



Advancing independence and inclusion of older adults and people with disabilities

September 26, 2025

The Honorable Phil Murphy
Governor of the State of New Jersey
New Jersey Statehouse
PO Box 001
Trenton, NJ 08625

Dear Governor Murphy:

I am pleased to inform you that the New Jersey State Plan on Aging under the Older Americans Act for October 1, 2025 through September 30, 2029 has been approved.

The State Plan outlines strategic goals that will serve as a guide to New Jersey' aging service network during the next four years. Of particular note is your commitment to improve the quality of life for older adults in New Jersey by developing and promoting a comprehensive state-wide framework to combat ageism, enhance age-friendly practices, and foster collaboration across sectors.

I appreciate your dedication to ensure the continuity of quality services for older adults and family caregivers in New Jersey and am delighted to see that the Division of Aging Services (DoAS) continues to serve as an effective and visible advocate for older adults and family caregivers at a state level.

The Administration for Community Living looks forward to working with you and the DoAS in the implementation of the State Plan. If you have questions or concerns, please do not hesitate to contact us at aoa.oaa@acl.hhs.gov. Thank you for your efforts toward improving the lives of older persons and family caregivers in New Jersey.

Sincerely,

A handwritten signature in black ink that reads "Mary M. Lazare".

Mary Lazare
Acting Administrator and Assistant Secretary for
Aging

Cc: Kari Benson, Deputy Assistant Secretary for Aging
Alice Kelsey, Deputy Director, Administration on Aging



NEW JERSEY

State Plan on Aging

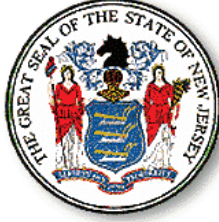
October 1, 2025 - September 30, 2029



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Verification of Intent

The State Plan on Aging is hereby submitted for the State of New Jersey for the period October 1, 2025 through September 30, 2029. It includes all the assurances and plans to be conducted by the New Jersey Department of Human Services, Division of Aging Services under the provisions of the Older Americans Act, as amended, for the period identified. The State Agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the coordination of all State activities related to the purposes of the Act, i.e., the development of comprehensive and coordinated systems for the delivery of supportive services and to serve as the effective and visible advocate for the elderly in the State.

This State Plan on Aging is hereby approved by the Commissioner of the Department of Human Services, as the granted signatory authority of the Governor, and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary for Aging.

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

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

Louise Rush

Louise Rush, Assistant Commissioner
Division of Aging Services

6/26/2025

Date

Sarah Adelman

Sarah Adelman, Commissioner
Department of Human Services
Governor Designee

6/26/2025

Date

Executive Summary

In accordance with the Older Americans Act of 1965 (P.L. 89-73), the Division of Aging Services (DoAS), as the designated state unit on aging (SUA), is required to submit a state plan on aging every four years to the Assistant Secretary for Aging to receive funding under the Act. The plan is an opportunity to present a broad overview of the state of aging services in New Jersey and outline the goals, objectives, and strategies for how to best assist older adults, their families, and caregivers. Building on four years of activity and feedback from State government agencies, local Area Agencies on Aging (AAAs), community stakeholders, and other members of the aging network, the plan charts the way forward for the next four years of service delivery to New Jersey residents.

Like the United States as a whole, the population of the State has continued to become older and more diverse. The past decade has seen the percentage of New Jersey's population over the age of 65 grow from 13.8% in 2013 to 16.8% in 2023, a 22% increase.^{i,ii} The Census Bureau's 2023 National Population Projections estimate that the percentage of Americans over the age of 65 (like New Jersey, 16.8% in 2023) will rise to 20.6% in 2030 and 22% in 2040.ⁱⁱⁱ As more people age, the State must be prepared to meet an increased need—not just in the amount of services that need to be provided, but also in the scope of services needed to provide truly person-centered care.

Improving the organizational capacity of DoAS to address this change was a major priority of the previous State Plan, and many of the goals, objectives, strategies, and outcomes of this current cycle center around expanding upon the advanced capabilities achieved as a result of that plan. A new case management system, web-based phone system, and cloud-based data management capabilities all enable further person-centered services and set the stage for further modernizations. New partnerships, both within the community and among State government agencies, will help extend the range of services provided to communities in need and help New Jersey become a more age- and disability-friendly state. Lastly, as the increase in federal dollars in response to the COVID-19 pandemic begins to phase out, the aging network will need to adjust and consider other funding options for innovations in service provision and outreach.

The plan begins by providing background information on DoAS, further outlining the age-related demographic changes New Jersey is projected to undergo and expanding on its duties as part of the aging services network. The plan then reviews the needs assessment activities conducted to create the report, the ways in which local Area Plan Contracts guided its creation, and the definitions of greatest economic need and greatest social need used to direct service delivery (OAA §305(a)(2)(E)). The **Stewardship and Oversight** section outlines details of the state's stewardship and oversight activities during the State Plan cycle; explains how the SUA develops, issues, and implements its policies and procedures; and reviews how data is used in oversight activities.

The plan outlines five goals and accompanying objectives, strategies, and outcomes to address New Jersey's vision for the delivery of aging services. These goals include:

1. **Access:** Implement measures that broaden access to services and remove barriers preventing older adults, individuals with disabilities, and caregivers from enrolling in programs that allow them to live healthy and engaged lives.
2. **Aging in Place:** Ensure older adults are able to obtain the supports they need to live healthy and fulfilling lives in the communities in which they'd like to live
3. **Caregiving:** Empower family caregivers and direct care workers by providing information about available resources, person-centered supports, and financial assistance.
4. **Elder Justice:** Ensure the rights of older adults are protected and prevent elder abuse, neglect, and exploitation.
5. **Outreach:** Raise awareness about and better connect consumers to resources that empower older adults, caregivers, and people with disabilities to exercise self-determination about their health and wellbeing.

The objectives, strategies, and outcomes encompassed in these five goals present a roadmap for DoAS and its partners to help make New Jersey a state where older adults, their families, and caregivers can live and age with dignity and respect.

The Division of Aging Services: New Jersey's State Unit on Aging

New Jersey was one of the first states in the nation to create a state Division on Aging, through the passage of Chapter 72 of the Public Laws of 1957. Shortly after the federal Older Americans Act (OAA) was signed into law in 1965, the Division was designated as New Jersey's State Unit on Aging (SUA). In 1973, amendments to the OAA authorized states to designate geographic planning and service areas to be administered by Area Agencies on Aging (AAAs). In 1971, New Jersey designated each of its 21 county offices on aging as AAAs, making each eligible for federal funding under the OAA. All 21 AAAs are also the designated lead Aging and Disability Resource Connection/No Wrong Door (ADRC/NWD) agencies for their service areas.

Throughout its history, New Jersey's SUA has been located in several departments: the Department of State from 1957 to 1967, the Department of Community Affairs from 1967 to 1996, and the Department of Health and Senior Services from 1996 to 2012. In July 2012, it was renamed the Division of Aging Services (DoAS) and moved into the Department of Human Services (DHS), its current home. This restructuring established a single point of access for older adults, people with disabilities, and caregivers seeking long-term services and supports regardless of Medicaid eligibility. DHS assumed the SUA designation, while DoAS serves as the administrative agency. DoAS is the ADRC/NWD state lead.

DoAS, directly or through its aging services network partners, administers a number of federal and state-funded programs that make it easier for older adults to live in the community as long as possible with independence, dignity, and choice. DoAS receives OAA funding and serves as the focal point for planning services for the aging, developing comprehensive information about New Jersey's older adult population and its needs, and maintaining information about services available to older adults throughout the state. DoAS is also the recipient of federal grants to initiate or support specific projects benefiting older adults, such as American Rescue Plan Act funding that was used to develop and implement efforts to combat social isolation. (More information can be found in the **Programs, Projects, and Initiatives** section below).

DoAS maintains a staff of approximately 300 full-time employees based in Trenton and two regional field offices. (See Appendix A for complete details.) Its mission and vision statements are as follows:

- **Mission:** The Division of Aging Services, in collaboration with our network partners, strives to provide benefits and supportive services in an accessible, coordinated, and responsive manner to maximize consumer independence.
- **Vision:** The Division of Aging Services ensures that all New Jersey seniors, individuals with disabilities, and their caregivers are valued, their choices respected, and their needs addressed through a streamlined system of benefits, services and supports.

Aging in New Jersey

Like the United States as a whole, the percentage of adults aged 60 and older in New Jersey has grown at a faster rate than the population as a whole. Between 2013 and 2023, the total population of the United States grew by 6.7% while the population of adults aged 60 and older grew by 30.3%, an increase of over 20 million individuals. In New Jersey, the number of adults aged 60 and older grew 27.3%, from 1,714,056 to 2,181,996, during the same time period, compared to the state's overall population growth of 4.9%. As a result of this demographic growth, nearly 25 percent of New Jersey's population in 2023 were found to be aged 60 or older, with 2,181,996 of the State's population of 9,267,014 falling into this age group.^{iv} This substantial growth in older adult population is expected to continue over the next decade. The US Census Bureau projects that by 2040, the country's median age will rise to 42.27 (from 38.9 in 2022), with the percentage of the population aged 60 or older rising from 23.7% to 27.4%.^v The percentage of Americans aged 80 or older is expected to nearly double, from 3.9% to 7.5%.^{vi}

In developing this plan, New Jersey has considered these and other factors in its goals, especially those objectives related to outreach and access. Understanding the state's population and identifying under-resourced regions will ensure that the State's services and programs are responsive to the needs of New Jersey's older residents in the years to come. **For more in-depth statistics and maps, please refer to Appendix D.**

Programs, Projects, and Initiatives

Area Agencies on Aging / Aging and Disability Resource Connection (AAA/ADRCs)

New Jersey has 21 county-based Area Agencies on Aging (AAA), also known as the County Offices on Aging or Offices of Senior Services. AAAs are the primary local offices responsible for directly providing or coordinating comprehensive systems of community-based services for older adults and people with disabilities funded or supported by the State Unit on Aging.

The responsibilities of the AAAs include:

- Coordinating all programs on aging regardless of funding source, and serving as the central source for information and referral for services and programs
- Preparing an Area Plan on Aging which includes an analysis of the needs and existing services within the county and a comprehensive plan for the delivery of services to older adults, individuals with disabilities, and their caregivers
- Administering the annual allocation of federal Older Americans Act and state funds from the New Jersey Division of Aging Services for projects and services within the county
- Monitoring and evaluating projects funded under the Area Plan
- Serving as an advocate to increase the public's understanding of the aging population; and
- Advising local governments and the Division of Aging Services about unmet needs and recommending policy solutions when appropriate.

AAAs also serve as Aging & Disability Resource Connection (ADRC) agencies in their county, ensuring older adults, adults with disabilities, and caregivers have easy access to services, resources, and basic information. AAA/ADRCs provide information, assistance, outreach, screening, and options counseling to assist older adults, individuals with disabilities, and caregivers in accessing services. They can assist with applying for programs such as pharmaceutical assistance programs and NJ FamilyCare (Medicaid). The ADRC website and online resource center, www.adrcnj.org, offers user-friendly tools and features to access national, state, and local resources and to search for available services and programs.

