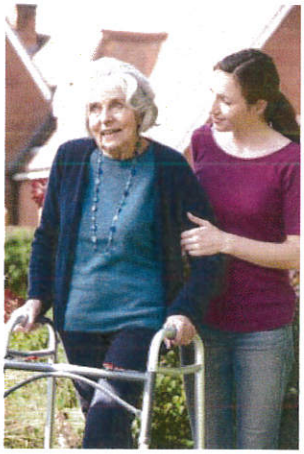
NJ Department of Human Services

State Strategic Plan On Aging

October 1, 2017 - September 30, 2021



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NEW JERSEY STATE PLAN ON AGING

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Executive Summary

New Jersey is home to a growing and diverse older adult population that shares the common desire to maintain their independence and live in the community for as long as possible with the assistance of accessible, high-quality long-term services and supports as, and when, necessary. This State Plan empowers older adults in New Jersey to do just that.

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, 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 (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 Older Americans Act of 1965, as amended. This plan, covering the years 2017-2021, outlines the direction in which New Jersey's long-term services and supports efforts are 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 2013 and runs until this new one begins.

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

Context

New Jersey has adopted this State Strategic Plan on Aging (2017-2021) 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 slightly revised and expanded since its previous submission but continue to closely mirror the goals established by the U.S. Administration for Community Living in its most recent Strategic Action Plan (2013-2018). Our goals are:

- 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.
- Goal 2: Empower older adults and their caregivers to make informed decisions and exercise self-determination over their life choices.
- 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).
- Goal 4: Ensure the rights of older adults and prevent their abuse, neglect and exploitation.
- Goal 5: Enhance the ability of older adults, caregivers and the aging services network to effectively deal with statewide and local emergencies.
- Goal 6: Implement management improvement activities that promote program integrity, strengthen business processes, and increase quality, efficiency and accountability.

To solicit input into the development of this plan, the Department of Human Services (DHS), Division of Aging Services (DoAS) held a stakeholders' meeting on March 1, 2017, and two public listening sessions, in Union County on April 25, and Camden County on April 26, 2017. 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 2015 American Community Survey data). Census data from 2010 ranked the state 11th in the nation in overall population and 10th in the number of individuals age 60 and older, at 1,666,535. By 2015, NJ's 60+ population was estimated at 1,859,835. From 2000 to 2010, the percentage of New Jersey residents age 60 and older rose 15 percent. The largest population growth was among the youngest cohort, age 60-64 years, at 45.3 percent, and the oldest, age 85 and over, at 32.1 percent. This change reflected the aging of the baby boomers (those born between 1946 and 1964) and their parents. The population over age 60 years is projected to grow substantially in the near future. Per the 2015 American Community Survey, the population in this age group in New Jersey is projected to number nearly 2.5 million by 2034. People aged 60 and over represented 19 percent of the state population in 2010 and 20.9 percent in 2015. By 2034, this figure is expected to rise to 25.4 percent.

New Jersey is one of the most diverse states in the nation across all generations. Among state residents aged 60 years and over, 42.6 percent are from racial or ethnic minority groups compared to 37.7 percent nationally. According to the 2010 Census, 9.8 percent were non-Hispanic black, 8.5 percent were Hispanic and 5.3 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 22.1 percent of residents age 60 and older spoke a language other than English at home and 13.7 percent reported they spoke English less than very well.

In the 60 and older age group, 55.9 percent are married and 24.7 percent are widowed. In addition, 40.8 percent are living alone. There is also a significant gender gap among New Jersey older adults. Women account for 56.8 percent of the population age 60 and older, and 68.6 percent of the population age 85 and older.

For income data, this plan looked to two main sources: the 2010 Census and the Elder Economic Security Index (Index), a resource measuring how much income older adults require to adequately meet basic needs without public or private assistance. While previous NJ-specific Index reports were produced by the New Jersey Foundation for Aging in partnership with Wider Opportunities for Women (WOW) and the Gerontology Institute at the University of Massachusetts Boston, a 2015 state law assigned this responsibility to DHS. The legislation called for the state to use the Index to improve the coordination and delivery of public benefits and services to older adults in New Jersey and as a planning tool to allocate resources more efficiently. Its first report, using 2015 data and released early in 2017, found that in order to reach economic security, a single senior needed an annual income ranging from $27,264 (for homeowners without a mortgage) to $40,284 (homeowners with a mortgage). For couples, the standards ranged from $38,376 to $51,396. The standard 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 2006-2010, 7.5 percent of New Jersey residents age 60 years 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 percent of the statewide non-institutionalized population age 65-74 claimed a disability in 2010. The prevalence increased substantially with age. In the 75+ age group, 48.8 percent of men and 48.9 percent of women had a disability.

Service utilization of home and community-based services under NJ FamilyCare, New Jersey's Medicaid program, continues to rise. As of June 2017, over 50,000 individuals were enrolled in Medicaid long term care with approximately 22,000 receiving home and community-based services (HCBS) under Managed Long Term Services and Supports (MLTSS) and 27,000 residing in nursing facilities.

Included are 900 participants 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 45 percent of individuals receiving HCBS rather than nursing home care. This figure was 28.9 percent when MLTSS began.

In addition 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) – 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 2016, over 200,000 individuals received services through their Area Agencies on Aging (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, it must be taken 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 1.2 million New Jersey residents are currently providing more than a billion hours of direct, unpaid care to an elderly or disabled relative or friend. The economic value of this care is estimated at $13.6 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:

Managed Long-Term Services and Supports (MLTSS) is Implemented

For more than 20 years, New Jersey has been transforming its long term services and supports system (LTSS) to emphasize home and community-based services (HCBS) and to rely less on institutionalization. With its move to managed long term services and support (MLTSS) through the federal government's approval of a five-year Medicaid Section 1115 research and demonstration waiver in October 2012 (Waiver), the state is now even better positioned to serve more individuals with HCBS.

Administratively, MLTSS is part of New Jersey Medicaid's NJ FamilyCare managed care program. It expands HCBS, promotes community inclusion and ensures quality and efficiency. NJ FamilyCare's managed care organizations (MCOs) coordinate all services for their members, from primary care to acute care services and LTSS. MLTSS provides comprehensive services and supports, whether at home, in an assisted living facility, in community residential

services, or in a nursing home. Its services include personal care, respite, care management, home and vehicle modifications, home delivered meals, personal emergency response systems, mental health and addiction services, assisted living, community residential services, and nursing home care (see Appendix D).

