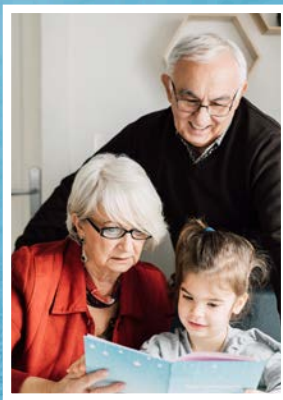
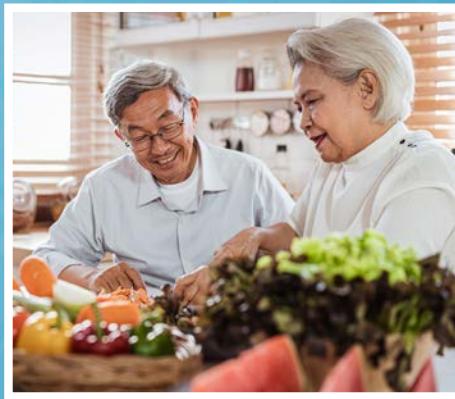
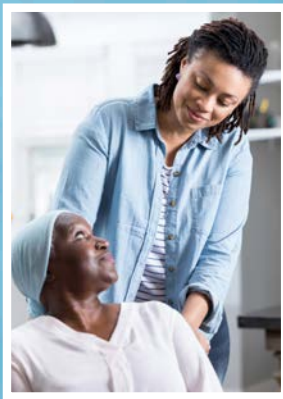


NJ Department of Human Services
Division of Aging Services

State Strategic Plan On Aging

October 1, 2021 to September 30, 2025



NJ Department of Human Services
Phil Murphy, Governor | Sheila Oliver, Lt. Governor
Sarah Adelman, Acting Commissioner



Department of Human Services

Division of Aging Services

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Executive Summary

New Jersey is home to a growing and diverse older adult population that wants to remain in their homes and communities as they age. They want information about and access to high-quality services that support their independence. This state plan empowers older adults in New Jersey to do just that with support from a vibrant aging network.

New Jersey was one of the first states in the nation to create a state division on aging, through the passage of Chapter 72 of the Public Laws of 1957. Shortly after the federal Older Americans Act (OAA) was signed into law in 1965, the division was designated as New Jersey's State Unit on Aging (SUA). In 1973, amendments to the OAA authorized states to designate geographic planning and service areas to be administered by Area Agencies on Aging (AAAs). New Jersey designated each of its 21 county offices on aging as AAAs, making each eligible for federal funding under the Act. In the 1990s, all 21 AAAs were designated lead Aging and Disability Resource Connection/No Wrong Door (ADRC/NWD) agencies for their service areas.

During its 64-year history, New Jersey's SUA has been located in several departments. In July 2012, it was renamed the Division of Aging Services (DoAS) and moved into the Department of Human Services (DHS). This restructuring established a single point of access for older adults, people with disabilities and caregivers seeking long-term services and supports regardless of Medicaid eligibility. DHS assumed the SUA designation, while DoAS serves as the administrative agency. DoAS is the ADRC/NWD state lead.

DoAS, directly or through its aging services network partners, administers a number of federal and State-funded programs that make it easier for older adults to live in the community as long as possible with independence, dignity and choice. DoAS receives OAA funding and serves as the focal point for planning services for the aging, developing comprehensive information about New Jersey's older adult population and its needs, and maintaining information about services available to older adults throughout the State. DoAS also is, and occasionally has been, the recipient of federal grants to initiate or support specific projects benefiting seniors.

State funding, from the general fund and the Casino Revenue Fund, supports programs and services specific to New Jersey or expands service availability and reach beyond federal funding limits. These programs include Adult Protective Services (APS), Jersey Assistance for Community Caregiving (JACC), Congregate Housing Services Program (CHSP), statewide Respite Care Program (SRCP), Alzheimer's Adult Day Services Program, Lifeline Utility Assistance, weekend home delivered meals, and two State prescription assistance programs – Pharmaceutical Assistance to the Aged and Disabled (PAAD) and Senior Gold Prescription Discount Program – accessible through the NJSave online or paper application. DoAS also conducts clinical eligibility and quality assurance for Medicaid Long-Term Services and Supports (MLTSS), and is home to the Office of the Public Guardian.

DoAS maintains a staff of approximately 300 full-time employees based in Trenton and two regional field offices (see Appendix A).

DHS/DoAS is required to develop and submit a State Strategic Plan on Aging to the U.S. Administration on Aging under the OAA of 1965, as amended. The within plan, covering the four federal fiscal years of 2022-2025, outlines the direction in which New Jersey's aging services administration is moving and identifies strategies to address the needs of the state's older adults and their caregivers. It also highlights achievements and milestones reached during the current state plan period, which began in October 2017 and runs until this new period begins.

This new state plan outlines seven goals and accompanying objectives and strategies to address New Jersey's vision for improving the delivery of aging services. Each objective has the Performance Measurement(s) DoAS will utilize to evaluate its progress over the life of the plan. The plan is designed to be flexible to meet changing priorities on the State and federal levels.

Context

New Jersey has adopted this State Strategic Plan on Aging (FFY2022-2025) to formalize its goals, objectives and strategies for addressing current and future needs of the state's older adults and their caregivers. The State's goals continue to align with the priorities set by the U.S. Administration for Community Living. Although there is a specific goal pertaining to emergency preparedness, the experience of COVID-19 has informed all seven goals.

- Goal 1: Improve access to services for New Jersey's diverse older adult and caregiver populations through simplified application processes and a coordinated outreach effort aimed at both consumers and public and private service providers.
- Goal 2: Enable older adults to remain living in their homes through the availability of a broad array of high-quality home and community based services.
- Goal 3: Promote age-friendly best practices across the state via the work of the Age-Friendly Advisory Council.
- Goal 4: Empower caregivers to continue in their role by identifying the areas in which support and services are needed and by assisting caregivers with obtaining those necessary supports and services.
- Goal 5: Enhance the ability of older adults, caregivers and the aging services network to effectively deal with local, state, national and global emergencies.
- Goal 6: Ensure the rights of older adults and prevent abuse, neglect and exploitation.
- Goals 7: Implement quality improvement activities that promote program integrity, strengthen business processes and improve the efficiency and accountability of the New Jersey Division of Aging Services (DoAS).

To solicit input into the development of this plan, the Department of Human Services (DHS), Division of Aging Services (DoAS), held stakeholder meetings virtually with the Area Agencies on Aging (AAAs) directors and providers of legal and nutrition services. A network-wide stakeholder meeting that attracted nearly 160 participants was held virtually on April 8, 2021. A public listening session was held on April 29, 2021, at which 21 seniors and caregivers provided on-camera or phoned-in testimony; 14 others provided written statements via email. In addition, the New Jersey Caregivers Task Force held three public listening sessions (March 6, 10, and 18, 2021) that provided inspiration for several objectives in this plan. A summary of those meetings can be found in Appendix B.

Aging in New Jersey: New Jersey's older adult population is growing and diverse (see Appendix C for updated figures using 2019 American Community Survey data). The number of individuals age 60 and older was 2,078,439, or 23.4 percent of the state's population, in 2019. By 2029, New Jersey's 60+ population is estimated to be 2,990,555.

From 2010 to 2019, the percentage of New Jersey residents age 60 and older rose 24.7 percent. The largest population growth was among the three youngest cohorts of that group: those age 70-74 years, at 42.5 percent; those age 65-69, at 32.2 percent; and those age 60-64, at 23.4 percent. This change reflected the aging of the baby boomers (those born between 1946 and 1964). It was also a significant change from the 2010 Census, when the fastest growing groups

were the oldest (age 80 and older) and youngest (60-64) cohorts. The population over age 60 is projected to continue to grow substantially, surpassing the number of school-age children by 2030.

New Jersey is one of the most densely populated and diverse states in the nation across all generations. Among state residents age 60 and over, 49.1 percent are from racial or ethnic minority groups, compared to 43 percent nationally. According to American Community Survey 2019 data, 10.6 percent were non-Hispanic black, 10.7 percent were Hispanic and 7 percent were Asian and Pacific Islanders.

Within each of these groups, there is a tremendous diversity among ethnicities and primary languages spoken in the home. Census survey data shows that 24 percent of residents age 60 and older spoke a language other than English at home and 14.3 percent reported they spoke English less than very well.

In the 60 and older age group, 57.3 percent are married and 19.6 percent are widowed. In addition, 39.1 percent are living alone. There is also a significant gender gap among New Jersey older adults. Women account for 55.3 percent of the population age 60 and older, and 65.9 percent of the population age 85 and older.

For income data, this plan looked to two main sources: American Community Survey data and the Elder Economic Security Index (a resource, created by the Gerontology Institute at the University of Massachusetts Boston, that measures how much income older adults require to adequately meet basic needs without public or private assistance). Since taking over report production from the New Jersey Foundation for Aging (now known as New Jersey Advocates for Aging Well) in 2015, DoAS has issued three Elder Economic Security Index (Index) reports through an agreement with Rutgers University's Bloustein School of Public Policy. In addition to the Index, there is a companion report showing the impact public assistance programs on this population.

The most recent Index report, using 2019 data, found that in order to reach economic security, a single senior needed an annual income ranging from \$28,056 (for homeowners without a mortgage) to \$41,292 (homeowners with a mortgage). For couples, the incomes ranged from \$38,568 to \$51,804. The income level for renters was roughly \$1,300 higher than for homeowners without mortgages.

With more than 25 percent of seniors relying solely on their Social Security benefit, it is clear that many older adults cannot adequately meet their basic living expenses. Census data reveals that between 2015-2019, 8.2 percent of New Jersey residents age 60 and over had incomes below the poverty level, which is lower than the proportion for the population as a whole. The poverty rates were higher for minority seniors.

Approximately 20.4 percent of the statewide non-institutionalized population age 65-74 claimed a disability between 2015-2019. The prevalence increased substantially with age. In the 75+ age group, 41.1 percent of men and 47.2 percent of women had a disability.

Service utilization of home and community-based services under New Jersey FamilyCare, New Jersey's Medicaid program, continues to rise. As of April 2021, over 61,400 individuals were enrolled in Medicaid long term care with approximately 37,740 receiving home and community-based services (HCBS) under Managed Long Term Services and Supports (MLTSS) and 18,595 residing in nursing facilities. Approximately 3,900 individuals were in a skilled nursing facility under fee-for-service, either grandfathered due to their pre-MLTSS enrollment in Medicaid or in the process of transitioning to MLTSS. An additional 1,139 participants were enrolled in a Program of All-inclusive Care for the Elderly (PACE), which is a long-term care

alternative to MLTSS. Since MLTSS was launched in July 2014, New Jersey has continued to rebalance Medicaid long-term care with almost 63 percent of individuals receiving HCBS rather than nursing home care. This figure was 28.9 percent when MLTSS began. DoAS houses the Office of Community Choice Options (OCCO) that is responsible for the clinical nursing facility level of care assessment necessary for MLTSS eligibility. OCCO utilizes the New Jersey Choice tool as the State's clinical eligibility assessment.

OCCO designed and implemented an online Enhanced At-Risk Criteria (EARC) screening tool to streamline the process for those patients who are transferring from a hospital to a nursing facility and are potentially eligible for MLTSS. In October 2019, DoAS successfully deployed this tool to 96 hospitals and Long-Term Acute Care (LTAC) Rehabilitation facilities, training 900 hospital personnel on its usage. This online EARC screening tool enabled the continuation of operations during the pandemic by providing assistance to hospitals with discharge planning. DoAS is on track to implement an additional online solution to streamline communications between hospitals and nursing facilities and OCCO to expedite MLTSS eligibility. Additionally, efforts are underway to include the State's clinical eligibility assessment (New Jersey Choice) within the EARC screening tool online application.

In addition to enrollees in MLTSS, around 9,000 others were enrolled in State-funded programs – Jersey Assistance for Community Caregiving (JACC), Congregate Housing Services Program (CHSP), Statewide Respite Care Program (SRCP), Alzheimer's Adult Day Services Program (AADSP) – designed to help those over Medicaid income and/or asset limits remain in the community. Other programs, like the State's two pharmaceutical assistance programs, Adult Protective Services (APS), and nutrition and wellness programs, also help seniors remain active, healthy and safe in the community, delaying or eliminating their need for more intensive services.

In 2020, over 200,000 individuals received services through their AAAs. For detailed information on programs and services administered by DoAS, the AAAs and the aging network in New Jersey, including utilization data, see Appendix D.

When planning to address the needs of older adults, we must take into account that, despite society's hectic pace, caregivers continue to provide the majority of long-term services and supports in our state and across our country. Nearly 1.1 million New Jersey residents are currently providing more than 900 million hours of direct, unpaid care to an elderly or disabled relative or friend. The economic value of this care is estimated at \$12.9 billion.

To meet the changing demographics, diversity, needs and demands of its consumers, the aging network in New Jersey continues to evolve. The following activities and accomplishments are keys to our success moving forward.

COVID-19 Response: In March 2020, when New Jersey registered its first cases of COVID-19, Governor Phil Murphy declared a public health emergency giving the State the ability to take extraordinary steps to protect its citizens while ensuring vital services remained available.

DHS and its various divisions, including DoAS, made a number of policy changes and issued guidance to allow for greater flexibility for service provision. DHS suspended annual recertification requirements in numerous programs, including Medicaid, the Medicare Savings Programs, and our State pharmaceutical assistance programs, Pharmaceutical Assistance to the Aged and Disabled (PAAD) and Senior Gold. DoAS allowed adult day care programs to maintain some services while the centers themselves remained off limits to seniors. Policy changes allowed congregate meal sites to keep providing meals but for home consumption. New taxonomies on assistive technology, issued in June 2020, allowed the AAAs to address

social isolation through the provision of devices or services that range from complex technology to basic or no technology. Since the taxonomy's introduction, a variety of virtual platforms have been used to support activities such as yoga, aerobic dance, drawing, book clubs, line dancing, ukulele classes, and arts and crafts. Volunteers, staff and family members helped teach interested participants how to use tablets, mobile phones and remote platforms.

At the AAA level, countless wellness calls were made to program participants. They played a vital role in connecting seniors to COVID-19 testing and later vaccination, including making appointments and arranging transportation for those in need of such assistance. Some AAAs had staff members assigned to testing sites and vaccination clinics where they helped with registration, accommodations and shared information on senior services to many older adults previously unknown to them. They also provided accurate, vetted information to seniors confused by the multiple and sometimes opposing messages they received on masking, social distancing and vaccine availability and efficacy. The AAAs continue to work with county and local health departments to identify homebound seniors in need of vaccinations. DoAS sent out letters to beneficiaries to inform them of dedicated call centers for seniors to make appointments. Fortunately, vaccine participation among New Jersey seniors has been high. In mid-July 2021, over 5 million residents were fully vaccinated including more than 81 percent of those age 65 and older. Seniors with at least one dose of the vaccine topped 92 percent.

The AAAs and their local partners took unique steps to keep seniors active and socially engaged during the pandemic. This included low-tech methods like hallway bingo games, hosted by senior housing staff, that allowed residents to remain in their apartments but see and interact with their neighbors and newsletters, puzzles and games inserted in home delivered meal packets. It also included providing socially isolated seniors with tablets so they could stay in touch with their friends and families and also make online purchases and participate in telemedicine.

A primary focus of New Jersey's statewide response was on nutrition. At the start of the outbreak, many older adults, who were previously able to shop on their own, were suddenly unable to do so due to social distancing practices, health concerns, lack of transportation and/or limited or lack of technology to order groceries online. Many individuals, who previously relied on family or friends to grocery shop for them, also found themselves without those supports due to the risks of spreading or contracting the coronavirus.

When senior centers and other nutrition sites closed, DoAS purchased and worked closely with the AAAs to get shelf-stable meals to those considered most at risk. The network switched from congregate meals to a greatly expanded home delivered meal program. In the early months of the pandemic, idle paratransit buses and other county and municipal-owned vehicles were used to transport meals to seniors. Many senior nutrition programs implemented a grab-and-go option that allowed seniors to drive to their congregate meal sites and pick up prepared meals curbside. AAAs got creative with the Farmers Market voucher program, ensuring contactless distribution of farm-fresh produce and same day pick-up. This program provides annual vouchers so seniors can access farm-fresh foods. DoAS also worked to establish an online platform for volunteer home shopping services in conjunction with volunteer agencies and the Governor's Office of Volunteerism. AAAs worked with local restaurants to fight hunger while supporting local businesses. Food pantries and kitchens saw record demand for food from individuals of all ages and incomes.

New Jersey, which typically receives about \$30 million annually in Older American Act funding, has received an additional \$74 million in Family First Act, CARES Act, and most recently the American Rescue Plan funds to help the aging network address senior and caregiver needs

arising from the pandemic. These laws gave states until Federal Fiscal Year (FFY) 2022 or 2024, depending on the funding sources, to use these dollars. This funding, nearly all of which has been distributed or will soon be distributed by funding formula to the AAAs, will allow the network to do even more in the areas of nutrition, vaccine access, home and community-based services. New Jersey will be creative in addressing both immediate needs and preparing for some of the longer-term consequences of the pandemic including the potential need for booster vaccinations.

Patient-Centered Training of ADRC/NWD Network: In the past four years, DoAS entered into partnerships with academic institutions to create and deliver training programs that enhance aging network staff knowledge and ability to respond appropriately to the needs of seniors and caregivers.

Information and Assistance: DoAS, in partnership with Rowan University's School of Osteopathic Medicine (SOM), created a 5-day training for information and assistance staff working in the AAAs, their partner agencies as well as for DoAS call center staff in 2017. The trainings were delivered between 2017 and 2018. The curriculum was developed by reviewing standards of practice identified by ADVancing States and the Alliance of Information and Referral Specialists and by obtaining feedback from a focus group conducted with the AAA directors and staff. This initiative under the Geriatric Workforce Enhancement Program (GWEP) grant was designed to provide introductory training and standardized learning statewide. Five modules covered general knowledge, the AAA/ADRC process, skills and abilities, care management system practices, and attitudes and behaviors.

In 2018, after the second statewide training class ended, the entire curriculum was uploaded to the My New Jersey portal so AAAs would be able to access and deliver the scripted content as they hire new staff rather than wait for periodic DoAS training opportunities.

Based on feedback from training participants, DoAS and SOM developed and delivered an information and assistance refresher course in 2019. It addressed additional skill development in the areas of gathering complete consumer information, communication techniques, interviewing skills and documentation.

Mental Health and Aging: In 2018, DoAS collaborated with Rutgers University Behavioral Health Care Comprehensive Services on Aging (COPSA) Geriatric Services to develop a curriculum and provide training on mental health and aging. The training was developed in response to requests from the AAAs and their providers. A focus group was held with the AAA directors to define the training curriculum. It was decided that this training should be an overview of various mental health issues that face professional staff as they assist seniors and their caregivers. The training included topics such as anxiety, depression, adjustment disorders, bipolar disorder, schizophrenia, substance use disorder, suicide risk, neurocognitive disorders, caregiving and cultural considerations. A handout entitled, "Tips for Handling Suicidal Callers" was reviewed in detail. In addition to these topics, each session featured guest speakers from Adult Protective Services and Psychiatric Emergency Screening Services. The session concluded with encouraging participants to monitor their own mental health and have a plan for self-care. This training was a full-day classroom program, delivered in five regional sessions.

Living Your Best Life: Empowered Conversations for End of Life Issues: DoAS worked again with COPSA in 2019 on a training for staff who assist consumers with navigating end of life issues. Participants learned strategies on how to initiate and maintain meaningful conversations, reviewed tools for use by individuals and groups, and developed a deeper understanding about the varied forms of grief associated with end of life issues. Aspects of self-care for professionals

around end of life issues were also explored. The training was a full-day classroom program that offered Continuing Education Units (CEU) for nurses and social workers. Six regional sessions were held. An abbreviated version was later provided by COPSA for DoAS staff.

Medicaid Federal Financial Participation (FFP): In 2017, DHS received approval from the U.S. Centers for Medicare and Medicaid Services (CMS) to secure FFP for the AAAs. This new funding stream supports their administrative functions as Aging and Disability Resource Centers (ADRCs) associated with Medicaid eligibility. The ADRC functions are unique to the AAAs and do not duplicate the functions performed by the eligibility determination agencies.

The DoAS has issued policies to provide guidance around claiming, and to assure that FFP dollars are directed back to the AAAs. Medicaid funds received are distributed to participating AAAs through the normal process of the Area Plan Contract (APC). Funds received for FFP can be used to pay for any approved APC service for seniors, including administration.

In 2021 alone, the participating AAAs used their FFP funds to support dental and housing services, evidence-based health promotion programs, home health aides and visiting nurses, housekeeping, legal services, information and assistance, outreach, telephone reassurance and socialization and recreation programming.

The ADRC unique functions identified for FFP are: 1) Outreach and Public Awareness; 2) Information and Assistance; 3) Screen for Community Services; 4) Person Centered Options Counseling on the full range of LTSS; 5) Assessment/Options Counseling (conducted by AAAs in only three counties – Atlantic, Gloucester and Warren); and 6) Medicaid Navigation/Service Coordination. All AAA FFP-related activities are recorded in the State designated database and are available for audit purposes. It is a goal of DoAS to have FFP put back into the APC to expand AAA services for the benefit of consumers seeking LTSS.

NJSave Outreach: In November 2018, DHS/DoAS launched its New Jersey System for Automated Verification of Eligibility (NJSave), a new, online application to help older residents with low-incomes and individuals with disabilities save money on Medicare premiums, prescription costs, and other living expenses. The online and paper NJSave applications were translated into Spanish the following October.

NJSave allows individuals to check their eligibility and apply for various savings and assistance programs, such as the Medicare Savings Programs, New Jersey's PAAD, Senior Gold, Hearing Aid Assistance to the Aged and Disabled (HAAAD), and the Lifeline Utility Assistance Program, through just one online application. Prior to this, individuals had to fill out a paper eligibility application for the various programs.

DoAS designed a worker portal that allows AAAs and State Health Insurance Assistance Programs (SHIP) to file online applications on behalf of their consumers. This portal allows for the AAAs and SHIPs to track the applications progress from receipt to disposition of an eligibility determination.

DHS/DoAS promoted NJSave through press releases and ongoing social media postings. DHS/DoAS produced and distributed NJSave posters, flyers, tabletop signs, counselling folders, referral cards, and promotional materials including tote bags, pens and pillboxes. This campaign included the development of a division program guide that is available online and was distributed in hard copy. Mailings, which included the above printed materials and 25 paper applications for those not ready or able to apply online, went to aging and disability network partners and other places visited by potentially-eligible individuals. These included pharmacies, hospitals, senior centers, public housing, libraries, and of course, county offices on aging and disability services. Speaking engagements to both professional and public groups

were scheduled and delivered. In 2019 alone, DoAS staff made 114 NJSave presentations. These numbers do not include presentations made by our 21 AAAs or lead county-based SHIPs, including those that are Medicare Improvements for Patients and Providers Act (MIPPA) subgrant recipients.

This active outreach and the mere presence (and ease of use) of the online application had award-winning results. From November 2018 through June 2021, 36 percent of all applications received were submitted online directly by seniors, individuals with disabilities and their caregivers. In August 2019, DHS/DoAS won first place in the Innovations in Benefits Outreach contest hosted by the National Council on Aging (NCOA) and ADvancing States, a national advocacy organization for the aging and disability services network.

While COVID-19 sidelined much of the face-to-face NJSave outreach efforts, DoAS has identified funding to launch a multi-year public awareness campaign later in 2021 to include paid advertising. As the pandemic continues to wane and senior centers, public housing, libraries and other common senior gathering spaces reopen, DoAS staff will return to delivering in-person presentations.

New Jersey Caregiver Task Force and Age-Friendly Advisory Council: DoAS has provided staff support and ex officio membership on a task force examining caregiver needs and services, and will do the same later this year when an advisory council begins its work to make New Jersey more age-friendly.

The New Jersey Caregiver Task Force: Chapter 166 of the Public Laws of 2018, created the New Jersey Caregiver Task Force. Its purpose is to determine the availability of caregiver support services in the state, and provide recommendations for the improvement and expansion of such services. Members of the task force represent unpaid caregivers who provide care to individuals with a wide range of needs including older Americans, and those with mental illness, disabilities, chronic health conditions, cognitive or behavioral health challenges, or intellectual and developmental disabilities. The task force and three subcommittees have met virtually throughout the pandemic to complete its three primary tasks: compile caregiver resources, hold public listening sessions, and conduct a survey of caregivers. A final report with recommendations will be made to the Governor and Legislature late in 2021, but through its participation, DoAS has included objectives in this plan to act on certain caregiver issues identified by the task force.

