Senior Programs Transferred From DHSS to Department of Human Services

By Mary E. O’Dowd, MPH, Commissioner
New Jersey Department of Health and Senior Services

During his Budget Address for State Fiscal Year 2013, Governor Chris Christie announced a reorganization of state government including the Department of Health and Senior Services. A significant part of the plan involves the transfer of senior services to the Department of Human Services (DHS), specifically the Divisions of Senior Benefits and Utilization Management and Aging and Community Services. Those two divisions will become part of a new Division of Aging Services at DHS.

This reconfiguration is intended to ensure support of key priorities related to access to health care and advancing innovations in the delivery of services. It will allow for a more comprehensive approach to link funding and policy in a single State agency—DHS, where Medicaid is housed. The consolidation of senior programs began with the creation of the Medicaid Comprehensive Waiver, which was submitted to the U.S. Health and Human Services’ Center for Medicare and Medicaid, which moves all Medicaid Long-Term Care services into managed care.

Since senior programs from 4 agencies were merged into DHSS in 1996, senior services in New Jersey has been transformed from an emphasis on institutional care to a focus on the broader array of home and community-based services and long-term care support services—which we know seniors prefer. This transition resulted from an innovative collaboration with stakeholders and government. We are now moving to the next phase to build on this progress.

Moving all programs to DHS is the logical next step. Seniors will now have one department addressing their long term care needs, prescriptions, hearing and utility assistance and other programs. This will enable them to remain living in the community as long as possible with independence, dignity and choice.

DHSS is excited that the new Division of Aging Services at DHS will be led by Kathy Mason, currently the DHSS Assistant Commissioner for the Division of Senior Benefits and Utilization Management. Kathy has worked on senior services for DHSS and DHS for over 33 years, and has served in management for 25 years. Additionally, Nancy Day, currently the Acting Assistant Commissioner for the DHSS Division of Aging and Community Services, will report to Kathy Mason. Nancy Day has served as director of state aging services for 16 years and became Acting Assistant Commissioner last year.

Lowell Arye, Policy Advisor to the Governor, has been appointed by DHS Commissioner Jennifer Velez as Deputy Commissioner to oversee the new Division of Aging Services and the existing Division of Family Development led by Jeanette Page Hawkins. Arye has 30 years of policy experience on the national and state level in the fields of aging and disability.

The overall goal of the transfer of programs is to realign state government to better serve our constituents and the regulated community.

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Senior Programs Being Transferred to the Department of Human Services:

Division of Aging and Community Services:
Administers programs designed to make it easier for seniors and caregivers to get the help they need to support their well-being and to enable seniors to remain living in the community as long as possible with independence, dignity and choice.
http://www.state.nj.us/health/senior/index.shtml

Division of Senior Benefits and Utilization:
Administers the Pharmaceutical Assistance to the Aged and Disabled program, Senior Gold Prescription Discount program, Lifeline Utility Assistance Program, and the Hearing Aid Assistance to the Aged and Disabled program.
http://www.nj.gov/health/seniorbenefits/services.shtml

Office of the Public Guardian:
The Office’s mission is to aid, empower and protect New Jersey’s vulnerable elderly population with guardian services by acting as a surrogate decision maker for residents sixty (60) years of age and over who have been deemed incapacitated by the Superior Court of New Jersey.
http://www.state.nj.us/health/senior/documents/sa_opg.pdf

Senior Programs Staying at DHSS:

Division of Health Facilities Evaluation and Licensing:
The New Jersey Department of Health and Senior Services conducts licensure inspections of the state’s approximately 380 nursing homes and also responds to complaints from consumers.
http://nj.gov/health/healthfacilities/index.shtml

Programs Joining DHSS:
✦ The Hospital Relief Fund and the Graduate Medical Education Fund will be relocated to the Office of Healthcare Finance
✦ Office of Health Information Technology Coordinator will be housed in the Office of Policy, DHSS (www.state.nj.us/njhit)
Seniors shopping for an Assisted Living residence will soon have a new way to compare facilities beyond whether it meets minimum state licensure standards.

What does the consumer satisfaction survey say? Is there a Residents Council that organizes plays or hosts book clubs? How frequent is staff turnover? How often does the staff put on plays?

Those are the kinds of quality benchmarks that will be developed by a peer review panel using quality measures advocated by the National Center for Assisted Living.

The Health Care Association of New Jersey (HCANJ) Foundation, in collaboration with the Department of Health and Senior Services, has created a new, voluntary designation called "Advance Standing" that will be granted to facilities that meet a series of new quality benchmarks. The Foundation will also be responsible for conducting inspections for state regulatory requirements.