New Jersey launched MLTSS effective July 1, 2014, with the goal of providing holistic care to as many people as possible with HCBS by consolidating four previous waiver programs – Global Options (GO), AIDS Community Care Alternatives Program (ACCAP), Community Resources for People with Disabilities (CRPD), and Traumatic Brain Injury (TBI) – under managed care. About 12,000 waiver participants were automatically enrolled in one of four managed care organizations (MCOs). A fifth MCO later joined the program. Prior to 2014, LTSS were provided in a Medicaid fee-for-service (FFS) environment.

At the time of the MLTSS launch, individuals residing is nursing facilities (NFs) remained in FFS while those NF residents new to Medicaid enrolled in an MCO. Individuals already enrolled in an MCO for traditional Medicaid (NJ FamilyCare) but now needing LTSS moved to their MCO's MLTSS plan or selected another MCO for long-term care coverage. Enrollees of the previous four waivers and those seeking HCBS for the first time joined MLTSS and selected an MCO.

While MLTSS is housed within the Division of Medical Assistance and Health Services (DMAHS), DoAS plays an important operational role in the program, from screening and options counseling to clinical eligibility determination and quality assurance. The division's Office of Community Choice Options (OCCO) is responsible for handling about 6,500 monthly referrals regarding the clinical eligibility determination process for MLTSS.

For the person whose income exceeds MLTSS qualification, but whose assets are depleted and cannot pay for necessary care, New Jersey now has a Qualified Income Trust (QIT) policy, also known as a Miller Trust. This program, which was effective December 1, 2014, allows an individual to become eligible for MLTSS by creating an irrevocable trust and placing some or all income into a special bank account each month to be used for the individual's cost share. QITs also have special conditions that must be met and are subject to the approval of, and monitoring by, the appropriate Medicaid eligibility determining agency.

Now, three years after the launch of MLTSS, more people are receiving long term care in their homes and other community settings. This increase is part of a longer trend in New Jersey to channel more funds to HCBS. At the start of MLTSS, 28.9 percent of the Medicaid long term care population was receiving community-based LTSS — now it is over 44 percent. This is due to several factors including the elimination of waitlists, financial eligibility-related administrative changes like the development of the QIT program, and program expansion.

ADRC is No Wrong Door/Single Entry Point for Long Term Services and Supports

New Jersey was one of the first 12 states to embrace the Aging and Disability Resource Center (ADRC) model when it was awarded a grant by the U.S. Administration on Aging (AoA) and the U.S. Centers for Medicare and Medicaid Services (CMS) in 2003. In May 2012, New Jersey achieved a milestone in which all 21 Area Agencies on Aging (AAAs) were able to serve as the lead agencies for the ADRC model. This achievement created a single point of access in every county for aging residents and individuals with disabilities to get information and/or referrals, be screened for and receive options counseling on LTSS, submit applications, and access services regardless of income. ADRCs now explicitly screen those seeking information about LTSS for potential enrollment in either MLTSS or one of the state-funded programs. New Jersey's ADRC pathway is supported by a statewide toll-free number, a website, a guide to long-term care, and county-based locations.

AAAs serve as an important primary entry point for any individual interested in enrolling in MLTSS. Serving as the "no wrong door" (NWD) system network, the 21 AAAs are in every county and have specialists available by phone and in person. They conduct the Level 1 screens (known as the Screen for Community Services), and three AAAs conduct the Level II assessments (using the NJ Choice assessment tool), and facilitate the clinical and financial eligibility processes. They serve as the backbone of the NWD system given they screen and refer individuals into MLTSS. AAAs also maintain active relationships with the MCOs and with consumers even after they are enrolled in MLTSS.

Since the ADRC concept was introduced in New Jersey, the Department of Human Services (DHS), Division of Medical Assistance and Health Services (DMAHS) has been an active partner working with other state agencies to streamline the Medicaid eligibility process. It was this historic partnership among state agencies – then located in separate departments – that created what came to be known as the ADRC business process.

In 2016, an important new step toward formalizing this partnership at multiple governmental levels was taken with the creation of a Memorandum of Understanding (MOU) between DMAHS, the Division of Aging Services (DoAS) and the AAAs and County Welfare Agencies (CWAs) regarding the administration of the Medicaid program. The MOU addresses the roles each agency plays in conducting and coordinating administrative functions, the terms for sharing personal contact information needed for Medicaid referrals among the AAAs, the CWAs, (which determine financial eligibility), and DoAS and its Office of Community Choice Options (OCCO, which determines clinical eligibility), as well as the Medicaid Federal Financial Participation (FFP) for administrative costs incurred by the AAAs.

While the AAAs do not determine clinical or financial eligibility, the State has designated the AAAs under the MOU to serve as its agent to handle the following responsibilities: screen individuals for MLTSS; refer those who are potentially eligible for MLTSS to OCCO and the CWAs for eligibility determination; and identify other available LTSS the consumer can tap while awaiting enrollment into MLTSS.

In order to best help clients seeking MLTSS, DHS has developed a process and form whereby clients can authorize CWAs to share their contact information with AAAs. Consequently, the AAAs can begin the screening process for Medicaid as well as non-Medicaid services in the event that the client is determined to be either financially or clinically ineligible for Medicaid.

In March 2016, the DHS held a provider summit to focus on the issue of Medicaid eligibility determination for consumers seeking LTSS. The goal was to strategize on ways to improve the business process with all the partners, including DHS state staff, the AAAs and the CWAs. It was an important step to help clarify the role of the AAAs and the process that the State had developed with stakeholders to streamline the screening, eligibility, and enrollment process for seniors and people with disabilities in search of LTSS. It also supported New Jersey's successful effort to expand Medicaid Federal Financial Participation (FFP).

Federal Financial Participation (FFP) Opportunities Expand under Medicaid

As a provision of New Jersey's 1115 Comprehensive Waiver (Waiver), the Department of Human Services (DHS), Division of Aging Services (DoAS) applied and received approval from the U.S. Centers for Medicare and Medicaid Services (CMS) to secure Medicaid Federal Financial Participation (FFP) for the Area Agencies on Aging (AAAs). It 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 CWAs.

