maintain anticipated hospital outpatient payments in FY 2025 if CMS caps the SDP payment rates for hospital outpatient services at the level of either average commercial rates or Medicare rates?**

Discussion Points (Cont'd)

- **Are the Executive's proposed Medicaid outpatient hospital state-directed payments expected to be set at the level of average commercial rates, Medicare rates, or some other benchmark (please specify)?**

  Questions regarding the proposed Medicaid State Directed Payment should be directed to the Department of Human Services.

3. The Governor's proposed FY 2025 budget recommends $137.2 million in Charity Care Subsidy payments to the State's acute care hospitals, a $204.8 million decrease from the $342.0 million provided in the FY 2024 Appropriations Act. The reduced scope of the FY 2025 Charity Care Subsidy program is attributable to shifting a portion of Charity Care funding to a proposed Medicaid outpatient hospital supplemental state-directed payment, which is recommended to receive $204.8 million in FY 2025.

The existing Charity Care distribution formula, established pursuant to subsection b. of N.J.S.A.26:2H-18.59i, ranks hospitals according to the percentage of each hospital's gross patient revenue attributable to Charity Care patients, and pays hospitals with a higher rank a larger subsidy in proportion to their total documented Charity Care. Notably, the statutory formula directs that hospitals that provide the most Charity Care and serve the communities with the lowest median incomes receive 96 percent of the hospital's documented Charity Care. The formula also provides for a minimum reimbursement to each hospital of 43 percent of its documented Charity Care. The current statutory formula has never been implemented precisely as enacted, as appropriations language has overridden it in each appropriations act since the current formula was established in 2004. The formula provided in budget language in the FY 2024 Appropriations Act differs from the statutory formula, and results in Charity Care subsidies for certain hospitals that are less than the statutory minimum of 43 percent.

The Charity Care program offers free or reduced-cost care to uninsured patients who receive inpatient or outpatient care at the State's acute care hospitals. To offset the hospitals' cost of providing uncompensated care to uninsured patients, the State provides subsidy payments to hospitals through the Charity Care program; the primary funding source for the Charity Care program is the State's Health Care Subsidy Fund.

- *Questions:* **Does the department expect that the Charity Care program will operate in the same manner in FY 2025 as it has in previous years, except on a smaller scale and exclusively supporting uncompensated inpatient care? Will Charity Care continue to provide any outpatient subsidies, and under what conditions? Please provide detailed information on all planned changes to the Charity Care program for FY 2025.**

  The Charity Care subsidies in FY2025 will continue to be based on documented charity care provided by each hospital, which continues to include both inpatient and outpatient care. Calculation of charity care subsidies in FY25 is detailed on pages D-177 to D-178 of the FY25 Detailed Budget Recommendations.

  All acute care hospitals in NJ are still required by State law to provide all Charity Care to patients regardless of their ability to pay. Charity Care is free or reduced charge care that is provided to patients who receive their inpatient and outpatient services at acute care hospitals throughout the state.

Discussion Points (Cont'd)

- **Will all acute care hospitals be eligible to participate in both the Charity Care program and the new Medicaid outpatient hospital supplemental state-directed payment program? If the initiatives are mutually exclusive for any hospitals, what types of hospitals will continue to receive only Charity Care subsidy payments?**

  All acute care hospitals will be eligible to participate in both programs. This proposal reduces the subsidy for the Charity Care program, not the underlying program itself. All acute care hospitals in NJ are still required by State law to provide all Charity Care to patients regardless of their ability to pay. Charity Care is free or reduced charge care that is provided to patients who receive their inpatient and outpatient services at acute care hospitals throughout the state.

- **How many hospitals does the department anticipate will remain in the Charity Care program once the Medicaid outpatient hospital state-directed payment program has been established? Will the scaled-back Charity Care program provide approximately the same level of inpatient care subsidies to hospitals that continue to participate? Will Charity Care provide the same level of outpatient subsidies to any hospitals that cannot participate in the new Medicaid state-directed payment initiative?**

  All acute care hospitals will still be required to participate in the Charity Care program with no changes in services provided to patients. To clarify, all acute care hospitals in NJ are still required by State law to provide all Charity Care to patients regardless of their ability to pay. Charity Care is free or reduced charge care that is provided to patients who receive their inpatient and outpatient services at acute care hospitals throughout the state. The hospitals that will receive Charity Care subsidies are listed below.

- **How will the scaled-back Charity Care program and the proposed Medicaid state-directed payment initiative benefit uninsured patients or underinsured patients who are not enrolled in Medicaid? What is the projected number of uninsured or underinsured patients who will lose access to free or reduced-cost inpatient and outpatient care when the Charity Care program is scaled back? Will there be certain acute care hospitals at which these uninsured or underinsured patients may be unable to access free or reduced-cost care?**

  Uninsured patients will see no change in the care that they receive from hospitals. All acute care hospitals will still be required to provide all Charity Care services. This proposal reduces the subsidy for the Charity Care program, not the underlying program itself. All acute care hospitals in NJ are still required by State law to provide all Charity Care to patients regardless of their ability to pay. Charity Care is free or reduced charge care that is provided to patients who receive their inpatient and outpatient services at acute care hospitals throughout the state.

- **Is the department concerned that the proposed Charity Care funding reductions will affect the quality of inpatient or outpatient care provided at certain hospitals?**

Discussion Points (Cont'd)

Although many acute care hospitals will no longer receive Charity Care subsidies under this proposal, increased Medicaid reimbursements will positively impact hospitals' finances.

- **Please provide a table showing: the FY 2025 hospital-specific distributions from the recommended Charity Care appropriation; the FY 2025 hospital-specific outpatient subsidies (or equivalent marginal payment increases) expected to be received through the new Medicaid outpatient hospital state-directed payment initiative; and the FY 2025 hospital-specific distributions that would result from the statutory Charity Care distribution formula, using the most recent available cost and documented Charity Care data available.**

  Requests regarding the proposed Medicaid State Directed Payment should be directed to the Department of Human Services.

Hospital Name	SFY 2025 Subsidy Amounts (CY 2022 Source Data)
AtlantiCare Regional MC - City	2,239,780
Capital Health Regional Medical Center	6,424,980
CarePoint Health - Christ Hospital	4,243,015
CarePoint Health - Hoboken University Medical Center	4,188,043
Clara Maass Medical Center	1,996,072
Cooper Hospital/University MC	7,021,296
Deborah Heart and Lung Center	923,765
CareWell at East Orange	1,254,337
Hackensack UMC - Palisades	4,838,705
Inspira Medical Center - Vineland	1,318,821
Jersey City Medical Center	4,485,654
Monmouth University - Southern	971,984
New Bridge Medical Center	7,778,621
Newark Beth Israel Medical Center	5,491,402
Raritan Bay Perth Amboy	599,408
Robert Wood Johnson University	10,718,289
St. Francis Medical Center	1,127,525
St. Joseph's University Medical Center	16,250,062
St. Mary's	2,154,717
St. Michael's Medical Center	2,324,427
St. Peter's University Hospital	7,972,497
Trinitas Regional Medical Center	7,311,288
University Hospital	35,085,344
Virtua Willingboro Hospital	501,861

Discussion Points (Cont'd)

Total	**137,221,891**

- **How will the scaled-back Charity Care program and shift of funding to the proposed Medicaid outpatient hospital state-directed payment affect the total amount of federal Medicaid Disproportionate Share Hospital revenue that New Jersey will draw down from its federal allotment in FY 2025, as compared to FY 2024?**

  Specific questions about Medicaid Disproportionate Share Hospital (DSH) revenue should be directed to the Department of Human Services.

- **If overall funding for any hospitals' uncompensated inpatient and outpatient care is reduced in FY 2025, due to the proposed changes to Charity Care and the new Medicaid state-directed payment initiative, will the department engage in a public outreach campaign to reassure the State's uninsured or underinsured residents that Charity Care assistance is still available for inpatient and outpatient hospital services? If yes, how much does the department anticipate that the outreach campaign will cost in FY 2025, and what will be the source of these funds?**

  The Department of Health maintains a robust team of customer service representatives to communicate with both hospitals and the public regarding the services hospitals are required to provide to the uninsured population. Costs for any outreach will be absorbed by current funding.

4. The financial condition of CarePoint Health System, which operates Bayonne Medical Center, Christ Hospital in Jersey City, and Hoboken University Medical Center, deteriorated to such an extent that the Department of Health appointed a financial monitor for the three hospitals in January, shortly after CarePoint and Hudson Regional Hospital announced that they would jointly create a new health system, Hudson Health System. Based on the financial monitor's finding of financial instability at all three CarePoint hospitals, the department directed each hospital to submit a disaster plan within 24 hours, in case of service disruptions or the abrupt closure of any of the hospitals. Pursuant to State regulations, all acute care hospitals are required to have a current disaster plan on file with the department.

CarePoint officials have repeatedly called for the Department of Health to provide additional Charity Care payments and additional allocations from the State's largely discretionary federal Coronavirus State Fiscal Recovery Fund grant for the health system's three hospitals, given the number of uninsured and Medicaid patients that the facilities treat annually. According to a *NJ Spotlight News* article, a spokesperson for the department noted that the department had sent warning letters regarding other distressed hospitals to elected officials, and that one other hospital requested advanced payment of its Charity Care subsidy during CY 2023.

- ***Questions:*** **Please provide a detailed update regarding the financial status of CarePoint Health System's three hospitals.**

Discussion Points (Cont'd)

CarePoint's financial condition remains highly concerning, and the Department continues to monitor the situation extremely closely. The State has loaned CarePoint funding to help the hospitals as a long-term strategy for the hospitals is being discussed. The Department of Health has appointed a fiscal monitor to oversee the facilities' finances.

- **How has the financial stability of any of these facilities improved since the appointment of the financial monitor in January? Have CarePoint officials cooperated with the directives of the financial monitor and the department concerning financial and patient care issues?**

  CarePoint's officials have cooperated with the financial monitor, and he has provided a much higher level of transparency on the day-to-day finances of the CarePoint operations.

- **Please provide information regarding the quality of patient care provided at Christ Hospital, Hoboken University Hospital, and Bayonne Medical Center. Has the department conducted surveys of any of these facilities over the past six months? Please provide detailed information on the extent to which each facility's financial problems may have affected patient safety and care.**

  During our assessment from September 1, 2023, to March 15, 2024, onsite surveys were conducted at each facility to perform state and federal complaint reviews as well as EMTALA surveys. The following is a summary:
  - Bayonne: Six complaints and one Emergency Medical Treatment Act (EMTALA) survey were conducted. Among the six complaints, five were deemed valid, revealing deficiencies in emergency services (September 20, 2023); governing body and patient rights (October 13, 2023); policies & procedures for nursing/restraints and medical staff structure (October 13, 2023); special staff requirements (December 13, 2023); and pharmaceutical services (January 8, 2024). The facility was cited for EMTALA deficiencies related to Medical Screening Exam, On-Call physicians, and stabilizing treatment (October 12, 2023).
  - Christ: Three complaints were investigated, with one found to be valid, citing deficiencies in psychiatric services (December 8, 2023).
  - Hoboken: Four complaints were reviewed, but none were found to be valid.

  On February 7, 2024, in response to growing financial concerns, all three hospitals were required to send the Department their disaster plans. The Department has not taken any other-directed plan of correction or enforcement actions related to financial or safety concerns recently.