To achieve the goal of proactively advising every state resident and all New Jersey partners and providers of services available through the aging network, the Division successfully implemented several strategies over the course of New Jersey's previous State Plan period. In 2023, the Division mailed postcards displaying DoAS and ADRC website information and toll-free number to all registered drivers during the year of their 60th birthdays. The NJ ADRC toll-free hotline provides access an automated call routing system to ensure they reach the appropriate AAA.

Services provided through the AAA/ADRC include:

- **In-Home Support:** Friendly visiting, telephone reassurance, home repairs, and housekeeping services can help to keep an individual safe and remain living in their own homes.
- **Community Support:** Services such as adult day services (both medical and social), personal care, counseling, and legal assistance are available.
- **Transportation:** Both fixed-route and scheduled transportation provide rides for shopping, doctors' appointments, and other necessary destinations. Assisted transportation services are available for individuals with mobility issues.
- **Home Delivered and Congregate Meals:** Nutrition services are among the most important services provided by AAA/ADRCs.

- Home-delivered meals are available to homebound individuals aged 60 and over who are unable to prepare meals for themselves and have no assistance from someone in their home. An added benefit of home-delivered meal programs is that meal delivery drivers check in with the meal recipient during each meal delivery.
- Congregate meals aim to keep older adults healthy and independent, offer opportunities for social engagement, and connect people with other vital supports and services. At least one nutritious meal, usually lunch, is served five or more days per week in a group setting at approximately 200 senior nutrition sites throughout the state.
- Nutrition Education and Counseling is also provided to participants of both the Home Delivered and Congregate Nutrition Programs.

Health and wellness programs

The Office of Community Resources, Education & Wellness administers numerous programs to educate consumers and professionals about aging services and health and wellness trends and resources.

New Jersey's health promotion programs include:

- **Project Healthy Bones**, an exercise and education program for people with or at risk of osteoporosis, includes exercises that target the body's larger muscle groups to improve strength, balance, and flexibility.
- **A Matter of Balance**, a program designed to reduce the fear of falling and increase the activity levels of older adults who are concerned about the risk of falling.
- The **Otago Exercise Program**, a fall-prevention exercise and walking program led by a physical therapist.
- **Stress-Busting for Family Caregivers**, a nine-session workshop to help caregivers of individuals with dementia manage their stress and cope with the challenges associated with caregiving.
- **Take Control of Your Health**, a series of peer-led programs that give people with chronic conditions and/or their caregivers the knowledge, skills and confidence to take a more active role in their healthcare.
- **Tai Ji Quan: Moving for Better Balance**, a 60-minute exercise class that is geared towards older adults at risk of falling and/or people with balance disorders.
- The **Move Today** program, a 30–45-minute non-aerobic exercise class designed to improve flexibility, balance and stamina.
- The **HealthEASE** program, which coordinates and expands health promotion and disease prevention services for older adults at the local level.

Caregiver programs

- **Jersey Assistance for Community Caregiving (JACC)** provides in-home services to older adults at risk of placement in a nursing home. JACC participants collaborate with care managers to create plans of care uniquely tailored to the individual, including hiring their own caregivers as providers.
 - Over the last four years, JACC has aligned its provider rates with those of Medicaid, achieved an initial increase in case management reimbursement, and obtained approval for single-case contracting, enabling the program to assist individuals in more isolated areas of the state.
- The **Alzheimer's Adult Day Services Program (AADSP)** provides support and relief to family caregivers of people with Alzheimer's Disease or related disorders by providing subsidized adult day services at participating centers.
- The **Congregate Housing Services Program (CHSP)** provides services such as congregate meals, housekeeping, personal assistance, and service coordination to low-income older adults or adults with disabilities residing in certain subsidized housing facilities.
- The **Statewide Respite Care Program (SRCP)** provides unpaid caregivers with a short-term or periodic break from the demands of daily care for functionally impaired persons, including older adults. The care recipient pays an income-based cost share on a sliding scale for services such as companions,

homemaker/home health aides, adult day health or social day services, temporary care in licensed health care facilities, campership, and private duty nursing services.

Home- and community-based services

- **Managed Long Term Services and Supports (MLTSS)** provides long-term services and supports through the managed care organizations that coordinate care for New Jersey Medicaid’s NJ FamilyCare program. Available home- and community-based services include, but are not limited to, care management, respite services, assisted living, and nursing home care.
 - In 2023, the Department of Human Services leveraged data from the State Department of Health (DoH) to make changes to improve the Quality Incentive Payment Program (QIPP) for nursing facilities, which allows facilities to earn bonus payments by achieving certain performance benchmarks. Among other developments, QIPP now integrates the results of the comprehensive CoreQ satisfaction survey of long-term residents into its quality standards and has added several staffing measures to its quality benchmarks. DoH also developed a [Nursing Home Facility Data Dashboard](#) that provides detailed information about facilities across the state, such as location, staffing levels, and federal quality measures.
- **Programs of All-Inclusive Care for the Elderly (PACE)** provide eligible older adults with comprehensive medical and social services coordinated by an interdisciplinary team of professionals. Participants’ plans integrate home care services with several visits each week to the PACE center in their service area.
 - As of this report’s publication date, two new centers are set to open by the end of 2025, one in Ocean County and one in Gloucester County. These additions bring the number of centers in the state to eight, covering residents in eleven counties. Official efforts to cover all counties in the state are underway, with applications for programs to cover Warren, Sussex, Morris, and Hunterdon Counties currently under review.
- The **Office of Community Choice Options (OCCO)** helps nursing facility residents and other individuals needing long-term care explore various community-based alternatives to long-term care by assigning counselors—registered nurses or social workers—that provide information about in-home services, housing alternatives, and community programs.
- **I Choose Home NJ / Money Follows the Person (MFP)** is a federal/state partnership that allows individuals who are eligible for NJ FamilyCare and have been living in an institutional setting for more than 60 days to return to a community setting with necessary supports and services. From 2008 to the end of 2024, I Choose Home NJ has helped 4,761 New Jerseyans move out of an institutional setting and back home, 1,859 of whom were older adults. The program has also funded the Jobs That Care NJ website and the Certified Home Health Aide Career Program described in the [Caregiver Initiatives](#) section below.

DoAS savings programs

- The **Pharmaceutical Assistance to the Aged and Disabled (PAAD)** and **Senior Gold** programs lower the copays eligible NJ residents pay for their prescription medications. PAAD also pays Part D premiums and Part D late enrollment fees for certain plans. More details about eligibility and payment structure can be found in Appendix F.
 - Annual eligibility income limits for PAAD, Senior Gold, Lifeline Utility Assistance, and Hearing Aid Assistance for the Aged and Disabled were raised by \$10,000 in 2022 and again in 2024, the largest single-year increases in the programs’ histories.
- **Lifeline Utility and Tenants Assistance (Lifeline)** provides \$225 to offset utility costs for eligible beneficiaries.
- The **Hearing Aid Assistance to the Aged and Disabled (HAAAD)** program provides a reimbursement of up to \$500 on the purchase of one hearing aid, or \$1,000 if a second device is purchased within the same year.

- The **AIDS Drug Distribution Program (ADDP)** provides pharmaceutical assistance with a wide range of medications for treating individuals with HIV and AIDS to eligible residents who are HIV positive or have AIDS.
- **Medicare Savings Programs (MSPs)** help eligible people pay for some, if not all, of their Medicare Part A and Part B premiums, deductibles, copays, and coinsurance.
- The **State Health Insurance Program (SHIP)** provides Medicare enrollees, caregivers, and advocates with information and assistance about their health insurance via a network of over 400 trained counselors. In addition to providing counseling face to face and over the phone to consumers on issues related to enrollment, claims, and coverage choices, SHIP staff also presents information on the state's Medicare supplement policies, Part D plans, long-term care insurance, and other related topics to beneficiaries and service providers.
- The **NJSave** application allows residents to apply for a number of programs with one application, as well as screening them for others. The programs included in the application are PAAD, Senior Gold, Medicare Savings Programs, Lifeline, and HAAAD; a complete list of programs screened for in the application can be found in [Appendix P]. The application is available in both paper and online versions, which are each available in English and Spanish.
 - In 2024, DoAS issued Senior Save Navigator grant funds to community-based organizations to offer one-on-one NJSave application assistance in every one of the state's counties by phone and in person. In addition to offering aid in completing the application and gathering required documentation, navigator agencies perform outreach to the communities they serve to find residents who may be eligible for the programs on the application but who may not have been reached by traditional outreach efforts.

Elder justice initiatives

- **Adult Protective Services (APS)** investigates reports of abuse, neglect, exploitation, and maltreatment, connecting eligible individuals with services to ensure their safety and well-being via a thorough assessment, including a private face-to-face interview. Services focus on self-determination and using the least restrictive measures to help individuals remain in their homes whenever possible.
 - APS has recently updated its data management software to a Comprehensive Information System (CIS), which has moved collected data to a cloud-based storage system (lessening information silos between county agencies) and transitioned information reporting from a case-centered system to a person-centered system, which allows APS to more easily track consumers and perpetrators across cases and county lines. It has also allowed for the creation of an online reporting form. This update has allowed APS to implement standardized data collection and reporting measures across county agencies, which has improved intake procedures and program monitoring by the state APS agency.
- **The Office of the Public Guardian (OPG)** provides guardianship services to incapacitated adults aged 60 and older. When no family or friends are willing or appropriate to serve as a guardian, Public guardians are appointed by the Superior Court of New Jersey to oversee medical, social, financial, and legal aspects of a client's life.
- **The New Jersey Office of the Long Term Care Ombudsman (LTCO)** is an independent advocate for people who receive long-term care services. The office is responsible for securing, preserving, and promoting the health, safety, and welfare of New Jersey's long-term care residents, through investigations of abuse, neglect, and exploitation; legislative and regulatory advocacy; policy work; and education and outreach.

Age-friendly efforts

- In 2021, Governor Phil Murphy signed Executive Order 227 to create an **Age-Friendly Advisory Council** within the Department of Human Services. The council, which comprised representatives from state and local government, academic institutions, nonprofit organizations, businesses, and community groups, met monthly beginning in March 2022 to identify and discuss best practices for an age-friendly New Jersey. In

addition to drawing from professional expertise and personal experience, the council hosted two public listening sessions and hosted presentations by subject matter experts on areas such as land use and Alzheimer's Disease and related dementias, as well as from two public listening sessions.

