From the nation’s first drug assistance program for seniors to a growing investment in options that allow seniors to age in place in their homes and communities, the state of New Jersey has a winning prescription for improving the health and quality of life for our 1.3 million seniors.

And, in the face of extraordinarily difficult budget years, Governor Chris Christie has made it a priority to ensure that the most vulnerable seniors in our society are protected.

Here’s a list of accomplishments:

- Spending on home and community-based options for seniors has increased steadily from $30 million in 2007 to $281.4 million in this year’s budget. This funding allows seniors to stay home and in their community—where they prefer to live—and avoid nursing home placement.

- The state’s Pharmaceutical Assistance to the Aged and Disabled (PAAD) program, established on August 1, 1975, is one of the oldest and most generous prescription pharmaceutical assistance programs in the country. PAAD, and its companion program, Senior Gold, is providing discounts on prescribed medications to 165,000 low-income seniors and disabled this year. With this support, we are ensuring seniors do not need to make a choice between buying their medications and putting food on the table.

- We are also improving access to healthy foods for seniors. This summer, 53,580 low-income seniors will be able to buy fresh fruits and vegetables with vouchers provided by the Department of Health and Senior Services’ Senior Farmer’s Market Nutrition Program.

- The Departments of Human Services and Health and Senior Services worked together to enroll 30,000 PAAD beneficiaries in SNAP – the state’s Supplemental Nutrition Assistance Program – to get help buying groceries to eat healthy.

- Some 5,000 seniors across the state have learned to better manage their chronic disease through the Take Control of Your Health program in the Department of Health and Senior Services.

To further enhance our services to seniors, Governor Christie is providing a new vision for integrated and holistic care for seniors with the creation of the Division of Aging Services in the Department of Human Services. The new Division will be able to link all necessary supports and services by providing a single point of access, including long-term care supports and community-based services.

In addition, we are continuing our commitment to changing the way long-term care is provided in New Jersey, working to create more choices, improving health outcomes and providing more opportunities for seniors to remain at home.
Resources for Seniors

Office of AAA Administration
Information on senior services in New Jersey is administered locally by county-based Area Agencies on Aging (AAAs).

Office of Long-Term Care Supportive Services
Learn about various long-term care services.

Office of Global Options for Long-Term Care & Quality Management
This office administers a number of home and community-based programs that help seniors, people with disabilities and their caregivers.

Aging & Disability Resource Connection (ADRC)
There is an ADRC in every New Jersey county to help seniors, individuals with disabilities and their caregivers find out about and access important federal, state and local long-term services and supports. Call your ADRC toll-free at 1-877-222-3737.

Senior Services Information Line
This website and phone number provides information on programs and services for seniors and caregivers. It’s available from 8:30 in the morning until 4:30 at night weekdays (except for State Holidays), by calling toll-free at 1-800-792-8820.

Statewide Benefits for Older Persons
This on-line publication is a guide to many of the programs and services offered to older adults by the State of New Jersey.

Medicare Counseling through the State Health Insurance Assistance Program (SHIP)
SHIP provides free, objective and confidential help to New Jersey Medicare beneficiaries who have problems with, or questions about, Medicare, Medigap, Medicare Advantage Plans, Medicare Prescription Drug Plans and Long-Term Care Insurance.

Prescription (PAAD & Senior Gold), Hearing Aid & Utility Assistance
Information on New Jersey’s Pharmacy Assistance Programs
Information on PAAD & Senior Gold – and other services for lower income seniors and persons with disabilities.

Find a Hospital, Long-Term Care Facility or Licensed Community-Based Service Agency
An on-line registry of all licensed acute care and long-term care facilities in the state. The registry is searchable by type and by county.
The state Pharmaceutical Assistance to the Aged and Disabled (PAAD) program is one of the oldest and most generous prescription pharmaceutical assistance programs in the country.

PAAD, established 1975, and its companion program, Senior Gold (established 2001), provide discounts on prescribed medications to 165,000 low-income seniors and individuals with disabilities.

In 2006--more than 20 years after New Jersey began offering prescription discounts to seniors--the federal government finally caught up with the Garden State and began offering its own prescription drug benefit.