- **Is the department currently monitoring any other hospitals that are exhibiting signs of financial distress? Are any hospitals, beyond the three CarePoint facilities, at risk of service disruptions or closure?**

Discussion Points (Cont'd)

Due to service disruptions and financial distress, the Department of Health appointed a financial monitor over CareWell hospital in East Orange as of 3/12/2024.

- **Between January 1, 2023 and today, how many hospitals, beyond the three CarePoint facilities, have requested advanced payment of their Charity Care Subsidy payment? Please describe the process that a hospital must go through to receive additional Charity Care payments or an advance on their charity care payments. What is the typical cost to a hospital to go through this process?**

  CareWell hospital received an advance of their Charity Care payments in fiscal year 2024. To be eligible to receive a Charity Care advance, a hospital must demonstrate to the Department of Health a financial need. The Department does not assess a fee for a hospital to request or receive an advance Charity Care payment.

5. On February 21, 2024, the federal Centers for Medicare and Medicaid Services (CMS) published a final rule that recalculates Medicaid disproportionate share hospital (DSH) payments made to safety net hospitals that provide care to a high volume of Medicaid patients and individuals who are uninsured.

The goal of Medicaid DSH payments is to offset the cost of the uncompensated care provided by safety net hospitals, and state DSH payments to safety net hospitals are eligible for federal Medicaid reimbursements. Under federal law, the total amount of state DSH payments is capped annually by state and by hospital; federal Medicaid reimbursements are not available for state DSH payments that exceed these caps.

Under the final rule on Medicaid DSH payments, which become effective in April, only services provided to patients for whom Medicaid is the primary payer will be considered in the calculation of a hospital's Medicaid shortfall, or the difference between Medicaid costs and Medicaid reimbursements. Prior to the adoption of the final rule, hospitals could include services provided to patients who had Medicare or commercial insurance in calculating their Medicaid shortfall. The final rule includes an exception for safety net hospitals that are in the 97th percentile, or above, of inpatient days for patients who are entitled to both Medicare Part A and Supplemental Security Income benefits.

The CMS estimates that the DSH final rule will reduce Medicaid DSH payments to acute care hospitals by $32.0 billion between federal fiscal years 2024 and 2027, or $8.0 billion annually.

The State receives federal Medicaid DSH reimbursements for care provided to Medicaid enrollees and uninsured individuals who receive services at safety net acute care hospitals, the four State psychiatric hospitals, and the four county-operated psychiatric hospitals.

- ***Questions:*** **Please provide a list of the New Jersey hospitals that will likely be exempt from the Medicaid DHS payment reductions, as allowed under the recently published final rule.**

- **What is the estimated financial impact of the Medicaid DSH final rule on the State's acute care hospitals, State psychiatric hospitals, and county-operated psychiatric hospitals? Please provide an estimate of the annual financial impact, over the federal FY 2024**

Discussion Points (Cont'd)

through 2027 period, of the final rule on the State's hospitals and on the county-operated psychiatric hospitals.

- **How much federal Medicaid DSH reimbursements will the State lose annually, once the CMS final rule becomes effective?**

- **How many State hospitals, if any, will be put at financial risk because of the Medicaid DSH final rule?**

  All questions regarding DSH revenues should be addressed to the Department of Human Services.

6. The Executive recommends increasing the Graduate Medical Education (GME) Supplemental Subsidy payment by $10.0 million over FY 2024 funding levels, as part of the proposed "transition and rebalancing" of the State's Charity Care program. All other GME Subsidy payments would remain at FY 2024 funded levels; as such, total GME Subsidy payments, across all initiatives, would increase by $10.0 million to $336.5 million.

The FY 2024 Appropriations Act earmarked $84.5 million of the $326.5 million in total GME Subsidy payments to establish a new Trauma Center Graduate Medical Education Subsidy, pending approval by the federal Centers for Medicare and Medicaid Services. Budget language in the FY 2024 Appropriations Act stipulated that the Trauma Center GME Subsidy would be available to hospitals that have a medical residency program and are designated as a Level I or Level 2 trauma center by the Department of Health. Each eligible trauma center's Trauma Center GME Subsidy is calculated using the same methodology as is used to calculate the GME Subsidy, as specified in budget language.

- *Questions:* **Will the additional $10.0 million in GME Supplemental Subsidy payments fully offset the Charity Care Subsidies that eligible hospitals will lose under the Governor's proposed Charity Care "transition and rebalancing," and will any hospitals experience a net loss of funding because they are ineligible for GME Supplemental Subsidy payments?**

  Along with increases in Medicaid reimbursement rates, the increase in GME Supplemental payments will offset the reduction in Charity Care subsidies for hospitals who are eligible for the GME Supplemental payments.

- **Will the recommended increase in GME Supplemental Subsidy funding be made permanent, or does the department anticipate that the extra $10.0 million will be provided only in FY 2025?**

  The Department makes all funding decisions each fiscal year within the overall context of the State budget.

Discussion Points (Cont'd)

- **How many medical residents are currently supported by the State's FY 2024 GME Subsidy payments, and how many residents are anticipated to be supported by the GME Subsidy funding proposed for FY 2025?**

  Although the Department is responsible for oversight of the GME subsidy payments, it does not have a role in establishing slots for GME residency programs. Instead, the number of resident full-time equivalents (FTEs) at each hospital are reported by each hospital to the Department annually through the Acute Care Hospital Cost Report, and this information is a critical part of the subsidy allocation formula. As you may be aware, the Department has also historically been required through budget language to send a survey to hospitals to solicit information on the hospitals' resident FTEs, including a question on anticipated retention. However, this information is self-reported and unaudited and thus cannot be used for these types of projections.

State Psychiatric Hospitals

7. A lawsuit filed in federal court against the department and the Department of Human Services by Disability Rights New Jersey, on behalf of patients at the four State psychiatric hospitals, highlighted the practice of conditional extension pending placement (CEPP) for patients who no longer meet the standards for involuntary commitment to a psychiatric hospital. Patients, whom a court has determined are ready to be released from a State psychiatric hospital but are incapable of living on their own, may continue to be confined to a State psychiatric hospital under CEPP status, until an appropriate supportive placement is found for the individual. In its court filing, Disability Rights New Jersey asserts that over 20 percent of the patient population in the State psychiatric hospitals are individuals on CEPP status who are required to remain in the psychiatric hospital for months, or longer, because there is an insufficient number of community placements available.

- ***Questions:*** **On average, how long do individuals on CEPP status remain at one of the State psychiatric hospitals while awaiting a community placement? What is the average estimated annual cost for the State to maintain an individual on CEPP status?**

  The cost of care for patients on CEPP status is no different than any other patient in our hospitals. Since the State Psychiatric Hospitals are considered IMDs (Institutions for Mental Disease), they are not allowed to bill Medicaid for facility charges for anyone between the ages of 21 through 64 years of age, referred to as the IMD exclusion. Furthermore, Medicare has a 190-day inpatient day lifetime limit and most of our Medicare-eligible patients exceed that limit, resulting in no reimbursement from the federal government under the Medicare program.

- **Is the claim by Disability Rights New Jersey that over 20 percent of patients at the State psychiatric hospitals are on CEPP status accurate?**

  We cannot comment on pending litigation.

Discussion Points (Cont'd)

8. In response to an FY 2024 OLS Discussion Point regarding non-executive staffing levels at the State psychiatric hospitals, the department provided information on total non-executive staff vacancies across all four hospitals:

Position	Total Vacancies
Registered Nurse	135
Psychologists	23
Human Services Associate/Technician	43
Ancillary	96
Medical Physician	5
Psychiatrist	5

The department further noted that overall vacancy rates, across all disciplines, at the four psychiatric facilities was 25 percent, and stated that it has been unsuccessful in recruiting and filling positions faster than vacancies occur. According to the department, it had begun paying educational incentives to current nursing staff as a retention incentive and promoted tuition reimbursement and loan redemption initiatives both to retain existing staff and to recruit new hires. It is unclear to what extent executive and senior level positions at each of the four hospitals are either vacant or filled on an interim basis since the names of the senior leadership team are not listed on the websites for Trenton Psychiatric Hospital or the Ann Klein Forensic Center.

In July 2023, the department issued a request for proposal for one or more temporary employment firms to provide licensed behavioral health clinicians to staff the State psychiatric hospitals; the contract is for one year, with the possibility of extending for two additional years. The department extended the deadline for vendor bid submissions three times, as of early September 2023.

- ***Questions:*** **Please provide current data on the number of non-executive staff vacancies, disaggregated by hospital and position. Please describe the effects of these ongoing vacancies on the quality of patient care. How is the department mitigating these effects?**

  Current non-executive staff vacancies across all four hospitals:

Position	Total Vacancies
Registered Nurse	134
Psychologists	19
Human Services Associate/Technician	121
Ancillary	78
Medical Physician	6
Psychiatrist	11

  Stable patient census and direct care vacancies have resulted in overtime being necessary. Quality of patient care is monitored closely and there has been no perceptible downward trend in the quality of care rendered.

Discussion Points (Cont'd)

The Division of Behavioral Health Services is attempting to mitigate these effects through several measures:

- We have hired an HR liaison to assist with the recruitment process.
- We are working with the Civil Service Commission to shorten hiring workflow steps.
- We have conducted job fairs on site and in various counties near our hospitals.
- We have researched impactful recruitment methods to ensure the greatest impact for qualified candidates.
- We are expecting implementation in April 2024 of the $16.5 million RFA to utilize temporary agency vendors to fill vacancies in direct care.
- We have provided educational incentives to nurses based on their degrees.
- The loan redemption program is available to qualified applicants.

- **How is employee morale impacted by the consistent vacancies among non-executive staff? How have staff concerns regarding safety been addressed? Are employees counted on to handle multiple roles or perform tasks for which they were not specifically hired?**

Employee morale has been impacted by the national health care workforce shortages, especially for RNs and psychiatrists; health care professionals have left the field likely due to burn out from the COVID-19 pandemic. Our vacancies have largely been covered through overtime and temporary agency assistance through three of our current vendors.

Numerous initiatives are being implemented to address staff concerns regarding safety:

- Customized treatment plans and particular attention is being paid to the most aggressive patients in each hospital to reduce risk.
- Patients are relocated within and between hospitals for safety reasons, as needed.
- Workplace violence committees are in practice at each hospital.
- Quarterly meetings have been established with the Human Services Police Department and the hospitals, sharing safety concerns and outcomes.
- The Medical Security Officer Program has been implemented at all hospitals.
- A national bullying expert will be providing seminars in March and April for leadership and all direct care staff.
- Trauma Informed Care has been implemented throughout the four hospitals, with all staff receiving training.

Employees are not expected to handle multiple roles.

- **How many behavioral health clinicians has each vendor supplied, broken out by vendor and facility? What has been the average length of employment for these contracted clinicians?**

We are in the final stages of activating an RFP for additional temporary staff. In the meantime, we have been using the existing temp agency providers 22nd Century, Locum Tenens, and Jackson & Coker to fill psychiatrist and nursing vacancies. See chart below:

Discussion Points (Cont'd)

Facility	Providers provided	Vendor
AKFC	2 psychiatrists	Jackson & Coker
GPPH	4 psychiatrists	Jackson & Coker
TPH	1 psychiatrist	Jackson & Coker
AKFC	4 psychiatrists	Locum Tenens
APH	1 psychiatrist	Locum Tenens
GPPH	2 psychiatrists	Locum Tenens
TPH	3 psychiatrists	Locum Tenens
APH	42 nurses	22nd Century

Many of the temporary personnel have been with us for over a year through the agency. Some have been converted into permanent hires, and some have left within a few months due to various personal reasons.