- The **Age-Friendly Blueprint** (Appendix K) was published in May 2024. Born out of the work done by the Age-Friendly Advisory Council, the blueprint outlines actionable ideas and overarching philosophies to improve New Jersey's communities for their older residents now and for the future. The blueprint first offers a brief overview of the concept of "age-friendly," highlights past efforts, and presents strategies for communities to assess their present age-friendliness and create a tailored plan to become age-friendly. After describing the unique demographic, economic, and linguistic components of the state's aging population—including the notable differences between counties—the document presents a set of recommendations organized in six sections: Housing, Health, Transportation, Socialization, Employment, and Communication & Outreach. Each section includes an overview of the current state of these issues as they relate to New Jersey's older-adult population, as well as recommendations that address these issues. Within each section are recommendations from at least one of three cross-cutting issues: Technology, Economic Security, and Diversity, Equity, and Inclusion.
- The **Age-Friendly Grants Program** aims to strengthen the capacity of New Jersey communities by providing funding opportunities to local government and nonprofit organizations to assess, plan, and develop local age-friendly initiatives that support the health and wellbeing of older adults by offering two types of grants: project grants and community grants. Project grants have been awarded to ten municipalities and nonprofits to implement projects that address one or more recommendations from the New Jersey Age-Friendly Blueprint in an innovative way. Community Grantees—currently numbering seventeen, with a second set of recipients on the way—have received funding intended to enhance and catalyze initial efforts to build community partnerships, enroll in the AARP Network of Age-Friendly States and Communities, execute a community needs assessment survey, and create an action and evaluation plan to address any gaps or deficits identified in the survey. In addition to funding these efforts, the program also offers capacity-building and training workshops for all grantees on efforts related to project implementation and age-friendly matters.

Caregiver initiatives

- The **Caregiver Task Force Report** (Appendix J) was published in November 2022. The report summarized the findings of the Caregiver Task Force, which was convened to determine the availability of caregiver support services in the state and provide recommendations for the improvement and expansion of these services. The report found that caregivers are often unaware of the resources available to them, and those who are aware face challenges to accessing them. It also identified a lack of available skilled care staff to assist family caregivers—a problem that is intensified in certain underserved areas. The report outlined a number of recommendations to address these issues, centered around facilitating caregiver self-identification, clarifying information on available caregiver resources, expanding the availability of the programs and services available to caregivers (especially respite care), and developing an effective care workforce to supplement support for family caregivers.
- Since the publication of the report, efforts have been made to put these recommendations into effect. A new website, [Jobs That Care New Jersey](#), to promote the work of direct support professionals, certified home health aides and other care workers, to recruit more workers to the field and promote employment and advancement opportunities, and resources available to them.
- The Division also worked with the Rutgers John J. Heldrich Center for Workforce Development to develop and implement the [Certified Home Health Aide Career Program](#), to offer scholarships, mentorship programs, and specialized training programs with financial incentives to encourage and support individuals looking to enter the care workforce.
- The Department funded a paid advertising campaign for caregiver services through AAAs and ADRC outreach funding.
- The Division has also dedicated funding to create a Caregiver Hub, anticipated to launch in 2025, and will provide a centralized and easy-to-navigate repository for caregiver-supporting programs and services,

such as a caregiver self-identification survey, a personalized caregiver assessment that connects participants to a personalized resource list, and training videos about caregiving-related tasks and techniques.

Other efforts

- In 2024 and 2025, the Division of Aging Services changed its hotline and customer service phone network to a new system powered by **Amazon Connect**. This transition made a number of new features available to the division and its consumers. Callers can now request an NJ Save application be sent to their home address or email in a completely automated process available 24/7. Improved caller information also allows for clients' needs to be tracked across entities (such as between a county AAA and the state eligibility unit), ensuring that service needs can be shared and addressed in a more streamlined fashion. Other quality-of-life features include callback scheduling and easier integration of non-English languages into hotline language.
- In addition to Amazon Connect, DoAS has begun to integrate additional **Amazon Web Services (AWS)** features into its program management structure. Mainly, AWS' ability to facilitate integration between customer communication services (Connect) and the various other program management systems (Salesforce for the NJSave application; Mon Amie for case management) via Application Programming Interfaces, or APIs, allows for a complete picture of a consumer to be created automatically rather than by assorted cross-program communication.
- The Division of Aging Services purchased 550 **Claris Companion** tablets for older adults to encourage socialization using funds from the American Rescue Plan Act (ARPA). Distributed locally by AAAs and through older adult low-income housing, the tablets are specifically designed for users who may be unfamiliar with more complex handheld devices, allowing them to easily access the messaging system and other socialization tools available on the device. Technical assistance and support are also accessible.
- The Division also partnered with [GetSetUp](#) to provide free virtual classes for older adults in New Jersey. Most classes are taught live by instructors in a congenial group setting, and material can range from fitness classes to technology instruction. DoAS worked with the company to develop classes on how to access the NJSave application, which are provided regularly.
- New Jersey received a **Bridging IDD and Aging Grant** from the National Association of Councils on Developmental Disabilities (NACDD) to improve aging services for individuals with intellectual and developmental disabilities, as well as their families. The division partners with stakeholders such as the NJ Council on Development Disabilities and the Division of Developmental Disabilities (DDD) to increase understanding of services, break down information silos, and improve access and service delivery.

Needs Assessment Activities

The needs assessment activities undertaken to inform the 2026 – 2029 New Jersey State Plan on Aging include a number of different approaches: stakeholder meetings, public listening sessions, Area Agency on Aging area plan needs assessment activities, and solicitation of public comment.

Stakeholder meetings

The Division of Aging Services held a series of meetings with various sets of stakeholders to gather input on objectives, strategies, and outcomes in the development of the State Plan on Aging. These meetings presented the initial ideas for the state plan as topics for discussion while also facilitating an open dialogue about participants' own perspectives, ideas, and concerns. One meeting was held with the executive directors of the state's Area Agencies on Aging; another targeted aging-network stakeholders, including healthcare providers and advocacy groups; and a third meeting included testimony from the general public. These meetings were held virtually with accessibility functions such as closed captioning and ASL translation services available. For interested parties who were not able to attend the online sessions, feedback was also solicited through written comment.

From the responses gathered in these meetings, a number of themes emerged:

- Affordable housing challenges
- Workforce and caregiving shortages
- Elder abuse and financial exploitation prevention
- Transportation barriers
- Social isolation and mental health
- Caregiver support and resources
- Access to services and eligibility issues
- Long-term care services and aging in place

Further exploration of these common topic areas can be found in Appendix B. The input and data collected in the meetings guided the creation of the specific goals, objectives, strategies, and outcomes that make up this plan—both the general subject matter that structures the plan’s objectives (for example, Objective 2.2) and specific strategies and outcomes that comprise these objectives (for example, the linking of medical appointment and paratransit service scheduling found in Strategy 2 of Objective 2.4).

Area Agency on Aging needs assessment activities

As part of their annual area plan, New Jersey’s AAAs are required to perform needs assessment activities to inform their service delivery operations. All agencies must distribute a survey that asks the county’s older adults about areas of concern, as well as services that are currently addressing or could be employed to address these concerns. The area plan process also asks AAAs to indicate what additional needs assessment activities have taken place over the last year, with items such as provider or client satisfaction surveys, I&R data, and public forums being among the most common methods. The AAA must also indicate the types of populations that have provided input as part of the needs assessment process ((OAA §306(a)(4)(A)(ii)). As part of the SUA review process, AAAs must indicate whether they received input from the following groups: Older individuals (age 60 or older); older persons living in poverty, including minority groups; caregivers; older individuals at risk of institutional placement; older individuals with limited English proficiency; older individuals with severe disabilities; older individuals with Alzheimer’s disease and related disorders; caregivers of older individuals with Alzheimer’s disease and related disorders; grandparents raising grandchildren; homebound older adults; frail older adults; service recipients; and municipal or county senior citizen advisory committees

As part of its on-site desk review of each AAA, the Division compiles and evaluates the materials related to area plan needs assessment for the purposes of evaluation. In addition to appraising the material itself, the SUA investigates the distribution of the activities and surveys to ensure targeted populations have been consulted. If, in the course of this desk review, the data collection is found to be insufficient, the SUA will document this deficiency in its State Desk Assessment Review/Report with the expectation that the county will implement corrective processes for the following year’s assessment. Oversight of needs assessment activities is also performed as part of the area plan contract review process.

The data gained as part of the area plan needs assessment process guides the State Plan on Aging by contributing to the goals and service provision of the area plans, which in turn directs the state plan as described in the **How Area Plan Contracts Guided the State Plan on Aging** section below.

Other surveys

To inform the Caregiver Task Force Report, the task force conducted a survey of the State’s caregivers. The survey, which was available in the State’s five most-spoken languages, received 907 responses, and captured the county, age, race, language spoken, income, and employment status of the caregiver, as well as a number of other factors that would impact caregiving. The survey found that over half (55.9%) of the state’s caregivers are employed, and around three-quarters (73.7%) do not receive financial support from State or federal programs that contribute to the cost of care. Overall, survey results indicated that caregivers in New Jersey face significant

emotional, social, and financial stress, and do so in ways that differ across demographic categories. A complete overview of the survey results can be found in the report, which is located in Appendix J.

In April 2023, the New Jersey Department of Human Services published the New Jersey [Social Isolation Study](#) (Appendix L), which aimed to analyze social isolation affecting four vulnerable populations in the State: individuals aged 65 or older, individuals with disabilities, individuals with mental illness, and active-duty military or veterans. A survey was presented to New Jerseyans to obtain this information, with the results providing insight into the frequency of social isolation in New Jersey; demographics and other characteristics of those more likely to be socially isolated; the risk factors, situational factors, symptoms, and other indicators of social isolation; services utilized and not utilized among the socially isolated; and services that may help to improve social connectedness. The survey estimated that over one quarter (26.4%) of the State's residents may be socially isolated.

Published by the Division of Aging Services, the "New Jersey Elder Economic Security Standard Index, 2022" report (Appendix O) measured the income older adults need to meet their basic needs, taking into account different health needs, housing type (renter or homeowner with or without a mortgage), and location within the State. The report found that cost-of-living expenses in New Jersey rose sharply from 2020 to 2022, though at a slightly lower rate than nationally. Additionally, although renters (both single and married) have lower costs of living than homeowners with mortgages, the percentage of renters with incomes below the cost of living (70.9% single, 37.8% married or cohabitating) is much higher than their homeowner counterparts (49.3% and 15.7%, respectively). The report also found differences in retirement sufficiency—whether retired New Jerseyans have incomes over the cost of living—between racial demographics, with 46.6% of Hispanic retired older adults and 41.9% of Black retired older adults failing to meet the sufficiency standard, compared to 26.3% percent of white retirees and 23.7% of Asian retirees. Overall, these figures inform the work the SUA plans to perform over the next four years, especially in outreach to populations that may not be eligible for aid programs such as Medicare Savings Programs but still live under the cost of living. the work the SUA plans to perform over the next four years, especially in outreach to populations that may not be eligible for aid programs such as Medicare Savings Programs but still live under the cost of living.