"New Jersey is taking a truly innovative, 'first of its kind' approach to ensuring that seniors residing in assisted living communities receive quality care services," said David Kyllo, executive director of the National Center for Assisted Living.

Kyllo joined Health and Senior Services Commissioner Mary E. O'Dowd and HCANJ President Paul R. Langevin Jr. for an announcement of the new collaboration on Feb. 10 at Brandywine Senior Living, an assisted living facility in Princeton. Also attending were Brandywine Senior Living President and CEO Brenda Bacon, New Jersey Ombudsmen for the Institutionalized Elderly Jim McCracken and Jackie Pinkowitz, chair of the Consumer Consortium on Assisted Living.

At least 40 HCANJ members have expressed interest in seeking the Advanced Standing designation. There are 17,000 New Jersey seniors residing in 215 licensed assisted living facilities in the state. Currently, the Department inspects the facilities every two years.

“This new pilot program is another step forward in ensuring our residents receive quality care,” said Commissioner O’Dowd.

Langevin said Assisted Living providers in New Jersey “have long subscribed to the concept of quality care in a setting that provides the highest possible quality of life. The Advanced Standing program will give them an opportunity to prove the standards of excellence they have set for themselves.”

The Department will maintain oversight of assisted living facilities. It will continue to conduct complaint investigations, but limit routine inspections to facilities without Advanced Standing. The Department will randomly conduct unannounced surveys at up to 25 percent of facilities with Advanced Standing in the first year and up to 10 percent each year after to validate pilot surveys.
POLST Program Empowers Patients in End-of-Life Care

By Betsy Ryan, President and CEO, New Jersey Hospital Association

The death of a loved one is always a difficult experience. If you haven’t already confronted that heartache, you certainly will at some point in the future. The inevitability of death makes it important for all of us to plan accordingly and to make our end-of-life wishes known. In New Jersey, those important conversations are about to become easier, thanks to a new program called Physicians Orders for Life-Sustaining Treatment Paradigm, or POLST (www.polst.org).

Gov. Chris Christie recently signed a law that brings POLST to New Jersey. What is POLST, exactly? It’s a document that details one’s end-of-life goals and wishes. Working closely with a physician or advanced practice nurse (APN), an individual can put into writing a detailed plan for care in the final stages of a life-limiting illness. What makes this document different than other efforts such as advance directives or health-care proxies is that it becomes an actual order from the physician or APN in the patient’s record, and it carries through all parts of the health-care system, from the ambulance to the hospital to the nursing home to hospice. POLST empowers patients in what is arguably the most poignant and emotional point in their lives. It ensures that their wishes are paramount, in life and in death.

The New Jersey Department of Health and Senior Services has selected the Institute for Quality and Patient Safety at the New Jersey Hospital Association to develop the POLST form for our state and educate health-care professionals about its use. The NJHA Institute has been designated a Patient Safety Organization (PSO) by the federal government, and New Jersey’s law requires the POLST program to be housed within a PSO. PSOs provide security and confidentiality protection for health data and information. The development of POLST is very much in step with our PSO’s mission to improve the quality of health care for the people of New Jersey.

The reality is that our state’s health-care system hasn’t done a very good job in caring for patients at the end of life. Data show that, in their last six months of life, New Jersey residents see more specialists, endure more tests and procedures and spend more time in the intensive care unit than elsewhere in the United States. And all of that extra intervention doesn’t always benefit the patient in terms of prolonged life or improved quality of life. We believe POLST can help make a difference in ensuring that end-of-life care is driven, first and foremost, by the patient’s goals and wishes.

I recently had an opportunity to be part of a panel discussion on POLST at the University Medical Center at Princeton. It was led by New Jersey Health Commissioner Mary E. O’Dowd. We also heard from Dr. David Barile, who has done some excellent pilot work using POLST at several nursing homes. But I think the most memorable speaker was a woman whose longtime husband was recovering in a nursing home after breaking his hip. She and her husband had worked with Dr. Barile to clearly state their goals for care. What was important to her

Those very difficult times can be made much easier by ensuring that the dying loved one’s wishes are articulated and followed.

Mary E. O’Dowd
Commissioner
Department of Health and Senior Services

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husband was returning home, attending upcoming family weddings and some day getting back out on the golf course, and his POLST form directed caregivers to treat him accordingly. Now that is an empowered patient taking charge of his goals for care.

I’m not a physician, but I have experienced the loss of a loved one, and I know that it can be an emotionally draining experience in a family’s history. But I also know that those very difficult times can be made much easier by ensuring that the dying loved one’s wishes are articulated and followed. That is the promise of POLST.