9. In response to an FY 2024 OLS Discussion Point regarding the status of the electronic health records pilot program at the State psychiatric hospitals, which is funded with a $10.0 million allocation from the State's largely discretionary federal Coronavirus State Fiscal Recovery Fund grant, the department mentioned difficulties in recruiting and hiring personnel with the requisite information technology skill set and subject matter expertise as the reason for the delay in fully implementing the pilot program beyond Ancora Psychiatric Hospital.

According to the department, the installation of the electronic health records system would be completed by October 2023 for Trenton Psychiatric Hospital, April 2024 for Greystone Park Psychiatric Hospital, and October 2024 at Ann Klein Forensic Center. The department reported that total project costs would not exceed $10.0 million, with annual maintenance costs of $750,000.

- ***Questions:*** **Please provide a status update for implementation of the electronic health records pilot program at Trenton Psychiatric Hospital, Greystone Park Psychiatric Hospital, and Ann Klein Forensic Center. Is the department still on track to have the funds expended and the pilot project operational by the December 2026 federal deadline for expending Coronavirus State Fiscal Recovery Fund grants?**

  In FY2023, DOH received $10 million for the implementation of an electronic medical records (EMR) pilot program at the four state psychiatric hospitals. This pilot program is a priority segment of the EMR architect, which primarily pertains to critical functions of computerized provider order entry system (POES) and demographics. Funds were dispersed to DOH on 12/31/2022, must be obligated before 12/31/2024, and must be expended by 12/31/2026.

  98% of this funded amount is for staff to provide the technical expertise in building the electronic medical record system. Obligation of funding for this project has been projected to utilize a combination of CAI contractors along with additional FTE state staff. We expect that resource allocations will reach the $10 million, and the project is on schedule to be completed by December 2026 with full funding expended.

Discussion Points (Cont'd)

Implementation for this project was divided into two parts, with the first part consisting of expanding the existing system currently in place at Ancora Psychiatric Hospital (APH) to the remaining three psychiatric hospitals, and the second part consisting of development of the additional modules of the application.

As of 2/19/2024, implementation of Phase I and II has been completed at Trenton Psychiatric Hospital. Full TPH implementation is expected by 8/1/2024. With most of the CAI consultants in place and full-time state staff being hired to assist, we anticipate implementation at Greystone Park Psychiatric Hospital and Ann Klein Forensic Center to occur at a much faster pace. Full GPH implementation is expected by 6/30/25. Full AKFC implementation is expected by 3/13/26.

Nursing Home Regulation and Oversight

10. The Governor's proposed FY 2025 budget includes an additional $4.0 million to support the department's efforts to reform the State's long-term care industry, and supports staffing expansions for the department's Mission Critical Teams, which intervene at distressed nursing homes in order to direct financial, managerial, and care management reforms at the facilities. The teams operate under the purview of the department's Office of Long Term Care Resiliency. The first Mission Critical Team, established in FY 2023, received $500,000 in funding that was utilized primarily for team salaries and administrative costs. The FY 2024 Appropriations Act provided $1.7 million to support a total of three teams, thereby enabling the department to intercede at multiple distressed facilities at one time.

As of March 2023, the State's single Mission Critical Team had been deployed to three long-term care facilities. In August 2023, the department deployed a team to intervene at Princeton Care Center prior to the facility's abrupt closure at the start of the Labor Day holiday weekend. Beyond the intervention at Princeton Care Center, there is no publicly available information on the number of facilities to which the Mission Critical Teams have been deployed during FY 2024.

As of March 11, 2024, nearly $1.3 million of the $1.7 million appropriated for the teams' work in FY 2024 remains uncommitted and unexpended.

- ***Questions:*** **Given that 75 percent of the FY 2024 appropriation for the Mission Critical Teams remains uncommitted and unexpended as of March 11th, why is there a request for $550,000 in additional funding in FY 2025? With the additional funding, will additional teams be created or will staffing increase on the existing teams?**

  In FY2023(4) and 2024(7), DOH received funding for 11 total positions for the Mission Critical program. DOH has filled seven positions, three selected candidates are in the approval process, and we are currently recruiting for one position. Four of the seven filled positions have been funded by federal grant money (Nursing Force Strike Team) that is due to expire May 10, 2024, at which time these positions will be transferred to State appropriations. Additionally, in the proposed FY2025 budget are funds that will be used to diversify the Mission Critical Teams to better support and strengthen the facilities and meet additional needs identified during facility site visits. For example, hiring aims to add specialized expertise in disciplines like occupational health and nutrition.

Discussion Points (Cont'd)

- **Has the department been successful in fully staffing the three existing Mission Critical Teams?**

  Yes. DOH has received funding for 11 total positions to staff three teams. DOH filled seven positions, three selected candidates are in the approval process, and DOH is currently recruiting for one position.

- **How have any vacancies on the teams affected the types of interventions, supports, and services provided to distressed nursing homes?**

  The Mission Critical Team is part of the continuum of oversight, support, and regulatory action the Administration uses to promote patient safety and care quality in LTCFs. The vacancies have not affected the services that DOH provides. Each facility's individual needs have been assessed and resilient interventions were initiated.

- **Please provide updated information on the number of times the Mission Critical Teams have been deployed in FY 2024, the facilities at which the teams deployed, and the status of each facility.**

  The Mission Critical Team has provided assistance at 12 facilities. See below chart.

LTC Facility Name	Start Date	Status
Veteran Home of Menlo Park, Edison NJ	11.21.22	Completed 10.13.23. Transitioned to a monthly support call.
Deptford Care Center, Deptford, NJ	3.10.23	Support 3 times per week.
Spring Hills at Matawan, Matawan, NJ	4.20.23	Weekly support.
New Vista, Newark, NJ	5.24.23	Support 3-4 times per week.
Cambridge Rehab & Care, Moorestown, NJ	7.3.23	Support 1-2 times per week.
Genesis Troy Hills, Parsippany, NJ	8.16.23	Support 2-3 times per week.
Hammonton Center, Hammonton, NJ	9.22.23	Support 3 times per week.
Palace Nursing Home, Maple Shade, NJ	11.8.23	Support 2 times per week.
Majestic Nursing and Rehab, Camden, NJ	11.28.23	Support 2 times per week.
Little Brook Nursing Home, Califon, NJ	12.28.23	Weekly support.
Sterling Manor, Maple Shade NJ	1.22.24	Support 4 times per week.
Llanfair Care and Rehab, Wayne, NJ	3.18.24	Being assessed.

11. The State's distressed nursing homes have remained in the public eye during FY 2024. In September 2023, Princeton Care Center abruptly closed the day after the planned sale of the facility did not occur, necessitating the same-day relocation of 70 residents. The department had been aware of quality of care problems at the facility by the end of June 2023, when it sent surveyors to conduct a complaint inspection at the facility. The department subsequently sent a

Discussion Points (Cont'd)

Curtailment of Admissions Order and Directed Plan of Action to Princeton Care Center on August 9, 2023, which highlighted ongoing staffing shortages during CY 2022 and CY 2023. As noted previously, the department also dispatched a Mission Critical Team to the facility in August 2023. According to the department's long-term care dashboard, Princeton Care Center had last undergone a routine compliance inspection in June 2021, and last had a complaint inspection in September 2019.

The Office of the State Comptroller's Medicaid Fraud Division, moreover, has moved to disqualify the owners of Princeton Care Center and, separately, the owners of Limecrest Subacute and Rehabilitation Center and the now-shuttered Woodland Behavioral Health and Nursing Center, from participation in the State Medicaid program.

The State Comptroller has additionally notified the owners of the Deptford Center for Rehabilitation and Healthcare and the Hammonton Center for Rehabilitation and Healthcare that they will be suspended from the State Medicaid program for four months, beginning in May, while the State Comptroller completes a Medicaid fraud investigation of the two entities.

The Office of the Inspector General of the United States Department of Health and Human Services reported that the New Jersey Department of Health needs additional resources in order to better ensure nursing homes' compliance with federal life safety, infection control, and emergency preparedness requirements. Between the 20 nursing homes included in the Inspector General's report, all of which had high-risk deficiencies previously identified during surveys conducted between 2016 and 2019, federal surveyors found 363 violations. Of these violations, 42 percent pertained to emergency preparedness, while 17 percent of the violations were related to infection control. Among its recommendations, the Inspector General urged that the department collaborate with the Centers for Medicare and Medicaid Services to formulate "a risk-based approach to identify nursing homes where surveys should be conducted more frequently than once every 15 months," and draft a plan to address the "foundational issues preventing more frequent surveys at nursing homes with a history of multiple high-risk deficiencies."

The Governor's proposed FY 2025 Budget includes $4.0 million in additional resources for nursing home reforms.

- *Questions:* **What specific nursing home reforms will be supported by the $4.0 million funding increase? For each reform, please also provide the recommended funding amount.**

  DOH is using those funds to support two accounts that will be used to respond to facilities in acute distress, such as quickly deploying a receiver and/or a manager.

  This builds on other steps focused on long-term care reform and resiliency, such as the efforts of the Office of Long-Term Care Resiliency, Mission Critical Teams, Infection Control Assessment and Response (ICAR) unit.

- **Why had there not been a routine inspection conducted of Princeton Care Center in more than two years before the department sent State surveyors in June 2023? How frequently does the department conduct routine compliance inspections of nursing homes?**

  The COVID-19 Public Health Emergency impacted the ability of survey staff to conduct on-site survey activity. From March 14, 2020, through April 11, 2020, DOH survey staff were unable to complete any on-site surveys due to a lack of personal protective equipment

Discussion Points (Cont'd)

(PPE). On June 1, 2020, CMS required that all states complete infection control surveys of all CMS certified facilities in their states by July 31, 2020, or the states could face forfeiture of up to 5% of their CARES Act funding. In addition, CMS established criteria for an "outbreak" and a requirement for Long Term Care (LTC) survey to conduct an infection control survey within three to five days at facilities with a COVID-19 outbreak. Further, until October 2023, the state performance standards set by CMS required standalone infection control surveys be completed at 20% of NJ's nursing facilities. Cumulatively, these additional requirements resulted in overdue routine recertification surveys, which would normally be conducted annually.

- **Given that the department had been aware of the ongoing staffing, quality of care, and financial problems at Princeton Care Center, why was there no petition made to the courts to appoint a receiver to oversee the facility's finances in order to give State officials time to find placements in appropriate facilities for Princeton Care Center's residents?**

  On July 28, 2024, the Superior Court of New Jersey granted the plaintiff's (the Landlord of the building in which Princeton Care Center operated) application to appoint an interim receiver and related relief. The Court order contained that the Court would appoint a duly designated and approved HUD entity as an interim receiver and manager authorized to conduct all business on behalf of Princeton Care Center. The plaintiff (landlord) was ordered to provide to the Court the name and qualifications for its proposed interim receiver. The department had informed the Court that the Owner needed to notify the Department of the name of the Management company, pursuant to regulations. The Landlord then proceeded to engage in negotiations with multiple individuals to manage PCC with each of the prospective managers intending to purchase PCC.

- **Based on what happened at Princeton Care Center, would the department change its response to future reports of financial instability at a long-term care facility? Please provide details regarding how the department has changed its response to this type of situation.**

  If the Department determines that a facility is in financial difficulty that will result in the closure of the facility on a date certain, the facility is instructed to notify its residents and its residents' representatives at least 60 days ahead of a closure date. A letter was distributed to all facilities reminding them of this obligation.