Public comment period

The Department of Human Services also obtained public comment on the State Plan on Aging for the thirty calendar days required in the Older Americans Act, making edits based on the input accordingly. For evidence of this activity, please see Attachment E (Evidence of Providing the Minimum Public Comment Period).

How Area Plan Contracts Guided the State Plan on Aging

New Jersey's county Area Agencies on Aging (AAA) are required to submit an area plan for a three-year period as required in the Older Americans Act (§306(a)). The Older Americans Act further states that the State Plan on Aging must be based on these area plans (OAA §307(a)(1)(B)). Area plans outline the priorities, goals, needs, and objectives of each AAA; provide updates on these items from the previous term's plan; describe the needs assessment activities performed to determine these priorities; and delineate the providers that make up the comprehensive system for supportive services, nutrition services, and other areas for which the AAA provides or facilitates service.

When developing the goals, objectives, strategies, and outcomes of the FY26 – 29 New Jersey State Plan on Aging, the State Unit on Aging collected the priorities and goals presented in each individual AAA's most recent area plan and categorized them by topic area (e.g., "Nutrition"), then by goal (e.g., "Increase advertising of nutrition program," which was included in some form in seven area plans). This compilation method allowed the SUA to note which topics and goals were addressed by a large number of AAAs while still highlighting unique ideas from individual counties, with both informing the State Plan's goals, objectives, strategies, and outcomes. Using this summary document, which can be found in Appendix C, the SUA has been able to fulfill its commitment to implementing recommendations from the local level into this state-level plan.

Greatest Social Need / Greatest Economic Need

According to 45 CFR § 1321.27 (d)(1), each State Plan must describe how “greatest economic need” and “greatest social need” are determined and addressed. The definitions are as follows.

- The term "greatest economic need" for older adults in New Jersey refers to individuals aged 60 and older who face significant financial hardship, lacking sufficient income, savings, or assets to meet their basic living expenses. This includes individuals who are experiencing poverty, rely on public assistance, are unable to cover essential needs such as food, healthcare, and transportation, and have limited access to affordable housing or employment opportunities. The economic need may consider income level, lack of savings or assets, and access to economic resources that support an adequate standard of living.
- The “greatest social need” for older adults encompasses a range of broader, non-financial factors that significantly impact their overall quality of life and well-being. These social needs include, but are not limited to, issues such as social isolation and loneliness, limited access to community services, health challenges, and physical or mental disabilities. Additionally, factors like limited English proficiency, cultural barriers, education attainment, and aspects of identity further contribute to these needs. A comprehensive social assessment takes into account both individual and community-level factors, evaluating an older adult’s health status, living conditions, social networks, and access to essential resources.

These definitions will take effect on October 1, 2025 upon the effective date of the 2026 Area Plan Contract. Supporting these processes is the DoAS policy “Definition of Greatest Economic Need (GEN) and Greatest Social Need (GSN),” which is maintained at the state and can be made available for review as requested and appropriate.

Stewardship and Oversight Activities

According to NJ FY24 OAAPS reports, the State served an estimated 463,418 consumers, including 17,264 caregivers and 6,943 older relative caregivers, through Older Americans Act (OAA) and related programs in the previous fiscal year. The most frequently provided service in FY24 was nutrition services, which provided over 4.5 million meals. Transportation and information & assistance followed as the next most commonly provided. Detailed OAAPS data can be found in Appendix E, which includes demographics of greatest social and economic need clients receiving services, such as gender, poverty status, living alone, and age.

Monitoring procedures include annual self-assessments conducted by AAAs and on-site assessments of each AAA performed by the State Unit on Aging (SUA) every three years. The self-assessment tool encompasses sixteen categorical sections, such as quality assurance and fiscal reporting. AAAs must provide documentation or other formal evidence demonstrating adherence to performance and operational policy standards to ensure compliance. AAAs are also required to submit waitlist statistics for nutrition programs.

DoAS performs annual quality monitoring of each AAA’s nutrition programs through electronic reviews and on-site visits. The electronic review entails an overview of units of service provided and unit projections to ensure targets are met, along with operational information and statistics by provider. During on-site visits, DoAS looks at the cleanliness and adequacy of facilities, the proper posting of required official documents, food safety, meal quality, and food service operations, among other factors.

DoAS offers technical assistance to the AAAs on how to understand and implement new policies via a live training session and an on-demand demonstration video. Program quality is currently measured by surveys of older adults or caregivers utilizing AAA services, who are given the opportunity to provide insight on factors such as program access, accessibility, and perceived improvement in health or caregiving ability using methods such as Likert scales to measure satisfaction.

Data about service recipients is collected in the state WellSky Aging & Disability data management system and in the national OAAPS. The data collected includes personal information such as name, birthdate, ZIP code, and

household status; other demographic details like poverty status to measure whether programs reach those with greatest economic and social needs; and health factors such as Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and disability status for certain programs. These data measures are monitored quarterly via a programmatic report.

On a yearly basis, the SUA uses a self-assessment tool to verify the percentage of consumers with greatest economic needs and greatest social needs served by AAAs corresponds to the total percentage of these populations in their service areas, as determined by the latest 5-year American Community Survey data. AAAs also conduct annual needs assessments and consumer satisfaction surveys to gather information about local service necessities. These needs assessments are informed by data collected from the quarterly programmatic reports and aforementioned surveys.

DoAS policies and procedures are issued and published via policy memos, which are then distributed to AAAs through email and the my.NJ.gov document database accompanied by the technical assistance described above. For example, the change in the federal reporting from NAPIS to OAAPS was introduced in Policy Memo 2023-11, I-11, which introduced new reporting requirements (including regarding variance and missing data), outlined changes to data elements, reiterated AAA quarterly program requirements, and provided a crosswalk between NAPIS and OAAPS code—overall, a program for federal data management.


DoAS is currently restructuring its program assessment format to focus on holistic program quality. This new approach emphasizes discussions with the AAAs about service provision rather than only reviewing documentation. Concurrently, DoAS is transitioning its data management system from WellSky Aging & Disability to a new vendor, Mon Amie. The new system can automatically generate reports, enabling DoAS to monitor AAA activity more regularly and provide timely feedback. Its more user-friendly interface allows providers to enter service delivery data in real-time through a streamlined process, thus enhancing data integrity by simplifying data entry procedures.

The SUA has partnered with AdVancing States to improve state policies, procedures, and operations to ensure compliance with the new Older Americans Act regulations and aligning with the spirit of the OAA. This includes enhancing explicit policies for state and area plan administration and monitoring state plan assurances. As part of this compliance effort, DoAS has been providing technical assistance and webinar training to AAAs on each new and updated policy. Additionally, DoAS is developing a comprehensive policy manual that will compile all policy memos relevant to AAAs into a single document aiming to improve accessibility and streamline communication regarding policy changes.

Goals, Objectives, Strategies, and Outcomes





Goal 1: Access

Implement measures that broaden access to services and remove barriers preventing older adults, individuals with disabilities, and caregivers from enrolling in programs that allow them to live healthy and engaged lives.

 **Objective 1.1: Improve the quality of life for older adults in New Jersey by developing and promoting a comprehensive state-wide framework to combat ageism, enhance age-friendly practices, and foster collaboration across sectors.**

1. Promote programs and policies that are consistent with age-friendly best practices across sectors, providers, and agencies.
2. Promote an anti-ageism training curriculum, and encourage providers, businesses, and community organizations to offer said training and adopt age-friendly practices.

Key Topic Areas

-  OAA core programs
-  Greatest social need and greatest economic need
-  Expanding access to home- and community-based services (HCBS)
-  Caregiving








Goals, objectives, and strategies that align with the Administration on Aging's "areas to address" will be marked with their key topic area's corresponding icon, with tooltip text that further indicates the specific area. A complete overview can be found in Appendix H.

3. Coordinate and publicize age-friendly initiatives, such as the Age-Friendly Blueprint and initiatives launched via the Age-Friendly Project and Community Grants Program.
4. Develop a framework for a Multisector Plan on Aging in collaboration with other New Jersey state government departments and a variety of stakeholders to guide the development and coordination of home and community-based infrastructure, policy, and services.
5. Support efforts to encourage businesses to acquire the Certified Age-Friendly Employer (CAFE) designation.

Objective 1.1 Outcomes

- **Short-term:** Anti-ageism curriculum is identified or developed and a plan to distribute the curriculum to providers, businesses, and other organizations is in place.
- **Medium term:** The State Unit on Aging (SUA) has offered anti-ageism training to all 21 New Jersey AAAs/ADRCs and encouraged them to share anti-ageism training and resources with their network.
- **Medium-term:** Data and recommendations published in New Jersey's Age-Friendly Blueprint are presented to at least two conferences or public events.
- **Medium-term:** The SUA has provided technical assistance to all Age-Friendly Community and Project Grantees on best practices of successful age-friendly initiatives.
- **Medium-term:** Age-Friendly Community and Project Grantees have successfully completed initiatives by the end of the project grant period on June 30, 2026.
- **Medium-term:** In collaboration with New Jersey Advocates for Aging Well (NJAAW), ten Age-Friendly Employers have acquired the CAFE designation in the state of New Jersey.
- **Long-term:** The SUA has developed a framework for drafting a Multisector Plan for Aging in collaboration with other state entities and established partners.

Objective 1.2: Incorporate social determinants of health and caregiver needs into program planning for the aging population in New Jersey, with consideration for the needs of populations with greatest social and economic need.

-  1. Partner with the New Jersey Department of Labor and Workforce Development (DoL) to educate caregivers about available benefits, such as [Family Leave Insurance](#), and coordinate outreach efforts related to that education, as well as other recommendations from the Caregiver Task Force Report.
-  2. Coordinate outreach efforts to raise awareness of available caregiver services to populations with greatest social or economic need, as determined by Area Plan Contract (APC) needs assessment activity.
-  3. Partner with the New Jersey Department of Military and Veterans Affairs to ensure older adult and disabled veterans are cross-screened for services provided by DHS and the Department of Health and are informed of OAA-funded services available in their county.
-  4. Partner with the Department of Health to educate aging network about the unique needs of older adults living with HIV/AIDS.
-  5. Integrate HIV/AIDS-specific care into AAA/ADRC program development processes.
-  6. Provide specialized training for healthcare professionals and caregivers to better understand the unique medical and psychosocial challenges faced by older adults with HIV/AIDS, including aging-related comorbidities, medication interactions, and mental health concerns.
-  7. Investigate the feasibility of facilitating peer-led groups for older adults living with HIV/AIDS to foster social connections and reducing isolation. These groups will serve as safe spaces for sharing experiences, providing emotional support, and enhancing community engagement.

Objective 1.2 Outcomes

- **Short-term:** Information linking caregivers to Family Leave Insurance has been added to DHS websites, the Disability Information Hub, and the Caregiver Hub.
- **Short-term:** AAAs/ADRCs regularly provide the Veterans Service offices within their service areas with materials about OAA-funded services, including eligibility requirements.