Federal FFP approval for this initiative was received early in 2017 and will provide a new revenue source for aging services at the county level over the course of this state plan. DoAS prepared and submitted its first FFP claim to the Division of Medical Assistance and Health Services (DMAHS) for submission to CMS in June 2017. This new funding opportunity gives the AAAs added support to address the growing senior population that wants to remain in the community with supportive services.

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 area plan contract to expand AAA services for the benefit of consumers seeking LTSS.

DHS included an amendment in its Waiver renewal application to CMS to introduce the Jersey Assistance for Community Caregiving (JACC) program under the Costs Not Otherwise Matchable (CNOM) provision. JACC provides a broad array of in-home services to enable an individual, at risk of placement in a nursing facility (NF) and who meets the program's modest income and resource requirements, to remain in the community. By providing a uniquely designed package of supports for the individual, JACC delays or prevents Medicaid eligibility and/or placement in a nursing facility. JACC is currently funded solely through state dollars.

JACC targets seniors 60 years of age or older who have limited income and resources and provides them with LTSS that will help them maintain their independence or self-care. JACC offers many of the services and provider agencies available under Medicaid Managed Long Term Services and Supports (MLTSS). JACC services include, but are not limited to, personal care attendant, medical/social adult day services, respite care for unpaid caregivers, home delivered meals, chore services, home modifications, non-medical transportation, durable medical equipment, personal emergency response systems and care management. If the Waiver amendment is approved, individuals enrolled in JACC will not be entitled to State Plan Medicaid.

Balancing Incentive Program Realizes Outcomes

In 2013, New Jersey was awarded $100.6 million in increased Federal Medical Assistance Percentage (FMAP) funding under the Balancing Incentive Program (BIP) initiative[1]The BIP provided New Jersey with an additional 2 percent in FMAP funding in exchange for expanding HCBS. New Jersey completed all of its required deliverables under the BIP in 2016.

The BIP provided financial incentives to New Jersey to serve more people in home and community-based settings. As part of the BIP requirements in exchange for this additional funding, New Jersey had several mandates, including the establishment of a No Wrong Door (NWD) system for people to obtain information on Medicaid long term services and supports (LTSS).

New Jersey's most significant use of the enhanced FMAP under the BIP was to expand HCBS for Medicaid recipients with the launch of Medicaid Managed Long Term Services and Supports (MLTSS) in July 2014. During the course of the BIP initiative, New Jersey experienced a 10 percent increase in the rate of community

[1] The BIP provided financial incentives to States to increase access to non-institutional long-term services and supports (LTSS) in keeping with the integration mandate of the Americans with Disabilities Act (ADA), as required by the Olmstead decision and was created by the Affordable Care Act of 2010 (Section 10202).

LTSS expenditures and has met the 50 percent balancing benchmark, up from 38 percent in 2013.

New Jersey was featured in a case study prepared by the Mission Analytics Group on behalf of the U.S. Center for Medicare and Medicaid Services (CMS) because of the state's innovative approaches to rebalancing LTSS from institutional settings to HCBS. The study – *Innovations in the Balancing Incentive Program: New Jersey* – is on the CMS website.

New Jersey Alzheimer's Disease Study Commission Final Report Finalized

The New Jersey Alzheimer's Disease Study Commission, created by Chapter 76, P.L. 2011, was enacted to study the current issues in New Jersey associated with Alzheimer's disease and to comprehensively assess the needs of residents related to the state infrastructure of services for Alzheimer's disease. The Commission, under the purview of the Division of Aging Services (DoAS), began meeting in 2013 and a report (Appendix I) was produced and submitted to the Governor and the Legislature in 2016.

The Commission recommended objectives and strategies to achieve five goals: 1) increase public awareness of the difference between "normal" cognitive aging and Alzheimer's disease and related dementias; 2) expand support for unpaid caregivers of persons with Alzheimer's disease; 3) promote the infrastructure for enhanced quality of services within the healthcare system to meet the growing number of people with Alzheimer's disease; 4) improve public safety and address the safety-related needs of those with Alzheimer's disease living in the community; and 5) support legal protections for, and legal issues faced by, individuals with Alzheimer's disease.

The *2015 Alzheimer's Disease Facts and Figures* report, produced by the Alzheimer's Association, provides statistical information on the impact of this disease in every state across the nation. Among the notable findings for New Jersey are the following:

- The projected number of New Jersey residents living with Alzheimer's disease in 2015 was 170,000 and the number is expected to climb to 210,000 by 2025, an increase of 23.5%.
- About 13% of seniors aged 65 and older are living with Alzheimer's disease.
- In 2013, the number of deaths from Alzheimer's disease was 1,812. (Source: National Center for Health Statistics).

The NJ Department of Health (DOH) currently ranks Alzheimer's disease as the seventh leading cause of death among New Jersey residents in its State Health Assessment Data (NJSHAD) System. It was the eighth leading cause from 2004 to 2006, and the tenth leading cause of death from 1998 to 2003. Prior to 2003, Alzheimer's disease had not made the top ten.

Progress Update, 2013 – 2017

The Division of Aging Services (DoAS) has experienced four years of unique changes and accomplishments, highlighted by its role in transforming the state's Medicaid long term services and supports (LTSS) system from fee-for-service to managed care, ensuring more individuals receive community rather than institutional care.

The following provides an update to the goals set in New Jersey's 2013-17 State Strategic Plan on Aging and identifies progress made in each area, while the next section in this document will outline the goals set for 2017-21.

Goal 1: ***Empower older people to be active, healthy and engaged in their communities.***

This goal covered nutrition, health and wellness, and transportation goals, objectives and strategies. In the 2017-21 plan, these issues are part of Goal 3. Progress highlights from 2013-17 include the following:

- The Home Delivered Nutrition component under MLTSS was delegated to the purview of the Division of Aging Services (DoAS) with its oversight of the Older Americans Act (OAA) Nutrition Services through the AAAs. In State Fiscal Year 2016, over 3,000 MLTSS members received home delivered meals and the number is growing with the increase in home and community based services (HCBS). This required a great deal of coordination between the Area Agencies on Aging (AAAs) to ensure MLTSS members received appropriate meals from the appropriate funding source.
- DoAS, in collaboration with the AAAs, concentrated its focus on marketing and outreach to promote congregate meals which are served at more than 200 nutrition centers around the state. AoA-funded meals represent an important nutrition service despite a slowing demand in recent years, which is reflective of national trends
- DoAS expanded its *Chronic Disease Self-Management Program* (CDSMP) network. It now includes more than 80 active master trainers and 250 active peer leaders offering five programs: CDSMP (English and Spanish), Diabetes Self-Management Program (DSMP, English and Spanish) and, starting in 2016, *Cancer: Thriving and Surviving*.
- In 2015, DoAS was awarded a U.S. Administration on Community Living (ACL) grant to support falls prevention efforts. The division hosted three in-state master training sessions for *A Matter of Balance: Managing Concerns About Falls* (MOB) and funded numerous agencies to lead coach trainings and community workshops. Sixty-five MOB master trainers held 28 coach trainings and 166 workshops in 18 of NJ's 21 counties reaching 2,085 participants.