- **Is the department aware of any other nursing homes that currently face a deteriorating financial situation? Please provide detailed information on the actions the department has taken regarding these nursing homes.**

  Like across the country, New Jersey's long-term care industry faces structural financial challenges. The Department is closely monitoring several facilities facing financial difficulties, as evidenced by delinquent utility bills, staffing deficiencies, and/or other quality concerns.

Discussion Points (Cont'd)

Meanwhile, the Office of the State Comptroller (OSC) has taken Medicaid debarment and/or suspension action against a number of owners/operators of long-term care facilities. Loss of Medicaid funds can cause a facility's financial situation to deteriorate, so the Department coordinates with OSC, Department of Human Services, Office of the Attorney General, and the Long-Term Care Ombudsperson in these situations.

The Department supports increasing financial transparency, and has taken steps to do so through a special rule adoption that requires LTCFs to provide more granular detail on facility finances. The department is also developing a Crisis Operations Team. A contract to develop a landscape analysis of New Jersey LTCs is also in the process of being awarded.

- **Other than Princeton Care Center, did any other New Jersey nursing homes close during CY 2023? Please provide the names of any facilities, along with the reasons for the closures.**

  St. Joseph's Home for the Elderly in Totowa closed in November 2023. According to St. Joseph's Home for the Elderly, it closed for the following reasons:

  a. "The Little Sisters of the Poor in order to strengthen their ministry and bolster the quality of their religious and community life, recognized the need to close a certain number of their homes in the United States."
  b. "Since the onset of the COVID pandemic, as with many organizations nationwide, we have had challenges hiring and retaining skilled personnel and have had to hire more contractors with associated increased personnel costs and an impact on the quality of care."

- **Did the State Comptroller consult with the department prior to making the determination to suspend and disqualify four nursing homes from participation in the State Medicaid program?**

  The OSC shared their plans.

- **Please provide an updated table showing the annual number of nursing home surveys performed, and payments to contracted survey vendors in FY 2023 and FY 2024 to date.**

  LTC Surveys Performed:
  FY2023 - 1,483
  FY2024 - 1,376

Discussion Points (Cont'd)

HFSFO SURVEYS BY FACILITY TYPE, SURVEY TYPE AND STAFFING										
	SFY2023 Actual	Completed by		Completed by		SFY 2024 Estimate	SFY 2024 Estimate		SFY 2025 Estimate	
LONG TERM CARE	Total	Staff	%	Contract	%	TOTAL	Staff	Contract	Staff	Contract
Inspections (may include FICs)	260	192	74%	68	26%	330	252	78	330	78
Inspection Total Revisits	184	184	100%			234	231	3	234	3
Investigations (may include FICs)	515	350	68%	165	32%	525	455	71	525	71
Investigation Total Revisits	228	228	100%			232	229	3	232	3
Standalone Focused Infection Control (FIC)	227	216	95%	11	16%	157	102	56	157	56
Standalone FIC Total Revisits	69	69	100%			48	48		48	
TOTAL*	1,483	1,239	84%	244	16%	1,526	1,316	210	1,526	210
ACUTE CARE										
Inspections (may include FICs)	244	231	95%	13	5%	244	189	56	244	56
Inspection Total Revisits	150	150	100%			150	150		150	
Investigations (may include FICs)	372	372	100%			385	385		385	
Investigation Total Revisits	207	207	100%			214	214		214	
Standalone Focused Infection Control (FIC)	0					0	0		0	
Standalone FIC Total Revisits	0					0	0		0	
Psychiatric Hospital Staff Investigations of Abuse	807	807	100%			741	741		741	
TOTAL*	1,780	1,767	99%	13	1%	1,734	1,679	56	1,734	56
TOTAL (LTC AND AC)										
Inspections (may include FICs)	504	423	84%	81	16%	574	441	134	574	134
Inspection Total Revisits	334	334	100%			384	381	3	384	3
Investigations (may include FICs)	887	722	81%	165	19%	910	840	71	910	71
Investigation Total Revisits	435	435	100%	0		447	444	3	447	3
Standalone Focused Infection Control (FIC)	227	216	95%	11	5%	157	102	56	157	56
Standalone FIC Total Revisits	69	69	100%			48	48		48	
Psychiatric Hospital Staff Investigations of Abuse	807	807	100%			741	741		741	
TOTAL*	3,263	3,006	92%	257	8%	3,260	2,994	266	3,260	266

ELC Funding Expended:
FY2023 – $ 4,446,909
FY2024 - $3,440,760

- **What steps has the department taken to address the recommendations in the report issued by the Office of the Inspector General in the federal Department of Health and Human Services?**

Discussion Points (Cont'd)

In acknowledgement of the OIG audit, the New Jersey Department of Health has confirmed that problems were addressed at all 20 nursing homes, initially by direct contact with the facility and confirmed through onsite survey. Each of the 20 of the nursing homes have undergone several onsite surveys following receipt of the audit findings. Recertification surveys have been conducted for all 20 facilities following the audits.

Across all long-term care providers:

- The Department has issued guidance to LTC providers, strongly recommending, and encouraging them to participate in the Quality, Safety & Education Portal (QSEP) Life Safety Code training. This training will provide education and guidance on healthcare facility regulations to LTC providers.
- The New Jersey Department of Health has advised long-term care facilities licensed by the Department to ensure that carbon monoxide detectors are installed in accordance with New Jersey requirements.

The Department aligns with the objectives of the Office of Inspector General (OIG) to safeguard the well-being and safety of nursing home residents. We remain committed to conducting comprehensive inspections of nursing home operations, investigating complaints against nursing homes, issuing citations in cases of noncompliance, and ensuring that necessary corrective measures are taken to prevent recurrence.

- **How much additional funding would the department need in order to inspect high-risk nursing homes on a more frequent basis, as recommended in the Inspector General's report? How many additional nursing home inspectors would the department need to hire in order to comply with the Inspector General's recommendation?**

The OIG audit suggested that the Department should conduct federal surveys more frequently for certain providers.

The Department currently conducts federal surveys consistent with the requirements set by the Centers for Medicare and Medicaid Services (CMS). Specifically, the Department is responsible for conducting recertification surveys that comply with CMS mandated requirements, with survey intervals of up to 15.9 months between recertification surveys. The Department is not obligated to perform recertification surveys more frequently than this. The Department also is required to maintain two Special Focus Facilities (SFF). These facilities are required by CMS to have a recertification survey conducted every 6 months, until they are graduated from the program. The graduation usually occurs at the 18-month demarcation.

<u>Maternal and Infant Health</u>

12. During FY 2024, the Department of Health updated the New Jersey Report Card of Hospital Maternity Care to include new metrics and interactive data intended to make the report card more user-friendly and easier to navigate. Although the report card shows that certain indicators of

Discussion Points (Cont'd)

maternal and infant health have improved Statewide over the past five years, racial disparities remain. For example, in FY 2022, the most recent year for which report card data are available, rates of obstetric hemorrhage for Non-Hispanic Black women were 1.4 times greater than that for Non-Hispanic White women. Among Hispanic women, rates of obstetric hemorrhage were 1.13 times higher than for Non-Hispanic White women. According to the department's response to an FY 2024 OLS Discussion Point, a grant from the federal Health Resources and Services Administration currently covers the cost for the Maternal Data Center in the department's Health Quality and Informatics Unit to produce and update the report card. However, this federal grant is scheduled to sunset in October 2024.

On the 2023 March of Dimes Report Card, which analyzes factors that contributed to maternal and infant morbidity and mortality in 2022, New Jersey attained a grade of C+ for its preterm birth rate of 9.3 percent. By comparison, the national rate for preterm births was 10.4 percent. The March of Dimes Report Card also featured the racial disparities evident in the State's 2022 preterm birth rates: Black women experienced a preterm birth rate of 13.3 percent, Hispanic women a rate of 9.9 percent, and Caucasian women a 7.9 percent preterm birth rate.

- ***Questions:*** **What additional actions does the department plan to take in FY 2024 and FY 2025 to address these notable racial and ethnic disparities in maternal and infant health outcomes?**

  Reducing racial and ethnic disparities in maternal and infant health outcomes is a priority for the Department.

  Programmatically, DOH continues to fund programs that focus on advocating and supporting women of color throughout their pregnancy, labor and delivery, and postpartum periods. Key initiatives including but not limited to:
  - Increasing and diversifying the perinatal health and workforce—such as community doulas, midwives, and community health workers—to reflect the communities served.
  - Investing in initiatives such as Healthy Women, Healthy Families.
  - Investing in Post-Partum Depression screening and treatment.
  - Launching Alma, which focuses on training peer mentors to work with new and expecting/pregnant women experiencing mental health and/or substance use disorders.
  - Clinical provider training focused on preterm births.
  - Public awareness campaigns, like the stillbirth campaign in FY2023 and FY2024.
  - Launching Healthy Corner Stores to improve access to healthy foods and fresh fruits and vegetables for SNAP & WIC eligible participants.

  To facilitate improved care quality in hospital settings, targeted initiatives include:
  - DOH is in the 3rd year of a 5-year planned initiative, Quality Improvement Program (QIP) focusing on reducing maternal morbidity and mortality in all birthing hospitals in NJ. Over $60 million per year is focused on improving maternal outcomes. To support hospitals in their effort to improve maternal health, DOH ran the QIP-NJ Maternal Learning Collaborative (MLC) from October 2022 to December 2023. The MLC aim was to improve the rate of severe hypertension (SHTN) episodes treated in

Discussion Points (Cont'd)

a timely fashion with a focus on identifying, addressing, and reducing racial inequities and disparities. Approximately 37 hospitals participated in the MLC, where as a cohort, they achieved an improvement in the timely treatment of SHTN and took steps to establish new SHTN care practices.

- Project ECHO sessions provide training for health care providers and perinatal professionals on equitable and appropriate care to birthing people in NJ, with a focus on serving groups with higher rates of mortality and morbidity.
- The Department's implicit bias training was launched to address implicit bias in our labor and delivery hospitals and birthing centers. We are working on ways to ensure NJ birthing hospitals adopt this type of training as a way to improve the overall system of care for women of color.
- The Shared Decision-making pilot, TeamBirth, focuses on all who provide care to patients in Labor & Delivery with a way to participate as part of a team with their care team to make decisions that affect their care and well-being. This is especially important for birthing people from racial and ethnic minorities who may experience bias, discrimination, and report low autonomy in their care. The Team Birth huddles, and overall approach aims to shift staff culture, attitudes, and practices to improve overall maternity care experiences.

To identify disparities, to monitor progress, and to identify additional opportunities to improve the system of care, the Department continues to grow the work of the New Jersey Maternal Data Center, the Pregnancy Risk Assessment Monitoring System (PRAMS), and the maternal mortality and infant mortality review committees. Additionally, the Maternal Feedback Database project will allow for the collection of qualitative data from birthing people about their maternity experiences. We intend to look at maternal experiences both overall and within specific sub-groups (by race and ethnicity) to highlight disparate care experiences.

- **How much additional annual funding would the department ideally need in order to tackle the persistent racial and ethnic disparities in the State's maternal and infant health outcomes?**

Addressing the State's maternal and infant health disparities requires whole-of-government action, and it is difficult to anticipate the need. The Department works in partnership with other departments on several Nurture NJ initiatives, such as supporting our community doula workforce (DHS) and connecting families with critical maternal and infant health resources through Connecting NJ (DCF).