- **Short-term:** Training materials about DoAS and AAA/ADRC services that are available to HIV/AIDS-affected people and staff in facilities are made available to nursing facility staff, other healthcare providers and other caregivers.
- **Medium-term:** DoAS and DoLWD are performing coordinated outreach to caregivers in areas of greatest social and economic need to inform them about available services and benefits at least twice annually.
- **Medium-term:** AAAs/ADRCs have incorporated HIV/AIDS-specific care topics into their needs assessment activities.
- **Medium-term:** Outreach is occurring at all AAAs to engage caregivers who have not yet accessed services to inform them about available services and benefits.
- **Medium-term:** DoAS has organized at least one peer-led support group for older adults living with HIV/AIDS or has identified an existing support group that older adults can be referred to.

 **Objective 1.3: Facilitate older adult technology use for the purpose of reducing social isolation.**

1. Increase understanding and promotion of services that can be provided through the internet, such as live courses on topics like exercise, art, and nutrition through [GetSetUp](#).
2. Encourage AAAs/ADRCs to assess the technology needs of consumers and contract with appropriate services during options counseling services.
3. Establish additional partnerships with agencies and providers that help older adults and people with disabilities receive assistive technology support.

Objective 1.3 Outcomes

- **Short-term:** Consumer technology needs are integrated into options counseling processes provided via AAAs/ADRCs.
- **Medium-term:** Ten percent more consumers are receiving assistive technology services through the APC.
- **Medium-term:** Information and Assistance (I&A) and outreach training procedures in DoAS/AAAs/ADRCs include information about web-based services.
- **Medium-term:** Enrollment of New Jersey older adults in GetSetUp classes has increased from 90,389 during the current contract period to a total of 200,000 during the next contract period.
- **Medium-term:** The SUA has made connections between AAAs/ADRCs and the assistive technology services in other Department of Human Services agencies (Commission for the Blind and Visually Impaired and the Division of the Deaf and Hard of Hearing).
- **Long-term:** The SUA has connected with the Richard West Assistive Technology Advocacy Center (ATAC) of Disability Rights New Jersey to increase assistive technology distribution to New Jerseyans receiving aging network services.

 **Objective 1.4: Establish and strengthen collaborative partnerships between the Department of Aging Services (DoAS), partner agencies, healthcare providers, Medicaid Managed Care Organizations, hospitals, and other agencies within the Department of Human Services (DHS) to improve service delivery for older adults.**

1. Convene collaborative informational meetings between DoAS, partner agencies, the medical community, Medicaid Managed Care Organizations, and hospitals to learn how AAAs/ADRCs can better partner with the healthcare industry to promote services for older adults.
2. Engage healthcare industry stakeholders in SUA activities such as meetings held to update the aging services network on the progress of the State Plan on Aging.
3. Encourage further collaboration between the AAAs/ADRCs and local healthcare industry stakeholders.

Objective 1.4 Outcomes

- **Short-term:** Healthcare industry stakeholders are invited to the first Progress Update for the 2026 – 2029 State Plan on Aging.
- **Short-term:** The SUA develops guidance for AAAs/ADRCs on how to effectively partner with the healthcare industry to promote services.

- **Medium-term:** All AAAs/ADRCs meet with local healthcare industry stakeholders to provide information about AAA/ADRC services.

Objective 1.5: Strengthen the nutritional support system for older adults in New Jersey.

1. Strengthen collaboration between the aging services network and food banks/pantries to further reduce malnutrition among New Jersey’s older adults.
2. Encourage AAAs/ADRCs to promote meals and diets that meet consumers’ nutritional, medical, and cultural needs.
3. Encourage older adults to apply for Supplemental Nutrition Assistance Program (SNAP) via tailored outreach.
4. Advocate for and encourage AAAs/ADRCs to adopt innovative nutrition services, such as offering restaurant vouchers, providing grab-and-go and frozen meals for both congregate and home-delivered meal consumers, and other supplemental nutrition services to allow for increased service delivery flexibility.
5. Develop procedures to ensure AAAs/ADRCs that expend Title IIIC-1 funds to provide portable (grab-and-go) meals will encourage participants to attend congregate meal sites and participate in health and wellness activities based on a person-centered approach and local service availability.

Objective 1.5 Outcomes

- **Short-term:** AAAs/ADRCs are partnering with local food banks and local food pantries to cross-promote services.
- **Short-term:** Grants are distributed to AAAs/ADRCs to conduct local outreach activities on SNAP as well as perform SNAP application assistance.
- **Short-term:** All AAAs/ADRCs have developed a plan to ensure meals provided under respective nutrition projects have the ability to be adjusted for cultural considerations.
- **Short-term:** All AAAs/ADRCs have developed formal procedures to ensure meals provided under respective nutrition projects are adjusted for medically tailored needs to the maximum extent practicable.
- **Short-term:** AAAs/ADRCs provide 250 units of outreach to give older adults access to SNAP.
- **Short-term:** Procedure has been developed to send AAAs/ADRCs the contact information of individuals who indicated interest in SNAP on NJ Save applications for outreach purposes.
- **Medium-term:** NJ Save applicants who indicated potential eligibility for SNAP have been referred to community organizations, including their local AAA/ADRC, to gauge interest in nutrition programs in their service area using automation by Amazon Connect processes.
- **Medium-term:** All AAAs/ADRCs expending Title IIIC-1 funds to provide portable (grab-and-go) meals are providing plans to the SUA outlining how they will encourage participants to attend congregate meal sites and other health and wellness activities.
- **Long-term:** The SUA and all 21 AAAs/ADRCs are partnering with food banks and/or food pantries to share information on congregate meal services available through local AAAs/ADRCs, including the availability of culturally appropriate food.


Objective 1.6: Expand the ease-of-use features within the NJ Save application for all consumers to increase access to a broad array of programs.

1. Streamline and simplify application processes for aging services by adding eligibility screening for additional Division of Aging Services (DoAS) programs to NJ Save application.
2. Decrease duplicative information gathering within DoAS program systems through the utilization of common data elements collected across DoAS programs.
3. Identify resources for consumers through the utilization of common data elements across New Jersey Department of Human Services program applications.
4. Develop infrastructure to communicate with older adults through a wider array of mediums—such as email, text message, and live chat—per user request.

Objective 1.6 Outcomes

- **Medium-term:** Eligibility for Jersey Assistance for Community Caregiving (JACC), Alzheimer’s Adult Day Services Program (AADSP), and Statewide Respite Care Program (SRCP) is added to the NJ Save application.
- **Medium-term:** Additional data elements in NJ SAVE will be prepopulated for PAAD and Senior Gold recipients who are reapplying to the program.
- **Long-term:** DoAS has signed a memorandum of understanding that allows NJ Save applications to utilize data elements from other DHS applications, such as SNAP.
- **Long-term:** The SUA and agencies within DHS have partnered to utilize available data to identify consumers of non-DoAS services who are over the age of 65 who may benefit from DoAS services and programs.

Objective 1.7: Implement new person-centered data management systems to track, communicate with, and serve consumers as they utilize aging services.


1. Refine processes for tracking consumer data and service utilization through the implementation and use of the Mon Ami state-designated care/case management platform across the aging services network.
2. Investigate the feasibility of utilizing improved data-collection and -tracking capabilities offered through Mon Ami into service provision across a consumer’s lifetime to respond to their individual needs.
3. Simplify worker processes to improve consumer experience through the development of automatic referrals across aging services programs.
-  4. Investigate the feasibility of standardizing the demographic data collected across aging network programs and services (through contracted providers, SUA program applications, etc.) to better serve individuals as they receive services across the network.
5. Develop procedure in Mon Ami to observe how individuals move across programs, taking advantage of the automation and reporting capabilities available through the software.

Objective 1.7 Outcomes

- **Short-term:** Mon Ami is used as the state-designated care/case management system in all 21 AAAs/ADRCs and their area plan contract provider agencies.
- **Short-term:** Mon Ami is used as the data management service by 100 percent of SRCP service providers.
- **Medium-term:** Mon Ami is used for JACC, AADSP, and Congregate Housing Services Program (CHSP) data management.
- **Medium-term:** Best-practice examples of Mon Ami reports that show consumers moving across programs are shared with AAAs/ADRCs.
- **Long-term:** An analysis of the feasibility of standardizing the demographic data collected across aging network programs and services has been conducted.
- **Long-term:** PAAD, Senior Gold, and Medicaid Savings Program enrollment status are integrated into Mon Ami automatically in the consumer profile functionality.

Objective 1.8: Make information and applications for vital programs accessible and ensure they are available in locations commonly visited by older adults and caregivers.

1. Translate and distribute program applications to special populations in collaboration with other state agencies.
2. Refine SUA policies and procedures to ensure compliance with New Jersey’s Language Access Law.
3. Translate vital documents into the seven most common non-English languages spoken in the state.
4. Ensure DoAS applications are available and accessible for people who are deaf, hard of hearing, and blind or visually impaired.
5. Ensure physical, accessible information about programs and services are featured in places frequented by populations of older adults and caregivers with the greatest social and economic need, such as senior centers, libraries, and doctor offices.

-  6. Engage with the New Jersey Commission on American Indian Affairs to connect older American Indian Tribal members in the state to aging network resources.









Objective 1.8 Outcomes

- **Short-term:** Information about older adult services is added to the newest editions of the Office of New Americans welcome packet.
- **Short-term:** Information about available programs has been presented in the NJ American Indian Commission monthly newsletter.
- **Medium-term:** Vital documents are translated into Spanish, Chinese (Simplified and Traditional), Portuguese, Korean, Gujarati, Arabic, and Haitian Creole.
- **Medium-term:** DoAS has conducted a review of the accessibility of applications for key programs with the support of CBVI and DDHH.
- **Medium-term:** DoAS has developed an outreach plan for distributing physical information about programs and services to key areas of need.
- **Long-term:** Needs assessment and community profile data are used to identify places frequented by older adults and caregivers in a given service area, and to inform strategies for distributing information about programs and services.

Goal 2: Aging in Place

Ensure older adults are able to obtain the supports they need to live healthy and fulfilling lives in the communities in which they'd like to live.

Objective 2.1: Expand and enhance Home and Community-Based Services (HCBS) in New Jersey to support older adults in aging in place.

-  1. Expand the Program for All-Inclusive Care for the Elderly (PACE) to cover all New Jersey counties.
-  2. Develop new initiatives for identifying older adults currently in nursing facilities or any acute setting who may not be eligible or do not wish to apply for Medicaid and are able to transition to a community setting and present them information about aging network services for which they may be eligible, such as JACC.
-  3. Develop a self-assessment for the purpose of identifying gaps in DoAS long-term services.
-  4. Offer training to hospital staff about non-Medicaid HCBS services, such as SRCP, JACC, and state-funded financial assistance programs.
-  5. Encourage AAAs/ADRCs to expand outreach to additional home care provider agencies in their service areas about providing HCBS services through the APC.
-  6. Coordinate feedback provided by participating members of the Medicaid Beneficiary Advisory Council (BAC) to paint a broader picture of Medicaid Managed Long Term Services and Supports (MLTSS) service provision and availability in the State.
-  7. Identify additional partners to help address mental and behavioral health service needs in HCBS delivery.
-  8. Expand collaboration with Division of Medical Assistance and Health Services (DMAHS) and local County Social Service Agencies (CSSA) to ensure streamlined access to Medicaid and non-Medicaid LTSS.