The Medicare Modernization Act of 2003 provided an outpatient prescription drug benefit for all Medicare beneficiaries beginning January 1, 2006. The vast majority of PAAD and Senior Gold beneficiaries are enrolled in Medicare and, thus, are eligible for some level of prescription coverage under Medicare Part D.

The Department of Health and Senior Services has been successful in coordinating PAAD and Senior Gold benefits with Medicare Part D benefits, saving the state $300 million per year since 2006.

The transition to Medicare Part D as the primary payer of prescription drugs for PAAD and Senior Gold beneficiaries actually began with the Medicare-approved drug discount card program, which ran from June 1, 2004 to December 31, 2005. New Jersey took advantage of a federal government ruling in 2004 that permitted state pharmaceutical assistance programs to automatically enroll their beneficiaries in a preferred Medicare-approved discount card. The State enrolled 1,000 eligible low-income PAAD beneficiaries in the Medco card for $1,200 in assistance from the federal Medicare program. New Jersey saved $95 million over the 18-month period by using the Medco card with PAAD benefits.

PAAD beneficiaries pay a $5 co-payment for generic drugs and $7 for brand name drugs. They may pay less for their prescriptions if their Medicare prescription drug plan charges them less. All PAAD participants who have Medicare must enroll in a Medicare prescription drug plan to use Medicare Part D benefits along with PAAD benefits. Almost all PAAD participants (94%) are enrolled in Medicare Part D. The PAAD program pays the monthly Medicare Part D premiums on behalf of its beneficiaries for certain basic Part D plans in New Jersey.

If PAAD participants also have limited income and resources, the PAAD pro-
Office of the Commissioner Page 4

June 1 - Commissioner Mary E. O’Dowd, Gloria Rodriguez, Assistant Commissioner, Division of Family Health Services and Peri Nearon, Director of the DHSS Office of Nutrition and Fitness attended the ShapingNJ 2012 Annual Partnership Meeting. During the meeting, Muscle Maker Grill was announced as the 200th ShapingNJ partner. The meeting took place at RWJ Hamilton Center for Health and Wellness.

June 6 - Bill Conroy, Acting Deputy State Commissioner Senior Services and Health Systems, gave remarks at the Deborah Heart and Lung Center’s 90th anniversary celebration.

June 7 - Dr. Sindy M. Paul, Medical Director, Division of HIV, STD & TB Services; Jane E. Caruso, MS, Ryan White Part D Project Director, Division of Family Health Services; Connie F. Meyers, Assistant Commissioner, Division of HIV, STD & TB Services, and Dr. Barbara Montana, Medical Director, Division of Communicable Disease Services, attended the HIV Clinical Update Statewide Symposium.

June 7 - Commissioner O’Dowd provided opening remarks at the AARP Advocacy Conference and received the AARP Leadership Award by Dave Mollen, AARP New Jersey State President.

June 11 - Commissioner O’Dowd provided remarks at the Rutgers Eagleton “Women in the Christie Administration” luncheon. The event took place at the Thomas Edison State College in Trenton.

June 13 - Commissioner O’Dowd and Dr. Arturo Brito, Deputy Commissioner of Public Health, took part in a “Safe and Fun Summer” press conference at the Raritan Bay Area YMCA.

June 14 - Commissioner O’Dowd toured Elmer Hospital, the first New Jersey hospital to receive Baby-Friendly designation.

June 15 - Bill Conroy, Acting Deputy Commissioner Senior Services and Health Systems, and Helen Dodick, Acting Public Guardian, talked with seniors at the Reading Senior Center in Trenton about how they can protect themselves from neglect and abuse.

June 19 - Commissioner O’Dowd takes part in Capital Health’s “Baby Friendly” symposium on New Jersey’s Baby Friendly Hospital Initiative.
The New Jersey Department of Health and Senior Services (DHSS) has greatly improved the lives of seniors with several programs that offer them access to such essentials as food on their tables, the ability to afford critically needed medications, and the opportunity, when their health allows it, to age in place, living in their own homes and communities rather than in the nursing homes they want to avoid.