POLST is a Good Tool for Hospitals

By Pam Hersh, Vice President for Government and Community Affairs
Princeton HealthCare System
University Medical Center at Princeton (UMCP)
University Medical Center of Princeton at Plainsboro (UMCPP) after May 22, 2012

From the vantage point of a hospital, POLST or Physician Orders for Life-Sustaining Treatment represents state-of-the-art patient treatment protocol that never will be obsolete and has minimal implementation costs. This seemingly too-good-to-be-true treatment protocol puts patient's wishes front and center while adding rationality to the treatment process. For a hospital, whose raison d'être is to provide not only excellent but also compassionate patient treatment, there could be nothing more elegant.

Hospitals function most effectively with good tools. POLST is a tool that aligns the patient's goals of care with therapies. And the main tools for implementing POLST are simply an intelligently structured form combined with empathetic and effective communication. The POLST program is designed to improve the quality of care that people with advanced disease receive at the end of life. The elements of POLST are actionable physician orders that are portable across healthcare settings and based on the patient's preferences for care. The initiative, a complement to advance directives, is intended for patients entering the final years and facing advanced illness and/or significant fraility, complement to advance directives. In a hospital setting, the medical professionals may tend to over emphasize certain medical treatments such as CPR to save a life at all costs. However, in many cases, the patient may not want CPR, and the POLST form is a tool that allows the hospital to be informed with clarity and no ambiguity of the patient's wishes.

University Medical Center at Princeton (UMCP) participated in a POLST pilot program that yielded a form whose first item was Patient Goals of Care - an articulation by the patient as to how he/she wanted to live the rest of his/her life. Did they want to make it to see that great grandchild born in two months? Take one more walk along the beach? Be pain free? The POLST form represents a promise by health care professionals to make every effort to honor these wishes.
February 1 – Commissioner O’Dowd gave remarks with representatives from Horizon Health-care Innovations, Duke University School of Nursing and Rutgers College of Nursing regarding a first-of-its-kind collaborative partnership to train 200 nurses to be Population Care Coordinators throughout primary care practices in New Jersey.

February 2 – Connie Calisti Meyers, Assistant Commissioner, Division of HIV, TB and STD Services, joined representatives from the New Jersey Human Development Corporation, and Project FAITH and Rebuild at the Greater Mt. Zion AME Church in Trenton to mark National Black HIV/AIDS Awareness Day.

February 3 – Commissioner O’Dowd joined the University Medical Center at Princeton (UMCP), the acute care hospital of Princeton HealthCare System (PHCS), to convene a roundtable discussion about end-of-life care and the Physician Orders for Life-Sustaining Treatment (POLST) law recently signed by Governor Christie.

February 3 – Dr. Arturo Brito, Deputy Commissioner, Public Health Services took part in a dental clinic at the University of Medicine and Dentistry for Give Kids a Smile Day. The clinic provided dental services for children ages 12 and under. The event is an annual centerpiece to National Children’s Dental Health Month.

February 24 – Commissioner O’Dowd and Senator Kevin O’Toole (R-Passaic) toured AtlantiCare’s Mission HealthCare, Special Care Center and the Atlantic City needle exchange program in Atlantic City.

Transfers of Programs, continued from page 1

DHSS and DHS will ensure a smooth transition to preserve continuity of services to those served by both agencies. I have the utmost confidence that DHS will build on our efforts and continue to develop innovative methods to best meet the needs of seniors in our state.

As part of the reorganization, several programs from other areas of state government will be added to the Department.

To enhance our efforts to make hospital funding more transparent and predictable, the Hospital Relief Fund and Graduate Medical Education Fund will be transferred into the Department within the Office of Healthcare Finance. By consolidating all funding programs in our Department, we can view hospital finances in a more holistic way.

Additionally, to promote collaboration and planning, the Office of the Health Information Technology Coordinator, which is responsible for the implementation and facilitation of health information technology across the state, will be transferred to Department within the Office of Policy and Strategic Planning.

The overall goal of the transfer of programs is to realign state government to better serve our constituents and the regulated community. As we move ahead with this transition, we will continually update Department stakeholders on the progress of consolidations.
Nine out of every 10 Americans use too much salt, and avoiding potato chips and other salty snacks is only part of the battle.

Most people may not realize it, but the consumption of bread and rolls is by far the leading cause of sodium in the American diet. It’s an important point because while many people recognize the need to limit their consumption of salty snacks such as potato chips, pretzels and popcorn, they are probably not focused on cutting back on the bread they eat as a way to stay healthy.