13. The Governor's proposed FY 2025 budget recommends utilizing State funding to permit participants in the Supplemental Nutrition Program for Women, Infants, and Children (WIC) to use their benefits to pay for delivery fees for infant formula and other WIC approved foods that have been purchased online. WIC is statutorily funded and regulated at the federal level by the Food and Nutrition Service in the United States Department of Agriculture, and is administered at the State level by the Department of Health. Federal statute and regulations do not permit state WIC agencies to utilize federal WIC funds to cover delivery fees for online grocery orders. The states,

Discussion Points (Cont'd)

however, have the discretion to utilize state funding to provide additional benefits to WIC participants.

Participation in the New Jersey WIC program has grown substantially since 2019, with the Food and Nutrition Service preliminarily reporting that the State saw WIC participation increase by approximately 27,500 individuals during federal fiscal year 2023, when compared with 2019 caseloads.

- ***Question:*** **Will the benefit be limited to a specific dollar amount or a certain number of deliveries per month and will the funds for this proposed benefit be added to each participant's benefit card?**

  This program is still in the planning stages to determine how best to serve families with the numerous online grocery shopping options that exist today and what is possible with our EBT vendor. Using USDA estimates, NJDOH currently plans an average of $9.59 shopping/delivery charge per order in FY2025. For New Jersey's 130,000 WIC households, NJDOH estimates 20% of households (26,000) will make 1 WIC online order per month. The New Jersey WIC has estimated $2.9M annually based on this average, but it will depend on the number of households that participate in online shopping as well as whether federal funding support may become available to defray state costs.

14. Multiple grant programs within the Division of Family Health Services receive annual funding through the Maternal, Child, and Chronic Health Services budget line. In FY 2024, the Legislature appropriated $41.7 million for these grants, a $5.5 million increase over FY 2023 funding levels. The Executive proposes maintaining the funding at $41.7 million in FY 2025.

- ***Question:*** **Please disaggregate the proposed funding by program, including the amount each grantee received in FY 2024 and the amount that each grantee is expected to receive in FY 2025.**

Program	Grantee Name	Maternal Child and Chronic Health Services FY2024	Maternal Child and Chronic Health Services FY2025
Hemophilia			
	HANJ	259,513.00	259,513.00
	Rutgers/RWJMS	252,816.00	252,816.00
	Newark Beth Israel Medical Center	156,000.00	156,000.00
	CHOP	130,000.00	130,000.00
	Prime Healthcare Services	171,460.00	171,460.00
	AUDIT FEE	3,211.00	3,211.00
	TOTAL	**973,000.00**	**973,000**
Case Management			
	ATLANTIC HEALTH SYSTEM	83,062.00	83,062.00
	AUTISM NEW JERSEY	40,000.00	40,000.00
	BERGEN CO	54,607.00	54,607.00
	BURLINGTON CO TREASURERS OFF	115,779.00	115,779.00
	CAMDEN CO COURT HOUSE	221,211.00	221,211.00

Discussion Points (Cont'd)

	CAPE MAY CO MENT HLTH	19,517.00	19,517.00
	CATHOLIC FAMILY AND COMMUNITY	110,263.00	110,263.00
	CHILDRENS SPECIALIZED HOSPITAL (For Atlantic)	56,350.00	56,350.00
	CHILDRENS SPECIALIZED HOSPITAL (For Union)	77,519.00	77,519.00
	CHILDRENS SPECIALIZED HOSPITAL	109,429.00	109,429.00
	CUMBERLAND CO	53,883.00	53,883.00
	ESSEX CO TREASURER	173,490.00	173,490.00
	GLOUCESTER CO	150,727.00	150,727.00
	H. A. MCKEE & ASSOCIATES	3,638.00	3,638.00
	HUNTERDON MEDICAL CENTER	11,131.00	11,131.00
	MERCER CO SPECIAL SERVICES	143,129.00	143,129.00
	Middlesex County Health Dept	135,427.00	135,427.00
	OCEAN COUNTY BOARD OF	66,003.00	66,003.00
	SALEM CO CLERKS OFFICE	10,327.00	10,327.00
	SOMERSET CRIPPLED	45,899.00	45,899.00
	STATEWIDE PARENT ADVOCACY NETW	26,106.00	26,106.00
	SUSSEX CO	86,000.00	86,000.00
	VISITING NURSE ASSOCIATION OF	136,731.00	136,731.00
	WARREN CO	27,524.00	27,524.00
	AUDIT FEE	42,964.00	42,964.00
	TOTAL	**2,000,716.00**	**2,000,716.00**
SCHS-Ped Tertiary			
	MONMOUTH MEDICAL CTR	4,186.00	4,186.00
	NEWARK BETH ISRAEL MEDICAL CEN	278,012.00	278,012.00
	RUTGERS THE STATE UNIV RBHS	278,492.00	278,492.00
	SAINT BARNABAS MEDICAL CENTER	43,736.00	43,736.00
	ST. JOSEPHS REGIONAL MEDICAL C	65,747.00	65,747.00
	ST. PETERS UNIVERSITY HOSPITAL	30,379.00	30,379.00
	COOPER – CLEFT	84,701.00	84,701.00
	COOPER – TERTIARY	280,796.00	280,796.00
	AUDIT FEE	3,530.00	3,530.00
	TOTAL	**1,069,579.00**	**1,069,579.00**
SCHS-Child Evaluation			
	ATLANTIC HEALTH SYSTEM	67,598.00	67,598.00
	CHILDRENS SPECIALIZED HOSPITAL	617,578.00	617,578.00
	COMMUNITY HOSPITAL GROUP JFK M	58,273.00	58,273.00
	HMH HOSPITAL CORP.	196,317.00	196,317.00
	RUTGERS THE STATE UNIV RBHS	215,259.00	215,259.00
	ST. JOSEPHS REGIONAL MEDICAL C	133,626.00	133,626.00
	THE CHILDREN'S HOSPITAL OF PHI	136,513.00	136,513.00
	COOPER	149,737.00	149,737.00
	AUDIT FEE	5,214.00	5,214.00

Discussion Points (Cont'd)

	TOTAL	**1,580,115.00**	**1,580,115.00**
Renal			
	TRANS-ATLANTIC RENAL COUNCIL,	328,924.00	329,099.00
	AUDIT FEE	132.00	924.00
	TOTAL	**329,056.00**	**330,023.00**
Cystic Fibrosis			
	NEW JERSEY STATE ORGANIZATION	239,068.00	238,375.00
	AUDIT FEE	0.00	693.00
	TOTAL	**239,068.00**	**239,068.00**
Birth Defects			
	RUTGERS THE STATE UNIV RBHS	1,954.00	1,954.00
	ST. PETERS UNIVERSITY HOSPITAL	32,930.00	32,930.00
	AUDIT FEE	116.00	116.00
	TOTAL	**35,000.00**	**35,000.00**
Newborn Screening			
	HMH HOSPITAL CORP.	34,823.00	34,820.00
	NEWARK BETH ISRAEL MEDICAL CEN	12,000.00	12,003.00
	RUTGERS THE STATE UNIV RBHS	16,100.00	16,103.00
	ST. PETERS UNIVERSITY HOSPITAL	30,174.00	30,174.00
	CHOP – VOORHEES	141.00	141.00
	AUDIT FEE	309.00	309.00
	TOTAL	**93,547.00**	**93,550.00**
MCH-Ped Tertiary			
	COOPER HEALTH SYSTEMS	8,322.00	8,322.00
	MONMOUTH MEDICAL CENTER	8,385.00	8,385.00
	ST BARNABAS MEDICAL CENTER	8,301.00	8,301.00
	ST JOSEPH UNIVERSITY HOSP & MED CENTER	8,322.00	8,322.00
	ST PETER'S UNIVERSITY HOSP	8,322.00	8,322.00
	AUDIT FEE	138.00	138.00
	TOTAL	**41,790.00**	**41,790.00**
MCH-Lead Poisoning			
	ATLANTIC CO TREASURER	262,500.00	262,500.00
	BERGEN CO	388,468.00	388,468.00
	BLOOMFIELD TWP	198,500.00	198,500.00
	BURLINGTON CO TREASURERS OFF	404,105.00	404,105.00
	CAMDEN CO COURT HOUSE	417,500.00	417,500.00
	CITY OF JERSEY CITY	856,283.00	856,283.00
	CUMBERLAND CO	518,007.00	518,007.00
	DOVER TOWN	262,500.00	262,500.00
	EAST ORANGE CITY	630,294.00	630,294.00
	ELIZABETH CITY	384,561.00	384,561.00
	FREEHOLD TWP	142,500.00	142,500.00
	GLOUCESTER CO	212,849.00	212,849.00

Discussion Points (Cont'd)

	HAMILTON TWP	189,800.00	189,800.00
	HUDSON REGIONAL HEALTH COMM	448,751.00	448,751.00
	IRVINGTON TREASURER	1,125,054.00	1,125,054.00
	ISLES INC.	150,000.00	252,411.00
	JERSEY SHORE REG HEALTH COMM	157,500.00	157,500.00
	LONG BRANCH CITY	182,500.00	182,500.00
	MIDDLESEX CO TREASURER	779,275.00	779,275.00
	MONMOUTH CO	487,500.00	487,500.00
	MONTCLAIR TWP	200,644.00	200,644.00
	NEWARK CITY	2,012,500.00	2,012,800.00
	OCEAN COUNTY BOARD OF	218,050.00	218,050.00
	THE PARTNERSHIP FOR MATERNAL &	243,980.00	346,390.00
	PASSAIC CITY	806,849.00	806,786.00
	PASSAIC CO	637,500.00	637,500.00
	Paterson	657,500.00	657,500.00
	PLAINFIELD CITY	1,104,146.00	1,104,146.00
	SALEM CO CLERKS OFFICE	262,500.00	262,500.00
	SOMERSET CO	300,627.00	300,627.00
	SOUTHERN NEW JERSEY PERINATAL	624,800.00	714,473.00
	TRENTON CITY	1,118,357.00	1,118,357.00
	UNION CO	428,007.00	428,007.00
	WARREN CO	263,464.00	263,464.00
	AUDIT FEE	57,518.00	57,518.00
	TOTAL	**17,134,889.00**	**17,429,620.00**
MCH-Healthy Women Healthy Family			
	CENTRAL JERSEY FAMILY HEALTH C	805,000.00	805,000.00
	RUTGERS THE STATE UNIV RBHS	49,265.00	49,265.00
	SOUTHERN NEW JERSEY PERINATAL	915,000.00	915,000.00
	THE PARTNERSHIP FOR MATERNAL &	1,775,000.00	1,775,000.00
	AUDIT FEE	11,735.00	11,735.00
	TOTAL	**3,556,000.00**	**3,556,000.00**
MCH-Fetal Alcohol			
	CENTRAL JERSEY FAMILY HEALTH C	25,000.00	25,000.00
	FAMILY HEALTH INITIATIVES	55,000.00	55,000.00
	SOUTHERN NEW JERSEY PERINATAL	30,000.00	30,000.00
	THE PARTNERSHIP FOR MATERNAL &	69,400.00	69,400.00
	AUDIT FEE	600.00	600.00
	TOTAL	**180,000.00**	**180,000.00**
MCH-Oral Health			
	SOUTHERN JERSEY FAMILY MEDICAL	101,600.00	101,600.00
	ZUFALL HEALTH CENTER INC	111,694.00	111,694.00
	AUDIT FEE	706.00	706.00
	TOTAL	**214,000.00**	**214,000.00**