Age-Friendly State Advisory Council: On March 2, 2021, Governor Murphy signed Executive Order No. 227 creating the Age-Friendly State Advisory Council, which will work to identify opportunities for creating livable communities for people of all ages in New Jersey, recommend best practices for age-friendly work, and promote community inclusion across the state.

The Council, which will be chaired by the Acting Commissioner of DHS, will include representatives from the New Jersey Departments of Transportation, Community Affairs, and Health, in addition to representatives from local government, community stakeholder groups, the business sector, and the higher education community. Within 18 months of the effective date of the Executive Order, DHS will issue a blueprint of best practices for advancing age-friendly practices in transportation, housing, inclusivity, and community support and health services. The Council is expected to be formed and hold its first meeting later this year.

Implementing Senior Initiatives in the State Fiscal Year 2022 Budget: The State budget and accompanying bills signed into law by Governor Murphy on June 29, 2021, took aggressive steps to make New Jersey more affordable for seniors. Steps included providing up to \$500 tax rebates to over 760,000 households with at least one dependent child, increasing the average

homestead property tax relief benefit for homeowners who are senior or disabled by over \$130, and extending a veteran's property tax exemption to those who served during peacetime. The budget also increased the threshold for retirement income excluded from taxation from \$100,000 to up to \$150,000, helping nearly 70,000 more taxpayers that are seniors. It also expanded eligibility for the Earned Income Tax Credit (EITC) to those age 65 and older without dependents, which is projected to help 70,000 individuals age 65 and older. DoAS and the aging network will promote these increased benefits and help eligible individuals enroll where and as possible.

A more direct effect on DoAS operations is the budget provision increasing the income limits for two State-funded prescription assistance programs, a utility assistance program and hearing aid reimbursement program by \$10,000 effective January 1, 2022. In addition, the Hearing Aid Assistance to the Aged and Disabled (HAAAD) program reimbursement benefit is increased from \$100 to \$500 (for one device) or \$1,000 (for two devices) annually. All four programs use the NJSave application for enrollment.

The income limits for PAAD, Lifeline Utility Assistance (gas and electric) and HAAAD will increase to \$38,769 for eligible individuals and \$45,270 for couples. The Senior Gold Drug Discount Program income limits will increase to \$48,769 for individuals and \$55,270 for couples, ensuring that all seniors living below the current economic security level will be eligible for these programs.

As noted in the NJSave summary above and detailed in our goals and objectives, DoAS will heavily and continually promote these programs through multiple methods to increase enrollment among not only the newly-eligible but also among those eligible at the current levels but unaware the programs exist or how to apply.

Progress Update, 2017 – 2021

The Division of Aging Services (DoAS) experienced four years of unique changes and accomplishments, highlighted by our response to the coronavirus pandemic.

The following provides an update to the goals set in New Jersey's 2017-2021 State Plan on Aging and identifies progress made in each area, while the next section in this document will outline the goals set for 2021-2025.

Goal 1: Promote outreach efforts to connect with New Jersey's diverse older adult and caregiver populations and provide easy access to services and supports.

This goal covers outreach, education and promotion goals, objectives and strategies. In the 2021-2025 plan, these areas remain part of Goal 1. Progress highlights from 2017-2021 include the following:

- DoAS, through its department communications office, expanded its use of social media by posting consistently about senior services. DoAS also bought Facebook ads promoting prescription assistance and Medicare Savings Programs. The ads targeted seniors and their caregivers. Although the ads had a limited run, they resulted in nearly 4,000 link clicks monthly.
- In November 2018, DoAS launched its NJSave online application. The application is used to enroll eligible individuals in as many as eight programs that help pay Medicare premiums, prescription costs, and other living expenses such as utility bills. A worker portal for partner-assisted applications followed in the spring, and a Spanish version of

both the online and paper applications was made available in October 2019. As of June 14, 2021, 36 percent of applications have been submitted online.

- To promote NJSave and the related programs, DoAS launched a marketing campaign that included press releases, social media posts, cable television appearances and over 125 speaking engagements in 2019. Flyers, posters, tabletop signs, drop-cards, pens, pillboxes, tote bags, and paper applications were distributed to places frequented by seniors and caregivers.
- In 2019, ADvancing States presented DoAS with its *Innovations in Benefits Outreach Award*.
- A *DoAS Program Guide* was developed and included in tote bags distributed at NJSave presentations.
- The Department of Human Services (DHS) created a [promotional video](#) highlighting three AAA directors who discussed services available at the county level. The video was promoted via the DHS Youtube Channel, Facebook and Twitter.
- In partnership with the New Jersey Utility Energy Outreach Group, DoAS twice distributed 30,000 energy assistance-themed placemats to congregate and home delivered meals sites, hospitals and other interested partner agencies. DoAS also placed NJSave materials in utility customer service centers and made presentations at various company partner summits.
- Just prior to the pandemic, DoAS facilitated a two-county pilot program with PSE&G through which the utility company works with Area Agencies on Aging (AAAs) to outreach delinquent customers with medical needs prior to cutting power to the home. A moratorium on utility shut-offs put this pilot on hold until January 2022.
- During the pandemic, the New Jersey Utility Energy Outreach Group distributed flyers promoting energy assistance programs, including DoAS' Lifeline Utility Assistance Program, at food banks.
- Also throughout the pandemic, DoAS worked with the Board of Public Utilities to promote programs to help customers who are seniors or disabled to become aware of programs to help with arrearages on their utilities bills. Through these efforts, the AAAs shared information on the energy assistance programs as well as legal assistance regarding help with tenant/landlord and rental assistance.
- DoAS worked with New Jersey AARP in the summer of 2020 to mail postcards to all their registered on-line members to make them aware of Lifeline through NJSave application.
- Through grant-funded lead State Health Insurance Assistance Program (SHIP) and Medicare Improvements for Patients and Providers Act (MIPPA) partners, DoAS was able to further extend its outreach to consumers through locally-generated press releases, newsletter articles, newspaper and cable television ads, billboards, paratransit bus ads, pharmacy bag ads, direct mailings, community fairs, and presentations.
- In 2021, DoAS mailed a large supply of NJSave promotional materials to all AAAs and SHIPs, in addition to its MIPPA leads, to support a return to in-person presentations and events.
- In November 2019, as part of its National Caregivers Month activities, DoAS staffed information tables in various DHS building lobbies to inform staff and visitors of caregiver services.
- In partnership with the Division of Medical Assistance and Health Services (Medicaid), DoAS revised a letter sent to individuals coming off the The Medicaid Expansion Program due to their eligibility for other programs to encourage them to apply for

Medicaid Aged, Blind, Disabled (ABD), Medicare Part B, Medicare Savings Programs, and other benefits. Those found ineligible for Medicaid ABD, were sent a separate letter directing them to DoAS and their local AAA for potential enrollment in other programs.

- DoAS made numerous revisions and additions to the reprinting of a resource directory created by the Division of Disability Services (DDS) to ensure the directory included more senior and caregiver programs.
- The AAAs are required to hold regular Aging and Disability Resource Connection (ADRC) partner meetings to foster the No Wrong Door/Single Entry Point (NWD/SEP) concept. Some meetings include additional partners such as food banks, housing authorities, LGBTQ community providers, police departments, physicians, hospitals, schools, scouts, and religious institutions. These partners help to identify new individuals who may benefit from services offered by the AAA and to inform the AAAs of new services that may benefit elderly consumers.
- A new phone system tied DoAS various toll-free hotlines together through technology. During the pandemic, this phone system allowed the hotlines to be seamlessly transferred first to an answering service and later to remote answering by equipped and trained DoAS hotline staff.
- DoAS shared access to its language assistance service with the 21 lead SHIP agencies at no cost to those agencies. This arrangement continued with the 21 AAAs.
- DoAS established a relationship with the State's new Office of New Americans, resulting initially in guidance on which languages should you when conducting a caregiver survey.
- DoAS made a presentation to, and is now a member of, a Division of Mental Health and Addiction Services' committee reviewing caregiver and aging services within the mental health infrastructure of the state.
- A number of unique partnerships were created by individual AAAs and shared with their sister agencies for consideration:
 - Monmouth County AAA/ADRC developed a Police Request for Social Services form (PRSS). This form is accessible for all police officers in the county to report to the AAA and/or Adult Protective Services any incident, condition or concern about a resident. Police officers encountered issues ranging from dementia, to food insecurity, to health concerns. To date, the AAA/ADRC has received 47 PRSS forms from the police.
 - A local Walmart identified the need to educate store associates on the challenges facing its senior customers while in the store. Ocean County AAA conducted two training classes on aging sensitivity, the first for store managers and supervisors and the second for front-end associates.
 - Gloucester County AAA entered into a partnership with Rowan University that allowed students to interview seniors in order to capture their life stories. The project culminated in the publishing of a limited edition book, *Let Us Shine a Light*. Copies are available in Gloucester County libraries and senior centers.
 - In Warren County, several schools partnered with the senior nutrition program to provide the opportunity of fun intergenerational activities. Students and seniors engaged in arts and crafts, games and picnics.
 - Several scouting troops in Passaic County wrote holiday cards and prepared goody bags for the home delivered meal participants. Other organizations were able to make and distribute to seniors packets containing facemasks, toilet paper, soap and hand sanitizer.

Goal 2: Empower older adults and their caregivers to make informed decisions and exercise self-determination over their life choices.

New Jersey's ADRC efforts date back to 2003. Full statewide implementation was achieved in 2012. Each of the 21 AAAs serves as the local lead agency of New Jersey's NWD/SEP for long-term services and supports (LTSS). Among the 2017-2021 accomplishments are the following:

- Through the implementation of a standardized screen for community services, the ADRCs play a key role in the Long Term Services and Supports (LTSS) eligibility determination enrollment process and an important resource both for prospective members and the managed care organizations (MCOs).
- In 2017, New Jersey reported that DoAS applied for and received approval from the U.S. Centers for Medicare and Medicaid Services (CMS) to secure Medicaid Federal Financial Participation (FFP) for the AAAs to support their ADRC administrative functions associated with Medicaid eligibility. The ADRC functions are unique to the AAAs and do not duplicate the functions performed by the CWAs.
- Since receiving approval, DoAS put forth policies to provide guidance around claiming and to assure that FFP dollars are directed back to the participating AAAs/ADRCs. Medicaid funds received are distributed to the participating AAAs through the normal process of the Area Plan Contract (APC). Funds received for FFP can be used to pay for any approved APC service for seniors, including administration, and must follow all the rules and regulations of the APC. As of June 2021, ten claiming AAAs/ADRCs were reimbursed over \$5 million in FFP.
- An ADRC workgroup revised a number of service taxonomies, policies and reporting requirements. This included care management and a care management standards manual for provision under APC and Jersey Assistance for Community Caregiving (JACC), outreach, public awareness, information and assistance, and money management.
- The ADRCNJ website was given a new look in 2018 and it had periodic updates throughout 2019 and 2020. A team that includes State and DHS Information Technology (IT) staff members, the website host Assist Guide Information Services (AGIS), and DoAS staff are currently working on a revitalization of the website and its functionality to improve user experience with a special focus on caregivers.
- DoAS and two academic partners developed and delivered a series of professional development training programs for staff working in DoAS, the AAAs and their partner agencies. The training covered information and assistance (I&A), I&A refresher, mental health, and end of life decision-making. (See the Context section of this plan for more details).
- Beginning in 2019, the New Jersey FamilyCare MCOs were required to incorporate DoAS' screen for community services into their systems to identify members in need of long-term services and supports.
- The use of the screen for community services expanded to the six Program of All-inclusive Care for the Elderly (PACE) organizations, as well as DoAS' Office of Community Choice Options, to facilitate a streamlined clinical eligibility process during the pandemic.
- All staff utilizing the screen for community services attended virtual training on conducting the assessment and providing options counseling guided by the results of the assessment.
- DoAS conducted recertification training for all New Jersey Choice certified assessors. The training curricula was updated and included additional modules. Topics covered

interview techniques, LTSS service options, options counseling and plan of care development, nursing facility level of care (LOC), special care nursing facility LOC, medical day care LOC, and pre-admission screening and resident review. Training materials were adapted for both in-person and remote delivery, and included self-study modules.

Goal 3: Enable older adults to remain living in their homes through the availability of a broad array of high-quality long term services and supports (LTSS).

A combination of federal and State-funded programs has allowed an increasing number of older adults to live in their communities with LTSS. In addition to LTSS, New Jersey has made many other strides in the long-term care arena. Progress included these highlights:

- DoAS has continued to promote the PACE as an alternative to LTSS. There is a new process to expand the program whereby DoAS publishes requests for applications to recruit new PACE organizations in geographical areas with a high concentration of older adults and a supportive health care infrastructure.
- In March 2018, DoAS awarded the Ocean County service area for PACE program development to AcuteCare Health System. Lutheran Social Ministries of New Jersey is currently preparing to submit a PACE application to CMS for the Union County service area. Other areas designated but not yet open include Essex and the remaining portions of Salem and Gloucester Counties, and in early 2021, a Request for Proposal (RFP) for the remaining portions of Burlington was issued.
- DoAS hosted two trainings of new facilitators in the Stress Busting for Family Caregivers Program (SBP), an evidence based program focused on teaching caregivers methods for reducing stress.
- In partnership with Dartmouth University's Centers for Health and Aging, DoAS held two leader trainings in Tai Ji Quan: Moving for Better Balance (TJQMBB).
- Planning commenced for a new research study of Project Healthy Bones, an exercise and education program for individuals with osteoporosis that was created in the 1990s by the Interagency Council on Osteoporosis. An interdisciplinary team at Rutgers University that includes professors and students in pharmacy, physical and occupations therapy, and nursing departments, is driving the project. The study will include controls and seek publication in a peer review journal to make the program eligible for support under Title IIID of the Older Americans Act.
- DoAS renewed its statewide multi-site license to provide the Chronic Disease Self Management Program (CDSMP) suite of programs. Through its monthly HealthEASE newsletter and direct emails to trained partners, DoAS shared program updates and announcements including those regarding COVID19- related modifications. The HealthEASE newsletter has 1,000 subscribers, consisting mainly of wellness staff in partner agencies.
- In 2018 and 2019, DoAS led an in-person CDSMP and Diabetes Self Management Program (DSMP) master training; Otago training for 100 members of the American Physical Therapy Association of New Jersey; a Matter of Balance (MOB) coach training; three Stress Busting for Family Caregivers facilitator trainings; a Project Healthy Bones joint lead coordinator/peer leader training; and six HealthEASE Health Education Curriculum master training sessions.
- To ensure program fidelity, DoAS staff monitored numerous CDSMP, DSMP, Cancer: Thriving and Surviving (CTS), MOB and SBP workshops offered by newly-trained

leaders. To maintain staff certifications, DoAS wellness team members also led three MOB, two CDSMP, and one DSMP workshop.

- Members of the nutrition services provider network reached out to food banks and faith-based organizations to update a statewide listing of local food pantries, soup kitchens and other food resources available to seniors in need. The list is available to and jointly maintained by the AAAs and nutrition providers.
- The standardized nutrition assessment was revised to include fields to capture participant height and weight, and to include a question asking if the participant would like to speak to a nutritionist.
- New Jersey's aging and nutrition providers creatively and tirelessly worked to provide meals to seniors throughout the pandemic. (See Context for details).
- DoAS promoted the expansion of transportation service options to serve more of the target population. DoAS increased dissemination of information on existing community transportation options and the flexibility allowed under the existing taxonomies. The information included promotion of non-traditional providers like Uber and Lyft, as well as volunteer driver programs utilizing retirees and students.
- DoAS joined and is an active member of the New Jersey Council On Special Transportation (NJCOST).

Goal 4: Ensure the rights of older adults and prevent their abuse, neglect and exploitation.

Responsibility for progress in this area is split among the Long Term Care Ombudsman (LTCO), the Office of the Public Guardian for the Elderly (OPG), Adult Protective Services (APS) and their judicial, legal, law enforcement and aging network partners. Administratively, LTCO is in but not of the Department of the Treasury and the Office of the Public Guardian is in but not of the Department of Human Services under the direction of DoAS. Among their accomplishments are the following:

- DoAS provided staff support to the New Jersey Task Force on Abuse Against the Elderly and Disabled, which involved drafting and posting the final report to the Governor and the Legislature. The report included recommendations to provide greater protections to vulnerable seniors and individuals with disabilities and to address the lack of coordination amongst agencies by creating multidisciplinary teams (MDTs) in each county.
- LTCO staff began visiting Adult Medical Day Care facilities and Class C boarding homes more routinely (not just in response to complaints) to identify and resolve issues unique to these populations. Complaints from board and care facilities increased substantially during this period and staff conducted in-services for the staff and residents of these settings.
- LTCO initiated mass media campaigns (through the I Choose Home New Jersey program and the Volunteer Advocate Program) to advertise its office and to drive constituents to its hotline and website. LTCO was referenced in numerous news stories regarding resident rights prior to and particularly during the COVID-19 pandemic. The LTCO also built a strong social media presence, posting daily LTC resident rights content to Facebook and Twitter, and collaborating with other advocacy groups to boost resident rights content on its platforms.
- From 2017 to present, the LTCO Volunteer Advocate Program recruited, trained and placed 160 new volunteer advocates in nursing homes. The program's training curriculum was revised to include federal and State policy changes and innovative

training tools. All volunteers receive 32 hours of in-depth training regarding nursing home advocacy, including how to identify and advocate in cases of abuse, neglect and/or exploitation. The volunteer corps recorded more than 106,000 hours, checking in with residents and providing hands-on advocacy.

- LTCO continued to expand and broaden the use of its case management system. LTCO began to capture more information about advocacy provided through the Volunteer Advocate Program. The procedures for closing cases was changed to more quickly close cases. LTCO also began to call and/or email complainants instead of providing form letters, resulting in greater clarity for complainants. From 2017 through 2019, LTCO public outreach events increased from 59 to 84, a 40 percent improvement. There were no public events in 2020 through June 2021 due to COVID-19.
- In 2018, DoAS completed its Federal Fiscal Year (FFY) 2017 submission of Agency Component data and Key Indicator data to the National Adult Maltreatment Reporting System (NAMRS).
- In 2019, DoAS was awarded an Administration for Community Living (ACL) grant to build and implement a cloud-based statewide APS data system. In May 2021, that new data system was in user acceptance testing.
- In conjunction with the development of the APS statewide data system, the APS operations manual, ACL and National APS Association (NAPSA) resources/publications were reviewed and updated as needed for the APS Program Manual (field guide). When complete, the guide will be distributed to the 21 county APS providers and posted to a dashboard within the APS data system.
- DoAS added new fields to its APS provider reports in 2019 and 2020 to capture more detailed guardianship information, cases sent to prosecutors, and successfully prosecuted cases.
- Late in 2017, DoAS conducted multiple statewide trainings to consumers and professionals about the issue of adult maltreatment, how to identify such situations and where to report suspected adult maltreatment.
- In January 2020, the Safeguarding Against Financial Exploitation (SAFE) Act was signed into law, requiring certain financial professionals to report suspected exploitation to the New Jersey Bureau of Securities and to APS. By March, DoAS and the Bureau established a workflow for such reports.
- In 2019, OPG legal staff was awarded the Advocate of the Year award from the Attorney General's Elder Prevention Task Force.
- OPG received Department of Justice Funding in 2018, 2019 and 2020 to continue and expand its work on access to justice for elderly, incapacitated crime victims.
- In 2019, OPG staff completed training to become an Advanced Credentialed Victim Advocate.
- Also in 2019, OPG staff provided judicial training on recognizing the signs of elder abuse.
- Prior to the pandemic, all legal services providers engaged in regular in-person outreach efforts, including but not limited to conducting presentations in partnership with the AAAs, non-profit and other community based organizations; visiting senior centers and nutrition sites; and working with county and local law enforcement. Since the pandemic, legal service providers have focused on posting information on their websites and putting flyers, pamphlets and other written materials in home delivered meal bags.

Goal 5: Enhance the ability of older adults, caregivers and the aging services network to effectively deal with statewide and local emergencies.

This goal was included in New Jersey's previous two state plans based on lessons learned from Hurricane Katrina and Superstorm Sandy. Preparations proved invaluable for the many weather events of the last four years and even more so during our COVID-19 response. Accomplishments include:

- DoAS provided the aging services perspective in the development of statewide emergency response materials including the Mass Care Guide. This contribution came primarily through its participation with the New Jersey Group for Access and Integration Needs in Emergency and Disaster (NJGAINED), and the Emergency Support Function #6 and Disability, Access and Functional Needs Subcommittee.
- DoAS is part of the Office of Emergency Management (OEM) team along with members of the Office of Volunteerism. This collaboration during the public health emergency helped DoAS establish an emergency shopping program that operated during COVID-19.
- DoAS also participates in meetings of the Access and Functional Needs (AFN) coordinators across all 21 counties.
- DoAS staff was selected and received training from NJGAINED and received certification in Functional Assessment Service Team (FAST). This enables staff to evaluate shelters for the capacity to serve older adults with dementia (and other conditions) and disabled individuals.
- The director of the Department of Human Services' OEM and the State AFN Coordinator presented at AAA executive director meetings multiple times over the past four years.
- DoAS finalized its Continuity of Operations Plan (COOP) to ensure continuity of services during emergencies. The COOP plan includes alternative work locations, critical work functions, essential staff, and return to operations time frames that informed our actions during the pandemic.
- AAAs are required to include a plan for emergency preparedness in their APCs, which DoAS reviews for feasibility. DoAS incorporated language in APCs requiring AAAs to document a plan for continuity of service with their sub-contract providers.
- Emergency preparedness information and links to COVID-19 updates are available on the ADRC website.
- DoAS promoted information with counties and partners on the Puerto Rican Evacuees Federal Emergency Management Agency (FEMA) Registration, Register Ready, and Ready Senior symposium, including through the HealthEASE newsletter.
- In collaboration with the AAAs, select senior centers and other community venues were designated Safe Centers, pre-equipped with shelter supplies to assist with emergency response.
- Senior housing communities are a part of the AAA provider and ADRC partner meetings. They also are part of emergency plans at the local level.

Goal 6: Implement management improvement activities that promote program integrity, strengthen business processes, and increase quality, efficiency and accountability.

- DoAS expanded the use of teleconferencing and web-based training platforms to ensure aging network leadership and staff are kept abreast of policy and program changes and are exposed to best practices while eliminating lost time through travel.

This was achieved through the development and use of the MyNewJersey portal, which all AAAs can access to find valuable resources and training materials.

- DoAS managers and supervisors were selected and participated in the DHS Leadership Academy, the New Jersey Medicaid Academy, and other internal and external certificate programs to enhance knowledge and skills.
- DoAS reviewed program procedures and formalized into written management policies elements to strengthen integrity of its State Health Insurance Assistance Program (SHIP). This included the creation of written volunteer risk and program management policies as well as a procedures manual.
- Electronic NJSave application has been developed, in partnership with Medicaid (see the Context section for more information).
- Scanning system enhancements now allow multiple federal and State applications accessible in one repository.
- DoAS created an eligibility portal to process, store and manage consumer data and communications for Medicaid programs administered within DMAHS and DoAS. New enhancements will allow for the exchange of information, reduce duplicate data collections and streamline eligibility and access to programs and services as of December 2021.

Goals, Objectives and Strategies

New Jersey has adopted this State Strategic Plan on Aging (2021-2025) to formalize its goals, objectives and strategies for addressing current and future needs of the state's older adults and their caregivers. The state's goals have been revised and expanded since its last submission but continue to closely mirror the goals established by the U.S. Administration for Community Living. Our goals are outlined below.

Goal 1: Access and Outreach

Goal 2: Full Service Network

Goal 3: Age Friendly

Goal 4: Caregiver

Goal 5: Emergency Preparedness

Goal 6: Elder Justice

Goal 7: Effective Management

Access and Outreach

Goal: Improve access to services for New Jersey's diverse older adult and caregiver populations through simplified application processes and a coordinated outreach effort aimed at both consumers and public and private service providers.

Objective: Streamline application processes and consumer information sharing across State and federal programs administered by the Department of Human Services (DHS) and State partners to ensure individuals are seamlessly enrolled in the full array of services for which they are eligible.

- Strategy: Add programs to NJSave application that enhance the ability for automatic eligibility in any programs for which the applicant is qualified.
 - Performance Measurement(s): Within year four, the NJSave online application is used to apply for additional State-funded home and community-based services.
- Strategy: Utilize common data elements across State program applications to identify resources for consumers.
 - Performance Measurement(s): Within year two, answers pre-populate during NJSave recertification process and other DoAS eligibility applications.
- Strategy: Include pre-populating answers for consumer verification when answers are already known to or can be obtained easily by DoAS from other sources (useful for NJSave recertification of eligibility for current enrollees).
 - Performance Measurement(s): Within year two, answers pre-populate during NJSave recertification process and other DoAS eligibility applications.
- Strategy: Ensure applications for vital programs are available in multiple languages and a visible supply of physical applications is maintained in places frequented by seniors and caregivers, such as senior centers, libraries, doctor offices, etc.
 - Performance Measurement(s): Within year one, applications for DoAS programs are available in multiple languages, starting with Spanish and paper applications for NJSave are mailed to key, highly trafficked locations throughout the state and reorders are fulfilled upon request.