- DoAS partnered with Rowan University's NJ Institute for Successful Aging to bring *Stress Busting for Family Caregivers* to the state. Five agencies were trained in 2016 and all led at least one nine-session community workshop. Group facilitator trainings to expand program availability began in 2017.
- With the assistance of the Interagency Council on Osteoporosis, DoAS updated and reissued the manual for its health promotion and exercise program, *Project Healthy Bones* (PHB). The manual was then translated into Spanish through funding provided by the Department of Health's Office of Minority and Multicultural Health. In October 2016, a study demonstrating the positive outcomes of PHB participation was published in the peer-reviewed *Journal of Applied Gerontology*.
- In 2016, one-on-one assistance was provided to 60,000 Medicare beneficiaries by the State Health Insurance Assistance Program (SHIP) – most referred to SHIP from 1-800-MEDICARE. This represented a 40 percent increase over the number served in 2012, and is the result of a growing demand for services from baby boomers aging into Medicare; increased complexity of coverage choices offered by insurance companies; and low-income populations transitioning off Medicaid Expansion and Marketplace plans into Medicare. SHIP also added performance-based funding to contracts with its local provider agencies.

- Transportation initiatives undertaken by the aging network and transportation providers included providing training sessions for consumers on how to access and utilize transportation services and educating information and referral specialists on relevant transportation resources, including telephone numbers and websites.

Goal 2: ***ADRC Partnership serves as the no wrong door/single entry point to home and community-based and long term services and supports for older adults, persons with disabilities and their caregivers, regardless of their income.***

New Jersey's Aging and Disability Resource Center (ADRC) efforts date back to 2003 and each of the state's 21 Area Agencies on Aging (AAAs) was designated as the lead agency for its service area. Full statewide implementation was achieved in 2012 and the ADRC now serves as New Jersey's No Wrong Door/Single Entry Point for long term services and supports (LTSS). Among the accomplishments are the following:

- ADRCs play a key role in the MLTSS eligibility determination enrollment process as an important resource both for prospective members and the managed care organizations (MCOs). Written protocols for MLTSS

eligibility, enrollment and referrals were developed and distributed to aging and disability services network partners.

- A screening tool for LTSS was created called the *Screen for Community Services*. Using this screening tool, AAA staff identify individuals who may be eligible for MLTSS, Programs of All-inclusive Care for the Elderly (PACEs), and other state or federal programs designed to help seniors remain in the community with services as needed.
- *Screen for Community Services* initial and refresher training sessions were provided to 180 AAA staff members. Options Counseling training was provided to all users of the NJ Choice assessment tool, including AAA, PACE, Office of Community Choice Options (OCCO), and MLTSS managed care organization (MCO) assessors.
- A Memorandum of Understanding (MOU) between the Division of Medical Assistance and Health Services (DMAHS), DoAS and the AAAs regarding the administration of the Medicaid program was created. Under the MOU, the State has designated the AAAs to serve as its agent to handle the following responsibilities: screen individuals for MLTSS; refer those who are potentially eligible for MLTSS to OCCO and the County Welfare Agencies for eligibility determination; and identify other available LTSS which the consumer can tap while awaiting enrollment into MLTSS.
- 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. It supports their administrative functions as ADRCs associated with Medicaid eligibility.
- DoAS worked with Rowan University's NJ Institute for Successful Aging to design a comprehensive, five-session training for AAA and ADRC partners providing information and referral services. The training is scheduled for initial delivery in 2017.

- The ADRC model, initially established to improve service delivery for seniors and adults with physical disabilities, was expanded to bring other populations into the no wrong door (NWD) system. These new populations included individuals with mental illness, intellectual disabilities and those with substance abuse issues.
- All 21 AAAs and their partners now utilize NJ's electronic care management system to capture client information and outreach efforts.
- The *ADRC Guide to Community-based Long-Term Services in New Jersey*, published in 2010, was updated cover-to-cover in 2016 (see Appendix N).
- More disability resources and links were added to the ADRC website.
- DHS created a single, statewide toll-free number for MLTSS information and access.

Goal 3: ***Older adults and their caregiver have access to the full array of public and private home and community-based services (HCBS), regardless of income.***

The combination of New Jersey's federal and state-funded programs has allowed an increasing number of older adults to live in their communities with long term services and supports (LTSS). In addition to MLTSS, New Jersey has made many other strides in the long-term care arena. Progress included these highlights:

- DoAS has continued to advance the Program of All-Inclusive Care for the Elderly (PACE) as an alternative long-term care option to MLTSS and has developed a new process to expand the program. DoAS has issued a request for applications to recruit new providers for PACE in specific areas that have a high concentration of older adults and a health care infrastructure to support such a program.
- The foundation for the fiscal consolidation of state-funded long-term services and supports, called Community-Based Senior Programs (CBSP), was established in the state budget. The consolidation would eliminate duplication of administrative oversight and enable New Jersey to coordinate the eligibility process and service delivery system with the MLTSS delivery system.
- A request for proposals (RFP) was released and a new fiscal management agency was selected to manage the financial aspect of CBSP for the Veterans-Directed Home and Community Based Services program, which addresses the long-term care needs of veterans and their caregivers.
- DoAS revised its Universal Application (UA-1) to include all the questions necessary to enroll eligible individuals in the Medicare Savings Programs, including the Specified Low-Income Medicare Beneficiary Program and the SLMB Qualified Individual Program. These programs serve about 25,000 individuals annually.
- DoAS and the Office of the Ombudsman for the Institutionalized Elderly transitioned 727 older adults and individuals with disabilities to community settings through the I Choose Home/Money Follows the Person initiative.