DHSS has made tremendous gains in ensuring that lower-income seniors who need prescription medications can afford them. A number of programs have been implemented to help these individuals, including Pharmaceutical Assistance to the Aged and Disabled (PAAD) and Senior Gold. Indeed, thanks to PAAD, Susan Baratz, 70, of Whiting, no longer has to worry about being able to afford prescriptions for herself or for her 94-year-old mother and her disabled son. “Without the benefits that these programs provide I literally don’t know how we would survive” said Baratz, “We simply could not afford these medications.”

All told, PAAD and Senior Gold provide assistance to nearly 165,000 needy seniors, more than ever before. And of course, this assistance increases in importance as the cost of prescription drugs continues to increase.

Also, the sad reality is that lower-income seniors are often forced to choose between paying for medicine, utilities and food in far too many instances, leading to empty tables and constant hunger. And while many of these seniors are qualified to receive benefits from the Supplemental Nutrition Assistance Program (SNAP), they often don’t – either because they are not aware of the program or because they have chosen not to apply for these benefits. AARP has worked with the Christie Administration to promote the cross-matching of PAAD recipients with SNAP enrollees and found that tens of thousands of people receiving PAAD may also be eligible for SNAP. As a result of this and additional targeted outreach by the Christie Administration, more than 30,000 additional low-income PAAD recipients have been enrolled into SNAP and are now receiving the assistance that they need.

Finally, since New Jersey’s landmark Independence, Dignity and Choice in Long-Term Care Act became law in 2006, DHSS has made great strides in transitioning funds to the Global Options program, which allows people to utilize in-home service and care providers by using the Medicaid funding that would otherwise force them into an inpatient nursing facility.

The legacy established by DHSS is impressive. With the support of Governor Chris Christie, DHSS Commissioner Mary O’Dowd is continuing to build on this legacy. AARP is grateful for all these efforts and is proud to partner with the Christie administration as we work together to continue to improve the lives of needy seniors in New Jersey.
Area Agencies on Aging (AAA) have undergone significant changes since the State Unit on Aging (SUA) moved from the Department of Community Affairs into the newly-formed Department of Health and Senior Services in 1996. Initially established to create a coordinated system of programs for those aged 60 and older, the AAAs administered (and continue to administer) programs providing support services such as meals, transportation, in home services, day care and legal services. Today these agencies have grown, taken on additional responsibilities and become more rooted in the communities they serve.

AAAs are somewhat unique in that they are part of county government but operate under the direction of state government, specifically the SUA. They receive federal and state funding through an Area Plan Contract between the state and county government. Local governments also provide funding that is used to pay for additional services. Although there is no means test to receive services at AAAs, services are targeted to older individuals who are low-income.

Over the last 16 years, the AAAs have been instrumental in the successful launching of several cutting edge programs designed to make it easier for seniors and caregivers to access information and services to remain independent in the community for as long as possible. One such program was NJ EASE, the predecessor of the Aging and Disability Resource Connection (ADRC) service delivery system now implemented statewide.

The NJ EASE initiative started in 1996. By 2001, the initiative was offered in each of New Jersey’s 21 counties. The program marked the start of New Jersey’s efforts to encourage individuals to remain in their communities through the use of supportive home and community-based services. Some of the program’s services and objectives include:

- Access to information and referral and care management;
- Training for all information and referral and care management personnel, both in the AAAs and in other government and community agencies providing core services;
- Development and implementation of care management standards to assure quality service delivery;
- Establishment of a national toll-free telephone number to facilitate access to aging services; and
- Development and implementation of a public awareness campaign to educate the consumers about available services.

In 1999, the AAAs were given the opportunity to provide care management and coordination of services to individuals in need of nursing home level of care. By doing so, this enabled many older adults who would otherwise be in a nursing home to have their care needs met in the comfort of their own homes. Many AAAs also became Medicaid-certified providers, which provided them with additional income and allowed them to grow and expand their staff and services.
Assistant Commissioner Christopher Rinn meets with seniors at a “Vial of Life Program” event that took place at the Tamblyn Field Civic Center in Rutherford. The event was hosted by St. Mary’s Hospital. The Vial of Life Program teaches seniors how to provide EMS responders with needed medical information.