According to the Centers for Disease Control and Prevention (CDC), breads and rolls make up approximately 7% of the salt eaten by Americans each day, followed by cold cuts, cured meats, pizza, fresh and processed poultry, soups, fast food hamburgers, sandwiches and cheese. Potato chips and pretzels finish number 10 on the CDC list.

Almost 90% of Americans eat more sodium than recommended for a healthy diet. U.S. Dietary Guidelines recommend limiting salt intake to less than 2,300 mg a day. Americans who are 51 are older, are African-American, have high blood pressure, are diabetic and have chronic kidney disease should limit their sodium to 1,500 mg per day.

Too much salt raises blood pressure which is a major risk factor for heart disease and stroke. 800,000 Americans die each year from stroke and contribute to an estimated $273 billion in health care costs according to the CDC. In New Jersey there were 3,264 deaths due to stroke in 2008.

Approximately, 65% of salt in the U.S. diet comes from food purchased in retail stores, while 25% comes from restaurants. Consumers can take proactive steps to help limit salt intake by reading nutrition labels while shopping for food and asking for low salt options when dining out. People should also be sure to eat a diet rich in fresh fruits and vegetables, and be careful when adding salt to flavor foods when cooking.

One of the Department of Health and Senior Services (DHSS) major initiatives is ShapingNJ, an innovative statewide partnership of businesses nonprofit organizations, associations and government agencies coordinated by the DHSS Office of Nutrition and Fitness. Part of this initiative focuses on healthy eating, especially for our children. The program promotes healthy eating in schools by providing healthy choices that include low salt choices such as fresh fruits and vegetables.

You can learn more about ShapingNJ and its efforts to promote healthy eating by visiting: [http://nj.gov/health/fhs/shapingnj/index.shtml](http://nj.gov/health/fhs/shapingnj/index.shtml)

DHSS advises everyone to eat a healthy, low salt diet.
Your SHIP Has Come In!

State Health Insurance Assistance Program (SHIP) Celebrates 25th Year

If you're on Medicare—or you know someone who is—and don't know the difference between Part C and Plan C*, you are not alone.

Medicare is a complex and ever-changing federal program. Seniors and younger beneficiaries with disabilities are often unsure of their options and uneasy about making a coverage choice or change without first talking with someone who knows Medicare better than they do.

That's where SHIP – the State Health Insurance Assistance Program – and its 400 trained and certified counselors, step in.

This year SHIP is celebrating its 25th anniversary of providing free, unbiased and accurate information on Medicare to help beneficiaries make informed health insurance decisions. It provides counseling and education, assists beneficiaries to resolve enrollment and claims problems, and develops outreach and partnership programs to inform underserved populations.

SHIP started in New Jersey as a pilot program in three counties and, in 1987 and became a permanent state program with trained counselors in every county by the end of 1988. The program was used as a model by the U.S. Centers for Medicare and Medicaid (CMS) when it established the national SHIP program two years later. Today, every state has a SHIP.

Last year, New Jersey’s SHIP program assisted 40,000 Medicare beneficiaries with 30,000 hours of personalized local counseling. Local SHIP agencies also sponsored more than 500 Medicare education events – most during Medicare’s fall open enrollment period – to help beneficiaries make informed choices about their health and prescription coverage.

SHIP counselors typically meet one-on-one with beneficiaries at a public location like an office or library. They walk the beneficiary step by step through the maze of Medicare regulations, medical bills, insurance claims, and health plan choices. Sometimes, they even help the consumer save money.

Often, SHIP counselors identify beneficiaries with low incomes and limited assets who may be eligible for assistance meeting their Medicare expenses. Referrals to these programs – known as Medicare Savings Programs (MSP) and Low Income Subsidies (LIS) – are increasing and record enrollment levels have been reached in the past two years thanks in large part to the work of SHIP counselors. People on MSP save more than $1,000 in premium costs and the average person on LIS saves nearly $4,000 in out-of-pocket prescription drug costs annually.

In its 25th year, SHIP is experiencing increased demand for its services from Baby Boomers aging onto Medicare, as well as from younger individuals with disabilities and non-English speaking beneficiaries. The program will work to ensure these beneficiaries know the difference between Part C and Plan C, and have the information they need to choose wisely.

* Part C is the managed care option also known as Medicare Advantage. Plan C is one of several Medigap supplemental insurance coverage options offered to individuals in Original Medicare to cover hospital and doctor bills not covered by Medicare. Still confused? Call SHIP at 1-800-792-8820 for an appointment with a counselor in your county.