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

Responsibility for progress in this area was split between the Office of the Ombudsman for the Institutionalized Elderly (OOIE), 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, OOIE is in but not of the Department of the Treasury and the Office of the Public Guardian supervises both OPG and APS. Among their accomplishments are the following:

- OOIE responded to 8,000 intake calls in 2016 compared to 7,000 in each of the previous three years.
- OOIE increased the number of complaints investigated and closed from 5,009 in 2014 to 6,051 in 2016; increased its volunteer advocates by 80% from 145 in 2010 to 260 in 2016; increased its nursing home advocacy services from 39,776 hours to more than 44,000 hours; increased the number of trainings conducted from 104 to 228 annually; and increased outreach events from 123 annually to 135.
- OOIE developed two new residents' rights brochures, one for assisted living and one for continuing care retirement communities, and is developing one for boarding homes.

- The OOIE was one of the first programs in the country to require criminal background checks for all new volunteers and it revamped its volunteer training curriculum and introduced partial on-line sessions.
- OOIE partnered with Medicaid Managed Long Term Services and Supports (MLTSS) managed care organizations (MCOs) to train care managers and develop protocols for referrals.
- OOIE revitalized Regional Ethics Committees (REC) to assist with end-of-life decisions, activating 10 statewide with more than 500 people involved. In 2016, the RECs held 74 information sessions to help families plan for end-of-life decisions.
- APS increased trainings addressing abuse, neglect and exploitation of vulnerable adults, targeting mandatory reporting professionals, and it convened an APS Best Practices Workgroup in 2014/2015 to review protocols and incorporate National Adult Protective Services Assoc. standards into a revised NJ APS Operations Manual.
- APS and the Office of the Public Guardian (OPG) implemented new tracking systems to identify primary triggers leading to guardianship requests, finding that financial exploitation is key for many petitions. This resulted in intensified partnerships with the State Attorney General's Bureau of Securities and Medicaid Fraud Unit, and the Division of Consumer Affairs.
- A State law created the NJ Task Force on Abuse Against the Elderly and Disabled and the Task Force started meeting in 2016. In support of the Task Force, DoAS researched best practices in other states and surveyed in-state county APS directors
- An OPG unit is now dedicated to criminal/civil prosecution of financial exploitation, resulting in recoveries for wards.
- The establishment of an APS-MCO Workgroup resulted in training for care managers and designation of staff experts for case consultations. MCO referrals to APS are tracked in the APS database.

- Over the past four years, Title III funded legal assistance focused on assistance to victims of Superstorm Sandy. The Department of Human Services (DHS) supported the monitoring of two legal assistance programs that provided Sandy-related grant money to NJ residents in need due to damages caused by the catastrophe. The two entities serviced nearly 2,000 households.
- APS provided training for service providers and seniors affected by Superstorm Sandy on how to identify, avoid and respond to financial exploitation in the wake of the disaster.
- In addition to their core legal services, Title III B Legal Services Providers focused on assistance to victims of Superstorm Sandy. Help was needed to navigate complicated issues such as insurance claims, bills and housing, a task made more difficult for those who lost documents and had their homes damaged or destroyed in the storm. DHS received grant money from the U.S. Administration for Children and Families (ACF) to provide legal assistance to storm victims through two agencies in the coastal area: Legal Services of New Jersey served approximately 1,079 households (through February 2017); Community Health Law Project served approximately 757 consumers (through March 2017), of which approximately 335 were aged 60 or over.
- In November 2016, DoAS was successful in filling the position of legal services developer. Among other responsibilities, the developer seeks to enhance partnerships between the Older Americans Act (OAA) legal assistance providers, Area Agencies on Aging (AAAs), as well as with the OOIE, Office of the Public Guardian, APS, other gatekeepers and aging services network partners.

Goal 5: ***Ensure older adults and the network that serves them are better prepared for the next emergency.***

This goal was included in NJ's last state plan as a result of lessons learned from Superstorm Sandy, which struck the state in October 2012. Accomplishments include:

- The Division of Aging Services (DoAS) drafted a Continuity of Operations Plan (COOP) to ensure continuity of services during emergencies.
- Alternative work locations, critical work functions, essential staff, and return to operations time frames (RTOTF) are being finalized.
- DoAS staff members participate in statewide emergency preparedness training developed by the Department of Human Services (DHS) Office of Emergency Management.
- AAAs are required to include a plan for emergency preparedness in their Area Plan Contracts, which DoAS reviews for feasibility.
- DoAS incorporated language in Area Plan Contracts requiring AAAs to document a plan for continuity of service with their sub-contract providers.

- DoAS ensures the AAAs utilize client contact information to identify frail clients and share this information with first responders in times of emergency.
- Training opportunities are shared through the Access and Functional Needs (AFN) liaison within each county.
- DoAS continues to work with the New Jersey Group for Access and Integration Needs in Emergency and Disaster (NJGAINED).
- DoAS is finalizing a universal Plan of Care, incorporating emergency preparedness questions for those accessing services through the AAAs.
- DoAS developed emergency procedures and reporting requirements and provided orientation and on-going technical assistance for AAAs, providers and home repair coordinators.
- Through the Superstorm Sandy home repair and advocacy program, more than 1,250 individuals and their families have received necessary home repairs from DoAS to help them remain safely in their homes.

Goals and Objectives, 2017 – 2021

The New Jersey Department of Human Services (DHS), Division of Aging Services (DoAS), in consultation with stakeholders and consumers, has established the following goals, objectives, strategies and performance measures for the period of October 1, 2017 to September 30, 2021.

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.***

Objective 1 – Raise awareness of state aging services and benefits through strengthened outreach efforts utilizing targeted strategies at the state and local level, through technology, and current marketing media.

Strategy 1.1.1 – Distribute program information and benefit applications to entities frequently visited by older adults and caregivers, e.g., drug stores, supermarkets, banks, urgent care centers and emergency rooms, affordable housing developments, physician offices and clinics, faith-based organizations, congregate meal sites and senior centers, libraries, etc.

Strategy 1.1.2 – Coordinate with public utilities and other billing entities to include senior services and benefit information in mailings.

Strategy 1.1.3 – Coordinate with other state-administered programs to jointly promote services and benefits, e.g., food stamps (SNAP).

Strategy 1.1.4 – Reach technology-savvy older adults and caregivers through social media sites while ensuring those without computer access are outreached through traditional measures, e.g., newsletters, public service announcements (PSAs), speaking engagements, etc.

Performance Measure(s): Information and assistance utilization increases by 5% over the next four years.