DHSS

1,300,000 The number of New Jersey residents age 65 and older
1975 The year the Pharmaceutical Assistance to the Aged and Disabled (PAAD) started
165,000 The number of PAAD/Senior Gold Program enrollees
2006 The year the Independence, Dignity and Choice in Long-Term Care Act was signed
5,000 The number of people who have taken part in the Take Control of Your Health Program
$390-$750 The estimated per person health care cost savings from those people who completed the Take Control of Your Health Program
80 The percentage of older adults that have at least one chronic condition
1,200 The number of seniors that take part in Project Healthy Bones each year
52,000 The number of beds in the 370 nursing homes in New Jersey
19,000 The number of beds in New Jersey 230 assisted living facilities
311,000 The approximate number of New Jersey residents in home and community-based programs

Getting Better with Age, continued from page 6

In 2002, with the recognition that the most assistance for older individuals and persons with disabilities comes from voluntary caregivers, i.e., family or friends, the AAAs received a new funding source under the Older Americans Act specifically targeted to caregivers. This enabled them to provide respite services, training, education, support groups and other services to help caregivers to continue in their role. The federal funding also provided funding for grandparents who raise their grandchildren.

Throughout the past decade, AAAs have become more tech savvy and all now have websites. They also have begun using more sophisticated data tracking and reporting systems to streamline their business processes.

Over the last few years, NJ’s AAAs have developed and honed their skills to serve the older adults, individuals with disabilities, caregivers and persons of all income through the Aging and Disability Resource Connection (ADRC) with a consumer-centered process. The goal of the ADRC is to improve the personal experience of consumers and their caregivers when seeking access to information, services and supports. Staff trained in the ADRC business process will be better able to empower consumers with clear, concise information so they can make well-informed decisions about their care. They have formalized partnerships with the County Welfare Agencies, Centers for Independent Living, Agencies on Disabilities, local hospitals, businesses and other stakeholders. This coordinated process has made connecting to services much easier for all, and positioned the AAAs to play a vital role in NJ’s evolving system of long-term services and supports.
More than 80% of older adults suffer from a chronic illness and over 50% have at least two. That is why the DHSS Division of Aging and Community Services (DACS) is focusing on providing evidence-based programs to help seniors make lifestyle and behavioral changes to improve health outcomes and quality of life.

One such program, the Chronic Disease Self-Management Program (CDSMP), has proven extremely effective at helping people with chronic conditions and caregivers take greater control of their own health. Branded “Take Control of Your Health” in New Jersey, peer-led CDSMP workshops help individuals cope with symptoms, manage medications, make behavioral lifestyle changes, and communicate more effectively with health care providers and loved ones.

Since 2006, DACS has been working with partners across New Jersey to build statewide capacity for CDSMP delivery. The state has partners in every county, including providers who can deliver the program in six languages in addition to English. More than 5,000 people have participated in a six-week CDSMP workshop. The infrastructure is expanding to include the Diabetes Self-Management Program, which includes information and strategies specific to the management of Type II Diabetes.

Other evidence-based DHSS programs that are helping those with chronic conditions include:

**Project Healthy Bones** - a physical activity and education program targeted to people with, or at risk of osteoporosis. The exercises target the body’s larger muscle groups to improve strength, balance and flexibility. The 24-week curriculum covers the importance of exercise, nutrition, safety, drug therapy and lifestyle factors. Trained peer leaders offer the program in all 21 counties for more than 1,200 people annually.

**HealthEASE Health Education** includes seven one-hour educational sessions on health promotion/disease prevention. The sessions can be used as standalone sessions, or as a series and include: ‘Move To Get F.I.T.’, ‘Serving Up Good Nutrition’, ‘Bone Up On Your Health’ (osteoarthritis), ‘Be Wise About Your Medications’, ‘Keeping Up The Beat’ (cardiovascular disease), ‘Standing Tall Against Falls’ (fall prevention) and ‘Keeping Your Memory Sharp’. Over 135 professionals are trained to deliver the program in community sites across the state.