Objective 2.1 Outcomes

- **Short-term:** Five partners outside of State government who can address mental and behavioral health needs of HCBS clients have been identified.
- **Medium-term:** DoAS has contracted with Project ECHO to facilitate outreach and collaboration opportunities to contact points within nursing facilities or other acute settings to reach individuals who may be able to transition to a community setting
- **Medium-term:** Training is offered on HCBS programs to five hospitals annually.

- **Medium-term:** Facilitate efforts to increase the number of unduplicated clients being provided Certified Home Health Aide services through AAA/ADRC-contracted providers to at least 1,500 by 2026, from a baseline of 1,315 in 2024.
- **Medium-term:** The BAC has convened, and recommendations have been received regarding how to enhance service delivery throughout the state.
- **Long-term:** Proposals to have operational PACE programs in all counties, including the ten currently uncovered by a provider, are underway by the end of the State Plan term.
- **Long-term:** Ten percent of all recipients of DoAS HCBS services will have answered a self-assessment survey to identify gaps in service delivery.
- **Long-term:** Mon Ami data-capturing capabilities are used to examine feasibility of comparing costs of non-Medicaid HCBS programs and services in the aging network utilized by clients to their Medicaid equivalents to gauge cost efficiency.

Objective 2.2: Enhance the ability of older adults in New Jersey to age in place by increasing access to affordable, safe, and accessible housing options, and providing comprehensive home maintenance and modification services.

1. Improve housing navigation and assistance processes to help seniors with limited resources navigate affordable housing options
2. Encourage AAAs/ADRCs to offer home modification services to more easily allow older adults to age in place.
3. Assist AAAs/ADRCs in outreach efforts to increase the number of APC providers coordinating homesharing opportunities.
4. Educate AAA/ADRC staff and providers performing I&A and Housing Assistance services on Accessible Dwelling Unit (ADU) expansion efforts in the state, a recommendation published in the 2024 New Jersey Age-Friendly Blueprint.
5. Bolster legal service providers' efforts to help older adults with homelessness, evictions, and tenant rights issues.

Objective 2.2 Outcomes

- **Short-term:** A list of municipalities in the State that currently allow ADUs is available for use by I&A providers.
- **Short-term:** A centralized directory for affordable and senior citizen housing is available through DoAS and AAA/ADRC websites, including the DHS information Hubs.
- **Medium term:** APC Legal Services providers are meeting annually to discuss best practices relating to housing cases.
- **Medium-term:** There is a 10% increase in people served by housing assistance activities, from 1,954 to 2,150, over the state plan grant period.
- **Medium-term:** New APC service codes for home modification are being utilized in 14 of New Jersey's 21 counties/service areas.
- **Medium-term:** DoAS has offered a presentation on ADU expansion efforts in the state to AAAs/ADRCs.
- **Long-term:** The number of providers offering homesharing services has increased from two in 2024 to four.

Objective 2.3: Increase the availability and accessibility of volunteer opportunities and community participation for older adults.

1. Promote employment programs for older adults in New Jersey.
2. Develop and share best-practice examples for AAAs to partner with their county One-Stop Career Centers.
3. Develop and circulate a volunteer satisfaction survey template for AAAs/ADRCs to use as a baseline for gauging volunteer attitudes towards their work to improve volunteer retention.

4. AAAs/ADRCs will coordinate with the Governor's Office on Volunteerism to connect friendly visit and telephone reassurance providers with the volunteer pool.

Objective 2.3 Outcomes

- **Short-term:** SCSEP/Workforce 55+ program administrators are connected with AAAs/ADRCs.
- **Medium-term:** A volunteer satisfaction survey is being used by AAAs/ADRCs to gauge volunteer attitudes.
- **Medium-term:** All 18 friendly visit and 22 telephone reassurance providers are in contact with the Governor's Office of Volunteerism to facilitate opportunities to grow their respective volunteer pools.
- **Medium-term:** AAAs/ADRCs have been surveyed on volunteer needs in their networks.
- **Long-term:** AAAs/ADRCs are connected with local community organizations to foster volunteer relationships.

Objective 2.4: Expand capacity and increase promotional efforts of local transportation services.

1. Encourage AAAs/ADRCs to identify pockets of their service area that are inadequately served by transportation services and promote and expand services in those areas.
2. Prioritize the development of medical appointment scheduling assistance procedures to widen the availability of healthcare options for older adults.

Objective 2.4 Outcomes

- **Short-term:** All AAAs/ADRCs use area plan needs assessment results to identify transportation needs in their communities, specifically needs related to mobility concerns, and direct services toward those areas of need.
- **Long-term:** A healthcare provider with experience in medical transportation scheduling has been connected to their local AAA/ADRC for the purposes of promoting and expanding this option.

Objective 2.5: Strengthen emergency preparedness for older adults in New Jersey by developing and implementing comprehensive, accessible planning resources and support systems, while enhancing outreach and training efforts for staff and community partners.

1. Standardize and distribute guidance for AAA/ADRC emergency plans to include effective communication, social isolation mitigation, adequate resources, and best practices for assisting consumers in developing personal emergency plans.
2. Facilitate and expand partnerships by introducing new stakeholders to AAA/ADRC emergency and COOP plan review processes, incorporating lessons learned, and identifying local-level emergency needs.
3. Promote and support the creation of Community Emergency Response Teams (CERT) in areas with greatest economic need through coordination with County/State Offices of Emergency Management.
4. Collaborate with State OEM and emergency preparedness initiatives (e.g., NJGAINED, NJFAST, AFN Coordinators) to tailor and deliver training for AAA/ADRC staff, providers, consumers, and emergency teams on age- and dementia-friendly emergency preparedness.
5. Develop procedures to engage community partners and consumers in registering and updating information in the [Register Ready database](#) to better assist individuals with disabilities and access and functional needs during emergencies.

Objective 2.5 Outcomes

- **Short-term:** The SUA has developed and distributed a checklist for AAAs/ADRCs outlining essential emergency plan components, including annual update procedures
- **Short-term:** All AAA/ADRC plans now incorporate strategies to mitigate social isolation in post-emergency situations, especially for non-weather-related emergencies.
- **Medium-term:** All AAAs/ADRCs comply with the SUA-issued checklist, and the SUA reviews seven emergency plans annually to ensure they address older adults' specific needs.

- **Medium-term:** NJ Register Ready enrollment is integrated into the Caregiver Wander Safety Program onboarding, with all participants offered registration help; procedures ensure inclusion of older adults with access and functional needs in the Register Ready database.
- **Long-term:** Ten AAAs/ADRCs have expanded their emergency plan and COOP review processes by enlisting additional community partners, such as municipal governments, faith-based organizations, and other local groups.
- **Long-term:** Ten new Community Emergency Response Teams (CERT) are active and collaborating with their AAA/ADRCs.
- **Long-term:** All 21 AAAs/ADRCs maintain procedures ensuring older adults with functional and access needs who wish to be included in emergency databases are registered and accounted for in the Register Ready database.

Objective 2.6: Increase participation in health and wellness programs among older adults in New Jersey by expanding outreach efforts, improving availability of programs, and ensuring that information is easily accessible and tailored to meet the diverse needs of the aging population.

1. Perform outreach to aging network stakeholders to educate them about options for offering evidence-based health promotion programs, both title IIID-funded and otherwise.
2. Encourage AAAs/ADRCs to cross-promote local evidence-based health promotion programs through other APC services.
3. Expand the availability of wellness classes to support seniors and caregivers across the state by increasing the network of current master trainers and peer leaders.
4. Increase the number of health promotion programs offered virtually to make these services more accessible to homebound older adults and their caregivers, centering efforts on educational programs such as Stress-Busting for Family Caregivers.

Objective 2.6 Outcomes

- **Medium-term:** Printed copies of information about evidence-based health promotion programs are distributed to APC service recipients.
- **Medium-term:** Five webinars with AAAs/ADRCs and partner agencies are held to introduce them to a variety of Title IIID-funding eligible programs.
- **Medium-term:** Training, materials, and ongoing support to staff and volunteers are provided at five previously unserved senior centers, senior housing, and retirement communities annually to offer evidence-based health promotion programs.
- **Long-term:** Five peer leaders are added to new or existing wellness classes.
- **Long-term:** Twenty-five virtual health promotion classes are held annually, up from the current baseline of 15 to 20.

 **Objective 2.7: Strengthen the No Wrong Door (NWD) processes in New Jersey to help older adults and people with disabilities efficiently access long term services and supports.**

1. Partner with CSSAs to better assist their clients who are seeking long-term services and supports (LTSS).
2. Streamline access to MLTSS, JACC, and OAA services by directing individuals to their local AAA.
3. Reduce delays of clinical assessment for individuals seeking MLTSS or JACC by ensuring proper screening is occurring at AAAs and CSSAs ahead of assessment.
4. Improve the AAA, OCCO, and CSSA staffs' understanding of the entire NWD life cycle better inform consumers of their options.

Objective 2.7 Outcomes



- **Short-term:** DoAS has worked with partners to train AAA I&A staff on improved NWD processes and the options available.
- **Short-term:** AAAs are using improved knowledge and options counseling techniques to provide education on both the clinical and financial eligibility processes to consumers seeking LTSS.

- **Medium-term:** Automatic information sharing and referrals are occurring between the unique data systems utilized at SUAs, OCCO, CSSAs and AAAs.
- **Long-term:** All individuals seeking MLTSS are starting the financial eligibility process and having a Screen for Community Services (SCS) conducted prior to clinical assessment.

Goal 3: Caregiving

Empower family caregivers and direct care workers by providing information about available resources, person-centered supports, and financial assistance.

Objective 3.1: As per the recommendations of the 2022 New Jersey Caregiver Task Force Report and the 2022 National Strategy to Support Family Caregivers, develop a Caregiver Hub to serve as a navigation resource for family caregivers seeking information and assistance.


1. Broaden the self-identification of caregivers through the use of a survey tool that helps individuals clarify their role as a caregiver.
-  2. Increase the tools available to caregivers through the use of a self-assessment tool designed to assess caregivers' health, well-being, and the services and supports needed to prepare for their caregiving roles, including respite services.
-  3. Enhance the tools available to the direct care workforce through a connection between the Caregiver Hub and the NJ DHS Jobs That Care direct care workforce career development website.
4. Assist family caregivers in learning caregiving skills and techniques.
5. Connect caregivers to information on the overlapping factors concerning caregiving, aging, and disabilities.
6. Promote the Caregiver Hub through messages centered around improving caregiver self-identification and connecting with New Jerseyans who do not think of themselves as caregivers.