Objective 2 – Strengthen relationships with, and bolster partnerships between, agencies, organizations and institutions that serve like populations to boost consumer knowledge and referrals to appropriate programs, services and resources.

Strategy 1.2.1 – Promote partnerships between the aging services network and agencies serving individuals with disabilities and family caregivers.

Strategy 1.2.2 – Promote partnerships between the aging services network and agencies serving cultural/ethnic, religious, and other under-recognized groups.

Strategy 1.2.3 – Promote partnerships between the aging services network and agencies providing intergenerational services.

Strategy 1.2.4 – Increase outreach efforts to adults often referred to as "the sandwich generation," those caring for their aging parents while also raising their own children, to ensure they access services for themselves and their loved ones.

Strategy 1.2.5 – Support AAA outreach efforts by providing education and training on diversity, thereby removing barriers and stigma associated with seeking assistance.

Performance Measure(s): Targeted activities (i.e., conference calls, meetings, in-service training sessions, joint speaking engagement, etc.) are held and tracked at the state and local levels.

Objective 3 – Improve, expand, and streamline access to supportive programs and services for all individuals, particularly the underserved.

Strategy 1.3.1 – Ensure the ADRC business process works efficiently to provide access to all programs providing home and community-based services (HCBS) including Medicaid Managed Long Term Services and Supports (MLTSS) as well as other state and federal options.

Strategy 1.3.2 - Integrate central office information and referral call centers to provide older adults and caregivers with easier access to services and supports.

Strategy 1.3.3 – Implement availability of information in multiple languages, including telephone/cell phone, computer, and in-person availability.

Strategy 1.3.4 – Develop and/or promote interactive technology to enhance access to services.

Performance Measure(s): AAAs and their partners are monitored to ensure the ADRC process is being carried out in compliance with state vision, policies and procedures. Call center operations at DoAS are centralized and interpreter services are available and utilized appropriately throughout the network. In addition, on-line screening tools are improved and maintained to reflect current programmatic and eligibility information.

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

Objective 1 – Evaluate and modify policies, procedures, and materials to maximize opportunities for older adults and caregivers to make informed choices and exercise self-determination.

Strategy 2.1.1 – A workgroup consisting of state staff and stakeholders will research and recommend uniform definitions of informed choice and self-determination.

Strategy 2.1.2 – Add informed choice and self-determination definitions to policies and procedures and, through monitoring, ensure AAAs implement the new definitions into local protocols.

Strategy 2.1.3 – Evaluate and modify ADRC documents, educational materials, websites, resource guide and other media to assure that they contain up-to-date information and resources, and support the philosophy of informed decision making and self-determination.

Strategy 2.1.4 – Assure that staff are able to educate consumers of all income levels on how to select resources through the use of non-biased methods.

Performance Measure(s): Definitions are set, policy memorandums issued, and AAAs implement protocols.

Objective 2 – Develop and implement training curriculum about self-determination and informed decision-making for state and local aging network agency staff members with direct involvement in helping older adults and their caregivers.

Strategy 2.2.1 – Identify training needs, review and modify existing training curricula, and develop additional training modules for specific needs/requests.

Strategy 2.2.2 – Develop methods for measuring competency outcomes from training.

Strategy 2.2.3 – Implement the curricula throughout the state, and modify based on competency results and participant feedback.

Strategy 2.2.4 – Enhance staff skills to better assist individuals from diverse populations by engaging state and local partner agencies.

Performance Measure(s): Training curriculum is developed and delivered and post-training questionnaire results show improved service delivery system and resource comprehension.

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).***

Objective 1 – Promote LTSS for people who do not qualify for Medicaid programs.

Strategy 3.1.1 – Create a coordinated Community-Based Senior Program (CBSP) by consolidating three state-funded programs to serve community-dwelling seniors, and their caregivers, who do not qualify clinically and/or financially for Medicaid.

Strategy 3.1.2 – Explore CBSP expansion through a federal match for diverting/delaying participants from Medicaid qualification.

Performance Measure(s): A unified program for state-funded LTSS is implemented with federal match for CBSP.

Objective 2 – Expand the Program of All-Inclusive Care for the Elderly (PACE) to additional areas throughout the state.

Strategy 3.2.1 – Solicit additional PACE program providers through the Request for Information process, targeting areas of greatest need.

Performance Measure(s): The PACE option will be available to eligible seniors in targeted areas throughout the state.

Objective 3 – Expand the array of health, wellness and nutrition services.

Strategy 3.3.1 – State leadership at the Division of Aging Services (DoAS) and the network of partner agencies, master trainers and peer leaders/coaches/facilitators is maintained and successful interventions (i.e., CDSMP, MOB, Stress Busting for Family Caregivers, etc.) continue to be offered throughout the state.

Strategy 3.3.2 – New health and wellness programs targeting older adults and their caregivers that have proven effective and can be implemented at a low cost are piloted in New Jersey, and sustained if/where demand exists.

Strategy 3.3.3 – In addition to Title IIID funding, explore other sources of revenue to support evidence-based health and wellness promotion programs are identified and secured.

Strategy 3.3.4 – In partnership with academic researchers, design and conduct research on NJ-created health and wellness programs (Project Healthy Bones, Move Today and/or HealthEASE) to determine their efficacy and results are published in peer-reviewed journals.

Performance Measure(s): DoAS supports its network to maintain wellness program delivery levels. At least one new program is introduced and piloted for consideration by the aging network. DoAS, directly or in collaboration with partner agencies, identifies and applies for grant opportunities made available by ACL, AoA, CMS and/or foundations and works with other potential funders to sustain wellness programs. Finally, research on at least one state-created wellness program is conducted and an article is offered for publication to multiple peer-reviewed journals.

Strategy 3.3.5 – Work with the nutrition network to incorporate additional food security questions into the nutrition screening tool and to help determine the need for additional nutrition benefits (SNAP, Senior Farmer Market Voucher Program, food banks, soup kitchens).

Strategy 3.3.6 – In collaboration with community partners (food banks, faith- based organizations, colleges and universities, etc.), develop a statewide reference guide for food and nutrition resources for seniors and caregivers experiencing food insecurity.

Performance Measure(s): The New Jersey Nutrition Program for the Elderly workgroup incorporates additional food security questions into the nutrition screening tool by SFY 18. Data obtained is analyzed to determine additional nutritional need areas. A statewide reference guide for food and nutrition resources for NJ seniors is developed, posted on relevant websites and a limited supply of hard copies are distributed to community partners.