Objective: Ensure that every state resident and all New Jersey partners and providers are proactively advised of services available through the aging network. This starts for consumers at age 60 and continues throughout their aging experience.

- Strategy: Explore the use of motor vehicle records to mail postcard with DoAS and ADRC website information as well as toll-free number information to all registered drivers during the year of their 60th birthdays.
 - Performance Measurement(s): Within year two, postcards are mailed to all registered drivers in New Jersey at age 60.
- Strategy: Encourage seniors to apply for Supplemental Nutrition Assistance Program (SNAP) through promotion and ease of application process.
 - Performance Measurement(s): Within year one and ongoing, promotional materials from the Division of Family Development are shared with the aging services network.
- Strategy: Produce a statewide aging services e-newsletter and listserv for disseminating information on programs and other topics of interest to older adults, caregivers, providers and partners. Build listserv through asking new and existing consumers and beneficiaries to provide their e-mail addresses.
 - Performance Measurement(s): Within year one, a quarterly e-newsletter is successfully disseminated to at least 1,500 older adults and aging stakeholders in New Jersey.
- Strategy: Utilize multi-modality messaging, not solely digital during promotional campaigns and outreach. Utilize the New Jersey Public Access TV network to make announcements to our populations.
 - Performance Measurement(s): Within year three, a multi-modality promotional campaign is ongoing.
- Strategy: Create and distribute a guidebook for successful aging in New Jersey

- Performance Measurement(s): Within year four, a guidebook for successful aging in New Jersey is posted online and 5,000 copies are distributed to older adults in New Jersey.

Objective: Improve access to technology and technology literacy training and promote programs that close the digital divide among low-income seniors.

- Strategy: Promote and develop programs and partnerships that provide low-cost equipment and connectivity as well as age-friendly trainings on how to use the equipment to eliminate social isolation and respond to emergencies.
 - Performance Measurement(s): Within year one and ongoing, partnerships with New Jersey Assistive Technology Act Center (ATAC), New Jersey Division of Deaf and Hard of Hearing (DDHH) and the New Jersey Commission for the Blind and Visually Impaired (CBVI) are further developed.
- Strategy: Publicize and support the enrollment of older adults in online classes that are geared specifically toward education and reducing social isolation.
 - Performance Measurement(s): Within year one, there is a promotional campaign for older adults to utilize a State supported online class platform to improve their knowledge of technology.
- Strategy: Support the continuation of flexibilities put in place during the pandemic that allow for the expansion of tele-services.
 - Performance Measurement(s): Within year one, ten Area Agencies on Aging (AAA) are utilizing the Assistive Technology taxonomy. Within year one, policies put in place during the pandemic that allow for tele-service flexibilities are made permanent.

Objective: Enhance the No Wrong Door efforts in New Jersey by increasing access to Aging and Disability Resource Centers (ADRC) resources through ADRCNJ and DoAS processes.

- Strategy: Improve the functionality of the ADRCNJ toll-free number and promote this number broadly as the primary resource for information and service access.
 - Performance Measurement(s): Within year two, the ADRCNJ toll-free callers access an automated call routing system to ensure they reach the appropriate AAA.
- Strategy: Improve the functionality of the ADRCNJ website and the DoAS website and promote these websites as resources for information and connection to services.
 - Performance Measurement(s): Within year one, the ADRCNJ website has increased utilization by 10 percent.

Objective: Improve understanding of and outreach to diverse populations.

- Strategy: Have all DoAS staff attend, and encourage all Area Agencies on Aging (AAAs) to have all staff complete LGBTQIA+ sensitivity training.
 - Performance Measurement(s): Within year one, all DoAS staff have taken LGBT training. Within year two, LGBTQIA+ training is offered to the aging services network.
- Strategy: Develop new and edit existing communications to be accessible to all of our populations, including culturally appropriate materials and messages.
 - Performance Measurement(s): Within year two, DHS Office on New Americans (ONA), the Department of Health (DOH) Office of Minority and Multicultural Health and CBVI reviewed DoAS materials for appropriate messaging and images.

Objective: Enhance communication across Department of Human Services and with partners serving the aging population throughout the state.

- Strategy: Host regular meetings with other divisions within the Department of Human Services to develop strategies for serving older adults.
 - Performance Measurement(s): Within year one, DoAS hosts regular meetings with all other divisions under the Department of Human Services.
- Strategy: Continue to host larger group networking meetings and forums (in-person or virtual) that include a wide variety of aging stakeholders to create a vehicle for information sharing and to encourage partnership opportunities.
 - Performance Measurement(s): Within year one and ongoing, host regular aging stakeholder meetings.
- Strategy: Develop technological solutions that enable cross-agency communication to better serve and transition consumers through a more robust chain of communication and services.
 - Performance Measurement(s): Within year three, DoAS hotline staff and AAAs are able to share referrals via an electronic platform.

Full Service Network

Goal: Enable older adults to remain living in their homes through the availability of a broad array of high-quality home and community based services.

Objective: Improved coordination of all programs by fostering relationships between health care, community based organizations and aging network partners.

- Strategy: Develop a blueprint for the development of partnerships between DoAS, partner agencies, the medical community, Medicaid Managed Care Organizations, and hospitals.
 - Performance Measurement(s): Within year one, a blueprint for home and community based care transitions is developed.
- Strategy: Convene collaborative informational meetings between DoAS, partner agencies, the medical community, Medicaid Managed Care Organizations, and hospitals to learn how the AAAs can partner with the healthcare industry.
 - Performance Measurement(s): Within year two, a collaborative meeting of key players involved in care transitions is held.
- Strategy: Outreach to hospitals to encourage the use of evidence based programs and/or Title IIID programs in partnership with health care systems to improve discharge-planning processes.
 - Performance Measurement(s): Within year two, hospitals receive program and contact information on local providers of evidence-based programs.
- Strategy: Explore public and private partnerships for creative solutions to further develop a full service network.
 - Performance Measurement(s): Beginning in year one and ongoing, outreach at least one potential partner annually to address an identified need of interest to both parties.
- Strategy: Use the Money Follows the Person program to prioritize workforce development and increasing the workforce of community based health care systems.

- Performance Measurement(s): Within year three, training curriculum is developed and administered to 400 home health professionals with a subset of 200 specialized in mental health and dementia.
- Strategy: Improve coordination of services through the development of local ADRC partnerships that introduce providers and advocates and provide education and opportunities for networking at all levels of expertise.
 - Performance Measurement(s): Within year two, guidance is provided to AAAs on ideal makeup of local ADRC partnerships.
- Strategy: Improve the understanding and education of Health Information Portability and Accountability Act (HIPAA) to allow better sharing of information between agencies who are assisting the same consumer.
 - Performance Measurement(s): Within year two, a pilot model information sharing release form to assist partners in their work with other agencies to assist a consumer is developed and distributed.
- Strategy: Create a consolidated application for coordinated Community-Based Senior Programs (CBSP) to serve community-dwelling seniors, and their caregivers, who are not receiving these services through Medicaid.
 - Performance Measurement(s): Within year two, the applications of four State-funded HCBS programs is developed and implemented for ease of enrollment into programs.
- Strategy: Improve education and training for DoAS call center staff.
 - Performance Measurement(s): Within year three, DoAS call center staff have completed training by Alliance of Information and Referral Systems (AIRS), a standard-setting body for information and referral services.

Objective: Develop creative solutions to further the ability to sustain older adults living in their homes.

- Strategy: Develop policies and training initiatives that empower older adults to exercise their right to make informed decisions and exercise self-determination over their independence, well-being and health.
 - Performance Measurement(s): Within year one and ongoing, DoAS policy revisions and training initiatives that empower older adults are executed.
- Strategy: Encourage housing navigation, home finding and home modification service partnerships through the utilization of the housing taxonomies (homesharing/matching, housing assistance, residential maintenance).
 - Performance Measurement(s): Within year one, AAAs are connected with successful housing programs to discuss potential uses of OAA funding under the housing taxonomies. Within year two, five AAAs are utilizing at least one of the housing taxonomies listed above to serve older adults in their community.
- Strategy: Expand the Program of All-Inclusive Care for the Elderly (PACE) to additional areas throughout the state.
 - Performance Measurement(s): By year four, the PACE option will be offered to all 21 additional counties through the Request for Applications (RFA) process.

Objective: Expand the array of health, wellness and nutrition services available through the aging network.

- Strategy: Continue using the unique solutions that arose from the response to COVID-19, such as exploring emergency meal options, offering restaurant vouchers,

collaborating with restaurants for holiday meals, offering grab and go and frozen meals for both congregate and home delivered meal consumers.

- Performance Measurement(s): Within year one, guidance is issued providing flexibility in nutrition services provision beyond the duration of the pandemic.
- Strategy: Strengthen collaborations with food banks to ensure older adults experiencing food insecurity have easy access to food pantries. Encourage congregate sites to set up mini food pantries as needed. Encourage home delivered meal providers to offer delivery of food from pantries to home bound individuals in need.
 - Performance Measurement(s): Within year four, DoAS shares best practice examples among nutrition providers.
- Strategy: Utilize remote platforms to provide a variety of wellness, health and nutrition education, nutrition-counseling services and exercise programs, as an alternative option to in-person programs.
 - Performance Measurement(s): Within year four, participation in nutrition education and counseling services has increased by 10 percent due to the variety of methods of providing these services.
- Strategy: Seek additional funding to expand the network of current master trainers and peer leaders and to bring other proven programs to the state.
 - Performance Measurement(s): By year four, DoAS has submitted a minimum of two applications for CDSME and/or Falls Prevention funding opportunities offered by ACL as well as two applications with health and/or senior-focused foundations.
- Strategy: Host periodic webinars with AAAs and partner agencies to introduce them to a variety of Title IIID-funding eligible programs for their future consideration.
 - Performance Measurement(s): Starting in year two, DoAS hosts two webinars annually on Title IIID-eligible programs.
- Strategy: Provide training, materials and ongoing support to staff and volunteers at senior centers, senior housing and retirement communities to offer workshops for the benefit of their consumers.
 - Performance Measurement(s): Within one year of training and certification, 20 partners offer at least one wellness class.
- Strategy: Expand the availability of virtual wellness classes to support seniors and caregivers unable to attend in-person programming.
 - Performance Measurement(s): Within year two, DoAS issues guidance for virtual delivery of its three State-created wellness programs, and offers a minimum of one virtual Title IIID-eligible EBP workshops annually thereafter.
- Strategy: To supplement the ongoing monitoring conducted by master trainers throughout the state, the SUA will schedule and conduct its own on-site class monitoring visits of active classes and provide constructive feedback to both leaders and master trainers.
 - Performance Measurement(s): Within year one, DoAS wellness staff conduct a minimum of five in-person or virtual monitoring visits for each of its state-led EBPs as well as its State-created health promotion programs.

Age Friendly

Goal: The Division of Aging Services, via the work of the Age-Friendly Advisory Council will promote age-friendly best practices across the state.

Objective: To engage partner agencies (both government and community based) in order to develop a blueprint of age-friendly best practices.

- Strategy: Conduct a kick-off meeting and convene regular meetings of the Advisory Council to help identify and promote age-friendly practices.
 - Performance Measurement(s): Within year one, the Advisory Council has begun meeting regularly.
- Strategy: Review Executive Order (#227), convene topic-specific workgroups and establish assignments and timelines.
 - Performance Measurement(s): Within year one, workgroups are created and timelines are set.
- Strategy: In collaboration with the Advisory Council, develop an age-friendly blueprint by September 2022 that recommends best practices for creating livable communities for people of all ages, advancing age-friendly employment and civic participation, and promoting age-friendly community inclusion and equitable outcomes by examining programs and practices to ensure that they address disparities experienced by older adults of every race, color, religion, gender, disability, sexual orientation, gender identity or expression, national origin, or ethnicity.
 - Performance Measurement(s): Late in year one, the Advisory Council presents a comprehensive report outlining a blue print for age friendly practices to the Governor.

Objective: Create a public awareness campaign to promote Age-Friendly New Jersey.

- Strategy: Promote programs and policies that are consistent with age-friendly best practices across sectors, providers and agencies.
 - Performance Measurement(s): Within year four, there is a broader understanding among both professionals and consumers about the concept of age-friendly.
- Strategy: Develop and promote the use of age-friendly information and services that are multi-lingual, culturally appropriate, universally accessible and available in multiple formats (not just digital).
 - Performance Measurement(s): Within year four, there is a broader understanding about services and programs that make New Jersey liveable.

Objective: Create opportunities for community partners to participate in planning the State Age-Friendly blueprint that promotes anti-ageism, encourages inclusion and equity, ensuring all New Jerseyans have lifelong opportunities for work, volunteering, engagement, and leadership.

- Strategy: Develop anti-ageism training curriculum and encourage providers, businesses and services to offer said training and adopt age-friendly practices.
 - Performance Measurement(s): Within year four, trainings are conducted and evaluated, older adult participation levels increase, and local programming is more inclusive for all ages and abilities.
- Strategy: Increase the availability and accessibility of volunteer opportunities for older adults.
 - Performance Measurement(s): Within year four, partnerships with the Governor's Office of Volunteerism, senior volunteer recruitment agencies, and other local volunteer organizations are strengthened.

- Strategy: Promote the Senior Community Service Employment Program (SCSEP)/Workforce 55+ in New Jersey to increase volunteer and employment opportunities for older adults.
 - Performance Measurement(s): Within year two, the aging services network has a stronger relationship with the SCSEP/Workforce 55+ program.

Objective: Collaborate with the Commissioners of the Departments of Transportation, Community Affairs, Health, and Labor and Workforce Development to fully address the eight age friendly domains.

- Strategy: Increase information dissemination about, as well as collaboration with, community transportation providers, including non-traditional providers, to create more opportunities for transportation accessibility.
 - Performance Measurement(s): Within year four, research on alternate and non-traditional transportation methods is completed and disseminated to the aging services network.
- Strategy: Incorporate social determinants of health, cultural diversity and caregiver needs into program planning for the aging population in New Jersey, including underserved populations.
 - Performance Measurement(s): Within year four, social determinants of health, cultural diversity and caregiver needs are incorporated into program planning.

Caregiver

Goal: Empower caregivers to continue in their role by identifying the areas in which support and services are needed, and by assisting them with obtaining those necessary supports and services.

Objective: Encourage the proactive identification of caregivers and offer subsequent navigation assistance.

- Strategy: Enhance the ADRCNJ website to include caregiver-specific navigation tools and resources.
 - Performance Measurement(s): Within year one, navigational changes are made to the website and by year four visits to selected caregivers-specific resource web-pages have increased by 10 percent.
- Strategy: Extend the promotion of caregiver services to additional aging network partners such as doctors' offices, rehabilitation centers, and mental health settings.
 - Performance Measurement(s): Within year, two, caregiver-directed promotional materials are shared with new aging network partners.
- Strategy: Offer training initiatives to the aging network that directly address the concerns and needs of caregivers on topics relating to family dynamics, isolation, mental health, end of life conversations, etc.
 - Performance Measurement(s): Within year three, a caregiver-focused training curriculum is created and delivered to network partners.
- Strategy: Encourage outreach and promotion of caregiver services to non-traditional recipients such as caregivers who are older adults of younger individuals, caregivers of individuals with intellectual and developmental disabilities or mental illness, young

adult (18+) and youth (below age 18) caregivers, etc.

- Performance Measurement(s): Within year three, caregiver information and services are offered to additional recipients.

Objective: Increase financial support options for caregivers.

- Strategy: Provide clear and concise information on resources and services that can reduce or eliminate costs to the caregiver that result from providing assistance.
 - Performance Measurement(s): Within year two, DoAS program webpages, brochures, applications and eligibility charts address caregiver considerations when determining program eligibility of seniors for whom they provide care.
- Strategy: Explore the idea of a voluntary registry for self-direction workers.
 - Performance Measurement(s): Within year two, DoAS completes a feasibility study of creating a registry of self-direction workers.

Objective: Provide opportunities for training and education on caregiving topics and tasks.

- Strategy: Offer statewide caregiver training and education on real-life scenarios including the use of new technology that is available to assist caregivers.
 - Performance Measurement(s): Within year one and ongoing, trainings are offered to family and professional caregivers based on real-life scenarios.
- Strategy: Explore on-demand options for just-in-time caregiver training.
 - Performance Measurement(s): Within year two, a workgroup is convened to explore on-demand options for caregiver training opportunities.

Emergency Preparedness

Goal: Emergency Preparedness: Enhance ability of older adults, caregivers and the aging services network to effectively deal with local, state, national and global emergencies.

Objective: Establish means of communicating prior to an emergency, with older adults and caregivers in mind, using all necessary methods of communication to ensure message is received.

- Strategy: Utilize and promote existing toll free phone numbers to ensure information is easily available during an emergency for seniors and their caregivers at the local and state level.
 - Performance Measurement(s): Within year three, a statewide emergency number is posted on the ADRCNJ and DoAS websites and included on DoAS-produced brochures.
- Strategy: Improve collection of communication details in the consumer record including preferred mode of communicating (text, e-mail, phone call).
 - Performance Measurement(s): Within year two, the statewide consumer data management system record includes a field for e-mail and preferred communication methods.

- Strategy: Encourage the provision of training related to the use of technology for communication during emergencies.
 - Performance Measurement(s): Within year one and ongoing, partnerships with New Jersey Assistive Technology Act Center (ATAC), New Jersey Division of Deaf and Hard of Hearing (DDHH) and the New Jersey Commission for the Blind and Visually Impaired (CBVI) are further developed to provide training.

Objective: Increase outreach efforts, in person and virtual, to older adults and their caregivers about the importance of emergency preparedness and planning in collaboration with local, state and Department of Human Services OEM.

- Strategy: Explore the feasibility of incorporating disability emergency planning registries into the State approved data base intake to ensure that seniors are registered.
 - Performance Measurement(s): Within year one, convene a meeting between State registry and database administrators to discuss possibilities.
- Strategy: Collaborate with additional partners (faith based, businesses, libraries, local municipalities, 55+ communities) to outreach and educate seniors and their caregivers, especially those that are not be known to us, about the importance of emergency preparedness and planning.
 - Performance Measurement(s): Within year one, emergency preparedness advocates are invited to DoAS stakeholder meetings and networking events to present on successful outreach methods. Within year one and ongoing, DoAS shares best practice examples among partners and providers.
- Strategy: Participate in cooperative relationships through NJGAINED (New Jersey Group for Access and Integration Needs in Emergencies and Disasters) and membership in other established emergency preparedness teams like County Access and Functional Needs (AFN) Coordinators, New Jersey Functional Assessment Service Team (NJFAST), Emergency Service Function 6 (ESF6).
 - Performance Measurement(s): Within year one and ongoing, DoAS active membership is maintained in cooperative emergency preparedness teams.
- Strategy: Explore involvement in Senior Corps through the New Jersey Department of State and the Corporation for National Community Service.
 - Performance Measurement(s): Within year three, meetings are held between Senior Corps and DoAS to discuss emergency preparedness and response.
- Strategy: Work with the State OEM to develop emergency training for State and AAAs/ADRCs staff and consumers.
 - Performance Measurement(s): Within year four, develop and implement a training module on emergency preparedness for older adults and their caregivers in collaboration with State OEM.
- Strategy: Participate and encourage network participation in statewide conference on impacts of emergencies (New Jersey Emergency Preparedness Association Conference (NJEPA)) to promote aging services and consumer needs.
 - Performance Measurement(s): Within year one, DoAS attends NJEPA Conference and encourages aging network to attend and participate.

Objective: Assure that the New Jersey aging network is prepared to address a wide variety of unique emergencies.

- Strategy: Through partnerships with local municipalities, businesses, faith-based organizations and community organizations, AAAs/ADRCs annually review and update

emergency plans and COOP, to be included with their Area Plan Contract (APC) submissions, incorporating lessons learned, potential local level emergencies and identified gaps, with a specific look at non-weather emergencies such as pandemics, man-made emergencies.

- Performance Measurement(s): Within year one, AAAs are encouraged to work closely with local emergency preparedness networks to develop plans. Within year one and ongoing, AAA/ADRC plans are submitted with their APCs.
- Strategy: The State provides a template of basic issues that all AAAs/ADRCs must include in their emergency plan (i.e., food, transportation, securing supplies and means of communicating).
 - Performance Measurement(s): Within year two, DoAS issues guidance, which includes best practice examples of AAA/ADRC emergency plans.

Objective: Empower older adults to become engaged in disaster response.

- Strategy: Encourage Community Emergency Response Teams (CERT) in 55+ neighborhoods and senior buildings across the State in coordination with the County/State OEM.
 - Performance Measurement(s): Within year, two, a webinar or meeting is held with representatives from senior housing sites and the State emergency management leaders.
- Strategy: Encourage seniors to become a part of the county Medical Reserve Corps (MRCs) in coordination with New Jersey Department of Health (DOH).
 - Performance Measurement(s): Within year two, information on the MRCs is shared with seniors through newsletters and other promotional means.

Elder Justice

Goal: Ensure the rights of older adults and prevent abuse, neglect and exploitation.

Objective: Enhance efforts and resources to prevent adult maltreatment.

- Strategy: Enhance support for county Adult Protective Services agencies to track and respond to suspicious activities, including augmenting technology to allow for more accurate recognition of trends and patterns, and increased resources to provide support to stabilize at-risk individuals.
 - Performance Measurement(s): Within year one and ongoing, increased technology will be delivered with augmentation and refinement.
- Strategy: Increase public education that DoAs and its partners provide regarding warning signs of adult maltreatment.
 - Performance Measurement(s): Within year three, public education will increase by 30 percent.
- Strategy: Increase professional education DoAS and its partners provide to permit those who work with vulnerable adults to more fully recognize and respond to early indications of coercion and abuse.
 - Performance Measurement(s): Within year four, professional education units have increased 15 percent.

Objective: Support efforts to more fully address adult maltreatment.

- Strategy: Support statewide efforts to develop and maintain multidisciplinary review teams that incorporate representatives from law enforcement, health care and social services to allow for faster and more comprehensive resolutions.
 - Performance Measurement(s): Within year three, multidisciplinary review teams are developed in several counties.
- Strategy: Partner with law enforcement, legal services providers and court personnel to develop enhanced access for abuse victims, and to account for difficulties faced by elderly and disabled victims in the formal exercise of their rights.
 - Performance Measurement(s): Within year three, track speed and efficiency of achieving resolution, as well as the avoidance of duplication of services. Assess efficiency by which victims move through various systems designed to address their harms.
- Strategy: Explore possible solutions to greater Medicaid accessibility for individuals for whom financial overreaching by perpetrators impacts eligibility for services.
 - Performance Measurement(s): Within year one, assess efficiency by which victims move through various systems designed to address their harms.

Objective: Strengthen the capacity of the New Jersey Office of the Long Term Care Ombudsman (LTCO) to provide information and advocacy to long-term care (LTC) residents and the public at large on LTC residents' rights issues, including but not limited to abuse, neglect, and financial exploitation.

- Strategy: Continue to recruit, train and assign volunteer ombudsmen to nursing homes and assisted living facilities.
 - Performance Measurement(s): Within year two, there is an increase in the number of volunteers trained and placed in LTC facilities.
- Strategy: Inform the general public about long-term care residents' rights and the LTCO's role and its services through outreach and marketing efforts.
 - Performance Measurement(s): Within year three, the LTCO has increased presentations and web-traffic.
- Strategy: Expand outreach and advocacy activities to Residential Healthcare Facilities (RHCFs).
 - Performance Measurement(s): Within year three, there is an increase in the number of visits to RHCFs during this period.
- Strategy: Operationalize and expand the Social Isolation Project (SIP) to combat social isolation in LTC and to advocate for residents with no social community support networks. The SIP is a Cares Act Funded program through which the LTCO sends special staff into nursing homes to check on isolated residents and to make sure that facilities are doing everything in their power (including the purchase of technology) to maximize residents' rights and quality of life during COVID19.
 - Performance Measurement(s): Within year two, outreach and advocacy efforts maximize residents' rights and quality of life through the SIP program
- Strategy: Continue to conduct outreach and advocacy efforts to transition Medicaid-eligible LTC residents to Home and Community Based Services (HCBS) in collaboration with the Money Follows the Person program.
 - Performance Measurement(s): Within year three, there is an increase in LTC residents transitioned to HCBS through the Money Follows the Person/I Choose Home program.

- Strategy: Work with external resident, family, and advocacy groups to improve LTC policy, legislation, and regulations.
 - Performance Measurement(s): Within year two and ongoing, LTCO meets with advocacy groups and stakeholders to improve policy, legislation and regulations.