Discussion Points (Cont'd)

Doula			
	HEALTHCONNECT ONE	464,539.00	
	Pending new Request for Proposal rebid		463,006.02
	AUDIT FEE		1,532.98
	TOTAL	**464,539.00**	**464,539.00**
Cleft Palate			
	COOPER HEALTH SYSTEMS	108,322.00	108,322.00
	MONMOUTH MEDICAL CENTER	76,045.00	76,045.00
	ST BARNABAS MEDICAL CENTER	99,750.00	99,750.00
	ST JOSEPH UNIVERSITY HOSP & MED CENTER	115,230.00	115,230.00
	ST PETER'S UNIVERSITY HOSP	100,000.00	100,000.00
	AUDIT FEE	1,653.00	1,653.00
	TOTAL	**501,000.00**	**501,000.00**
Tourette's Syndrome			
	NEW JERSEY CENTER FOR TOURETTE	400,000.00	398,680.00
	AUDIT FEE		1,320.00
	TOTAL	**400,000.00**	**400,000.00**
Cancer Screening Detection and Education			
	AHS Hosp. Corp.-Morristown Medical	192,143.00	192,143.00
	Bergen County Health Dept	187,244.00	187,244.00
	Cape May County Health Dept	54,293.00	54,293.00
	Hoboken Family Planning (Hudson&Union)	965,484.00	965,484.00
	Hunterdon Regional Cancer Center	45,818.00	45,818.00
	Inspira Medical Center (Cumberland)	284,176.00	284,176.00
	Inspira Medical Center (Gloucester)	26,749.00	26,749.00
	Middlesex County Health Dept	270,272.00	270,272.00
	NORWESCAP (Warren)	106,334.00	106,334.00
	Rutgers NJ Medical School (Essex 1)	365,350.00	365,350.00
	St Michaels Medical Center	336,880.00	336,880.00
	Shore Memorial Hospital (Atlantic)	209,623.00	209,623.00
	St Joseph's Hospital (Passaic)	384,154.00	384,154.00
	Sussex County Dept. of Env & PH	50,320.00	50,320.00
	THE COOPER HEALTH SYSTEM	331,848.00	331,848.00
	Virtua Health, Inc. (Burlington)	281,395.00	281,395.00
	VNA of Central Jersey (Monmouth)	425,602.00	425,602.00
	VNA of Central Jersey	317,944.00	317,944.00
	Zufall Health Center (Somerset)	335,688.00	335,688.00
	Trenton Health Team (Mercer)	175,591.00	175,591.00
	AUDIT FEE	23,092.00	23,092.00
	TOTAL	**5,370,000.00**	**5,370,000.00**
SIDS Assistance			

Discussion Points (Cont'd)

	RUTGERS THE STATE UNIV RBHS	509,314.00	509,314.00
	AUDIT FEE	1,686.00	1,686.00
	TOTAL	**511,000.00**	**511,000.00**
Huntington's			
	ROWAN UNIVERSITY	201,000.00	200,337.00
	AUDIT FEE		663.00
	TOTAL	**201,000.00**	**201,000.00**
Postpartum Screening			
	CENTER FOR FAMILY SERVICES	203,987.00	203,987.00
	CENTRAL JERSEY FAMILY HEALTH C	353,440.00	353,440.00
	MERCER CO	40,000.00	40,000.00
	RUTGERS THE STATE UNIV RBHS	134,950.00	134,950.00
	SOUTHERN NEW JERSEY PERINATAL	265,100.00	265,100.00
	THE PARTNERSHIP FOR MATERNAL &	392,980.00	392,980.00
	AUDIT FEE	9,543.00	9,543.00
	TOTAL	**1,400,000.00**	**1,400,000.00**
Tuberculosis			
	BERGEN CO	287,808.00	$287,808.00
	CAMDEN CO COURT HOUSE	49,625.00	$49,625.00
	HUDSON CO	318,116.00	318,116.00
	PATERSON CITY	224,036.00	224,036.00
	RUTGERS THE STATE UNIV RBHS	890,806.00	883,711.00
	SOMERSET CO	87,422.00	87,422.00
	THE COOPER HEALTH SYSTEM	292,187.00	292,187.00
	AUDIT FEE	-	7,095.00
	TOTAL	**2,150,000.00**	**2,150,000.00**
Immunization Services			
	BURLINGTON CO TREASURERS OFF	125,000.00	125,000.00
	CENTER FOR HEALTH EDUCATION ME	45,500.00	45,500.00
	CENTRAL JERSEY FAMILY HEALTH C	60,000.00	60,000.00
	GATEWAY COMMUNITY ACTION PARTN	14,500.00	14,500.00
	NEWARK CITY	178,000.00	178,000.00
	THE PARTNERSHIP FOR MATERNAL &	100,000.00	100,000.00
	AUDIT FEE	2,000.00	2,000.00
	TOTAL	**525,000.00**	**525,000.00**
Expanded Alma			
	FAMILY HEALTH INITIATIVES, INC	1,200,000.00	1,196,040.00
	AUDIT FEE	-	3,960.00
	TOTAL	**1,200,000.00**	**1,200,000.00**
Autism Services			
	AUTISM NEW JERSEY	373,763.00	373,763.00
	NORTHEAST REGIONAL EARLY INTER	124,589.00	124,589.00
	AUDIT FEE	1,648.00	1,648.00

Discussion Points (Cont'd)

	TOTAL	**500,000.00**	**500,000.00**
Administration		**1,029,701.00**	**734,000.00**
	Sum:	**41,699,000.00**	**41,699,000.00**

Family Planning Services

15. The FY 2024 Appropriations Act included a combined $40.0 million in State support for family planning services and family planning facility upgrades, which is the same as in FY 2023. Of the State resources available for family planning services in FY 2024, $10.0 million is allocated for zero interest, forgivable loans to licensed reproductive health care providers in order to expand their facilities' patient capacity. According to the New Jersey Health Care Facilities Financing Authority, which administers the loan program, eligible reproductive health care providers may receive up to $750,000 as a one-year, zero percent interest rate forgivable loan, which can be used for such allowable expenditures as equipment purchases and improvements, new or expanded information technology services, or interior renovations and improvements.

The balance of the FY 2024 appropriation, just over $30.0 million, will be provided as departmental grants to the New Jersey Family Planning League, which is the State's Title X family planning grantee. The New Jersey Family Planning League allocates these resources among 15 subgrantees that deliver family planning services at locations across the state.

The FY 2025 Budget in Brief notes that the Governor's proposed budget will recommend greater than $50.0 million for reproductive health programs, such as safety net family planning services, workforce supports, and grants for facility upgrades.

- ***Questions:*** **Please provide detailed information on the various programs and services that will be supported by the proposed level of State funding for family planning services in FY 2025. Please detail any new initiatives or services receiving State resources for family planning in FY 2025?**

  The FY25 budget maintains critical investments at a time when access to reproductive health care services are under attack. The state family planning program is committed to providing access to quality reproductive health care services for all New Jerseyans who need them, regardless of identity, income, or insurance status. The state family planning network comprises 63 health centers across all 21 counties.

  Current state funding supports the following services:
  - Provide high quality family planning services to patients including, but not limited to STI testing and prevention (such as Chlamydia and Gonorrhea screenings), cancer screenings, contraceptive care, contraceptive access in the immediate postpartum periods, specifically focusing priority populations such as those with incomes at or below 200% of the Federal Poverty Level (FPL).
  - Expand the New Jersey Family Planning League's service provider network to support more family planning clinics across the state. Enhance access to high quality family planning services in high priority counties by adding additional provider sites each year.

Discussion Points (Cont'd)

Enhance the reach and capacity of family planning in the state by supporting more providers in the state especially in areas with limited health centers. Continue facilitating telehealth and other methods to make care access more convenient.

- Facilitate in-person trainings and additional virtual training opportunities aimed at increasing provider education about access to person-centered family planning services, best practices in contraceptive counseling, and trauma-informed care and healthy equity principles.
- Using an evidence-informed approach, develop the infrastructure and resources needed to support an integrated reproductive health project. Continue to support and further develop a network of providers of pregnancy termination services.
- Increase provider education about contraceptive access, including Long-Acting Reversible Contraception (LARC). Assess availability, access, and avoid potential coercion, review the proportion of female family planning patients who choose or continue to use a most or moderately effective contraceptive method.
- Expand marketing and outreach of available family planning services.

- **How many additional clients have been served at State-funded family planning providers because of the $10.0 million in State funding for family planning facilities upgrades in FY 2023 and 2024?**

  It is noted that the funding source can be used towards capital improvement projects. While a more detailed analysis is needed to estimate the increase in clients, 17 facilities utilized these funds in FY2024.

- **Have State-funded family planning providers experienced an increase in the number of individuals seeking services since the Supreme Court's ruling in the Dobbs vs. Jackson Women's Health case?**

  Regarding the number of people making at least one visit to a state family planning provider, NJDOH is estimating a 4% increase in people seeking services from FY2023 to FY2024.

Fiscal Year	# of unduplicated patients seen
2023 (post Dobbs decision)	148,550
2024	154,500 (estimated)
2025	154,500 (estimated)

16. The FY 2024 Appropriations Act includes budget language allocating $10.0 million from the State's flexible $6.24 billion federal Coronavirus State Fiscal Recovery Fund grant for the purchase and discharge of medical debt incurred by State residents who have a household income at, or below, 400 percent of the federal poverty level, or who have medical debt equaling five percent or more of the individual's household income. The State will provide the grant to RIP Medical Debt, the non-profit entity that will administer the debt relief program. RIP Medical Debt will

Discussion Points (Cont'd)

solicit and work with health care providers in the State who have patient medical debt that is available for purchase, which the nonprofit will then purchase and discharge.

Based on available media reports, it appears as though RIP Medical Debt is still in the process of meeting with health care providers to identify those providers with medical debt available for purchase and discharge.

- ***Questions:*** **Has the State signed a contract with RIP Medical Debt to administer this initiative? If yes, what are the terms and length of the contract?**

  The Department is currently working with RIP Medical Debt to finalize the contract.

- **Please provide a detailed status update on RIP Medical Debt's work to purchase and discharge the medical debt for certain State residents. When does the department anticipate that qualifying residents will be notified of their medical debt discharge?**

  Once the contract is complete, RIP Medical Debt will work with hospitals to purchase the medical debt. Typically, it's 2-4 weeks after the purchase that residents will be notified that their medical debt has been acquired and canceled.

Harm Reduction Services

17. In February, the Executive announced the allocation of $24.0 million from the State's $1.0 billion opioid settlement fund to expand services at the State's harm reduction centers and to support the distribution of harm reduction supplies, such as fentanyl test strips and naloxone, in high-need localities. According to the Executive's press release announcing the funding from the opioid settlement fund, this $24.0 million allocation, which will be available over two years, will also support the establishment of new harm reduction sites.

Although the Governor's February press release noted that the State has 32 harm reduction centers currently, the department's website lists seven brick-and-mortar harm reduction centers, plus mobile harm reduction services available one day per week in seven additional communities.