Objective 4 – Promote the expansion of transportation service options for seniors, individuals with disabilities and caregivers to serve more of the target population.

Strategy 3.4.1 – Increase dissemination of information on existing community transportation options, including non-traditional providers like Uber.

Strategy 3.4.2 – In collaboration with Rutgers and the NJ Travel Independence Program (NJTIP), develop a service taxonomy for travel training to enable AAAs to use Area Plan Contract funds for this specific service.

Strategy 3.4.3 – Encourage AAAs to explore developing volunteer driver programs utilizing retirees and/or students.

Strategy 3.4.4 – Encourage AAAs to work with service providers to identify alternate sources for transportation vehicles.

Performance Measure(s): Training and materials are developed and delivered to targeted populations. AAAs research volunteer driver and alternate vehicle sources and document their efforts.

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

Objective 1 – Staff the legislatively-mandated NJ Task Force on Abuse Against the Elderly and Disabled and produce a report to the Governor and the Legislature.

Strategy 4.1.1 – Evaluate current policies that protect older adults and persons with disabilities from instances of abuse, neglect, and financial exploitation.

Strategy 4.1.2 – Identify any existing circumstances that allow for the inadequate protection of older adults and persons with disabilities against instances of abuse, neglect, and financial exploitation.

Strategy 4.1.3 – Develop recommendations for legislation, policies, and strategies to provide a more effective and efficient means to protect older adults and persons with disabilities from instances of abuse, neglect, and financial exploitation.

Performance Measure(s): Task Force completes its work and issues recommendations in a report to the Governor and the Legislature.

Objective 2 – Strengthen the capacity of the Office of the Ombudsman for the Institutionalized Elderly (OOIE), New Jersey's long-term care ombudsman program, to provide information to older consumers and the public at large on elder rights and consumer protection issues.

Strategy 4.2.1 – Expand outreach activities to Adult Medical Day Care and Class C Boarding Homes.

Strategy 4.2.2 – Inform the general public about long-term care residents' rights and OOIE and its services through the media.

Strategy 4.2.3 – Continue to recruit, train and assign volunteer Ombudsman to all nursing homes and assisted living facilities.

Performance Measures – Track the sources and nature of complaints received, the number of new volunteers, and the effectiveness of public relations efforts. Specifically, track any increases in complaints from Adult Medical Day Care and Class C Boarding Homes. Also increase the number of public outreach events and in-service trainings.

Objective 3 – Work in alignment with nationally led strategies and ensuring the rights of vulnerable adults and preventing their abuse, neglect and exploitation.

Strategy 4.3.1 – Continue improvement and updating efforts to the statewide Adult Protective Services (APS) database. Continue participation with the U.S. Administration for Community Living (ACL) National Adult Maltreatment Reporting System (NAMRS) data collection project.

Strategy 4.3.2 – Use recently developed draft to create official APS field guide including standardized practices and updates for APS Operations Manual for NJ APS workers. Circulate field guide statewide to APS workers.

Strategy 4.3.3 – Support the coordination of activities of the various federal, state, local and private agencies, and organizations relating to maltreatment of vulnerable.

Performance Measures – Analyze the validity of APS data in automated reports generated from the database reports in comparison with manual reports. Obtain reports from the NAMRS project recording NJ's participation. Ensure APS field guide is finalized and circulated within the NJ APS network. Maintain record of successfully prosecuted cases and cases involving successful network cooperation.

Objective 4 – Develop partnerships with state agencies responsible for housing advocacy and serve as the voice for older adults to develop and implement strategies for housing older adults who are victims of exploitation, neglect and/or abuse.

Strategy 4.4.1 – Identify state agencies and efforts in which DoAS could collaborate as the expert on older vulnerable adults related to housing issues.

Strategy 4.4.2 – Partner with AAAs to serve as advocates for vulnerable older adults to prevent homelessness.

Performance Measure(s): DoAS and the AAAs become involved in state and local efforts to identify and address barriers to serving vulnerable adults vis-à-vis housing concerns.

Objective 5 – Educate older adults, individuals with disabilities and caregivers about their legal rights and vulnerabilities.

Strategy 4.5.1 – Promote educational seminars to increase awareness of financial exploitation of vulnerable adults, including fraudulent debt collection and other fraudulent schemes. Seminars will also address issues related to co-signing financial obligations, e.g., leases, and the capabilities of powers of attorney.

Strategy 4.5.2 – In partnership with the AAAs, hold consumer focus groups to garner the legal system concerns of older adults, individuals with disabilities and caregivers. Develop and provide additional seminars based upon focus group input.

Performance Measure(s): Seminars are developed and/or refined and delivered to appropriate groups. Focus groups are held and input is used to develop additional seminars.

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

Objective 1 – Develop and implement strategies to enable the DoAS to assure service continuity during statewide and local emergencies.

Strategy 5.1.1 – DoAS will finalize its Continuity of Operations Plan (COOP) to enable its facilities to be functional during a disaster, and the Plan will be reviewed and updated annually.

Strategy 5.1.2 – In cooperation with state, county and local Offices of Emergency Management (OEMs), DoAS staff members identified in COOP receive training and participate in practice drills.

Strategy 5.1.3 – DoAS, in consultation with the New Jersey OEM, develops and implements an All-Hazards Plan for all of its facilities to address emergencies that do not meet the critical level for inclusion in the COOP.

Strategy 5.1.4 – DoAS utilizes the Aging and Disability Resource Connection (ADRC) website to provide up-to-date linkages to community resources in times of emergencies.

Performance Measure(s): DoAS finalizes and maintains its COOP. Designated DoAS staff members receive appropriate training and participate in table top exercises, NJGAINED and other state and federal emergency exercises. ADRC website is reviewed on a quarterly basis and contains updated information on emergency preparedness and resources.

Objective 2 – Assist the aging services network to develop plans to assure service continuity during statewide and local emergencies.

Strategy 5.2.1 – Provide guidance to the aging network, i.e., Area Agencies on Aging (AAA) and their contractors, on emergency planning, response and recovery activities, as part of the Office of Emergency Management (OEM) network.

Strategy 5.2.2 – In cooperation with county and local Offices of Emergency Management (OEMs), AAAs will coordinate COOP training for their aging service networks.