Objective: Take proactive measures to guarantee that older adults, individuals with disabilities and their caregivers are aware of their rights and the legal processes relating to accessing available government services.

- Strategy: Support and encourage the use of interdisciplinary teams at the local level to allow for faster, easier and increased access to government services to prevent maltreatment.
 - Performance Measurement(s): Within year one, best practice examples of interdisciplinary teams are shared with the aging network. Within year four, there is an increase in the number of new interdisciplinary teams developed throughout New Jersey counties.
- Strategy: DoAS, in partnership with the AAAs and other community leaders and stakeholders will advocate for the need to find ways to expedite the eligibility process for government programs.
 - Performance Measurement(s): Within year three, there has been exploration of unique and expedited eligibility processes for those individuals who are victims of adult maltreatment in order to reduce the risk of further deterioration.
- Strategy: Hold and promote educational seminars to increase awareness and clarity around the legal rights of older adults, individuals with disabilities and their caregivers, including information on financial exploitation of vulnerable adults, tenants' rights, fraudulent schemes, public benefits and appeal processes, etc.
 - Performance Measurement(s): Within year two, there is an increase in the number of educational seminars held.
- Strategy: Promote the development of necessary training tools for government service providers, ensuring that the problems faced by older adults are addressed as soon as possible.
 - Performance Measurement(s): Within year two, there is an increase in the number of government service provider training tools developed.

Effective and Responsive Management

Goal: Implement quality improvement activities that promote program integrity strengthen business processes and improve the division's efficiency and accountability.

Objective: Continue strengthening internal processes to ensure DoAS has the technology, tools and training capacity necessary to carry out the division's work.

- Strategy: Continuing formalizing review and update of internal operations manuals for each Division unit area to ensure all staff have the appropriate guidance and training to carry out their functions in the respective areas.
 - Performance Measurement(s): Within year three, existing DoAS staff have access to updated, standardized resources for the performance of their job responsibilities that support real-time updating and social learning processes.
- Strategy: Enhance standardized new hire training processes for each Division unit area.
 - Performance Measurement(s): Within year three, new DoAS staff have access to enhanced orientation processes that explain the processes and

responsibilities of the division, as well as the multiple connections between operational units.

Objective: Increase accountability within the DoAS through the development of real-time data management dashboards.

- Strategy: Convene a DoAS data management team to identify data points and compile division data that can be used for real-time performance measures.
 - Performance Measurement(s): Within year two, the data management team is convened. Within year three, data is identified and compiled.
- Strategy: Develop a division-wide multi-system database that produces dashboards that pulls from a variety of sources – internal and external.
 - Performance Measurement(s): Within year three, dashboards are available through DoAS-wide multi-system database.
- Strategy: Acquire and implement new comprehensive consumer data management systems that are integrated with and work together with existing systems and track consumers as they move through aging services.
 - Performance Measurement(s): Within year two, data is readily available and new management systems are being utilized.

Objective: Implement enhanced quality improvement activities that ensure program integrity and effectiveness.

- Strategy: Within each Division unit, review and update plans for enhanced quality assurance processes, measurements and performance metrics.
 - Performance Measurement(s): Within year two, quality assurance processes are reviewed and updated.
- Strategy: Evaluate the new quality assurance processes and outcomes on an annual basis, incorporating feedback from the quality assurance workgroup into quality management plans for each unit area
 - Performance Measurement(s): Within year three and ongoing, processes and outcomes are evaluated and tracked.
- Strategy: Continue to evaluate quality improvement activities and make recommendations.
 - Performance Measurement(s): Within year three, each DoAS unit area will have an effective quality improvement plan, using existing and new outcomes, that plainly demonstrates whether targets are met and areas where improvement is needed are highlighted.

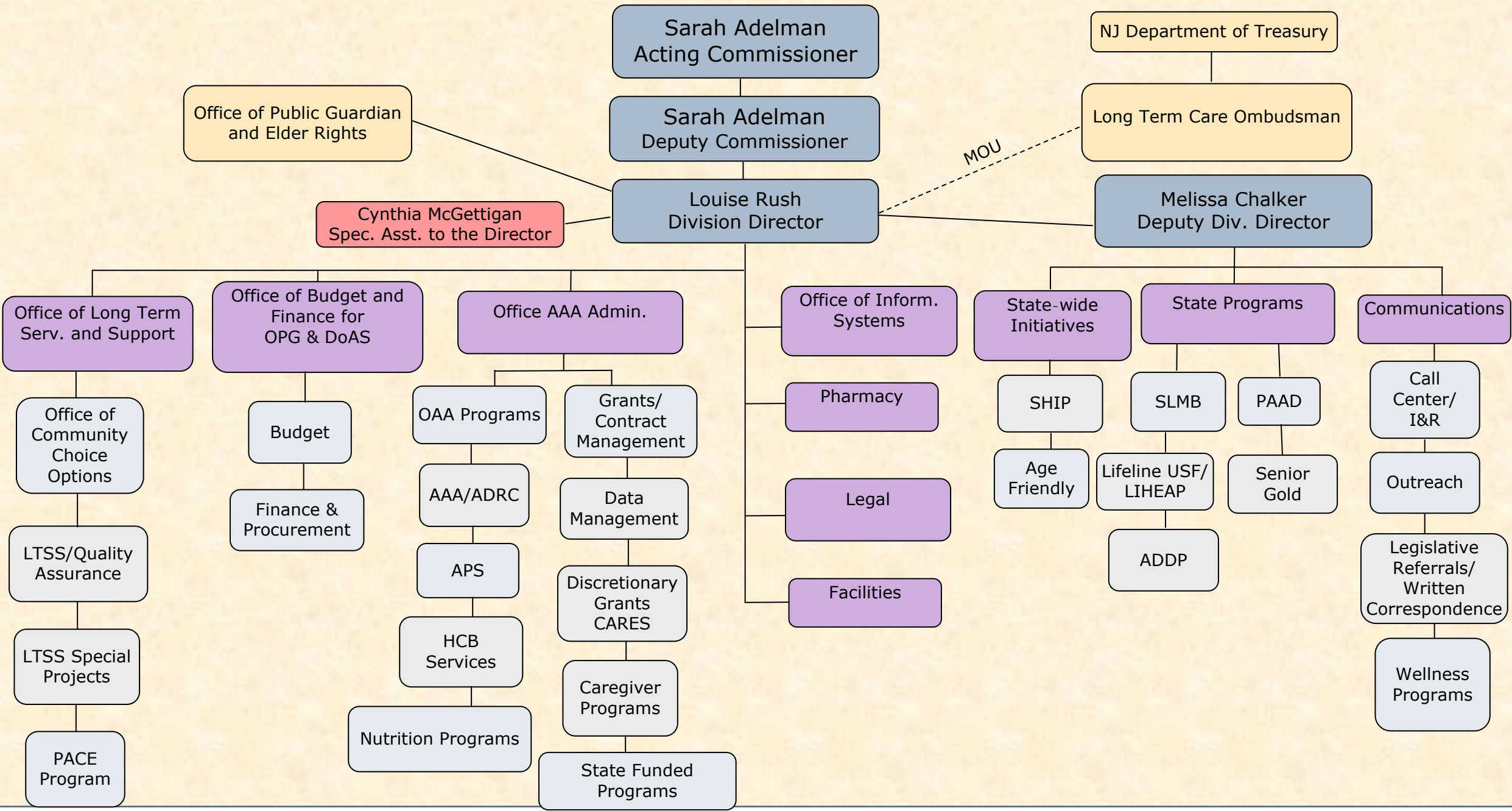


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Department of Human Services
Division of Aging Services
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New Jersey Division of Aging Services Program Guide
Department of Human Services - New Jersey Resources 2020-2021

New Jersey Department of Human Services Division of Aging Services



Public and Stakeholder Input Into the State Plan

To solicit input into the development of this plan, the Department of Human Services (DHS), Division of Aging Services (DoAS), held a stakeholder meeting virtually with the directors of the state's 21 Area Agencies of Aging (AAAs). Separate meetings were held with legal and nutrition services' providers. A network-wide stakeholder meeting that attracted nearly 160 participants was held virtually on April 8, 2021. A public listening session was held on April 29, 2021; at which 21 seniors and caregivers provided on-camera or phoned-in testimony, (14 others provided written statements via email). In addition, the New Jersey Caregivers Task Force held three public listening sessions (March 6, 10, and 18, 2021) that provided inspiration for several objectives in this plan. The following summarizes the input from all these sessions.

Technology

- The attendees at our sessions reaffirmed the pros and cons of technology use with older adults. Technology can assist in raising awareness, but access to technology is often a barrier. As we continue to move into a more technology-focused world, these difficulties will become even more important to overcome.
- Many older adults are concerned with scams and therefore hesitant to participate in activities or communicate with agencies online. Others are simply uninterested in learning new technologies; this reinforces the need for multi-modality services and continuation of technology education for older adults. .
- Despite hesitancy in some older adults, during COVID, providers were able to increase outreach to seniors through social media and websites.

Service Provision

- Continuation of flexibilities for taxonomy and service provision throughout COVID19 are important and necessary to continue as AAAs and their provider networks adjust to new consumer expectations.
- One county representative mentioned how they created a virtual senior center and support group during the pandemic. Providers shared appreciation for the flexibilities allowed during the pandemic and through the new taxonomy. Many providers and consumers benefited from the ability to offer remote or virtual activities such as socialization and education programs.

Caregivers

- Caregivers and advocates shared the need for care management and system navigation that connects them to training, programs and other resources.
- Caregivers have limited energy and time to track down resources. Attendees shared the need for websites to be more comprehensive and easier to navigate. In addition to online resources, live staff (such as hotline or information and assistance) need additional training in order to answer consumer questions.
- Financial strains on caregivers impact all facets of caregiving. The issues mentioned included the lack of affordable home health aides, loss of work that puts strain on family caregivers, requests for financial compensation for caregiving, and many more financial impacts of caregiving.

Communication

- The aging network shared the need to advertise and promote the availability of services for older adults. In order to reach more adults and caregivers, New Jerseyans need to know who the AAAs are and the services they provide. .
- Outreach efforts by the AAAs like newsletters were noted as a much appreciated resource for seniors.

Age Friendly

- Stakeholders suggested initiatives that entice older adults to stay and grow older in New Jersey rather than retiring elsewhere. This would involve improvements to community planning and addressing the expense of living in New Jersey.
- Age-friendly planning requires additional funding, resources and coordination to make impactful changes.

Elder Abuse

- Stakeholders and providers noted a need for multi-disciplinary teams to collaborate with Adult Protective Services to prevent and address abuse, neglect and exploitation. Counties often get referrals from courts, banks, and other offices about financial exploitation and scams.

Housing & Transportation

- Availability of affordable housing and the lengthy wait lists associated have created many difficulties for older adults. This is compounded by confusing eviction processes and limited affordable legal assistance.
- Affordable, accessible transportation for seniors, adults with disabilities, caregivers, their home health aides, etc. was noted as vital.

Nutrition

- The aging services network has been creative and resourceful throughout the pandemic and will need to continue to do so to serve older adults in New Jersey. Some examples include utilizing outdoor space for nutrition sites to get seniors back together in person while maintaining social distancing and developing and running a mobile food pantry.
- Nutrition Service provision has benefited from coordination with county and city transportation services. These kinds of collaborations on a local level are key to successful aging services.
- Providers want to see the grab and go become a permanent option, even after COVID restrictions are removed.

COVID-19

- COVID-19 was at the forefront of all sessions. Many older adults struggled with accessing appointments for vaccines, especially for homebound individuals.
- Many older adults and advocates referenced the social impacts of COVID-19, particularly social isolation and effects on mental health. Older adults struggle to stay connected as they age and COVID-19 made this even more apparent.

New Jersey Demographics for State Plan on Aging 2021-2025

Basic Demographics

- New Jersey's population was 8,882,190 in 2019, the most recent year that Census figures were available. 2,078,439 (23.4%) of those were age 60 and older.¹
- There is a significant gender gap among NJ seniors in 2019. Women accounted for 55.3% of the population aged 60 years and older² and 65.9% of the population 85 and older³
- In 2019, 70% of New Jerseyans age 60 and over were white alone, not Hispanic or Latino. 10.8% were black or African American and 7.3% were Asian.⁴
- Between 2015 and 2019, people aged 60 years and over made up almost 29.1% of the population of Ocean County and 35.3% of the population of Cape May. Hudson County had the smallest share of this demographic at just 16.9%.⁵
- Six of New Jersey's 21 counties accounted for nearly half (49.8%) of the state's population age 60 and older between 2015 and 2019: Bergen (219,075), Ocean (173,757), Middlesex (171,083), Essex (152,568), Monmouth (150,652) and Morris (116,010).⁶

Diversity

- Using one measure of racial/ethnic diversity⁷ and the 2015-2019 ACS data⁸, expressing the chance of randomly selected residents (age 60 or older) being of different races/ethnicities, Hudson (77.1%), Essex (69.3%), Union (65.8%), and Passaic (65.5%) are the most diverse counties, while Cape May (10.1%), Hunterdon (13.5%), Sussex (14.5%), Warren (14.7%) and Ocean (14.9%) are the least diverse. The overall score for NJ is 49.1%, higher than the US figure of 43%.
- Over the 5-year period (2015-2019) 71% of NJ's population age 60 and over was white, non-Hispanic or Latino compared to 75.5% of the US senior population. In five NJ counties, this proportion exceeded 90%: Cape May (95.1%), Hunterdon (93.4%), Sussex, Warren (both at 92.8%) and Ocean (92.5%). Essex (44.2%) and Hudson (35.7%) have the lowest proportions of white, non-Hispanics or Latinos in the state⁹.
- Blacks or African Americans made up 10.6% of NJ's population age 60 or older (2015-2019) compared to 9.8% of the US senior population. Essex (35.8%), Union (20.3%), Mercer (16.6%) and Camden (15.7%) counties have the highest proportions of this demographic¹⁰.

¹ US Census Bureau, 2019 American Community Survey 1-Year Estimates, Table S0102

² Ibid

³ US Census Bureau, 2019 American Community Survey 1-Year Estimates, Table B01001

⁴ US Census Bureau, 2015 American Community Survey 1-Year Estimates, Table S0102

⁵ US Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, Table S0102

⁶ Ibid

⁷ Overburg, P. (2014). Changing Face of America: About this report.

<https://www.usatoday.com/story/news/nation/2014/10/21/diversity-index-data-how-we-did-report/17432103/>

⁸ US Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, Table S0102

⁹ Ibid

¹⁰ Ibid

- Asians made up 7% of NJ's population age 60 and older (2015-2019), compared to 4.5% nationally. Middlesex (16.9%) had the highest proportion of Asians, followed by Bergen (12.8%), Hudson (12.2%) and Somerset (11.7%)¹¹.
- Hispanics or Latinos of any race made up 10.7% of NJ's population age 60 and older (2015-2019) compared to the national figure of 8.8%. Hudson (41.5%), Passaic (26.1%), Union (18.9%), Essex (13.8%) and Cumberland (13.3%) had the highest proportions of this category.¹²

English Proficiency

- Among New Jerseyans aged 60 and over, 14.3% spoke English less than “very well” compared to 8.7% of the same population segment across the US. Cape May (1.3%) and Salem (2.7%), counties had the lowest proportion in this category, while Hudson (41%), Passaic (27.6%) and Union (23.3%) had the highest figures.¹³

Marital Status

- 57.3% of New Jerseyans age 60 and older were married (excluding separated) and 19.6% were widowed compared to 57.6% married and 18.7% widowed in the US during the same period (2015-2019). Essex (47.4%) and Hudson (48.6%) counties had the lowest proportion of married adults age 60 and older, while Hunterdon (66.6%), Sussex (63.7%), Cape May (63.5%) and Morris (63.5%) had the highest figures.¹⁴

Isolation

- During the period, 2015-2019, 39.1% of NJ households were made up of a single householder age 60 or older living alone. The national figure was slightly higher at 39.8%. Hunterdon and Sussex counties (33.1% and 33.3%, respectively) had the smallest proportion of older, householders living alone, while Essex (45%) and Hudson (43.3%) had the largest proportions.¹⁵

Poverty

- 85.3% of New Jerseyans age 60 and older had incomes at or above 150% of poverty level compared to 81.8% of the same segment nationally. Hudson County (74.3%) had the lowest proportion above poverty, while Hunterdon (92.8%), Sussex (91.5%), Morris and Somerset (both at 90.6%) had the highest proportions.¹⁶

¹¹ US Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, Table S0102

¹² Ibid

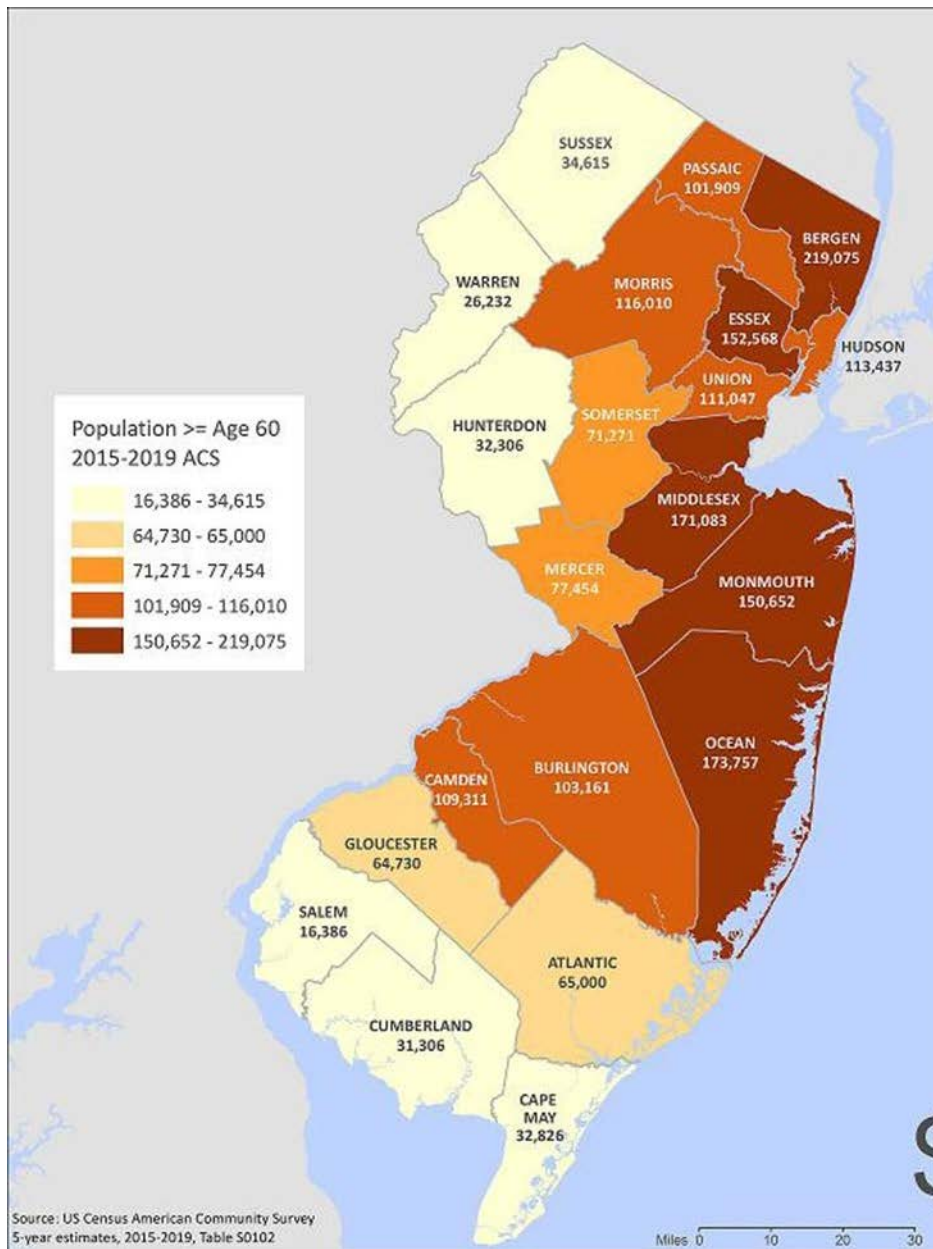
¹³ Ibid

¹⁴ Ibid

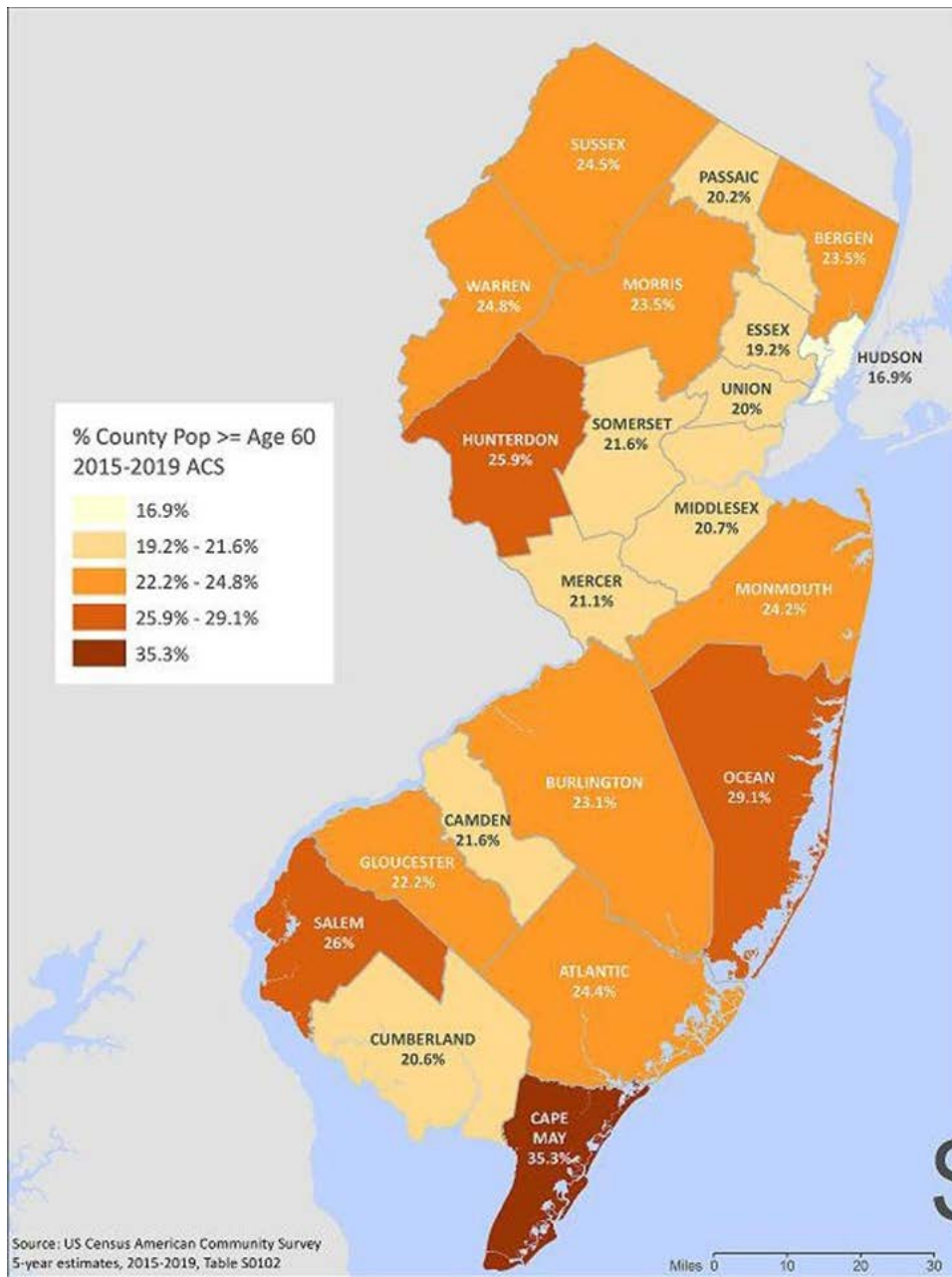
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¹⁶ Ibid