The department also plans to allocate $19.5 million in opioid settlement fund resources, over the course of the next three years, to launch a platform enabling first responders, emergency personnel, correctional officials, and treatment providers to offer rapid referrals to treatment and harm reduction services for individuals who have overdosed. According to a February press release announcing the initiative, this funding stream will enable the department to expand access to the Medication for Addiction Treatment & Electronic Referrals (MATTERS -- NJ) platform to additional communities in which there are significant racial disparities in overdose rates. The department originally piloted the MATTERS – NJ platform in four counties, using grant funding from the federal Substance Abuse and Mental Health Services Administration.

- ***Questions:*** **Given the $24.0 million in resources from the State's opioid settlement fund, how many new harm reduction centers will the department be able to review, approve, and regulate in fiscal years 2025 and 2026?**

Discussion Points (Cont'd)

Authorization and oversight are funded via the continuing state appropriation. All funding received by DOH from the State's Opioid Recovery and Remediation Fund for harm reduction expansion will go to fund daily operations and supplies for harm reduction sites. In January 2024, DOH funded 30 sites at 12 agencies, including a statewide mail order program. The Department intends to invest in existing sites and through competitive, need-based RFA processes, the Department intends to expand to new sites, as well as support medical services for drug users at select harm reduction centers.

- **What are the geographic locations for which the department believes that harm reduction services are particularly lacking? Is the department currently reviewing any applications for harm reduction services in these locations?**

  There are currently authorized Harm Reduction Centers in 18 counties, some of which receive funding from NJDOH, some do not. Salem, Gloucester, and Bergen do not currently have authorized centers or pending applications for those counties. Additionally, Camden, Union, Middlesex, Ocean, and Cumberland counties will need more harm reduction access to meet the estimated unmet need. The Department will continue engaging with health entities in these and other areas to assess interest and readiness to build interest in establishing sites.

Discussion Points (Cont'd)

- **Please provide a list of all harm reduction centers that have been approved since July 2023, along with the operational status for each.**

New Jersey Authorized Harm Reduction Centers			
Entity Name	**Site Type**	**Location (*) signifies legacy site**	**Operational Status**
Visiting Nurse Association of Central Jersey, Prevention Resource Network	**Fixed**	**Asbury Park***	**Open**
	Mobile	**Monmouth County Ocean County**	**Open**
South Jersey AIDS Alliance	**Fixed**	**Atlantic City***	**Open**
	Fixed	Vineland	Not yet operational
	Fixed	Rio Grande	Not yet operational
	Mobile	Cape May County Cumberland County	Not yet operational
Camden Area Health Education Center (AHEC)	**Mobile**	**Camden***	**Open**
Hyacinth AIDS Foundation	**Fixed**	**Jersey City***	**Open**
	Mobile	**Paterson***	**Open**
	Fixed	**Trenton***	**Open**
	Fixed	**Plainfield**	**Open**
	Fixed	**Trenton (Satellite)**	**Open**
	Mobile	Hudson County Passaic County	Not yet operational
	Mobile	Union County Mercer County Hunterdon County	Not yet operational
North Jersey Community Research Initiative (NJCRI)	**Fixed**	**Newark***	**Open**
	Mobile	**Essex County Union County Somerset County**	**Open**
PROCEED, Inc.	**Fixed**	**Elizabeth**	**Open**
	Mobile	**Union County Essex County**	**Open**
Newark Community Street Team	Fixed	Newark	Not yet operational
	Mobile	Newark	Not yet operational

Discussion Points (Cont'd)

New Jersey Authorized Harm Reduction Centers (Cont.)			
Entity Name	**Site Type**	**Location (*) signifies legacy site**	**Operational Status**
Integrity, Inc.	Fixed	Newark	Not yet operational
	Mobile	Essex County Union County	Not yet operational
	Mail	Mail Delivery (Statewide)	Not yet operational
Center for Prevention and Counseling	Fixed	Newton	Not yet operational
Richard Hall Community Health and Wellness Center aka HEAL Somerset Van	Mobile	Somerset County	Not yet operational
Sea Change Recovery Community Organization	**Fixed**	**Barnegat**	**Open**
Prevention is Key	Fixed	Rockaway	Not yet operational
	Fixed	Philipsburg	
	Fixed	Irvington	
New Jersey Harm Reduction Coalition	Fixed	New Brunswick	Not yet operational
	Delivery	Middlesex County	Not yet operational
	Mobile	**Middlesex County**	**Open**
	Delivery	Statewide	Not yet operational
Chosen Generation Community Corporation aka Tier 1 Recovery	**Fixed**	**Paterson**	**Open**
	Mobile	**Paterson**	**Open**
The Agape Project	Mobile	Camden County Burlington County	Not yet operational

Discussion Points (Cont'd)

New Jersey Authorized Harm Reduction Centers (Cont.)			
Entity Name	**Site Type**	**Location (*) signifies legacy site**	**Operational Status**
Maryville, Inc.	Mobile	Burlington County	Not yet operational
The Rescue Mission of Trenton	Fixed	Trenton	Not yet operational
	Mobile	Trenton	Not yet operational
Total Authorized Entities	***Total Number of Sites***	***Total Number of Municipalities Serviced (unduplicated)***	***Total Number of Sites Open***
17	**39**	**48**	**17**

- **Please describe any community pushback that has taken place where harm reduction centers have opened or have been proposed to open. How does the department try to educate local communities and ameliorate any resistance from residents in municipalities where these centers are sited?**

  Currently, there has not been any overt pushback. Occasionally, DOH will get a question about whether a site was authorized in a specific location. DOH answers and then works with the harm reduction centers in that area to encourage them to do more community engagement, outreach, and awareness building. If more is needed, DOH works with our technical assistance partners at NJ Harm Reduction Coalition, along with key state partners to create a plan to address concerns raised.

- **Please provide information concerning implementation and outcomes from the department's initial pilot of the MATTERS – NJ platform. How many referrals for treatment or harm reduction services have been made under the pilot program, to date? Has the federal grant supporting this pilot initiative ended, or will federal funding continue in FY 2025?**

  The federal grant was awarded in Federal Fiscal Year 2023 and is effective for four years. At this time, DOH is in the planning stages to launch MATTERS in the initial pilot county of Camden at the end of the first year of the grant (summer 2024). Pilots are planned for use by first responders in four counties (Camden, Atlantic, Passaic, Essex). NJ's pilot is integrating lessons learned from the rollout of the MATTERS platform in New York State.

- **Of the $19.5 million dedicated to the MATTERS – NJ pilot, how much will be allocated in each of fiscal years 2025 through 2027? In which additional counties will the department launch the initiative? How many individuals does the department anticipate will be served through the expanded pilot program?**

Discussion Points (Cont'd)

Funding will be allocated as follows:

- FY25: $6,500,000
- FY26: $6,500,000
- FY27: $6,500,000

This funding will allow the Department to expand both the services available through MATTERS and to expand the program to the entire state. Specifically, this funding will support:

- Expansion beyond first responder settings to other providers, including recovery centers, emergency departments, and harm reduction centers;
- Addition of transportation and medication vouchers to overcome barriers to treatment engagement; and
- 24/7 telehealth medications for addiction (MAT) treatment providers. Based on non-fatal opioid overdose data, we estimate that approximately 6,000 individuals in New Jersey could potentially benefit from this new program.

Public Health Resources

18. In January 2023, the department announced that it had been awarded a five year $80.0 million Public Health Infrastructure, Workforce, and Data Systems Grant from the federal Centers for Disease Control and Prevention (CDC). According to an article in *NJ Spotlight News*, the department anticipates utilizing the federal grant to establish a regional public health assistance system, under which departmental liaisons will be assigned to work with county and local public health officials located in the northern, central, and southern areas of the State. *NJ Spotlight News* reported that the goal of this reorganization is to streamline the department's communications with the myriad county and local public health offices, and improve the department's response times to questions posed by local public health officials. Some local health officials reportedly have expressed concerns with the department's proposal, arguing that a portion of the CDC funding should be allocated directly to county and local public health offices to replenish budgets that will be strained with the expiration of federal COVID-19 pandemic assistance.

According to the CDC, the ultimate goal of the Public Health Infrastructure grant is to accelerate prevention, preparedness, and response to emerging health threats, and improve outcomes for other public health areas. State grant awardees are to use these federal resources to recruit, train, and support the public health workforce; strengthen public health systems, processes, and policies; and adopt flexible and sustainable technologies. Information on the CDC's website shows that the State received $100.8 million in total Public Health Infrastructure grant funding, which will be allocated as follows: $76.3 million for public health workforce recruitment, training, and supports; $9.1 million for public health systems, processes and policies; $10.2 million for data modernization; and $5.2 million for updated laboratory data exchange systems.

- ***Questions:*** **Has the department decided to move ahead with the regional public health assistance program to support county and local health offices? What is the timeline for implementation of this initiative?**

Discussion Points (Cont'd)

Funded by the Public Health Infrastructure grant (PHIG), the Local Health Liaison Program is designed to improve coordination and bidirectional communication with local public health partners. Through the Local Health Liaison Program, there will be four liaisons from the NJDOH Office of Local Public Health assigned to work regionally with local health departments (LHDs) in the state to ensure that local health needs are being communicated to the Department and other state agencies. Although staff are being on-boarded now, full implementation of the program will not occur until LHDs have had an opportunity to provide feedback through listening tours that will be conducted this summer.

- **In formulating the proposed regional public health assistance program, did the department consult with county or local health officials?**

  As part of the Local Health Liaison Program planning process, NJDOH will be leveraging a partner organization to conduct listening tours of LHDs to co-develop the Local Health Liaison Program with LHD needs at the forefront of program planning. Procurement of the partner organization is currently underway with the goal of scheduling listening tours this summer.

- **Of the department's $100.8 million Public Health Infrastructure grant award, how much has been provided directly to county and local health offices to date? How much funding will be provided directly to county and local health offices in FY 2025?**

  To date $433,242.90 has been expended and there is $2,525,551 committed to be provided to local health departments (LHDs) in FY2024.

  In FY2025, $3,043,447.50 will be provided directly to county and local health offices.

  The total awarded directly to LHDs across all five years of the PHIG project period is projected to be $15,303,071.

19. In FY 2023, the department was awarded a $1.5 million grant from the Administration for Strategic Preparedness and Response (ASPR) of the federal Department of Health and Human Services, as part of the Medical Reserve Corps State, Territory and Tribal Nations, Representative Organizations for Next Generation (MRC – STRONG) program. The Medical Reserve Corps is a nationwide network of volunteer medical and public health professionals who work in their communities' preparedness, response, and health systems to address medical and public health needs during emergencies.

Federal funding for the MRC – STRONG program is intended to strengthen the Medical Reserve Corps network, and enhance states' emergency preparedness, response, and health equity. According to the ASPR website, New Jersey will utilize its MRC – STRONG grant to expand recruitment, standardize training curricula for Medical Reserve Corps volunteers, and provide funding to local units to purchase equipment and supplies to improve local capabilities. This grant funding must be expended by the end of May 2025. New Jersey has 23 Medical Reserve Corps units with 740 volunteers as of February 2024.