Strategy 5.2.3 – Require AAAs to conduct emergency response exercises (functional and/or table top) to test their COOP plans for effectiveness.

Performance Measure(s): DoAS reviews and provides guidance to improve AAA COOPs and other emergency preparedness plans. DoAS monitors compliance and feasibility of AAA subcontractor COOP plans during annual on-site assessments. Each AAA ensures that all contractors attend scheduled COOP initial and update training. AAAs conduct emergency responsiveness tabletop exercises annually.

Objective 3 – Empower the senior citizen community to engage in disaster preparedness and volunteerism.

Strategy 5.3.1 – Utilize state and local program communication vehicles (i.e., newsletters, mailings, website postings, etc.) to promote public awareness of emergency preparedness.

Strategy 5.3.2 – In collaboration with AAAs identify senior centers and other community venues that can be designated as Safe Centers (places of refuge pre-equipped with shelter supplies) to assist with emergency response.

Strategy 5.3.3 – Utilize the AAAs to promote Register Ready and refer individuals to NJ211 for enrollment; and coordinate with county Access and Functional Needs liaisons (FRNs) to provide linkages to training opportunities.

Strategy 5.3.4 – Through the NJ Governor's Office of Volunteerism and the Corporation for National and Community Service, promote the Senior Corp. program to seniors in the community who want to help in times of emergency.

Strategy 5.3.5 – Encourage senior housing communities to participate in national and local disaster preparedness training and to encourage their residents to volunteer through programs such as the Community Emergency Response Team Program (CERT) and the Medical Reserve Corp (MRC).

Performance Measure(s): Information on emergency preparedness is made more readily available to seniors, resulting in more seniors registering for Register Ready and volunteering to assist others in emergencies.

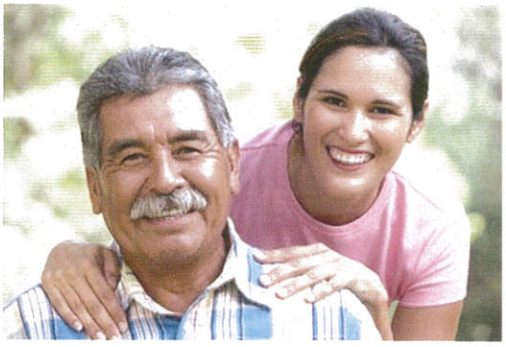
Goal 6: ***Implement management improvement activities that promote program integrity, strengthen business processes, and increase quality, efficiency and accountability.***

Objective 6.1 – Utilize new technologies and advanced tools to strengthen business processes.

Strategy 6.2.1 – Expand 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.

Performance Measure(s): Teleconferences and web-based trainings become clear first options for communicating with the aging network, are delivered at appropriate intervals, and are evaluated through participant feedback to inform future delivery.

Objective 6.2 - Utilize new technologies and advanced tools to improve consumer service processes at the Division of Aging Services (DoAS) which handles more than 300,000 consumer contacts annually through its hotline numbers.



Strategy 6.2.1 – Use the upgraded DoAS phone system to provide efficient processing of incoming calls and improve the ability to handle higher call volumes during peak hours utilizing existing staff. The system will provide added business continuity infrastructure, access to real time view of the status of call volume, wait time, and agent status which will increase staff accountability and management capabilities.

Strategy 6.2.2 – Upgrade DoAS scanning system to make multiple federal and state applications accessible in one repository.

Strategy 6.2.3 – DoAS adopts a new, single integrated outbound communications platform, allowing it to automate and integrate current manual processes of merging, printing, folding, inserting and mailing of documents. The system will allow for increased internal controls of consumer correspondence, improved security of consumer information, and reduction of the number of staff needed to perform the same function within the programs. The system will be integrated with the DoAS current scanning solution thereby securely automating and completing the entire inbound and outbound communication strategy.

Performance Measure(s): Call response time is expedited. Eligibility processing is streamlined through shared data. The integrated outbound communications platform is implemented, improving efficiency and reducing staff resources needed for related processes.

Objective 6.3 – DoAS managers and supervisors are exposed to professional training opportunities.

Strategy 6.3.1 – Appropriate DoAS managers and supervisors are selected and participate in the DHS Leadership Academy, the New Jersey Medicaid Academy and other internal and external certificate programs to enhance knowledge and skills.

Performance Measure(s): Selected staff complete selected programs and demonstrate improved competencies in their work performance.

Objective 6.4 – DoAS implements an improved care management information technology system across the aging network and provides required training and resources for its fast and successful implementation.

Strategy 6.4.1 – Upon vendor selection/verification, meetings/teleconferences are held to complete design and functionality planning and testing.

Strategy 6.4.2 – Initial and ongoing training and technical support are provided to aging network leadership and staff.

Performance Measure(s): System is operational in all aging network locations. Data indicates system functionality and user proficiency.

Objective 6.5 – Integrate consumer intake processes to promote program integrity, increase efficiency and accountability, and improve service quality.

Strategy 6.5.1 – Add programs to the Universal Application (UA-1) currently used to enroll and/or screen individuals for up to eight separate federal and state programs.

Strategy 6.5.2 – Give consumers the ability to securely complete and submit the UA-1 and supporting documentation electronically.

Strategy 6.5.3 – Promote the use of the NJ FamilyCare (i.e. Medicaid) new on-line application when launched.

Performance Measure(s): Consumers have greater access to important services through the UA-1 and can submit the UA-1 application and/or a Medicaid application securely on-line.

Objective 6.6 – Strengthen the AAA network infrastructure statewide through updated policies and revised regulations.

Strategy 6.6.1 – Redefine AAA office and staffing standards to raise minimum benchmarks.

Strategy 6.6.2 – Establish minimum requirements of AAAs and aging network providers in taxonomies, contracts, grants and fiscal procedures.

Performance Measure(s): All AAAs are staffed appropriately and adhere to minimum standards in all areas.

Objective 6.7 – Strengthen the State Health Insurance Assistance Program (SHIP) program integrity and enhance counselor management through policy changes.

Strategy 6.7.1 – Using mandated elements provided by SHIP's federal funding agency, the U.S. Administration for Community Living (ACL), review current program procedures and formalizes into written management policies, including requirements to strengthen integrity of the service such at criminal background checks for volunteers and re-certification testing for all counselors.

Performance Measure(s): A written volunteer risk and program management policies and procedures manual is created and implemented.

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