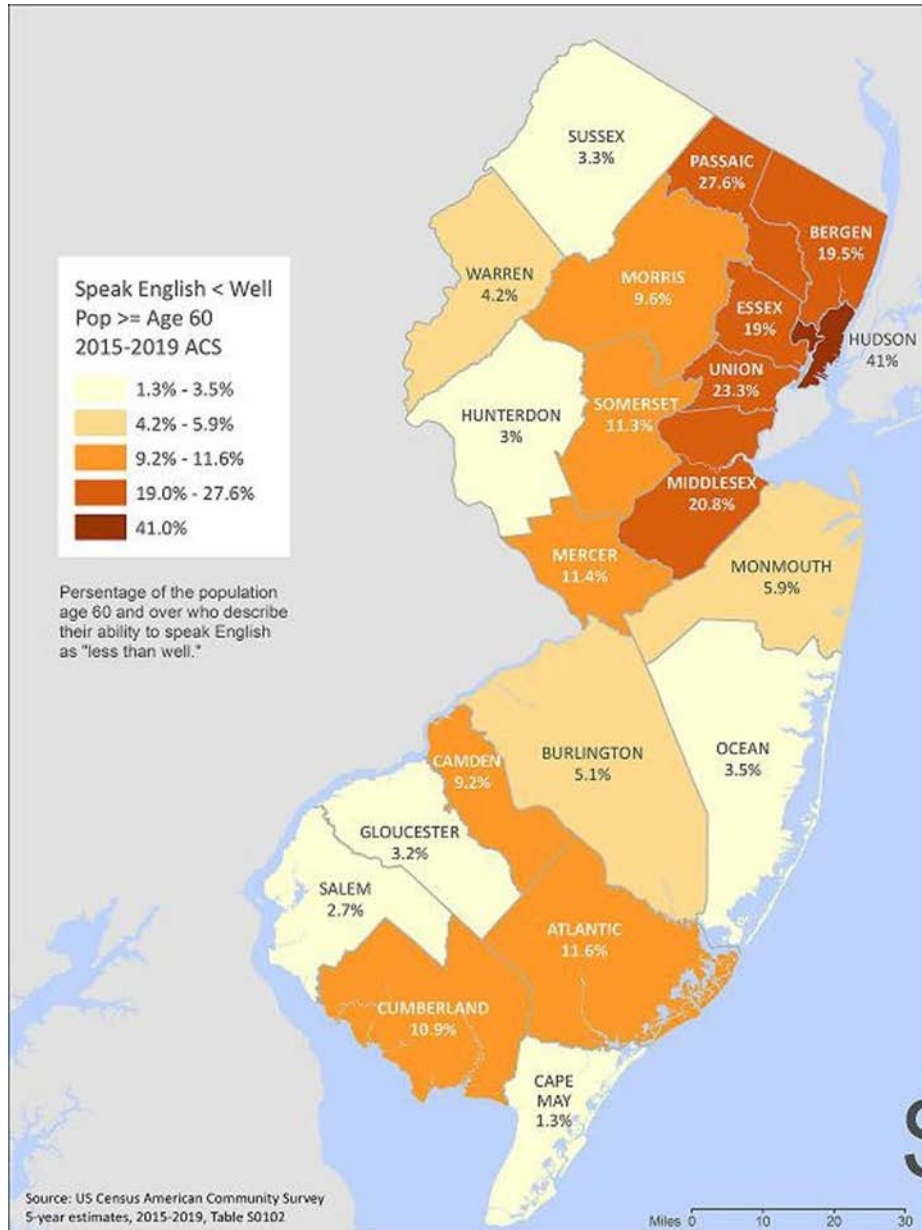
60+ Population by County Map



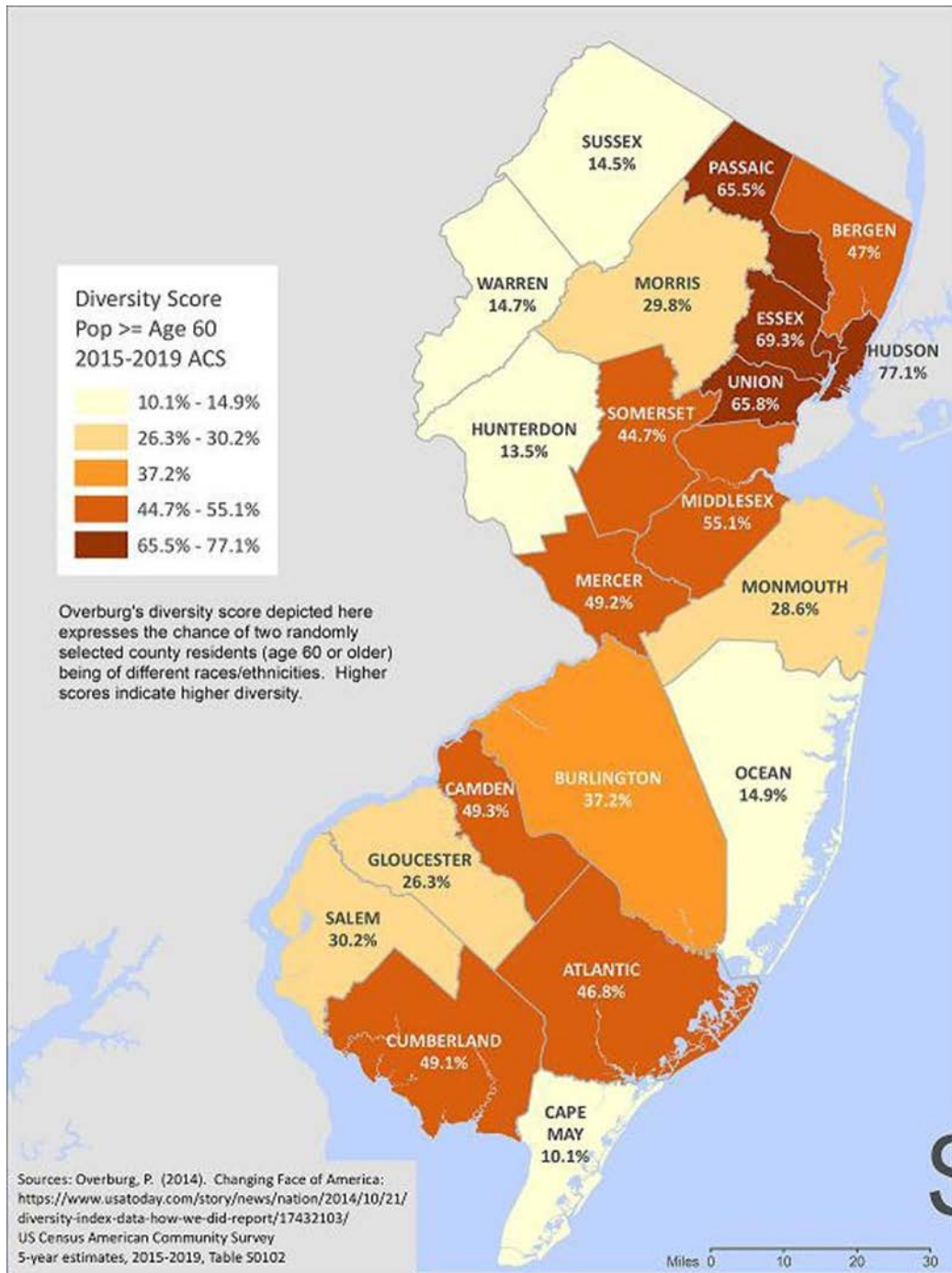
60+ Percentage by County Map



Percentage of 60+ Who Speak English Less Than Well by County Map



60+ Diversity Score by County Map





The 2020 New Jersey Elder Economic Security Standard™

Center for Social and Demographic Research on Aging
Gerontology Institute
John W. McCormack Graduate School of Policy & Global Studies
University of Massachusetts Boston



January 2021

Division of Aging Services

NJ Department of Human Services

Phil Murphy, Governor

Sheila Oliver, Lt. Governor

Carole Johnson, Commissioner





Living Below the Line: Measuring Economic Insecurity Among New Jersey's Retired Seniors



January 2021
Division of Aging Services

NJ Department of Human Services

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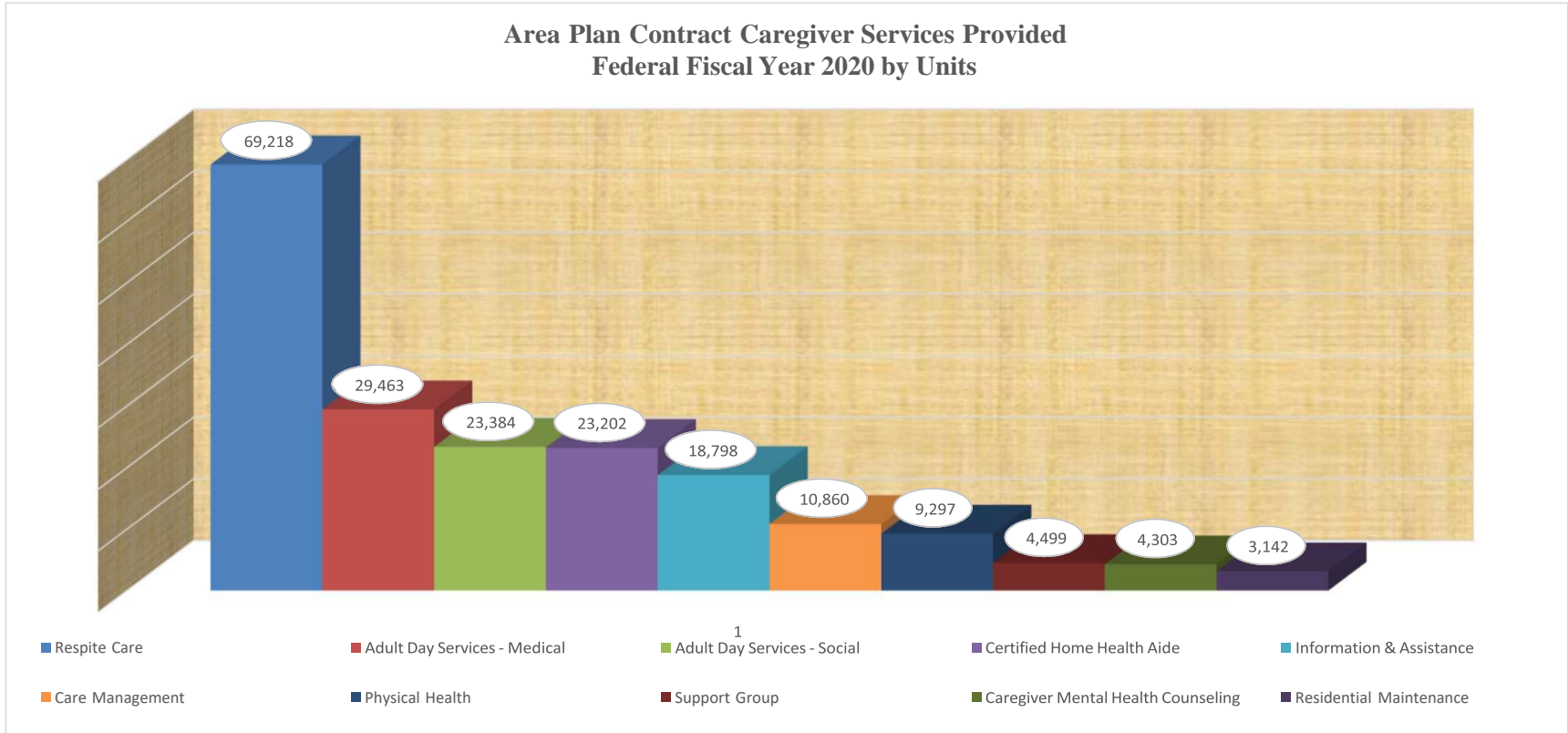
Carole Johnson, Commissioner



APPENDIX D
2020 Area Plan Contract
Services Provided

NAPIS Reports

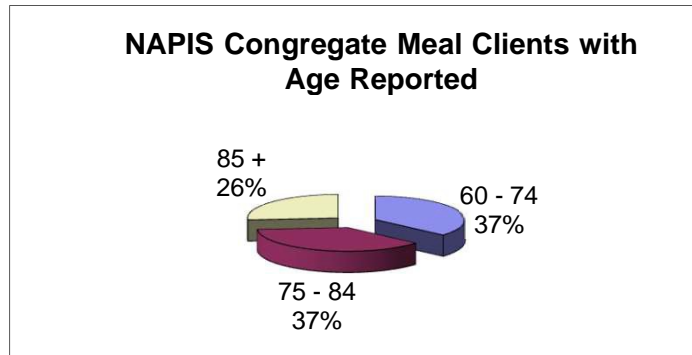
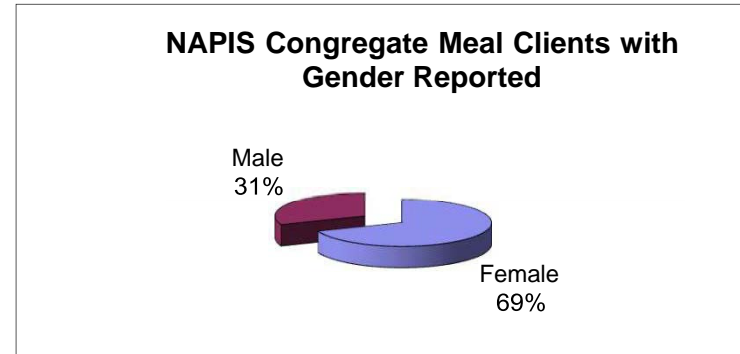
**Area Plan Contract Caregiver Services Provided
Federal Fiscal Year 2020 by Units**



New Jersey NAPIS* data as reported to the Administration of Community Living for FFY 2020

Profile of Congregate Meal Recipients

	<u>Total Clients</u>	<u>% of Total</u>
Total Congregate Clients	20,777	
Female	14,240	69.01%
Male	<u>6,395</u>	30.99%
Total with Gender Reported	20,635	
In Poverty	5,006	24.09%
Poverty Missing	1,386	6.67%
Live-Alone	9,049	43.55%
Live-Alone Missing	1,298	6.25%
Age Groups:		
60 - 74	7,336	36.42%
75 - 84	7,515	37.31%
85 +	<u>5,291</u>	26.27%
Total with Age Reported	20,142	



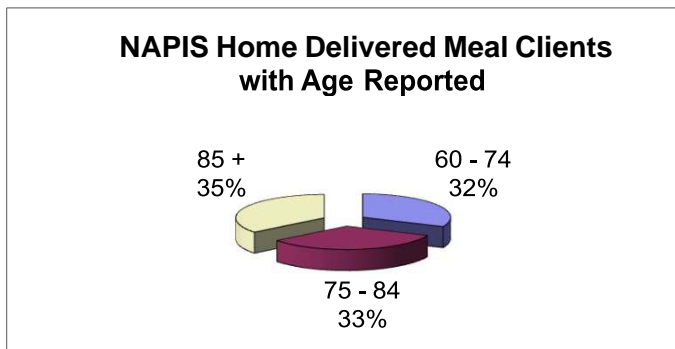
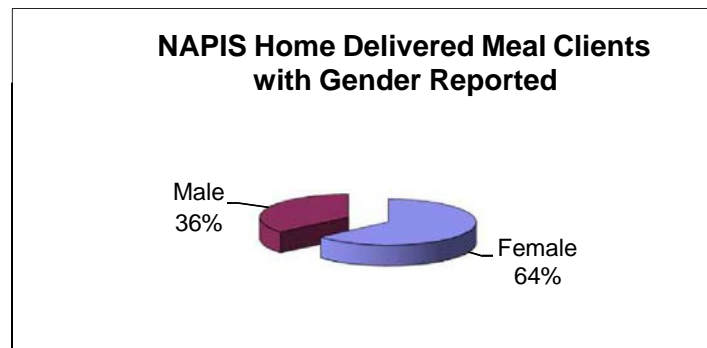
Total Congregate Clients	20,777
Number of Meals Served	767,431
Total Cost	\$14,225,624
Cost per Meal	\$18.54
Cost per Client	\$684.68

* NAPIS is the National Aging Program Information System

New Jersey NAPIS* data as reported to the Administration for Community Living for FFY 2020

Profile of Home Delivered Meal Recipients

	<u>Total Clients</u>	<u>% of Total</u>
Total Home Delivered Meal Clients	31,800	
Female	20,072	63.87%
Male	<u>11,356</u>	36.13%
Total with Gender Reported	31,428	
In Poverty	9,020	28.36%
Poverty Missing	2,389	7.51%
Live-Alone	16,593	52.18%
Live-Alone Missing	1,998	6.28%
Age Groups:		
60 - 74	9,655	31.64%
75 - 84	10,011	32.81%
85 +	<u>10,850</u>	35.56%
Total with Age Reported	30,516	



Total HDM Clients	31,800
Number of Meals Served	4,625,835
Total Cost	\$36,205,417
Cost per Meal	\$7.83
Cost per Client	\$1,138.54

* NAPIS is the National Aging Program Information System

**Top Ten Area Plan Contract Services to Seniors
Based on Units Served in FFY 0**



1

- Home Delivered Meals
- Congregate Meals
- Information & Assistance
- State Weekend Home Delivered Meals
- Socialization/Recreation
- Transportation
- Telephone Reassurance
- Adult Protective Services
- Certified Home Health Aide
- Physical Activity

NJ DEPARTMENT OF HUMAN SERVICES (DHS)						
2021	Division of Aging Services (DoAS)					
	MEDICAID WAIVER PROGRAM		NON-MEDICAID WAIVER PROGRAMS			
	MLTSS/PACE	JACC	SRCP	AADSP	CHSP	OAA
Program Title	Managed Long Term Service and Supports/ Program of All-inclusive Care for the Elderly	Jersey Assistance for Community Caregiving	Statewide Respite Care Program	Alzheimer's Adult Day Services Program	Congregate Housing Services Program	Older American Act (OAA) Funded Programs
Medicaid State Plan Services Covered	<ul style="list-style-type: none"> ▪ All 	<ul style="list-style-type: none"> ▪ None 	<ul style="list-style-type: none"> ▪ None 	<ul style="list-style-type: none"> ▪ None 	<ul style="list-style-type: none"> ▪ None 	<ul style="list-style-type: none"> ▪ None
Services Offered*	<ul style="list-style-type: none"> ▪ Adult Family Care** ▪ Assisted Living Services** <ol style="list-style-type: none"> 1. Assisted Living Residence (ALR) 2. Comprehensive Personal Care Home (CPCCH) 3. Assisted Living Program (ALP) ▪ Behavioral Management (TBI) ▪ Caregiver/Participant Training ▪ Chore Services ▪ Cognitive Therapy ▪ Community Residential Services ▪ Community Transition Services ▪ Home Based Supportive Care ▪ Home Delivered Meals ▪ Medication Dispensing Device (Set Up & Monthly Monitoring) ▪ Personal Care Assistant (PCA) ▪ Non-Medical Transportation ▪ Nursing Facility and Special Care Nursing Facility Services (Custodial)** ▪ Occupational Therapy (Group & Individual) ▪ Personal Emergency Response System (PERS) (Set Up & Monthly Monitoring) ▪ Physical Therapy (Group & Individual) ▪ Private Duty Nursing ▪ Residential Modifications ▪ Respite (Daily & Hourly) ▪ Social Adult Day Care ▪ Speech, Language & Hearing Therapy ▪ Structured Day Program ▪ Supported Day Services ▪ Vehicle Modifications 	<ul style="list-style-type: none"> ▪ Care Management ▪ Respite ▪ Env. Accessibility Adaptation ▪ Spec. Medical Equipment & Supplies ▪ Chore ▪ PERS ▪ Attendant Care ▪ Home Delivered Meals ▪ Caregiver/Participant Training ▪ Social Adult Day Care ▪ Home-based Supportive Care ▪ Adult Day Health ▪ Transportation 	<ul style="list-style-type: none"> ▪ Respite from direct unpaid caregiving provided using the following types of services: <ul style="list-style-type: none"> ▪ Companion ▪ Homemaker – Home Health Aide ▪ Private Duty Nursing ▪ Adult Day Health Services ▪ Social Adult Day Care ▪ Adult Family Care ▪ Inpatient Care in a licensed facility, e.g., Assisted Living Facility, Nursing Home, or Residential Health Care Facilities ▪ Campership ▪ Caregiver Directed Option 	<ul style="list-style-type: none"> ▪ Social Adult Day Care ▪ Adult Day Health Services 	<ul style="list-style-type: none"> ▪ Congregate Meal(s) ▪ Housekeeping ▪ Personal Assistance, i.e. <ul style="list-style-type: none"> – Laundry – Shopping – Assistance with bathing, grooming, dressing, etc. – Other supportive services 	Service Categories & Examples: <ul style="list-style-type: none"> ▪ <u>Access</u> <ul style="list-style-type: none"> ▪ Information & Assistance ▪ Screen for Community Services (<i>Access Point</i>) ▪ Options Counseling ▪ Medicaid Navigation – Service Coordination ▪ Care Management ▪ Transportation & Assisted Transportation ▪ Assistive Technology ▪ <u>Home Support</u> <ul style="list-style-type: none"> ▪ Visiting Nurse ▪ Certified Home Health Aide ▪ Housekeeping ▪ Residential Maintenance ▪ Telephone Reassurance ▪ Hospice Care ▪ <u>Community Support</u> <ul style="list-style-type: none"> ▪ Legal Assistance ▪ Adult Protective Services ▪ Physical/Oral/Mental Health ▪ Education ▪ Socialization/Recreation ▪ Adult Day: Social & Medical ▪ Housing Assistance: Homesharing & Matching ▪ <u>Nutrition Support</u> <ul style="list-style-type: none"> ▪ Congregate Nutrition ▪ Home Delivered Nutrition ▪ Nutrition Education & Counseling

* Services provided as appropriate per the individual's Plan of Care.

** Patient Pay Liability (Cost Share) may apply for participants in ALR, CPCCH, AFC, NF or SCNF.

2021	MEDICAID WAIVER PROGRAM	NON-MEDICAID WAIVER PROGRAMS				
	MLTSS/PACE	JACC	SRCP	AADSP	CHSP	OAA
Program Title	Managed Long Term Service and Supports/ Program of All-inclusive Care for the Elderly	Jersey Assistance for Community Caregiving	Statewide Respite Care Program	Alzheimer's Adult Day Services Program	Congregate Housing Services Program	Older Americans Act (OAA) Funded Programs
Financial Eligibility	<ul style="list-style-type: none"> ▪ Supplemental Security Income (SSI): Income ≤\$825.25/mo. Individual; ≤\$1,216.35/mo. Couple; Resources ≤\$2,000 for Individual or \$3,000 for Couple. ▪ Medicaid Only: (Institutional Level): Income ≤\$2,382/mo. Individual; Resources ≤\$2,000 Individual. ▪ New Jersey Care ... Special Medicaid Program: Income ≤\$1,074/mo. Individual; ≤\$1,452/mo. Couple; Resources ≤\$4,000 for Individual or \$6,000 for Couple. 	<ul style="list-style-type: none"> ▪ Non-Medicaid eligible Countable Income** ≤\$3,918/mo. Individual; ≤\$5,299/mo. Couple, (which is 365% of FPL); Resources ≤\$40,000 Individual or \$60,000 Couple.	<ul style="list-style-type: none"> ▪ Non-Medicaid eligible Care recipient(s): Income <\$2,382/mo. Individual; ≤\$4,764 Couple; Resources ≤\$40,000 Individual or \$60,000 Couple.	Care recipient(s): Gross Income** ≤\$50,256/yr. Individual; ≤\$58,632/yr. Couple; Resources ≤\$40,000 for Individual or \$60,000 for Couple.	Financially eligible for residence in low or moderate-income subsidized housing for the elderly and disabled as determined by HUD or other governing agency guidelines.	None. OAA program have no means test, however, services target those most in need of assistance. Service priority is to individuals age 60 or older with the greatest economic and social need with particular attention to low-income, minority, limited English proficient, and/or rural-residing older adults, and those at risk of institutional placement.
Other Eligibility	Categorical Eligibility for Aged Blind or Disabled.	Age 60 or older	Age 18 or older and participant must have an unpaid caregiver in need of respite.	Reside in community with an unpaid caregiver in need of respite.	Residence must be CHSP grantee. Resident must request services.	Age 60 and older. Some services available to caregivers of any age and to grandparents age 55 or older
Clinical Eligibility	NF Level of Care	NF Level of Care	Chronic disability	Alzheimer's disease or related dementia	Assessed as in need of supportive services	None
Funding	State/Federal Match	State Funds	State Funds	State Funds	State Funds	Federal/State/Local Funds & Participant Donations
Billing Agent	Managed Care Organizations (MCOs) and Programs of All-inclusive Care for the Elderly (PACEs) contracted with NJ FamilyCare (also known as Medicaid)	State Billing Agent	SRCP Sponsor Agency	DHS Fiscal	DHS Fiscal	None
Governing Code	MLTSS – 42 U.S.C. §1315, Section 1115 PACE – 42 U.S.C. §1396u-4		NJAC 10:164B	NJAC 10:164A		45 C.F.R. 1321.53 – Older American Act , Title III
Licensed	YES – NJAC 8:36, 8:39 & 8:43A-33	NO	NO	YES – NJAC 8:43	NO	NO
Patient Pay Liability (Cost Share)	NO *	YES – Sliding Scale	YES – Sliding Scale	YES – Sliding Scale	YES – Sliding Scale	NO. Participants are notified on the opportunity to voluntarily contribute to the cost of services (except for APS).
Service Limitations	Based on limitations as specified in the MLTSS Dictionary and subject to medical necessity determinations per the MCO. PACE services per individual's Plan of Care.	Up to \$600/mo.	Up to \$4,500/yr. Up to \$3,000/yr. Caregiver directed option.	Up to 3 days per week.	Varies according to participant needs and constraints of site's CHSP budget.	Full array of services not available/funded in every county. Services limited to budget.