Discussion Points (Cont'd)

- ***Questions*: How specifically does the department plan to utilize the $1.5 million MRC – STRONG grant funding? How will the department allocate these funds across the State's 23 Medical Reserve Corps units?**

- **Has the department expended any of these grant funds, to date? If not, when does the department anticipate utilizing these federal resources?**

  The MRC STRONG funding is two-year grant to NJDOH with project period from 6/1/2023 through 5/31/2025. This funding will support five key initiatives as outlined below:

Initiative	Amount	Description
MRC Registry Enhancements	$473,200	Contract with a computer programmer for two-year period to redesign the statewide MRC Registry adding significant functionality to the existing system. Contract through Computer Aid Inc. (CAI). $236,600 * 2 years = $473,200
Regional Conferences	$60,102	Host six regional conferences for up to 150 MRC volunteers per sessions. One session per year in each of New Jersey's three regions (North, South, and Central) to share best practices and offer skill building training sessions from subject matter experts on varied preparedness topics. $10,017 per conference * 6 sessions = $60,102
MRC Recruitment Video	$26,275	This is a second-year initiative for a professionally produced MRC statewide recruitment video for use on social media which can be customized by each of the local MRC units for their own recruitment efforts. Approximately 100 hours of production time plus associated supplies, etc. Estimated Cost - $26,275
Assistant MRC Coordinator	$189,716	Onboard a temporary Assistant MRC Coordinator at NJDOH to aid in the management of the new funding and all the associated projects. This will be a contract temp through 22nd Century Technologies. $94,858 per year *2 years = $189,716
Sub-grants to Local MRC Units	$697,430	This is by design a year two initiative (6/1/2024 through 5/31/2025) providing direct grant funding to all 23 New Jersey's local MRC units via health service grants. Funds are intended to strengthen local operations and boost recruitment at the local level. Individual awards will range from $24,290 to $38,170 based upon a funding algorithm developed per the federal funding opportunity announcement.
Other – Ancillary Costs	$53,277	Telephone -$11,064 Office Automation Network- $35,600, Mileage $4,311 and Audit Charge - $2,302
Total	**$1,500,000**	

To date, $168,580 dollars have been expended primarily on the CAI Contractor working on the MRC Registry as well as advanced payments to the NJ Association of County & City

Discussion Points (Cont'd)

Health Officials (NJACCHO), who will be hosting the first three regional conferences in May 2024.

20. The Emergency Medical Technician (EMT) Training Fund provides funding to nonprofit entities that conduct training for individuals seeking to become EMTs. Individuals enrolling in an EMT training course typically pay the $1,800 training course fee. If an individual volunteers with an emergency medical services squad prior to becoming a licensed EMT, the squad typically covers the training fee, and then seeks reimbursement from the EMT Training Fund. Currently, the EMT Training Fund will reimburse emergency medical service squads $1,500 for unreimbursed costs for initial and recertification training and testing per volunteer or paid EMT, provided the squad does not charge a fee for the provision of emergency medical services.

- ***Question:*** **Please provide information on the number of EMTs whose training was supported by EMT Training Fund resources in FY 2023 and FY 2024 to date.**

  FY 2023 – Approximately 2,657 EMT Training Fund Eligible Students completed a class. However, most EMT Training Fund Eligible Students complete multiple classes that are EMT Training Fund Eligible. As such, this number is inclusive of the total number of trainings completed and not the number of EMTs that have completed at least one training.

  FY 2024 – Currently, approximately 2,553 EMT Training Fund Eligible Students completed a class. However, most EMT Training Fund Eligible Students complete multiple classes that are EMT Training Fund Eligible. As such, this number is inclusive of the total number of trainings completed and not the number of EMTs that have completed at least one training.

<u>Community Health Services</u>

21. Rural areas are counties and municipalities where fewer than 500 people reside per square mile, according to the United States Department of Agriculture. There are seven counties (Atlantic, Cape May, Cumberland, Hunterdon, Salem, Sussex, and Warren) and several municipalities across five other counties (Burlington, Gloucester, Morris, Monmouth, and Ocean) considered to be rural in New Jersey. Approximately 900,000, or 10 percent, of the State's residents live in rural areas, and these residents disproportionately face health disparities including aging populations, high rates of chronic disease, and substance use issues.

The department's Office of Primary Care and Rural Health supports rural communities in New Jersey by improving their access to health services and resources. On November 9, 2023, the office coordinated its second annual New Jersey Rural Health Conference that brought together health professionals, community leaders, academia, and government officials to share strategies and resources on integrating and maintaining a sustainable rural health care system.

- ***Questions:*** **What is the total amount of department resources that are specifically dedicated to addressing the problems unique to residents of the State's rural areas?**

Discussion Points (Cont'd)

What are the top three most pressing health-related issues faced by rural residents in New Jersey?

The Health Resources and Senior Services (HRSA) grant for the State Office of Rural Health totals $223,410. Supplemental funding comes from the Maternal Health Block Grant in the amount of $106,025, totaling $329,435. The top health issues are drug overdose, tobacco use, and obesity.

- **Please highlight some of the main takeaways from the Rural Health Conference? How will any of these takeaways be translated into actionable policies or programs by the department?**

The Rural Health Conference was established to educate and coordinate efforts around health professionals, community leaders, government officials, academia, and community-based organizations (CBOs) in addressing health disparities in rural New Jersey. Key takeaways included insights into health equity, disparities in cardiovascular and stroke mortality, and life expectancy across different demographics. Participants learned about managing cardiovascular diseases (CVD), obesity, and hypertension in youth, as well as treatment and prevention of substance use disorders. The 2023 conference highlighted the importance of doulas and community health workers, countered vaccine misinformation, discussed cultural intelligence, and raised awareness about food insecurity.

Sickle Cell Disease

22. P.L.2023, c.242 establishes a three-year sickle cell disease pilot program, through which Federally Qualified Health Centers (FQHCs), selected by the department through a competitive application process, will develop and implement comprehensive sickle cell disease services and treatment programs in at least six municipalities with high rates of sickle cell disease. The goals of the pilot program also include: increasing public awareness of sickle cell disease; collecting State data on the incidence, prevalence, morbidity, and costs of sickle cell disease; and establishing centers of excellence in the State for sickle cell disease research and innovation.

- ***Questions:*** **When does the department anticipate that applications will be available for FQHCs that are interested in participating in the pilot program?**

FQHCs will be able to apply for the upcoming RFA at the beginning of FY 2025.

- **What is the estimated number of individuals with sickle cell disease who will receive services and medical care in each year of the pilot program?**

Undetermined at this time.

- **Does the department anticipate that federal Medicaid funding may be available to support services delivered to Medicaid enrollees who receive care through the pilot**

Discussion Points (Cont'd)

program? If yes, what is the estimated amount of federal Medicaid reimbursements that the State may realize under the pilot program?

The Department of Health is unaware of additional federal Medicaid funding programs that are available to support services delivered to NJ Medicaid enrollees beyond what is currently covered under NJ FamilyCare.

Independent Review of New Jersey's Response to the COVID-19 Pandemic

23. The *Independent Review of New Jersey's Response to the COVID-19 Pandemic* report was made public on March 11th. This report encompasses the State's preparedness for such a large-scale public health crisis; the State's emergency policy decisions; crisis communications; management of the public health facets of the pandemic, including testing and immunizations and management of health care facility capacity; and adequacy of the State's pandemic response concerning vulnerable populations.

Although the report commended aspects of the State's COVID-19 response, its authors also offer extensive recommendations on such topics as creating, practicing, training, and monitoring emergency response plans; investing in data and technology to support the State's early detection and public health response activities; adequately funding the State's emergency response capabilities; fostering resiliency in the long-term care sector; improving communications and collaborations among State government agencies and offices; building and maintaining partnerships with local health departments, the health care sector, and community organizations; and advancing health equity for the State's vulnerable populations.

The report also highlights the need for additional, ongoing investment in the State's public health workforce and infrastructure, including at the local and county levels.

- *Questions:* **Which of the report's recommendations does the Department of Health plan to implement in FY 2025, if any? How much funding, if any, would the department require in order to implement each recommendation?**

  The referenced report calls for a statewide approach, across multiple agencies, to improve public health system infrastructure. As such, on March 22, 2024, Governor Murphy issued Executive Order No. 356, which directs Commissioner Baston and Colonel Callahan to co-chair a Task Force charged with evaluating the recommendations in the referenced report, determining which can be implemented, and guiding the implementation.

- **How will the report's findings and recommendations affect the department's hiring and training processes, salary scale, and staff benefits and incentives?**

  NJDOH is assessing the report and will coordinate any implementation of recommendations, including workforce changes, as part of the Task Force's work.

Discussion Points (Cont'd)

- **What did the department learn during the pandemic that it would use if a similar large-scale public health emergency event occurs in the future? How are these lessons being incorporated into future planning for public health emergencies?**

  Including through the Task Force formed under Executive Order No. 356, the Department will work to continue embedding best practices and lessons learned.

  One approach will be the development of updated pandemic response plans that include inter-department and county agency coordination. The plan should include how the state works together as a unit, but also should have sub-components where each department/agency develops multi-level teams to carry out day-to-day functions during an emergency. This would include the development and implementation of standard operating procedures and ensuring that the workforce has the needed resources to maintain day-to-day functions.

- **How is the department improving the dissemination of information and communication among its senior staff and the senior staff at other departments that would be involved in a coordinated response to a public health emergency?**

  Coordination and information flow in a rapidly progressing/large-scale event will always provide challenges, particularly with rapid decisions being required and a large stakeholder group with differing roles, responsibilities, and priorities. The Department believes it is critical to strengthen coordinated, incident command structures to support clear and efficient communication and action.

- **What steps is the department taking to improve communication pipelines with local and county health officials and with front line workers?**

  Strong pre-existing relationships with internal and external partners were instrumental in achieving many of the tasks more easily than if relationships needed to be developed in real-time. Additionally, the response included fostering new relationships among partners in other state and local government, social services, academic, community, and faith-based agencies. There has been a continued emphasis on ensuring communication channels are open and sister agencies leverage and cross-pollinate resources. The Department is making continued outreach to maintain and develop these relationships and working on developing new pathways to communicate with our public health partners at-large.

<u>Department Wide</u>

24. The Governor's proposed FY 2025 budget includes $7.0 million in funding to support the Artificial Intelligence (AI) Moonshot initiative, which the Governor announced during the 2024 State of the State Address. This proposed funding will be allocated among various programs, and will include $4.5 million for an innovations challenge, which will provide grants to researchers and entrepreneurs to leverage State data in the development of AI applications that benefit State

Discussion Points (Cont'd)

residents. In December 2023, the Governor announced a partnership with Princeton University to develop an AI Innovation Hub.

- ***Questions:*** **What role, if any, will the Department of Health play in developing and rolling out the AI Moonshot initiative during FY 2025?**

  Governor Murphy has established an Artificial Intelligence Task Force charged with studying emerging AI technologies and analyzing the potential impacts of AI on society as well as preparing recommendations to identify government actions encouraging the ethical use of AI technologies. The Department anticipates being guided by the Task Force's work.

- **Does the Governor's proposed FY 2025 budget recommend any funding for the department to develop, adopt, or utilize AI technologies? If yes, please provide details on the applicable programs and recommended funding amounts.**

  No, the FY2025 budget does not contain funding for AI technologies through DOH.

- **Does the department provide any grant funding specifically tailored to research on, or the development or utilization of, health-related AI technologies?**

  No, the Department did not provide grant funding specifically tailored to research on AI.

- **To what extent does the department utilize any AI technologies as part of the services that it provides to State residents or as part of the programs that it administers? Does the department have any plans to do so in FY 2025?**

  The DOH participates with the State CTO's CIO council discussions regarding AI. In conjunction with the recommendations from the Governor's Council for AI, the Department will develop guardrails for AI implementations, policies, security and evaluate tools.