Objective 3.1 Outcomes

- **Short-term:** An on-demand skills training video library is available to family caregivers through the Caregiver Hub.
- **Short-term:** A caregiver self-assessment tool and identification survey is developed.
- **Short-term:** A detailed list of registered respite care provider agencies searchable by location, services provided, and other criteria is available on the Caregiver Hub.
- **Medium-term:** As part of the caregiver self-identification survey, a list of available resources and services is provided to participants that is tailored to their individual responses.
- **Medium-term:** Caregiver program information is available through the Caregiver Hub and the newly established, accessible Disability Information Hub.
- **Medium-term:** Participation in respite care services offered by DoAS increases by 10%.
- **Medium-term:** Usage reports for Caregiver Hub are reviewed monthly to gauge engagement and make appropriate adjustments to the website.
- **Long-term:** Data analytics from the caregiver self-assessments are collected to gain more information about what types of assistance are most needed by New Jersey's caregivers.
- **Long-term:** A directory of individual vetted care providers is developed and maintained to connect family caregivers with respite or other support services

Objective 3.2: Expand the promotion and training efforts for caregiving and caregiver programs across the aging network.






1. Provide access to caregiver program information brochures or Caregiver Hub features overviews through connections with new partners, including doctors' offices, rehabilitation centers, and mental health care settings.

-  2. Expand the promotion of caregiver services to non-traditional recipients, such as caregivers who are older adults, caregivers of individuals with intellectual and developmental disabilities or mental illness, young adult (18+) and youth (below age 18) caregivers, and others.
- 3. Allow aging network partners to access the existing service provider caregiver training video library used for DoAS caregiver programs.
- 4. Develop and distribute training materials to the aging network that cover caregiving techniques for those with Alzheimer's or related dementias (ADRD).
- 5. Develop and distribute training materials to the aging network that cover how to respond to suspected elder abuse, neglect, and exploitation by caregivers.


Objective 3.2 Outcomes

- **Short-term:** Research is undertaken to identify non-traditional caregiver populations and develop an outreach plan to inform them about available caregiver services.
- **Medium-term:** The number of new aging network partners given caregiver program information is increased by five annually.
- **Medium-term:** A video-hosting platform is accessible to all aging network partners, allowing them to access caregiver training videos.
- **Medium-term:** Training materials are developed that are geared towards family caregivers regarding techniques for older adults with ADRD.
- **Long-term:** Two training videos geared towards professionals concerning caregiving techniques for recipients with ADRD are added to the video-hosting platform.
- **Long-term:** Two training videos geared towards professionals on how to respond to suspected elder abuse by caregivers are added to the video-hosting platform.
- **Long-term:** Targeted outreach and awareness efforts for all populations of caregiver is underway.

Objective 3.3: Expand access to caregiver programs

-  1. Help caregivers to self-identify and access resources by prompting questions during the performance of I&A services.
-  2. Partner with the Office of New Americans to translate and distribute caregiver program information to immigrant populations.
-  3. Partner with DoLWD to perform outreach to businesses about how flexible scheduling policies can improve caregiver work performance and provide health benefits, including context about the expected growth in family caregiving due to national age demographic changes and its age-friendly benefits.
- 4. Partner with DoLWD to improve caregiver knowledge about caregivers' rights, protections, and benefits, such as Family Leave Insurance.
-  5. Begin efforts to make caregivers aware of informal counseling services regarding financial management.
-  6. Grow and strengthen Older Relative Caregiver service programs through the APC, which serve grandfamily caregivers and other caregivers caring for young people.
- 7. Partner with the Department of Children and Families (DCF) to coordinate how AAAs/ADRCs and service providers can better support participants in the [Kinship Navigator Program](#).

Objective 3.3 Outcomes

- **Short-term:** Caregiver programs and services are highlighted in existing NJ SAVE outreach presentations.
- **Short-term:** Links to financial planning and advance planning services are added to the Caregiver Hub.
- **Medium-term:** Mon Ami capability is used to automatically prompt AAA/ADRC I&A staff to screen all consumers as potential caregivers and offer information on available caregiver services.
-  • **Medium-term:** A learning collaborative is developed among AAAs/ADRCs utilizing older relative caregiver services that facilitates discussion of areas of strength and weakness in their current programs, including where assistance can be provided by the National Technical Assistance Center on Grandfamilies and Kinship families.

- **Medium-term:** Twenty-five unduplicated persons are served annually under the new *740 Caregiver Counseling* Older Americans Act Performance System (OAAPS) code.
- **Medium-term:** Over 1 million DoAS program mailers, which includes information about caregiver programs, are sent to older adults in the State.
- **Medium-term:** The caregiver self-identification survey is available to DoAS frontline staff.
- **Medium-term:** DoAS has coordinated with DOLWD to develop an outreach plan and educational materials for businesses and caregivers.
- **Medium-term:** All 11 AAAs/ADRCs currently utilizing Older Relative Caregivers services are implementing assistance from the National Technical Assistance Center on Grandfamilies and Kinship families into their service provision as necessary.
- **Long-term:** A 20% rise in Older Relative Caregiver services logged in OAAPS has been achieved, from 6,943 to 8,331 annually.
- **Long-term:** The SUA offers Kinship Navigator Program agencies education regarding caregiver programs.

 **Objective 3.4: Strengthen and support the direct care workforce**

1. Using technical assistance from the Direct Care Workforce Strategies Center, complete a strategic plan for the development of the direct care workforce.
2. Analyze training requirements for direct care workers and identify strategies to streamline credentialing processes across direct care professions to incentivize career advancement and allow direct care workers to easily switch between care settings.
3. Partner with the DoLWD's Office of the Care Workforce to address cross-agency issues concerning home health aide recruitment and retention.
4. Develop a media campaign to heighten awareness of the direct support workforce and attract individuals to direct care jobs.
5. Promote the Jobs That Care New Jersey website, or other existing initiatives that provide information, resources, and career opportunities to prospective direct care and service workforce members.
6. Increase worker participation in DoAS care programs by ensuring pay rates for home health aides working for DoAS programs are in parity with rates for aides working for Medicaid.
7. Conduct an analysis of the direct care workforce training requirements in New Jersey to set core competencies across professions.
8. Solicit input directly from direct care workers on state programs and policies that regulate their work.

Objective 3.4 Outcomes

- **Short-term:** A direct care workforce development strategic plan is completed.
- **Short-term:** The Direct Care Workforce Advisory Board is developed as a forum to hear the feedback of direct care workers.
- **Short-term:** Single case contracting is used to ensure pay rates for home health aides working for DoAS programs are in parity with rates for aides working for Medicaid.
- **Medium-term:** Data is collected on care workforce training requirements.
- **Long-term:** Home health aide credentialing is increased by 15 percent over the State Plan coverage period.
- **Long-term:** The number of CHHA apprenticeships programs in New Jersey has increased by 20%.

Goal 4: Elder Justice

Ensure the rights of older adults are protected and prevent elder abuse, neglect, and exploitation.

 **Objective 4.1: Ensure compliance with new Adult Protective Services (APS) federal regulations.**

1. In collaboration with the APS Technical Assistance Resource Center, conduct a comprehensive review of the [APS final rule](#) and compare current state APS policy with new federal regulations in the rule.

2. Engage in quality assurance measures through improved evaluation of monitoring practices, outcome analysis reports, and professional development initiatives.
3. Draft an action plan to address areas of state policy that need amendments to remain in compliance.
4. Outline potential regulatory changes required to ensure compliance with the APS final rule.

Objective 4.1 Outcomes

- **Short-term:** A timeline is created to delineate steps to ensure NJ APS compliance.
- **Medium-term:** A consultant is employed to assist with final rule compliance and has developed a comprehensive review and action plan.
- **Medium-term:** Four interactive skill-building sessions that end with at least 80% of APS agency staff participants reporting increased confidence in applying new skills are facilitated.
- **Long-term:** New Jersey APS is in final rule compliance by deadline of May 8, 2028.

Objective 4.2: Enhance data use to better serve current and potential APS clients by employing features of new cloud-based Salesforce data collection and reporting system.

1. Transition to statewide use of a person-centered information system from the former case-centered system, which more easily allows the state APS office to track consumers across county lines and identify perpetrators of abuse, neglect, and exploitation across cases.
2. Implement an online reporting system for suspected cases of maltreatment or self-neglect.
3. Review the APS funding formula to ensure it accurately reflects abuse, neglect, and exploitation statistics gathered from the new data system.
4. Ensure clients who have recently experienced financial mistreatment and are in the process of applying for Medicaid are connected to AAA/ADRC staff to get available services during this application period.

Objective 4.2 Outcomes

- **Short-term:** The Salesforce function to automatically link screened-out reports to clients' files is integrated into state APS data monitoring procedures.
- **Medium-term:** The current county APS funding formula is clarified or revised to reflect abuse, neglect, and exploitation statistics.
- **Medium-term:** A pilot program between a county APS agency to integrate Salesforce automatic referrals into their procedures for manual referrals to the AAA/ADRC is developed.
- **Medium-term:** An online reporting system is designed and implemented at the county APS level, allowing for greater outreach capability for county agencies.
- **Long-term:** Procedures are in place for APS agencies to more efficiently manage cases reported out of regular working hours through the new online reporting system.

Objective 4.3: Improve APS organizational capacity by implementing technological improvements to operations.

1. Fully integrate the newly developed abuse/neglect/exploitation reporting system into county APS agency procedure.
2. Further implement Amazon Connect functionality to the new state APS phone number to improve tracking and data management via automatic referrals to the appropriate county and classification of call type.
3. Use new Salesforce data management and Amazon Connect capabilities to ensure automatic handoff and referral results in a single, unified, person-centered case file, building off of the capabilities of the NJ Save data tracking provisions.

Objective 4.3 Outcomes

- **Short-term:** New call volume data tracking capabilities are integrated into state APS management.
- **Medium-term:** Training on the new reporting system is provided to all county APS agencies, with updates and refreshers provided at least once annually.
- **Long-term:** At least 50% of APS referrals to county agencies are done automatically in a single, person-centered case file.

Objective 4.4: Enhance professional and public education on identifying and understanding the warning signs of abuse, neglect, and exploitation.

1. Increase the amount of professional education DoAS and its partners provide to enable those who work with vulnerable adults to more fully recognize and respond to early indications of coercion and abuse.
2. Build on the contract with Project ECHO at Rutgers, the State University of New Jersey, to create public health training and education programs concerning coercion and abuse for healthcare professionals.
3. Increase the amount of public education that DoAS and its partners provide regarding warning signs of adult maltreatment.
4. Partner with the New Jersey Medicaid Fraud Control Unit, Senior Medicare Patrol (SMP), and the Division of Consumer Affairs to increase public education regarding scams targeting at-risk older adults, including populations in assisted living and nursing facilities.