* Patient Pay Liability (Cost Share) may apply for participants in ALR, CPCH, AFC, NF or SCNF.

** Service package remains the same.

NJ DEPARTMENT OF HUMAN SERVICES (DHS)						
2021	Division of Aging Services (DoAS)					
	PRESCRIPTION PROGRAMS*			MEDICARE, UTILITY & HEARING AID ASSISTANCE PROGRAMS*		
	PAAD	Senior Gold	MSPs SLMB/SLMB QI-1	Lifeline	HAAAD/NJHAP	USF/LIHEAP
Program Title	Pharmaceutical Assistance to the Aged and Disabled	Senior Gold Prescription Discount	Medicare Savings Programs Specified Low-Income Medicare Beneficiary/Qualified Individual-1	Lifeline Utility Assistance/Tenants Lifeline Assistance	Hearing Aid Assistance to the Aged and Disabled/ NJ Hearing Aid Project	Universal Service Fund/Low-income Home Energy Assistance
Services Offered	<ul style="list-style-type: none"> Generic prescriptions for \$5.00 co-pay; \$7.00 for name brands Payment of Medicare Part D premium, including late-enrollment penalty, if applicable Motor vehicle discount Pet spay/neuter program Property Tax Freeze 	<ul style="list-style-type: none"> Prescription drugs for \$15 plus 50% of the remaining cost for the drug Catastrophic Cap set at \$2,000 for a single person, \$3,000 for a couple. When cap is met, prescription co-pay set at \$15 per drug 	<ul style="list-style-type: none"> Payment of Medicare Part B premium, currently \$148.50 per month, or \$1,782 per year Pays any late enrollment penalty 	<ul style="list-style-type: none"> \$225 annual benefit applied directly to utility bill for utility customers or by check to tenants 	<ul style="list-style-type: none"> HAAAD – \$500 reimbursement toward recent purchase of hearing aid, or \$1,000 for two, if eligible NJHAP – free refurbished hearing aid, if eligible 	<ul style="list-style-type: none"> Utility programs for low-income residents USF is a monthly credit on utility bill with a maximum annual benefit of \$2,000, based on income and usage LIHEAP is an annual benefit during the heating season
Financial Eligibility	<ul style="list-style-type: none"> Annual income <\$28,769 Individual; <\$35,270 Couple. No resource limit. 	<ul style="list-style-type: none"> Annual income between \$28,769 and \$38,769 Individual; between \$35,270 and \$45,270 Couple. No resource limit. 	<ul style="list-style-type: none"> Annual income ≤\$17,388 Individual; ≤\$23,520 Couple; Resources \$7,970 Individual; \$11,960 Couple. 	<ul style="list-style-type: none"> Annual income <\$28,769 Individual; <\$35,270 Couple. No resource limit. 	<ul style="list-style-type: none"> Annual income <\$28,769 Individual; <\$35,270 Couple. No resource limit. 	<ul style="list-style-type: none"> Income limit based on family size and usage. USF limit ≤\$1,967/mo. Individual; ≤\$2,658/mo. Couple. LIHEAP limit ≤\$2,127/mo. Individual; ≤\$2,873/mo. Couple.

* These programs can be accessed through the NJSave online application at www.aging.nj.gov or by calling 1-800-792-9745.

2021	PRESCRIPTION PROGRAMS		MEDICARE, UTILITY & HEARING ASSISTANCE PROGRAMS			
	PAAD	Senior Gold	MSPs SLMB/SLMB QI-1	Lifeline	HAAAD/NJHAP	USF/LIHEAP
Program Title	Pharmaceutical Assistance to the Aged and Disabled	Senior Gold Prescription Discount	Medicare Savings Programs Specified Low-Income Medicare Beneficiary/ Qualified Individual-1	Lifeline Utility Assistance/Tenants Lifeline Assistance	Hearing Aid Assistance to the Aged and Disabled/ NJ Hearing Aid Project	Universal Service Fund/Low-income Home Energy Assistance
Other Eligibility	Resident of New Jersey age 65 or older, or age 18 to 64 and receiving Social Security Disability benefits.	Resident of New Jersey age 65 or older, or age 18 to 64 and receiving Social Security Disability benefits.	Resident of New Jersey eligible for and/or enrolled in Medicare Part B.	Resident of New Jersey age 65 or older, or age 18 to 64 and receiving Social Security Disability benefits who is a utility customer or tenant with utilities included in rent payment.	Resident of New Jersey age 65 or older, or age 18 to 64 and receiving Social Security Disability benefits who produces a doctor statement attesting to the need for hearing aid(s). HAAAD applicants must also provide a paid receipt for reimbursement.	Resident of New Jersey who is the customer of record for utility/heating costs or has utility/heating burden.
Funding	State Funds	State Funds	SLMB-State/ Federal Match; QI-1-State Funds	State Funds	State Funds	USF-State Funds; LIHEAP-Federal Funds
Billing Agent	Gainwell	Gainwell	Medicaid	Treasury	Treasury	DCA
Governing Code	NJAC 10:167	NJAC 10:167B	NJAC 10:71 & 10:72	NJAC 10:167D	NJAC 10:167E	NJAC 5:49
Patient Pay Liability (Cost Share)	\$5 co-pay for generic and \$7 co-pay for name brand covered drugs.	\$15 co-pay + 50% of remaining cost of covered drugs.	NO	NO	NO	NO
Service Limitations	Covers only drugs approved by the Food and Drug Administration. Drugs purchased outside of New Jersey are not covered, nor are any pharmaceutical products whose manufacturer has not signed a rebate agreement with the State of New Jersey.	Covers only drugs approved by the Food and Drug Administration. Drugs purchased outside of New Jersey are not covered, nor are any pharmaceutical products whose manufacturer has not signed a rebate agreement with the State of New Jersey.	NO	NO	NO	NO

Intrastate Funding Formula

Background

Section 305(a)(2)(C) and (D) of the Older Americans Act of 1965, as amended, requires the state agency to:

(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this subchapter that takes into account-

- i. the geographical distribution of older individuals in the State; and
- ii. the distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals;

(D) submit its formula developed under subparagraph (C) to the Assistant Secretary for approval;

In accordance with this section, New Jersey, in consultation with all 21 Counties' Area Agency on Aging (AAA) Directors, developed an Intrastate Funding Formula (Formula). The Formula was designed to ensure that each AAA would receive at least the minimum amount of funds necessary to be fully funded and operational.

Application

The Formula is used to determine each AAA's portion of:

- Title III B (Supportive Services)
- Title III C1 (Congregate Meals)
- Title III C2 (Home Delivered Meals)
- Title III D (Preventive Health)
- Title III E (Caregiver Services)
- Select State Funded Programs for Older Adults
- State Area Plan Matching Funds

The Formula Elements

Population Factors: The Formula includes weighted population factors. Every two years, these factors are calculated using the most recent Census data in order to accurately reflect each local planning and service area (PSA) population. If the Census is not available, the factors are calculated using the five-year American Community Survey (ACS), a special tabulation prepared for the U.S. Administration for Community Living

(ACL) under contract by the U.S. Census Bureau. The population factors are updated with the most recent figures available when calculating the annual funding for each AAA.

The Formula is based on four weighted population factors that represent the targeted demographic:

- the percentage of individuals aged 60+ (30% weight)
- the percentage of individuals aged 75+ (25% weight)
- the percentage of minority individuals aged 60+ (20% weight)
- the percentage of individuals 60+ living at or below the poverty level and residing in the PSA (25% weight)

These factors are in keeping with OAA guidelines and were established in collaboration with the AAA directors to reflect the changing demographics and give preference to the PSA target populations. The most recent additions to the Formula, in 2014, were the 75+ factor to reflect the needs of our state's expanding older population, and a provision to ensure no AAA loses more than 5% of its OAA funding in a single funding cycle due to Census shifts. While the Formula does not use a rural factor, its minimum-funded provision ensures counties with low-density populations receive a base level of support from the OAA.

The percentage of individuals for each of the four weighted factors is determined by comparing the total number of individuals in the targeted demographic who reside in the PSA to the total number of individuals Statewide in the same targeted demographic. This is expressed as: (the total number of individuals in the targeted demographic in the PSA) ÷ (the total number of individuals in the targeted demographic in the State).

Formula Terms:

$$Q = S + T + M + P.$$

S = The percentage of individuals 60+ residing in the PSA multiplied by 30%.

T = The percentage of individuals 75+ residing in the PSA multiplied by 25%.

M = The percentage of minority individuals 60+ residing in the PSA multiplied by 20%.

P = The percentage of individuals 60+ living at or below the poverty level and residing in the PSA multiplied by 25%.

Minimum funding: Minimum funding is defined as the minimum amount of funding as determined by the New Jersey Department of Human Services (DHS) to be needed in each Title to ensure that each Planning and Service Area (PSA) has a functioning AAA. The minimum funding is based on the State's allocation to the AAAs as of July 31 for the period of January 1 to July 31 of the prior calendar year for Titles III B, C1, C2, D and E.

Minimum Funding amounts are the greater of:

- Title III B: \$156,713 per PSA or 1.55% of the federal funding award*
- Title III C1: \$133,131 per PSA or 1.20% of the federal funding award*
- Title III C2: \$30,494 per PSA or .55% of the federal funding award*
- Title III D: \$10,212 per PSA or 1.65% of the federal funding award*
- Title III E: \$0 per PSA or 0.00% of the federal funding award*

*Federal funding award represents the Older Americans Act funds available under the applicable Title III section for the AAAs subsequent to any allowable State administration expenses taken.

Reduction Cap: To ensure that no AAA receives too much of a reduction in funding from one year to the next due to an update by DHS of the demographic data used in the population factors, the IFF includes a 5% cap for each AAA on any reduction from the prior year's allocation of federal funds for each Title III section. The cap is not applied if federal funding levels to any AAA are reduced by more than 5% due to any cause other than an update by the SUA of the demographic data used in the population factors.

Step by Step Application of the Formula

These steps are to be applied separately to each Title III funding source.

A. Initial Formula Application to the AAAs

The first step is to calculate each AAA's estimated allocation, using the formula:

1. To determine the amount available to allocate via the formula, first subtract the State administration expenses from the total federal funding for the applicable Title III section. The resulting amount is referred to as Remaining Funds 1:

(Total Federal funding) - (State administration expenses) = Remaining Funds 1, also referred to as the federal funding award.

2. The formula includes a base award to each AAA, which is equal to 50% of the Title III federal funds that were allocated as of July 31st of the previous calendar year with respect to the period of January 1 to December 31 of the prior calendar year for each AAA. This amount is referred to as the AAA's Base Award. The next step is to deduct the aggregate of the AAA Base Awards from Remaining Funds 1, in order to determine the amount available to allocate via the formula (the amount available to allocate via the formula is referred to as Remaining Funds 2):

(Remaining funds 1) – (aggregate of AAA Base Awards) = Remaining Funds 2

3. Using the Remaining Funds 2, apply the formula to each AAA.

$(\text{Remaining Funds 2}) \times Q = (\text{AAA's estimated federal formula funding})$

B. Minimum Funding Allocation

The next step is to determine which AAAs, if any, qualify for a Minimum Funding amount. This is determined for each AAA by adding the AAA's estimated federal formula funding to the AAA's Base Award (both calculated in Section A above).

$(\text{AAA's estimated federal formula funding}) + (\text{AAA's Base Award}) = \text{AAA's estimated total federal funding}$

If the sum for any AAA (i.e., the AAA's estimated total federal funding for the applicable Title III section) is less than the applicable Minimum Funding amount for the applicable Title III section, the AAA is determined to be a Minimally Funded AAA with respect to that Title III section. Each Minimally Funded AAA will receive the applicable Minimum Funding amount as its total award with respect to the applicable Title III section pursuant to this IFF. Each AAA which is not a Minimally Funded AAA is referred to as a Non-Minimally Funded AAA.

C. Second Formula Application to Non-Minimally Funded AAAs

The Formula is applied a second time, but only to the Non-Minimally Funded AAAs

1. First, determine the funds available to run through the formula. This is done by subtracting the aggregate of the funds necessary to fund the Minimally Funded AAAs from the Remaining Funds 1:

$\text{Remaining Funds 1} - (\text{aggregate of the Minimally Funded AAAs' Minimum Funding amounts}) = \text{Remaining Funds 3}$

2. The next step is to deduct the aggregate of the AAA Base Awards for the Non-Minimally Funded AAAs from Remaining Funds 3, in order to determine the amount available to allocate by the formula to the Non-Minimally Funded AAAs (the amount available to allocate via the formula is referred to as Remaining Funds 4).

$(\text{Remaining Funds 3}) - (\text{aggregate of Non-Minimally Funded AAA Base Awards}) = \text{Remaining Funds 4}$

3. Apply the funding formula to each Non-Minimally Funded AAA:

In order to do this, first, the Minimally Funded AAAs' population figures are removed for the purposes of this calculation and Q is recalculated (i.e., the percentage of individuals for each of the four weighted factors is determined by comparing the total number of

individuals in the targeted demographic who reside in the Non-Minimally Funded AAA's PSAs' to the total number of individuals who reside in the PSAs of all Non-Minimally funded AAAs in the same targeted demographic. This is expressed as: (the total number of individuals in the targeted demographic in the PSA) ÷ (the total number of individuals in the targeted demographic in the PSAs of all Non-Minimally funded AAAs)). Then, the formula is applied with the recalculated Q:

(Remaining Funds 4) x Q = (Non-Minimally Funded AAA's estimated federal formula funding)

D. Maximum Reduction Calculation

The next step is to determine which Non-Minimally Funded AAAs, if any, qualify for the 5% funding reduction cap. This is determined for each Non-Minimally Funded AAA by adding its Non-Minimally Funded AAA's estimated federal formula funding to its Non-Minimally Funded AAA's Base Award:

(Non-Minimally Funded AAA's Base Award) + Non-Minimally Funded AAA's estimated federal formula funding = Non-Minimally Funded AAA's estimated total federal funding

If such sum is more than 5% less than the Non-Minimally Funded AAA's total allocation for the applicable Title III section for the previous calendar year (calculated as of July 31st of that previous calendar year), and if such reduction of 5% or more is due solely to an update by DHS of the demographic data used in the population factors then that Non-Minimally Funded AAA's allocation will be increased, so that its total federal funding for the applicable Title III section pursuant to this IFF is equal to 95% of the previous calendar year's allocation (as of July 31st of the previous calendar year) . Any such Non-Minimally Funded AAA that receives the 5% cap on its funding reduction is then referred to as a Reduction Cap AAA:

- If Non-Minimally Funded AAA's estimated total funding award < 95% of previous calendar year's total federal funding under this IFF (calculated as of July 31st of the previous calendar year, then:
 - Non-Minimally Funded AAA's total federal funding allocation = 95% of previous calendar year's total federal funding under this IFF (calculated as of July 31 of the previous calendar year

E. Third Formula Application to AAAs other than Minimally Funded AAAs and Reduction Cap AAAs

The Formula then is applied a third time, but only to the AAAs that are neither Minimally Funded AAAs nor Reduction Cap AAAs (those AAAs to which the formula is applied a third time being the Remaining AAAs). Minimum-funded and reduction cap counties' population figures are removed for the purposes of this calculation and Q is recalculated.

1. First, determine the funds available to run through the formula. This is done by subtracting the aggregate of the funds necessary to fund the Minimally Funded AAAs and the Reduction Cap AAAs from the Remaining Funds 1:

Remaining Funds 1 - (aggregate of the Minimally Funded AAAs' Minimum Funding amounts) – (aggregate of the Reduction Cap AAAs total federal funding allocations) = Remaining Funds 5

2. The next step is to deduct the aggregate of the AAA Base Awards for the Remaining AAAs from Remaining Funds 5, in order to determine the amount available to allocate by the formula to the Remaining AAAs (the amount available to allocate via the formula is referred to as Remaining Funds 6).

(Remaining Funds 5) – (aggregate of Remaining AAA Base Awards) = Remaining Funds 6

3. Apply the funding formula to each Remaining AAA:

In order to do this, first, the Minimally Funded AAAs' and the Reduction Cap AAAs' population figures are removed for the purposes of this calculation and Q is recalculated (i.e., the percentage of individuals for each of the four weighted factors is determined by comparing the total number of individuals in the targeted demographic who reside in the Remaining AAA's PSAs to the total number of individuals who reside in the PSAs of all Remaining AAAs in the same targeted demographic. This is expressed as: (the total number of individuals in the targeted demographic in the PSA) ÷ (the total number of individuals in the targeted demographic in the PSAs of all Reduction Cap AAAs)). Then, the formula is applied with the recalculated Q:

(Remaining Funds 6) x Q = (Remaining AAA's estimated federal formula funding)

4. The next step is to repeat Step D to determine if any Remaining AAA would receive a funding reduction of greater than 5% from the total federal funding allocation for the applicable Title III section pursuant to this IFF from the previous calendar year, calculated as of July 31st of the previous calendar year, and due solely to an update by DHS of the demographic data in the population factors. If any Remaining AAA would receive a funding reduction in excess of 5% from the previous year's allocation for the applicable Title III section, calculated as of July 31st of the previous calendar year, and due solely to an update by DHS of the demographic data in the population factors, then that Remaining AAA's allocation will be subject to the Maximum Reduction Allocation described above in Step D, so that its total federal funding pursuant to this IFF for the applicable Title III section is equal to 95% of the previous year's total allocation. For each Remaining AAAs which does not receive the Maximum Reduction Allocation, Step E will again apply (with Q again recalculated), and its total federal award for the applicable Title III section

pursuant to this IFF will be equal to the sum of the Remaining AAA's Base Award and the Remaining AAA's final estimated federal formula funding:

Total federal award for Remaining AAA that does not receive the Maximum Reduction Allocation = Remaining AAA's Base Award + Remaining AAA's final estimated federal formula funding.

Nutrition Services Incentive Program (NSIP)

The funding formula for NSIP is based on the total number of eligible meals served in a PSA in proportion to the total number of eligible meals served in the State in the prior federal fiscal year. If a PSA serves proportionally more meals than other PSAs, that PSA receives a higher allocation, which is in keeping with the incentive purpose of NSIP.

$(\text{Meals served in AAA's PSA}) \div (\text{Total meals served in the State}) = \text{AAA's NSIP Funding.}$

2021 Area Plan Contract - Initial Allocation

County	Title III B 50% Allocation	Title III 50% C1 Allocation	Title III 50% C2 Allocation	Title III D 50% Allocation	Title III E 50% Allocation	Title III Total Allcoation	State Match B-D 50% Allocation	State Match E 50% Allocation	Total State Match Allocation	100% Medicaid Allocation	NSIP Approx 27% Allocation	100% FFP Allocation	100% SHDM Allocation
Atlantic	161,837	189,688	113,061	10,163	76,003	550,752	25,133	22,801	47,934	17,746	55,080	-	-
Bergen	528,358	619,254	368,820	33,075	247,952	1,797,459	82,032	74,386	156,418	57,636	120,268	-	-
Burlington	214,255	250,901	149,133	13,399	100,278	727,966	33,231	30,084	63,315	23,340	29,722	-	-
Camden	276,159	323,773	192,843	17,296	129,679	939,750	42,886	38,903	81,789	30,161	28,299	-	46,605
Cape May	78,191	78,490	46,597	8,242	31,346	242,866	11,198	9,404	20,602	7,273	25,958	-	7,287
Cumberland	84,073	98,579	58,775	6,479	39,539	287,445	13,125	11,862	24,987	9,233	13,762	-	1,087
Essex	491,331	577,542	345,349	30,803	232,238	1,677,263	76,501	69,672	146,173	53,870	47,094	-	146,871
Gloucester	122,882	143,746	85,405	7,728	57,430	417,191	19,046	17,228	36,274	13,367	31,500	-	20,044
Hudson	404,580	475,878	284,700	25,376	191,454	1,381,988	63,029	57,435	120,464	44,372	98,665	-	75,063
Hunterdon	78,191	66,566	35,934	5,512	24,157	210,360	9,858	7,247	17,105	5,584	10,113	-	20,097
Mercer	192,735	226,045	134,646	12,075	90,537	656,038	29,939	27,161	57,100	21,019	32,588	-	-
Middlesex	424,514	498,174	296,678	26,548	199,472	1,445,386	65,959	59,842	125,801	46,205	66,897	-	25,402
Monmouth	302,560	353,983	210,476	18,963	141,519	1,027,501	46,905	42,455	89,360	32,859	72,799	-	-
Morris	228,945	267,883	159,147	14,330	106,976	777,281	35,487	32,092	67,579	24,810	74,368	-	11,566
Ocean	363,251	424,345	251,977	22,764	169,434	1,231,771	56,241	50,830	107,071	39,435	60,501	-	-
Passaic	295,994	347,477	207,500	18,573	139,442	1,008,986	46,035	41,833	87,868	32,348	48,400	-	166,360
Salem	78,312	66,566	24,606	7,987	16,548	194,019	9,396	4,965	14,361	3,850	6,448	-	15,373
Somerset	153,318	179,669	106,853	9,613	71,823	521,276	23,795	21,547	45,342	16,687	30,768	-	15,851
Sussex	78,226	66,176	39,108	6,313	26,294	216,117	10,050	7,888	17,938	6,091	8,123	-	19,486
Union	300,760	353,160	210,944	18,858	141,852	1,025,574	46,786	42,555	89,341	32,875	81,638	-	16,598
Warren	78,357	66,566	34,060	5,844	22,899	207,726	9,785	6,870	16,655	5,329	7,403	-	37,310
TOTALS	4,936,829	5,674,461	3,356,612	319,941	2,256,872	16,544,715	756,417	677,060	1,433,477	524,090	950,394	-	625,000

*** These indicate the AAA's match requirement for SWHDM, SHTP, and SASS (formerly SSBG). These represent county dollars and are not included in the total award received from the State.

2021 Area Plan Contract - Initial Allocation

County	100% SWHDM Allocation	SWHDM Required 25% Match ***	100% SHTP Allocation	SHTP Required 10% Match ***	100% APS Allocation	100% SASS Allocation	SASS Required 25% Match ***	100% Supplemental Allocation	100% CMQA Allocation	100% CBSP Allocation	Non-Title III Allocated Funds	Grand Total Allocated Funds
Atlantic	32,012	8,003	37,855	3,786	173,863	369,920	92,480	177,466	23,810	180,544	1,116,230	1,666,982
Bergen	105,035	26,259	124,141	12,414	509,263	812,499	203,125	574,963	23,810	65,472	2,549,505	4,346,964
Burlington	42,535	10,634	50,179	5,018	183,549	176,650	44,163	232,085	23,810	-	825,185	1,553,151
Camden	54,869	13,717	64,907	6,491	311,914	786,559	196,640	300,151	23,810	-	1,729,064	2,668,814
Cape May	13,344	3,336	15,701	1,570	78,349	128,922	32,231	72,807	23,810	8,455	402,508	645,374
Cumberland	16,606	4,152	19,654	1,965	104,403	482,458	120,615	92,136	23,810	79,245	867,381	1,154,826
Essex	97,949	24,487	116,338	11,634	562,541	1,440,915	360,229	537,917	23,810	-	3,173,478	4,850,741
Gloucester	24,368	6,092	28,712	2,871	128,867	158,460	39,615	132,666	23,810	-	598,068	1,015,259
Hudson	80,780	20,195	96,050	9,605	496,373	1,622,931	405,733	442,405	23,810	-	3,100,913	4,482,901
Hunterdon	13,000	3,250	12,208	1,221	73,334	75,342	18,836	55,147	23,810	-	305,740	516,100
Mercer	38,387	9,597	45,415	4,542	197,591	561,167	140,292	209,534	-	-	1,162,801	1,818,839
Middlesex	84,873	21,218	100,472	10,047	409,049	513,809	128,452	458,033	23,810	-	1,854,351	3,299,737
Monmouth	60,140	15,035	70,885	7,089	305,396	720,492	180,123	327,228	23,810	-	1,702,969	2,730,470
Morris	45,626	11,407	53,764	5,376	210,739	95,533	23,883	246,623	23,810	-	854,418	1,631,699
Ocean	71,913	17,978	84,593	8,459	372,823	227,542	56,886	392,527	23,810	-	1,380,215	2,611,986
Passaic	59,044	14,761	69,995	7,000	351,165	545,054	136,264	323,707	23,810	-	1,707,751	2,716,737
Salem	13,000	3,250	8,277	828	71,582	230,076	57,519	38,459	23,810	-	425,236	619,255
Somerset	30,543	7,636	36,072	3,607	124,750	218,530	54,633	165,529	23,810	-	707,882	1,229,158
Sussex	13,000	3,250	13,246	1,325	74,766	12,905	3,226	60,218	23,810	-	249,583	465,700
Union	59,976	14,994	71,090	7,109	294,458	459,442	114,861	328,398	23,810	-	1,457,626	2,483,200
Warren	13,000	3,250	11,446	1,145	74,225	103,728	25,932	53,001	23,810	26,682	372,589	580,315
TOTALS	970,000		1,131,000		5,109,000	9,742,934		5,221,000	476,200	360,398	26,543,493	43,088,208

*** These indicate the AAA's match requirement for SWHDM, SHTP, and SASS (formerly SSBG). These represent county dollars and are not included in the total award received from the State.