Currently offered in 10 counties, **A Matter of Balance** emphasizes practical strategies to reduce the fear of falling and to increase activity levels. Participants learn to view falls and fear of falling as controllable. They set realistic goals to increase activity, change their environment to reduce fall risk factors, and exercise to increase strength and balance. **A Matter of Balance** includes eight two-hour sessions led by two trained coaches. The program uses group discussion, problem-solving strategies, videos and gentle physical exercise. Older adults learn positive coping methods to reduce fear of falling and remain active and independent.
Hungry for Hope

The Medicare Savings Program (MSP) and its Low Income Subsidy Program (LIS) play critical roles in helping low income individuals pay out-of-pocket costs associated with Medicare. The MSP pays the Part B premium (currently $99.90 monthly), while LIS pays portions of Medicare Part D prescription drug costs. Respectively, the two programs save participants an average of $1,000 and $3,900 annually.

The U.S. Department of Health and Human Services, in 2010, awarded the New Jersey Department of Health and Senior Services (DHSS) $719,190 to promote and enroll individuals into these programs. DHSS used the funds to produce educational campaign materials and to award ten sub-grants to local State Health Insurance Assistance Programs (SHIPs) and other community-based organizations.

The additional outreach to communities across the state has made a dramatic impact in the lives of some of New Jersey’s most vulnerable residents. Diane Hirko, a SHIP caseworker at the Family Guidance Center in Mercer County, shared her experience of helping an individual receive benefits that were desperately needed.

“I was drawing people into the dining room with the help of deli sandwiches and fresh baked cookies. The people started to enter slowly but then the small crowd began to grow. While the people ate, I talked about MSP and LIS and what these programs have done for many people. I was amazed that the people had never heard of these programs. They were somewhat skeptical at first and had a hard time accepting that this was legitimate, that they may be eligible, and that I would help them throughout the application process.

Then he entered.

He was in a wheelchair and paralyzed on one side from the waist down. He was not interested in learning about the programs, said they sounded too good to be true, and said he was sure he and everyone attending made too much money to qualify. While he remained skeptical, I was able to convince him to provide me with his name and telephone number so we could meet and complete his application.

We met by the end of the week and completed the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program’s universal application, which also enrolls eligible individuals in MSP and LIS. Through misty eyes, he thanked me for not only following through, completing the application for him, but for caring and for helping people that really do need help.

On the way back to the office, I remember thinking how glad I was that I brought lunch to the initial meeting. These people were hungry for food, hope, and for people to help them.”
New Jersey seniors and adults with disabilities in need of long-term services and supports now have information and easy access to community-based alternatives with the Aging and Disability Connection (ADRC) program.

The ADRC is a joint initiative between the New Jersey Departments of Health and Senior Services and Human Services, with the 21 Area Agencies on Aging serving as the county lead agencies. The ADRC provides consumers with improved access to community programs such as meals-on-wheels, personal care, housekeeping, specialized transportation, assisted living and nursing home care. It also connects seniors and adults with disabilities with work and volunteer opportunities, insurance programs, financial supportive services, health promotion and disease prevention programs, housing, crisis intervention, and other home and community programs.

Services available at local ADRCs include outreach and educational activities to ensure individuals know about the array of long term services and supports available to delay or eliminate the need for institutional care. Using computerized tools specifically designed for the ADRC, county staff screens individuals regardless of income to determine their level of need and potential financial eligibility for government-funded services. Staff also conducts an enhanced intake survey that allows for counseling at all stages in the process and quickly identifies individuals in need of immediate interventions to maintain their independence.

For more on ADRC please visit: [http://www.state.nj.us/health/senior/index.shtml](http://www.state.nj.us/health/senior/index.shtml)

PAAD and Senior Gold, continued from page 3

gram assists them in applying for a federal subsidy that pays for such Medicare Part D costs as premiums, deductibles, co-pays, and co-insurance, and coverage during the “doughnut hole” period.

Senior Gold beneficiaries pay a $15 co-payment for their prescriptions plus 50% of the remaining drug cost. Once members incur annual out-of-pocket expenses of $2,000 (singles) or $3,000 (married couples), they pay only a $15 co-pay. Like PAAD, all eligible Senior Gold participants who have Medicare must enroll in a Medicare prescription drug plan in order to use their Senior Gold benefits. In addition, they must pay the monthly premiums themselves to belong to a Part D plan. Over 87% of all Senior Gold participants are enrolled in Medicare Part D.