MINIMUM PERCENTAGE OF TITLE III-B FUNDS ASSURANCES FOR PRIORITY SERVICES

The Older Americans Act specifies that each State Unit on Aging provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of access, in-home, and legal. The following are New Jersey's Minimums:

Access – 10%

In Home – 10%

Legal Services – 5%

NJ Service Taxonomy Services to the Elderly		
SERVICE CODE	SERVICE	SERVICE CATEGORY
101	Information and Assistance – contact	ACCESS
102	APC Options Counseling – 1/2 hour	
104	Outreach – contact	
105	Care Management – 1/2 hour	
106	Transportation – 1 one-way trip (location to location)	
107	Assisted Transportation – 1 one-way trip (location to location)	
108	Assistive Technology – 1 item of assistance	
109	Language Translation & Interpretation – contact	
110	Public Awareness / Information – activity	
209	Friendly Visiting – visit	
210	Telephone Reassurance – call	
211	Residential Maintenance – hour	
212	Housekeeping – hour	
213	Certified Home Health Aide – hour	
214	Visiting Nurse – visit	
216	Hospice Care – hour	
217	Emergency – contact	
218	Homesharing/Matching – contact	
219	Housing Assistance – contact	
321	Adult Day Services – Social – hour	COMMUNITY SUPPORT
322	Adult Day Services – Medical – hour	
323	Personal Care – hour	
324	Adult Protective Services – contact	
325	Legal Assistance – hour	
326	Physical Health – contact	
327	Oral Health – contact	
328	Mental Health – hour	
329	Counseling – hour	
330	Physical Activity – 1 session per participant	
331	Education – 1 session per participant	
333	Socialization/Recreation – 1 session per participant	
340	Money Management – hour	

**New Jersey Department of Human Services
DIVISION OF AGING SERVICES (DoAS)**

PROGRAM DESCRIPTIONS

June 2021



DIVISION OF AGING SERVICES

New Jersey was one of the first states in the nation to create a state division on aging, through the passage of Chapter 72 of the Public Laws of 1957. Shortly after the federal Older Americans Act was signed into law in 1965, the division was designated as New Jersey's State Unit on Aging (SUA). In 1973, amendments to the Older Americans Act authorized states to designate geographic planning and service areas to be administered by Area Agencies on Aging (AAAs). New Jersey designated each of its 21 county offices on aging as AAAs, making each eligible for federal funding under the Act. All 21 AAAs were later designated as lead Aging and Disability Resource Connections (ADRCs) for their service areas.

Over the past 60 years, New Jersey's SUA has been placed in several departments including Health, Community Affairs, and Health and Senior Services. In July 2012, it was renamed the Division of Aging Services (DoAS) and moved into the Department of Human Services (DHS). This restructuring established a single point of access for older adults, people with disabilities and caregivers seeking long-term services and supports regardless of Medicaid eligibility. DHS assumed responsibility as the SUA, while DoAS serves as the administrative agency.

DoAS administers a number of federal and state-funded programs that make it easier for older adults to live in the community as long as possible with independence, dignity and choice. DoAS receives Older Americans Act funding and serves as the focal point for planning services for the aging, developing comprehensive information about New Jersey's older adult population and its needs, and maintaining information about services available to older adults throughout the state. DoAS also is, and on occasion has been, the recipient of federal grants to initiate or support specific projects benefiting seniors.

State funding, both from the general fund and the Casino Revenue Fund, supports programs and services specific to New Jersey or expands service availability and reach beyond federal funding limits. These include Jersey Assistance for Community Caregiving (JACC), Congregate Housing Services Program (CHSP), Statewide Respite Care Program (SRCP), Alzheimer's Adult Day Services Program, weekend home delivered meals, and two state prescription assistance programs – Pharmaceutical Assistance to the Aged and Disabled (PAAD) and Senior Gold Prescription Discount Program. The division also conducts clinical eligibility and quality assurance for Medicaid Long-Term Services and Supports (MLTSS), and is home to the Office of the Public Guardian and Adult Protective Services. DoAS is also New Jersey's ADRC state lead. DoAS maintains a staff of approximately 300 full-time employees based in Trenton and two regional field offices.

The following is an overview of DoAS programs that serve approximately 300,000 older adults and persons with disabilities in New Jersey.

OFFICE OF AREA AGENCIES ON AGING ADMINISTRATION (AAAA) AND COMMUNITY-BASED SENIOR PROGRAMS

AREA AGENCY ON AGING (AAA) ADMINISTRATION

Office Description: The Office of Area Agency on Aging (AAA) Administration and Community-Based Senior Programs is responsible for a broad array of oversight functions for home and community-based programs provided by or through New Jersey's Area Agencies on Aging/Aging and Disability Resource Connections (AAA/ADRCs). The office reviews and approves Area Plans submitted by the AAA/ADRCs as a condition of receiving state and federal funding for aging services. Some programs and services are administered directly by the AAA/ADRCs while most are provided by community agencies selected and contracted through a county-based competitive bid process. For programs such as Statewide Respite, Congregate Housing Services and Alzheimer's Adult Day Programs, this office administers grants and contracts directly with the community agencies. Programs include:

- Area Plan Contract (APC) services delivered such as outreach, information and assistance, nutrition, in-home care, day care, caregiver support and legal services
- Alzheimer's Adult Day Care Program
- Community Education and Wellness programs
- Congregate Housing Services Program
- Jersey Assistance for Community Caregiving (JACC)
- State Health Insurance Assistance Program (SHIP)
- Statewide Respite Care Program
- Veterans Directed Home-Based Program

State office staff members are responsible for:

- Program oversight and leadership to AAA/ADRCs and community-based agencies
- Regulation, policy and program development and implementation
- Technical assistance and training
- Fiscal support/management of grants and contracts, including applying for federal matching funds
- Data collection, analysis and reporting
- Quality assurance and program monitoring

Older Americans Act Nutrition Services are among the most important services provided and are often the first service sought by seniors. The services include: congregate and home delivered meals, nutrition education, nutrition counseling and nutrition screening. Each meal provides one-third of the Dietary Reference Intakes (DRIs), and complies with the Dietary Guidelines for Americans - 2020. There are more than 211 congregate meal sites throughout New Jersey serving eligible individuals at least one nutritious meal, five or more days per week.

The service targets persons 60 years of age and older; especially low income, minority individuals with limited English proficiency and older individuals at risk of institutional care.

of Beneficiaries: in FFY19, 36,273 seniors received 4.7 million meals: 19,678 seniors received 3.2 million home-delivered meals and 26,595 seniors received 1.5 million congregate meals.

The Aging and Disability Resource Connection (ADRC) serves as the No Wrong Door/Single Entry Point (NWD/SEP) for older adults, persons with disabilities and their caregivers in need of long-term services and supports (LTSS). Its foundation is the partnership of DoAS, the DHS' Division of Medical Assistance and Health Services, the AAAs, the county welfare agencies (CWAs), the county offices on disability services, and other agencies in the aging and disability services network. ADRC is a focused and standardized business process designed to streamline eligibility and improve access to a full range of public (federal, state and/or county-funded) and community-based alternatives for persons of all incomes. Every county-based office on aging, known federally as Area Agencies on Aging (AAAs) serves as the local ADRC.

of Beneficiaries: 241,470 unduplicated of all individuals were served in FFY 2020. More than 360,000 calls were made to the AAA/ADRCs. The top five reasons individuals contacted the ADRC was to seek information on Home Delivered Meals, COVID-19, Transportation, Farmers' Market, and Outreach, accounting for 123,500 calls.

ADRC Website and On-Line Resource Center at www.adrcnj.org offers unique features for consumers and service providers such as access to thousands of national, state and local resources, several search options, and other consumer-friendly tools including Google translation and mapping features.

of Beneficiaries: In 2020, the site had 22,246 unique visitors and 77,072 pageviews.

The Social Assistance Management Systems (now known as WellSky Aging and Disability) is the client tracking system used by the ADRC sites. SAMS collects data on consumer data information and tracks the types of services received by consumers. SAMS maintains a resource database so that professionals and consumers can learn about and link to home and community based services.

Adult Day Services Program for Persons with Alzheimer's Disease or Related Disorders provides relief and support to family caregivers of persons with Alzheimer's disease or a related disorder through the provision of subsidized adult day care services. Clients are provided up to five days of service per week, depending on their need and the availability of funds. Priority is given to those

persons in the moderate to severe ranges of dementia. Participants pay a cost-share based on income.

of Beneficiaries: 30,348 days of service provided in SFY 2020

Congregate Housing Services Program (CHSP) provides supportive services to low-income elderly persons or adults with disabilities who live in selected affordable housing sites. These services may include daily meals provided in a group setting, housekeeping, personal assistance, laundry, shopping, and service coordination. Service subsidies are available on a sliding scale (based on disposable income) to assist tenants in meeting the full cost of the program. There are 33 providers serving 66 buildings in 17 counties.

of Beneficiaries: 3,000 unduplicated participants in SFY 2020

Statewide Respite Care Program (SRCP) provides uncompensated caregivers (family, friends, and spouses) with respite from the stress of providing basic, daily care of an adult who has functional impairments. While most care recipients are elderly, this program also serves a significant number of younger adults with disabilities. A secondary goal of the program is to help families avoid premature nursing home placement of their loved ones. Services are available for emergency and crisis situations, as well as for short-term, intermittent respite. Care recipients pay a cost share, based on income and a sliding scale. SRCP services may include: caregiver education and training, homemaker/home health aides, adult day health or social day services, short stays in licensed health care facilities, campership, and private duty nursing service. There is also a caregiver-directed option.

of Beneficiaries: 2,041 caregivers in SFY 2020

Jersey Assistance for Community Caregiving (JACC) provides 13 in-home services and supports that enable an individual at risk of placement in a nursing home to remain in his/her community home. By providing a uniquely designed package of supports for the individual, JACC is intended to supplement and strengthen the capacity of caregivers, as well as to delay/prevent placement in a nursing home. JACC services individuals who are not participating in NJ FamilyCare or MLTSS. Participants in JACC have a monthly co-payment based on income. Participants must also meet a nursing facility level of care.

of Beneficiaries: 1,747 individuals in SFY2020

Community Education and Wellness fosters the well-being of older adults and their caregivers through coordinated strategies aimed at evidence-based health promotion; provider and consumer education and the prevention, early detection, and prompt management of disease. Primary areas of concentration include chronic

disease self-management, osteoporosis, falls prevention, physical activity, health education and medication management.

- **Interagency Council on Osteoporosis** was established in 1997 through the Osteoporosis Prevention and Education Program Act. Staff provides leadership to the Council and implement initiatives in the areas of public and professional education and outreach.
- **Falls Prevention Workgroup** – Originally an Osteoporosis Council subcommittee, this workgroup leads the development and implementation of an annual Falls Prevention Awareness Week to raise awareness of the risk of falling and ways to prevent falls. Activities include county-based community events, educational materials and a yearly Governor’s proclamation. Activities include the development of the falls free website providing educational materials and resources for local fall prevention efforts.
- **Take Control of Your Health**, the Stanford University-developed program known nationally as the Chronic Disease Self-Management Program (CDSMP), is an evidence-based, six-week course that meets once a week for two and a half hours and is designed to give people with chronic conditions (such as arthritis, heart disease, diabetes, emphysema, asthma, bronchitis, osteoporosis) and/or their caregivers strategies for managing symptoms, working with health care professionals, setting weekly goals, problem-solving, decision making, preventing falls and improving balance, relaxing, handling difficult emotions, eating well, and exercising safely and easily. The division’s license covers CDSMP and its many condition-specific variants (i.e., the Diabetes Self-Management Program (DSMP), Cancer: Thriving and Surviving (CTS), etc.). Some workshops are delivered in Spanish or other languages.

of Beneficiaries: DoAS holds a multi-site license and administers a network of 248 master trainers and 1,499 peer leaders. Since 2010, nearly 19,590 individuals have participated in 1,672 workshops held throughout the state.

- **A Matter of Balance: Managing Concerns About Falls** is a community-based program specifically designed to reduce fear and risk of falling and improve activity levels among older adults. The program includes eight sessions, each lasting two hours, presented over an eight-week or four-week period by trained coaches using a detailed training manual, two instructional videos and a visit from a guest health professional.

of Beneficiaries: Since 2009, 434 workshops were held and approximately 4,945 individuals participated.

- **The Otago Exercise Program** was developed in Australia and is operated in the United States through the University of North Carolina School of Public Health’s Center for Health Program and Disease Prevention. It is an eight-

session, one-on-one home-based falls prevention intervention led by a physical therapist, physical therapist assistant or a nurse.

of Beneficiaries: Since 2015, DoAS supported the on-line training of approximately 90 individuals as leaders of this program.

- **Stress-Busting for Family Caregivers** was brought to the state by DoAS in 2016 in partnership with Rowan University's New Jersey Institute for Successful Aging. It is a nine-week program that consists of weekly, 90-minute sessions with a small group of caregivers. Caregivers learn many new skills including information about the disease process, stress management techniques, and a variety of other content. It is designed to improve the quality of life of family caregivers who provide care for persons with chronic diseases and to help caregivers manage their stress and cope better with their lives. Currently the program is only offered by five in-state agencies: DoAS, The Alzheimer's Association, Interfaith Caregivers of Mercer County, Somerset County Office on Aging and Disability Services, and Sussex County Division of Senior Services.

of Beneficiaries: Since the program's start in 2016, 17 workshops were held and 109 individuals participated.

- **Tai Ji Quan: Moving for Better Balance** is a twice-a-week for 26 weeks peer-led balance training program for older adults at risk of falling and for people with balance disorders. In the one-hour classes, participants learn and practice a core routine set of exercises based on traditional Tai Ji Quan forms integrated with therapeutic balance and mobility training.

of Beneficiaries: The division hosted two in-state leader trainings in 2018. Only one class with 12 participants was able to complete the program before COVID-19 shut down in-person programming.

- **Project Healthy Bones** is an exercise and education program for people with, or at risk of osteoporosis. It includes exercises that target the body's larger muscle groups to improve strength, balance and flexibility. The 24-week curriculum includes sessions on the importance of exercise, nutrition, safety, drug therapy and lifestyle factors. The program is peer-led. Lead Coordinators from local health departments, county offices on aging, Retired and Senior Volunteer Programs (RSVPs) and other community-based organizations coordinate the program at the local level and oversee program delivery and training for peer leaders. Project Healthy Bones began in 1997 and today reaches over 2,000 older adults statewide each year. The program is based on research that links strength training exercises to improved bone density in older adults.

of Beneficiaries: Nearly 2,500 people participate in the program annually throughout the state.

- **Move Today** is a 30-45 minute non-aerobic exercise class for older adults. The program is designed to improve flexibility, balance and stamina. The program features a brief education component focusing on an exercise-related topic. Classes are led by trained peer leaders and meet weekly or bi-weekly for twelve-sessions. Most exercises can be done sitting or standing. A major focus of the program is on good posture. Participants assess their health, physical well-being and intent for behavior change before and upon completion of the program.

of Beneficiaries: About 600 people participate in Move Today annually.

- **HealthEASE** is an eight-session health education curriculum on health promotion and disease prevention/management. The eight one-hour classes can be used as stand-alone sessions, or as a series. The modules are: Keeping Up the Beat (heart health), Keeping Your Mind Sharp, Be Wise About Your Medications, Serving Up Good Nutrition, Move to Get F.I.T., Bone Up On Your Health (osteoporosis), Standing Tall Against Falls, and The Big Three (women's health). The sessions are delivered by professionals from the public health or health care fields or by individuals experienced in working with the elderly or disabled. The program has been fully translated into Spanish.

of Beneficiaries: Since 2012, 912 presentations were delivered, reaching 18,587 older adults.

State Health Insurance Assistance Program (SHIP) trains staff and volunteers in 21 counties to assist Medicare enrollees who have problems with or questions about their health insurance. Over 500 counselors provide assistance face-to-face and over the phone on issues related to Medicare enrollment, claims and coverage choices. Information provided on Medicare supplement policies, Part D Drug Plans, Medicare Advantage Health Plans, Long Term Care Insurance, Medicare coordination with other health plans, and screening for programs that help with medical and medication costs. Educational presentation also provided on Medicare topics for beneficiaries and service providers.

of Beneficiaries: In 2020, SHIP's state office staff and 500 trained counselors statewide report about 37,000 in-person and phone contacts annually. An additional 7,500 persons reached through educational events. These numbers reflect the impact of COVID-19. In 2019, SHIP had 30,000 more contacts and 35,000 more individuals reached through events.

Medicare Improvements for Patients and Providers Act (MIPPA) is a federal law that provided grants to states to encourage low-income Medicare beneficiaries to enroll in two under-utilized federal programs that can reduce their out-of-pocket

health and prescription drug costs. The grants also promote free and reduced-cost preventive services covered by Medicare Part B. DoAS has awarded 8-11 subgrants annually to County Offices on Aging and SHIPs to meet its MIPPA goals.

of Beneficiaries: Since 2010, more than 20,000 Medicare Savings Programs and Low Income Subsidy applications have been generated and more than 500,000 individuals reached through presentations, health fairs, advertising and other methods.

SHIP/Senior Hotline is responsible for providing information on Medicare and other federal, state and local programs for senior citizens and caregivers via the department's website, one-on-one telephone counseling with callers to two toll-free information lines, and through the development and distribution of relevant fact sheets, brochures and other materials. The primary in-state hotline (800-792-8820) for the State Health Insurance Assistance Program (SHIP) provides free, unbiased counseling for seniors regarding Medicare and other insurance issues. The unit also administers, the ADRC hotline at 877-222-3737. People calling this number from a landline within the state are connected to their County Office on Aging where they can learn about and apply for a broad range of services.

of Beneficiaries: In 2020, more than 30,000 individuals were served directly by the hotline.

OFFICE OF STATE HEALTH INSURANCE PROGRAMS FOR THE AGED AND DISABLED

Office Description: This office is responsible for administering several federal and state benefit programs that help eligible older adults and adults with disabilities pay for medications, home energy, out-of-pocket insurance premiums and co-pays, and other costs. The office utilizes the NJ SAVE application to determine financial eligibility for the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program, the Senior Gold Prescription Discount program, the Medicare Savings Programs known as the Specified Low Income Medicare Beneficiary (SLMB) and SLMB Qualified Individual (SLMB QI-1) programs, the Lifeline utility assistance program, and the Hearing Aid Assistance to the Aged and Disabled (HAAAD) program. In addition, the NJ SAVE application is used to screen eligibility for several other programs benefiting seniors and the disabled including: Supplemental Nutrition Assistance Program (SNAP), a program that helps people who meet certain income criteria buy groceries; Low Income Home Energy Assistance (LIHEAP) and the Universal Service Fund, two programs that help pay utility costs; "Extra Help with Medicare Prescription Drug Costs," a program that helps pay Medicare Part D costs; and the New Jersey Hearing Aid Project, a program that provides free refurbished hearing aids for eligible low income seniors. Once a person is on the PAAD program; he or she may qualify for a property tax freeze and reduced motor vehicle fees.

Furthermore, through an interagency agreement with the NJ Department of Health, this office determines eligibility for the AIDS Drug Distribution Program (ADDP) using a separate application process.

PAAD provides pharmaceutical assistance to low-income NJ residents age 65 years of age or older or over age 18 and receiving Social Security Disability benefits. PAAD copays are \$5 for generic drugs and \$7 for brand name drugs.

of Beneficiaries: Approximately 119,000.

Senior Gold provides pharmaceutical assistance to NJ residents age 65 years of age or older or over age 18 and receiving Social Security Disability benefits with income that exceeds PAAD limits by less than \$10,000. Senior Gold copays are \$15 plus 50% of the remaining cost of the drug.

of Beneficiaries: Approximately 16,400.

Lifeline provides \$225 to offset utility costs for eligible low income aged and disabled beneficiaries and is administered by DoAS through an interagency agreement with the Board of Public Utilities. The \$225 is a credit on gas and electric bills for utility customers or a check to tenants who have the utilities included in their rent.

of Beneficiaries: Approximately 177,500.

HAAAD provides reimbursement to individuals in need of hearing aid (\$500 for one hearing aid or \$1,000 for two) and who meet PAAD eligibility requirements and is administered by DoAS.

of Beneficiaries: Approximately 200.

SLMB/SLMB QI-1 pays Medicare Part B (medical insurance) premiums for eligible New Jersey residents who are not financially eligible for the Qualified Medicare Beneficiary (QMB) program under New Jersey Medicaid (also known as New Jersey Care).

of Beneficiaries: Approximately 24,700.

ADDP provides life-sustaining and life-prolonging medications to low income individuals with no other source of payment for these drugs.

of Beneficiaries: Approximately 6,400.

Nursing Facility Provider Relations is responsible for determining fee-for-service reimbursement to long term care facilities with Medicaid provider agreements and pays for the custodial care of residents with Medicaid who were in nursing facilities before July 1, 2014. There are 325 nursing facilities, 32 special care nursing facilities, and 8 county-run homes for a total of 366 providers. The program reviews and

establishes prospective rates of Medicaid reimbursement and handles appeals associated with the established rates.

OFFICE OF LONG TERM SERVICES AND SUPPORTS

(also known as the Office of Community Choice Options, or OCCO)

Office Description: OCCO administers the Pre-Admission Screening (PAS), Enhanced At Risk Criteria PAS, and the Pre-Admission Screening and Resident Review (PASRR) Screening programs through which potentially-eligible NJ FamilyCare/Medicaid seniors and individuals with functional disabilities are evaluated to determine if they are clinically eligible for long term services and supports. The clinical assessment process includes Options Counseling, which is a process to inform individuals of their available services and supports based on the outcomes of the clinical assessment process. OCCO also administers the Money Follows the Person (MFP) program. OCCO is the State entity for Medicaid Fair Hearings related to clinical eligibility determinations.

Among its responsibilities with regards to the operations of Managed Long Term Services and Supports waiver (MLTSS) are these functions: (1) Clinical eligibility determination for nursing facility level of care which is the standard for MLTSS; (2) Coordination of the Cost Effectiveness Interdisciplinary Team process; (3) Training related to clinical assessment and care management; and (4) Quality Assurance

MFP staff work with nursing home residents, their families and nursing home discharge planners in collaboration with the managed care organizations (MCOs) to assist with resident transitions back to the community and the identification of services required to support community placement. MFP staff counsel these individuals on community-based alternatives and participate in discharge planning through an inter-disciplinary team. The focus is to ensure that current/potentially-eligible NJ FamilyCare/Medicaid beneficiaries in need of long-term care receive quality services and appropriate service delivery in the least restrictive care setting.

There are two OCCO Regional Field Offices that cover the state: The Southern Regional Office located in Hammonton serves the counties of Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Monmouth, Ocean and Salem counties. The Northern Regional Office located in Edison serves the counties of Bergen, Essex, Hudson, Morris, Passaic, Sussex, Warren, Hunterdon, Middlesex, Somerset and Union.

of Beneficiaries: In CY2019, OCCO Community Choice Counselors handled more than 117,000 referrals for PAS, Clinical Eligibility Determinations, and EARC-PAS.

Pre-Admission Screening (PAS) is an in-person clinical assessment done by OCCO to determine nursing facility level of care for individuals seeking Medicaid eligibility for waiver programs including JACC, PACE, and MLTSS. The PAS is conducted for individuals who are not yet enrolled in a NJ FamilyCare managed care organization (MCO).

Clinical Eligibility Determination is an in-person clinical assessment done by a designated stakeholder entity such as the ADRC, PACE, or MCO to assess for nursing facility level of care for individuals seeking JACC, PACE, and MLTSS eligibility. OCCO is the sole authority for the determination of nursing facility level of care and making a determination.

Hospital Enhanced At-Risk Criteria Pre-Admission Screening Program (EARC-PAS) is a screening process which provides short-term 90 day authorization for acute care hospital patients being discharged to a Medicaid certified NF. These individuals are potentially or currently eligible for Medicaid and not enrolled in a NJ FamilyCare MCO. A clinical eligibility determination is required upon admission to the NF for individuals who are above the Federal Poverty level limits for Medicaid eligibility and require Medicaid billing during their stay in the NF. Acute care hospital staff trained and certified through the DoAS-established curriculum complete this tool. OCCO is responsible for the authorization process.

I Choose Home New Jersey (ICHNJ), known at the federal level as **Money Follows the Person (MFP)**, is a federal demonstration project that assists Medicaid eligible older adults and individuals with disabilities transition from institutions to community living with the services and supports they need to thrive and helps states strengthen and improve community based systems of long term care. New Jersey submitted an Operational Protocol in 2007 and started transitioning eligible participants in 2008. As a result of this program, NJ has realized a Medicaid savings of more than \$34 million as of December 31, 2019.

ICHNJ is a collaborative effort between the Centers for Medicare and Medicaid (CMS), Division of Aging Services (DoAS), Division of Developmental Disabilities (DDD), Division of Disability Services (DDS) and the Office of the Ombudsman for the Institutionalized Elderly (OOIE). OOIE markets the program and assists DoAS in identifying residents of nursing homes who would like to transition to the community. NJ Family Care MCOs identify their members who are eligible for the program and partner with DoAS to facilitate the transition.

The program is slated to end September 2023, unless the program is extended through federal action.

of Beneficiaries: As of December 31, 2019, the project has served 2,900 individuals: 957 with developmental disabilities and 1,979 who are elderly and/or physically disabled.

Long Term Services and Supports (LTSS) Quality Assurance works collaboratively with the Division of Medical Assistance and Health Services (DMAHS) to monitor quality assurance for Medicaid's Managed Long Term Services and Supports (MLTSS) program. Central office and OCCO field staff members perform this function. Additionally, the unit performs quality assurance and customer file reviews for the PACE organizations statewide.

Program of All-Inclusive Care for the Elderly (PACE), which was introduced in New Jersey in 2009, is designed to serve individuals 55 and older who require nursing facility level of care but who can continue to reside safely in their communities at the time of enrollment and reside in the service area of a PACE organization. Enrollees can be dual eligible beneficiaries, Medicare beneficiaries, Medicaid beneficiaries or private pay enrollees. PACE is responsible for integrated care along the entire spectrum from primary care to home and community based service to behavioral health, pharmaceutical care, acute and long term care with a PACE Center as the hub. PACE organizations receive capitated Medicare and Medicaid payments. They are full risk bearing organizations (i.e., insurers) for the total cost of care and all incentives are aligned to promote cost effectiveness and optimal outcomes. As both direct care providers and payers for care, PACE organizations deliver comprehensive, fully integrated care provided by an interdisciplinary team of professionals that addresses the needs of those who are medically complex, and functionally and/or cognitively impaired. There are currently six PACE sites operating as LIFE St. Francis in Bordentown, LIFE at Lourdes in Pennsauken, Lutheran Senior LIFE in Jersey City, Lutheran LIFE in Vineland, Beacon LIFE in Monmouth County and AtlantiCare LIFE Connection.

of Beneficiaries: As of February 2021, the PACE census was 1,146 participants.

OFFICE OF THE PUBLIC GUARDIAN AND ELDER RIGHTS

Office Description: This office administers guardianship services, Adult Protective Services (APS), the Title III Legal Assistance Program, and Elder Rights.

Office of the Public Guardian (OPG) provides guardianship services to incapacitated adults, age 60 and older. It is administratively situated in the Division of Aging Services. The Public Guardian is appointed by the Superior Court of New Jersey when no family or friends are willing or appropriate to serve as guardian. Once appointed, OPG can oversee medical, social, financial, legal and all other aspects of the client's life on a 24/7 basis.

of Beneficiaries: In 2020, OPG managed nearly 1,250 wards.

Adult Protective Services (APS) investigates allegations of abuse, neglect, and exploitation of older persons and persons with disabilities residing in the community who are being mistreated and who are unable to protect themselves. APS works to stabilize these crisis situations using the least intrusive methods while respecting each individual's right to self-determination. Protective services are voluntary, but may be implemented involuntarily only by way of the courts if deemed necessary to safeguard an individual. All information generated by the investigation is confidential.

of Beneficiaries: In 2019, APS received 10,200 reports of suspected abuse, neglect and exploitation, investigated 4,581 of those reports and 1,736 of those cases were substantiated or required continued APS intervention.

2018 New Jersey Task Force on Abuse of Persons who are Elderly or Disabled

Findings and Recommendations



State of New Jersey
Philip D. Murphy, *Governor*
Sheila Y. Oliver, *Lt. Governor*
Department of Human Services
Carole Johnson, *Commissioner*



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**National Core Indicators
Aging and Disabilities Adult Consumer Survey**

2019-2020 New Jersey Results



[Click on this page to be redirected to the full resource](#)



Office of AAA Administration
PO Box 807
Trenton, NJ 08625-0807



ADRC
1 (877) 222-3737

AREA AGENCIES ON AGING

◆ **Atlantic** County Division of Intergenerational Services
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 Northfield, NJ 08225
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Fax: (609) 645-5940

◆ **Bergen** County Division of Senior Services
 Lorraine Joewono, Executive Director
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Fax: (201) 336-7430

◆ **Burlington** County Office on Aging
 Amy Barra Executive Director
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◆ **Camden** County Division of Senior & Disabled Services
 Maureen Bergeron, Executive Director
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◆ **Cape May** County Division of Aging and Disability Services
 Mary Dozier, Executive Director
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 Rio Grande, NJ 08242
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◆ **Cumberland** County Office on Aging and Disabled
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◆ **Essex** County Division of Senior Services
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 465 Dr. Martin Luther King Blvd. Suite 102
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◆ **Gloucester** County Division of Senior Services
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◆ **Hudson** County Office on Aging
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◆ **Hunterdon** County Division of Senior, Disabilities and Veterans' Services
 Laine Nauman, Executive Director
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 Flemington, NJ 08822-2900
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◆ **Mercer** County Office on Aging
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◆ **Middlesex** County Office of Aging and Disabled Services
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◆ **Monmouth** County Division on Aging, Disabilities & Veterans Services
Sue Moleon, Executive Director
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◆ **Morris** County Division on Aging, Disabilities and Community Programming
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◆ **Ocean** County Office of Senior Services
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◆ **Passaic** County Department of Senior Services, Disabilities and Veterans' Affairs
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◆ **Salem** County Office on Aging
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◆ **Somerset** County Aging and Disability Services
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◆ **Sussex** County Office on Aging
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◆ **Union** County Division on Aging
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◆ **Warren** County Division of Aging & Disability Services
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(908) 475-6591
Fax: (908) 475-6588

**State Plan Guidance
Attachment A**

**STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2020**

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .

(2) The State agency shall—

(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan; . . .

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a) (16); and

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

(c) An area agency on aging designated under subsection (a) shall be— . . .

(5) in the case of a State specified in subsection (b)(5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning

and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

- (1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,
- (2) a numerical statement of the actual funding formula to be used,
- (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306, AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4) (A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area wide development and implementation of a comprehensive, coordinated system for

providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) (A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;

(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

(2) The plan shall provide that the State agency will—

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to

low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

(5) The plan shall provide that the State agency will—

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(7) (A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.

(C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount

expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

(B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

(10) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance —

(A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals —

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for—

- (i) public education to identify and prevent abuse of older individuals;
- (ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall—

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made—

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State’s statewide service delivery model, for any anticipated change in

the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

- (A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;
- (B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and
- (C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

(a) ELIGIBILITY—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307—

- (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order...



July 14, 2021

Signature and Title of Authorized Official
 Louise Rush, Division Director
 New Jersey Division of Aging Services

Date

State Plan Guidance Attachment B

INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

New Jersey uses several mechanisms to ensure funding and services reach the target population as required under the Older Americans Act (OAA). New Jersey's Intrastate Funding Formula (see Appendix E) is designed to direct OAA dollars to those in greatest economic and social need. Grants management staff with the Division of Aging Services (DoAS) oversee the state's 21 Area Agencies on Aging (AAAs) to monitor implementation and compliance in this area. AAAs are responsible for meeting performance standards and participating in the annual assessment process conducted by the DoAS quality monitoring team. This process includes a review of each AAA's participant data. DoAS also has a program management officer (PMO) who is responsible specifically for Area Plan Contracts (APCs). The PMO provides the AAAs with technical assistance and guidance to ensure equal access to services, including language assistance for individuals with limited English proficiency, and conducts compliance reviews of the AAAs' targeting efforts and related activities. The PMO reviews and approves the section of each AAA's APC that describes the proposed efforts to reach target populations. Each AAA is required to include targeting goals and strategies as part of their APC and includes targeting language in sub-contracts with provider agencies to ensure they also focus on meeting targeting goals. AAA service providers also must focus on meeting targeting goals.

Supporting these processes, DoAS has a state targeting policy. The DoAS targeting policy states that preference will be given to providing services to older individuals with the greatest economic and social needs, with particular attention to low income minority individuals. The policy requires that AAAs define target populations, determine service needs and priorities, prioritize target populations and services and establish methods to reach target populations, including minority, impoverished, frail, vulnerable populations (including those experiencing language barriers, isolation and lack of support systems). All DoAS-established service definitions (known as taxonomies in New Jersey) reference the targeting policy.

Section 306(a)(6)(I)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

In the Context section of this plan, we described our focus on refining and expanding service taxonomies over the past four years. This included taxonomies for assistive technology. To expand usage of assistive technology services, DoAS facilitated the introduction of the state's Assistive Technology and Accessibility Center (ATAC) to each of the 21 AAAs. DoAS urged the AAAs to utilize ATAC in their planning processes. Currently, one AAA is supporting ATAC through ADRC/COVID grant funding.

ATAC is New Jersey's federally funded assistive technology project through a sub-contract with the State's Department of Labor and Workforce Development. Its purpose is to assist individuals in overcoming barriers and make assistive technology more accessible to individuals with disabilities throughout the state. Some of the core services include: Virtual Assistive Technology Demonstrations, Assistive Technology Lending Center, Device Reutilization.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

DoAS acknowledges that disaster preparedness and response activities are a fundamental and critical role for both the State Unit on Aging (SUA) and the AAAs. Each AAA and its providers are required to develop Continuity of Operations Plans (COOPs). The AAAs maintain those plans in their offices for review upon request by DoAS. The COOP review is a standard procedure that takes place as part of the annual assessment process. In addition, DoAS made emergency preparedness a priority area in the current three-year APC cycle.

During emergency and non-emergency times, DoAS shares information and technical assistance with our AAAs through our partnerships with other State agencies. We also regularly share training opportunities with the AAAs that are available through the Federal Emergency Management Agency (FEMA), our own department and other sources.

Section 307(a)(2)

The plan shall provide that the State agency will —...

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

New Jersey has specified the Title IIIB minimums as follows: Access – 10%, In-Home 10% and Legal 5%. DoAS has designated programmatic and fiscal monitoring staff to oversee these specified minimums. DoAS utilizes a system for administering grants electronically (SAGE) that contains a feature to prevent the AAAs from submitting their APCs unless OAA Title IIIB percentage requirements are satisfied. See Appendix G of this State Plan on Aging. Although DoAS has a waiver policy and procedure, to date no AAA has requested to waive the percentage requirements.

Section 307(a)(3)

The plan shall—...

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;

(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*

(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

According to the most recent U.S. Census, New Jersey has no rural areas. Although New Jersey is our nation's most densely populated state, we do have areas of low population and a few specific tracts of land that certain federal programs, such as the Rural Health Grants program, consider rural.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

According to the most recent U.S. Census, New Jersey has no rural areas. Although New Jersey is our nation's most densely populated state, we do have areas of low population and a few specific tracts of land that certain federal programs, such as the Rural Health Grants program, consider rural.

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and*

In New Jersey there are 75,285 low-income minority individuals who are 60 and older. In New Jersey there are 27,880 individuals who are 60 and older, low-income minority with limited English proficiency. This information was garnered from the five year American Community Survey (ACS) 2013-2017 Special Tabulation on Aging.

(B) *Describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

See Appendices C1-C5 for details on the demographics of low-income minority individuals and individuals with limited English proficiency in New Jersey. As mentioned above, in response to Assurance Section 305(a)(2)(E), DoAS has established targeting policies and targeting goals of APCs. Our Intrastate Funding Formula is based on weighted factors, as indicated in Appendix E. Also, see Appendices D2 & 3, which reflects individuals receiving congregate and HDM in poverty status.

To support access to services for underserved populations, DoAS shares its telephonic language assistance service with each of the 21 AAAs and the 21 lead SHIP agencies in each county at no cost to those agencies. DoAS also established a relationship with the State's new Office of New

Americans and, as a result, obtained guidance on which languages to consider when conducting consumer surveys.

AAAs conduct local needs assessments, hold public hearings, and ensure representation of minority individuals on their advisory councils.

Section 307(a)(21)

The plan shall — . . .

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, *and specify the ways in which the State agency intends to implement the activities.*

New Jersey does not have any federally recognized Native American tribes. In those counties that have state- or locally-recognized tribes (in our southwestern and northwestern corners), the AAAs do outreach these communities. In some instances, AAAs contract with tribes to provide services under the OAA such as congregate nutrition. AAAs try to make connections and relationships with individuals in the tribes, particularly on tribal councils, in order to foster any assistance the AAA can offer. This often manifests itself in collaborations on the distribution of home delivered meals and farmer’s market vouchers. Some tribe members are hesitant to accept assistance from the AAA but these relationships can often mitigate that hesitation. In one county, the Ramapough-Lenape Nation has a representative on their Elder Abuse Coordinated Community Response Team. Through this relationship, information and educational materials and opportunities are shared with the Ramapough-Lenape Nation on elder abuse. In addition to these connections, our AAAs make efforts to outreach to older individuals who are Native American, regardless of their link to a recognized tribe.

Section 307(a)(27)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State’s statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

New Jersey is keenly aware of our growing aging population. On March 2, 2021, Governor Murphy signed Executive Order No. 227 creating the Age-Friendly State Advisory Council, which will work to identify opportunities for creating livable communities for people of all ages in New Jersey, recommend best practices for age-friendly work, and promote community inclusion across the state. More information on these initiatives can be found in Context section

and in Goal 3 of this State Plan on Aging.

Specifically, the Council, which will be chaired by the Acting Commissioner of Department of Human Services (DHS), will include representatives from the New Jersey Departments of Transportation, Community Affairs, and Health, in addition to representatives from local government, community stakeholder groups, the business sector, and the higher education community. Within 18 months of the effective date of the Executive Order, DHS will issue a blueprint of best practices for advancing age-friendly practices in transportation, housing, inclusivity, and community support and health services. The Council is expected to be formed and hold its first meeting later this year.

Section 307(a)(28)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Statewide efforts for coordinating emergency preparedness efforts over the past four years are outlined in our Progress Update under Goal 5. Further goals and initiatives in this area are detailed in Goal 5 of this State Plan on Aging.

Section 307(a)(29)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

New Jersey's Department of Human Services (DHS) Commissioner and DoAS Director are directly involved in the development, revision and implementation of emergency preparedness plans and coordinate across state departments. DoAS Director, Louise Rush, is a member of the DHS's Senior Management Team and directly responsible for the implementation of the DoAS COOP. She works cooperatively with the DHS Office of Emergency Management (OEM) as well as the 21 county based AAAs. More information on our partnerships with DHS OEM can be found in the Context and Progress update sections of our State Plan on Aging (see pages 4 and 16). Director Rush is also involved in working with agencies to secure services that address the needs of New Jersey's older adults during times of emergencies.

Section 705(a) ELIGIBILITY —

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307—* . . .

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements

of the chapter and this chapter;

New Jersey assures that, in carrying out any chapter of this subtitle for which it receives funding under this subtitle, it will establish programs in accordance with the requirements of the chapter and this chapter. New Jersey assures its commitment to carrying out the requirements of Title VII. See the State Plan on Aging's Goal 6, titled "Elder Justice" and the related strategies and initiatives.

Goal 6 of our state plan outlines new initiatives and improvements to the programs that fulfill Title VII such as our local legal services programs, the State Long Term Care Ombudsman (SLTCO), Adult Protective Services (APS) and the Office of Public Guardian for Elderly Adults (OPG).

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

New Jersey values the input of stakeholders across the aging network as well as the public, specifically older adults and their caregivers. DoAS held a stakeholder meeting virtually with the directors of the state's 21 AAAs. In addition, separate stakeholder meetings were held with legal and nutrition services providers. A network-wide stakeholder meeting that attracted nearly 160 participants was held virtually on April 8, 2021. Stakeholders in attendance spanned state agencies, non-profit organizations, county and local governments, retired aging services workers, and many more stakeholders involved in the provision of and advocacy for services for older adults. A public listening session was held on April 29, 2021; at which 21 seniors and caregivers provided on-camera or phoned-in testimony (14 others provided written statements via email). In addition, the New Jersey Caregivers Task Force held three public listening sessions (March 6, 10, and 18, 2021) that provided inspiration for several objectives in the plan. The State heard from a variety of individuals who hold a stake in the future of aging in New Jersey during these meetings and listening sessions as outlined in Appendix B of this plan. This plan was developed with their input as a guiding principle.

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

As outlined in Goal 6 of our State Plan on Aging, New Jersey assures a commitment to prioritizing activities and services that ensure the rights of older adults and prevent abuse, neglect and exploitation in conjunction with the work of the SLTCO, OPG and APS. In Goal 1 of our state plan on Aging, we outline efforts to outreach to older individuals to ensure their access to, and assistance in securing and maintaining benefits.

Legal services providers engage in regular in-person outreach efforts, including but not limited to conducting presentations in partnership with the AAAs, non-profit and other community based organizations; visiting senior centers and nutrition sites; and working with county and local law enforcement.

New Jersey plans to ensure the rights of older adults and prevent abuse, neglect and exploitation through an increase in public education regarding warning signs of adult maltreatment and professional education that will allow those who work with vulnerable adults to more fully recognize and respond to early indications of coercion and abuse.

In addition to that, DoAS will support statewide efforts to develop and maintain multidisciplinary review teams that incorporate representatives from law enforcement, health care and social services to allow for faster and more comprehensive resolutions.

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

New Jersey assures that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

Pursuant to section 712(a)(5) of the Older Americans Act, states “may designate” a local Ombudsman entity. This section gives the states discretion in the structure of the SLTCO program. In New Jersey, the program is established by statute. See N.J.S.A. 52:27G-1 et seq. The SLTCO is in, but not of, the Department of the Treasury. The Office is allocated to that Department but, by statutory mandate, is independent of any supervisor or control by the Department.

New Jersey utilizes a SLTCO who serves all planning and service areas. See organizational chart in Appendix A. Since New Jersey has not elected to designate local Ombudsman entities, there are no restrictions on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—

(i) if all parties to such complaint consent in writing to the release of such information; if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(ii) upon court order.

In addition to legal assistance and other services provided by the AAAs, New Jersey has three long-standing programs to address the vulnerable elderly. Vulnerable elder rights protection activities fall under the purview of the SLTCO, APS and OPG. The SLTCO is responsible for promoting, advocating and insuring the adequacy of care received and the quality of life experienced by elderly patients, residents and client of certain health care facilities. Pursuant to N.J.S.A. 52:27G-3, the SLTCO is an independent office that is vested with the functions, powers and duties to assist those individuals residing in long-term care facilities. The SLTCO is allocated to the Department of the Treasury but it is independent of any supervision or control by that Department. The Adult Protective Services Act establishes a comprehensive system of education, reporting, investigation and provision of protective services for vulnerable adults who reside in a community setting, lack the ability to handle their well-being and are subjected to abuse, neglect and/or exploitation. See N.J.S.A. 52:27D-406 et seq. County protective services providers, who are designated by each county and approved by the Department of Human Services (DHS), are the frontline workers. OPG is vested with the powers and duties to help those individuals who are 60 years of age or older and cannot manage their own health and/or financial affairs. See N.J.S.A. 52:27G-23 et seq. OPG is allocated to DHS but, by statutory mandate, is independent of any supervision or control by the DHS. The Public Guardian serves as the administrator and chief executive officer

New Jersey has a strong network of partners that work together and coordinate activities to address the abuse, neglect and exploitation of the elderly. The Division of Aging Services (DoAS), OPG, SLTCO, the county APS providers and the AAAs conduct outreach and educational sessions to expand awareness of elder abuse, neglect and exploitation. DoAS offers education upon request. DoAS and county-based APS providers host a variety of activities to educate stakeholders on identifying abuse, reporting suspected abuse and understanding the APS program. County-based APS providers join community events such as health fairs and senior outreach events. As part of World Elder Abuse Awareness Day (WEAAD), DoAS encourages each county APS provider to conduct at least one activity geared towards raising awareness of the problem of abuse, neglect and exploitation of the elderly. The activities focus on educating the community and system partners on recognizing abuse and helping the vulnerable adult. People are encouraged to wear purple for the day, resource brochures are distributed at exhibit tables and public service announcements are broadcast on local radio stations and posted to social media. The New Jersey Office of the Attorney General hosts a WEAAD event that includes an APS presenter to speak on the APS program. OPG routinely provides outreach and education to the judiciary, law enforcement, nursing facilities, hospitals and advocacy groups. The Public Guardian now sits on the elder abuse task force established by the New Jersey Judiciary. As the result of a federal Department of Justice grant, OPG now has the capability to screen each ward for financial exploitation. OPG also has a certified victim witness advocate. The focus of the SLTCO to advocate for residents of certain health care facilities and it does so by advising residents of their rights and by investigating allegation of abuse and neglect of residents. SLTCO has begun a project on social isolation that entails sending special staff into nursing facilities to check on isolated residents to ensure the facilities are doing everything possible to maximize the rights of the residents and their quality of life during the pandemic. The county APS providers initiate educational trainings with law enforcement, financial institutions and other entities in the network. The AAAs routinely outreach older individuals by speaking at senior centers, hosting events, staffing informational tables and disseminating notices on current scams targeting the elderly. The AAAs also host WEAAD events to promote the awareness and identification of elder abuse and financial exploitation.

All of these agencies work collaboratively to ensure that older individuals are referred to appropriate services. APS, OPG, SLTCO, AAAs and the county boards of social services have established a strong network that enables easy referral of services and, if necessary, complaints to each other. Pursuant to N.J.S.A. 52:27D-411, county APS providers are required to make formal referrals for services that they cannot provide. Additionally, New Jersey law has reporting requirements. N.J.S.A. 52:27D-409 mandates that certain individuals report the suspected abuse, neglect or exploitation of a vulnerable adult and N.J.S.A. 52:27D-420 requires a county director to report suspected criminal acts against a vulnerable adult to law enforcement. OPG often refers criminal complaints to law enforcement and has worked with the federal, State and local law enforcement agencies to pursue justice on behalf of its wards. When appropriate, OPG also pursues related civil litigation to protect its wards.

Adult protective services are provided upon consent; services are not imposed. N.J.S.A. 52:27D-411 allows the county APS provider to arrange for services if the individual or his or her legal guardian consents.

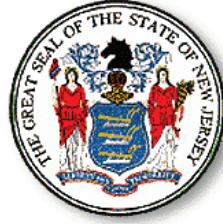
Under New Jersey law, the information gathered in response to complaints and investigations for APS are confidential. Pursuant to N.J.S.A. 52:27D-420, all records pertaining to any report, evaluation or service provided under the APS Act are confidential.



August 4, 2021

Signature and Title of Authorized Official
Louise Rush, Division Director
New Jersey Division of Aging Services

Date



Verification of Intent

The State Plan on Aging is hereby submitted for the State of New Jersey for the period October 1, 2021 through September 30, 2025. It includes all the assurances and plans to be conducted by the New Jersey Department of Human Services, Division of Aging Services under the provisions of the Older Americans Act, as amended, for the period identified. The State Agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the coordination of all State activities related to the purposes of the Act, i.e., the development of comprehensive and coordinated systems for the delivery of supportive services and to serve as the effective and visible advocate for the elderly in the State.

This State Plan on Aging is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary for Aging.

The State Plan on Aging hereby submitted has been developed in accordance with all Federal statutory and regulatory requirements.

I hereby approve this State Plan on Aging and submit it to the Assistant Secretary for Aging for approval.

Louise Rush, Director
Division of Aging Services

July 14, 2021

Date

Sarah
Adelman

Digitally signed by Sarah
Adelman
Date: 2021.07.14
14:39:30 -04'00'

Sarah Adelman, Acting Commissioner
New Jersey Dept. of Human Services
Governor Designee

July 14, 2021

Date

Attached Resources

Click on the cover of each publication to access the full online resource.



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February 2020



Department of Human Services

New Jersey Division of Aging Services Program Guide



A comprehensive resource guide to Federal and State-funded programs that promote the well-being of seniors and adults with disabilities living in the community

New Jersey Department of Human Services

New Jersey Resources

2020-2021