Objective 4.4 Outcomes

- **Short-term:** Videos for public use about how to report adult maltreatment to APS and the APS investigation process are developed.
- **Short-term:** Drawing from relationships developed in the Elder Protection Task Force, talking points about addressing scam risk that draws from the multidisciplinary experience of APS, the Medicaid Fraud Control Unit, SMP, and the Division of Consumer Affairs are developed.
- **Medium-term:** Training videos for mandated reporters are developed and implemented into continuing education procedures for at least fifty law enforcement agencies.
- **Long-term:** The state APS office contributes to the development of a Project ECHO module that raise awareness of ways to prevent and address adult maltreatment.
- **Long-term:** An advertising campaign highlighting signs of adult maltreatment and how to contact APS for a potential intervention has been launched.
- **Long-term:** A coordinated campaign on how to detect and address scams targeting at-risk and older adults has presented findings at ten public events and ten nursing or assisted living facilities.

Objective 4.5: Develop and maintain partnerships between government entities, law enforcement, social services providers, community organizations, and healthcare providers to enable multidisciplinary responses to elder abuse, neglect, and exploitation

1. Support statewide efforts to develop and maintain multidisciplinary review teams that incorporate representatives from law enforcement, health care, and social services to allow for faster and more comprehensive resolutions.
2. Encourage the use of APS workers as subject-matter experts to educate partners, such as hospital associations and other state agencies, in non-case scenarios.
3. Formalize communication protocol when working with the Office of the Public Guardian (OPG) to help clients move from APS to OPG.
4. Develop a new partnership with the NJ Office of the Chief State Medical Examiner (OCSME).
5. Build off work done by county APS agencies to help individuals served by domestic violence prevention agencies.

Objective 4.5 Outcomes

- **Short-term:** The development of multidisciplinary review teams is facilitated by existing and current connections, such as the Elder Protection Task Force and Project Echo.
- **Short-term:** A formalized partnership between APS and DDD is developed to facilitate communication with APS workers upon request.
- **Short-term:** Formal procedures are established for communication between APS and OCSME regarding deaths that fall under APS and OCSME purview.
- **Medium-term:** The state APS office meets with all domestic violence prevention agencies currently working with county APS offices to discuss best practices and strategies to develop statewide partnerships.

- **Long-term:** Multidisciplinary teams for the purpose of case review are established with the participation of mandated reporters.



 **Objective 4.6: Expand volunteer advocacy services for older adults in nursing facilities provided through the Office of the Long-Term Care Ombudsman (LTCO).**

1. Develop a dedicated outreach campaign to attract new Certified Volunteer Advocates (CVA).
2. Implement hybrid class modules and evening classes to make training more accessible to prospective CVAs, including students and younger professionals.
3. Form relationships with New Jersey colleges and universities to develop procedures to allow students to receive credit or work-study hours for performing CVA duties in nursing homes.
4. Enhance coordination between CVAs and the New Jersey Department of Health nursing facility survey team.
5. Make CVA reporting more user friendly by developing an electronic reporting form for volunteers.

Objective 4.6 Outcomes

- **Short-term:** A volunteer profile section in the LTCO newsletter is developed to show appreciation for CVAs.
- **Medium-term:** The CVA program is advertised via social media, print ads, and/or radio spots in all 21 New Jersey counties.
- **Medium-term:** Procedures are in place to ensure APS investigators contact CVAs working at investigated facilities as part of the investigation process.
- **Medium-term:** A Memorandum of Understanding with the Department of Health is signed to codify the sharing of nursing facility survey information between departments.
- **Medium-term:** An electronic reporting form for CVAs is adopted.
- **Long-term:** Current CVA numbers have grown by 30% by the end of the State Plan term, from 140 to 200.

 **Objective 4.7: Expand public awareness about the LTCO and its responsibilities to nursing facility residents.**

1. Ensure that LTCO materials, including printed materials regarding residents' rights, are displayed prominently in all nursing homes.
2. Publish and distribute an educational monthly newsletter to long-term care residents regarding resident rights and support services offered by the State.
3. Spotlight individual residents and Certified Volunteer Advocates by posting brief issue-oriented material on social media channels and featured articles on the LTCO website.
4. Senior leaders and New Jersey nursing home residents will continue to present at professional conferences and seminars regarding resident rights.
5. Continue to advocate for legislative initiatives aiming to improve quality of care and life for recipients of long-term care.
-  6. Expand the LTCO Community Engagement Program's information-collecting initiative so long-term care (LTC) residents can better organize and self-advocate within their facilities and across the LTC system.
-  7. Continue to identify and support LTC residents who wish to transition to community life as part of the Money Follows the Person initiative, as well as follow up with participants to identify systemic MLTSS deficiencies in the community.
8. Monitor facilities for compliance with the State's Bill of Rights for LGBTQI and HIV+ Residents.

Objective 4.7 Outcomes

- **Medium-term:** An educational monthly newsletter regarding resident rights is developed and distributed.
- **Medium-term:** The LTCO presents at least once annually at long-term-care conferences, such as those held by the National Consumer Voice for Quality Long-Term Care.
- **Medium-term:** The LTCO Community Engagement Program distributes 100 surveys collecting information about nursing homes' resident councils or family councils.

- **Long-term:** Residents' rights posters, which are currently available in fourteen languages, are displayed in all nursing facilities in languages spoken by facility residents.
- **Long-term:** All nursing and long-term care facilities are compliant with the Bill of Rights for LGBTQI and HIV+ Residents.

Goal 5: Outreach

Raise awareness about and better connect consumers to the resources that empower older adults, caregivers, and people with disabilities to exercise self-determination about their health and wellbeing.



Objective 5.1: Educate aging network partners about DoAS and AAA/ADRC services.

1. Conduct outreach to hospital or medical provider systems about DoAS programs.
2. Educate municipal or county first responder services about HCBS services and financial assistance programs for older adults.
3. Increase stakeholder communication by using the Healthy Aging Listserv, a way for DoAS to communicate with varied stakeholders, on a regular quarterly schedule.
4. Enhance the effectiveness of the aging services network by systematically expanding and refining the DoAS stakeholder list to ensure representation from community groups, service providers, policymakers, and individuals with lived experience.
5. Incorporate aging-specific resources into the Disability Information Hub, tailoring materials to make full use of the accessibility features of the hub.

Objective 5.1 Outcomes

- **Short-term:** The current DoAS catalog of ADRC resources for older adults and caregivers has been integrated into DHS Information Hubs.
- **Short-term:** The Healthy Aging Listserv follows a regular posting and distribution schedule, sending the Healthy Aging Newsletter and other pertinent announcements and information as needed.
- **Medium-term:** Place information about DoAS programs in discharge packets to hospital or medical provider systems.
- **Medium-term:** Twenty new stakeholder contacts are added to the stakeholder list annually.
- **Medium-term:** ASL videos for the Disability Information Hub have been developed for all key topics pertinent to older adults.
- **Long-term:** Five new first responder services have partnered with the SUA annually to share information about aging services.

Objective 5.2: Empower older adults and caregivers to exercise their right to make informed decisions and exercise self-determination over their independence, well-being, and health by engaging in outreach to these populations using diverse communication strategies.

-  1. Train staff working on DoAS program hotlines (such as those for pharmaceutical assistance programs, Medicare Savings Programs, and others) to fully understand the process for No Wrong Door access for consumers.
2. Improve availability of Medicare assistance through outreach efforts to increase the number of certified SHIP (State Health Insurance Assistance Program) counselors.
-  3. In partnership with the SHIP National Technical Assistance Center, develop and implement a follow-up survey for trained SHIP counselors to better tailor trainings to address issues found frequently in the state.
4. Ensure AAAs/ADRCs develop procedures to update county-specific ADRC resource directories regularly.
5. Increase public signups to the Healthy Aging Newsletter, a way to communicate updates and information about DoAS news and services, through multi-modality outreach.
6. Share important information about DoAS with a broad audience through an easily navigable the DoAS website.

- 7. Identify new non-traditional partners to whom to distribute resources about AAA/ADRC and aging network programs, such as transportation providers or municipal-level service agencies.

Objective 5.2 Outcomes

- **Short-term:** An outreach plan is developed for distributing printed resources to community access points.
- **Short-term:** All AAAs/ADRCs update their county-specific resource directories annually.
- **Short-term:** The DoAS website, aging.nj.gov, contains easily accessible information about a variety of services and programs for older adults and caregivers.
- **Medium-term:** The DoAS website is reviewed and updated at least quarterly to ensure accurate, up-to-date information is available.
- **Medium-term:** As a result of outreach efforts, the number of customers receiving I&A services through their local AAA increases by 5% over the State Plan term, from a baseline of 321,000 in 2024.
- **Medium-term:** The number of certified SHIP counselors in New Jersey increases by 20 annually.
- **Medium-term:** SHIP client contacts increase by 500 annually as a result of increased counselor count.
- **Medium-term:** A survey is implemented into SHIP counselor training follow-up procedure, reaching at least 100 counselors annually.
- **Long-term:** An additional annual SHIP training is performed in South Jersey, bringing the total annual number to three and covering all regions of the state.
- **Long-term:** All 21 AAAs/ADRCs have engaged with at least one new municipal-level service agency to share printed and online resources about aging services in the county.

Objective 5.3: Increase outreach to older adults and caregivers affected by Alzheimer’s and related dementias (ADRD).

1. Add a dedicated Alzheimer’s and related dementias information section to DoAS website and DHS information hubs centered around SUA and aging network efforts, such as information about caregiving for a family member or loved one with ADRD, early detection of cognitive impairment and memory changes, and AADP.
2. Engage with the Alzheimer’s and Dementia Care Long-Term Advisory Commission to produce materials to inform the community and providers about early detection, caregiving, and other elements related to ADRD.
3. Enlist the Alzheimer’s and Dementia Care Long-Term Advisory Commission to make recommendations to DHS on ways to enhance services to individuals living with dementia and their caregivers.

Objective 5.3 Outcomes

- **Short-term:** A dedicated ADRD information section is added to the aging.nj.gov website, and procedures to update the information at least quarterly are in place.
- **Medium-term:** A dedicated ADRD information section is added to the Disability Hub, and procedures to update the information at least quarterly are in place.
- **Medium-term:** Information about caregiving for a family member or loved one with ADRD is added to the Caregiver Hub.
- **Long-term:** A public-facing report is produced with the Alzheimer’s and Dementia Care Long-Term Advisory Commission annually to present updated findings and recommendations regarding ADRD care.
- **Long-term:** Training for direct outreach for people with ADRD and their caregivers is developed and implemented at all 21 AAAs/ADRCs.

Objective 5.4: Develop and improve programming that addresses social isolation among older adults.


1. Identify and highlight existing community programs centered around intergenerational relationships, such as older adult mentorship programs or partnerships between schools and nursing facilities or senior centers.
2. Address social isolation and other wellness concerns through the Senior Wellness Pilot Program.

3. Increase awareness and understanding of services that can be provided through the internet, such as GetSetUp, arts classes, grocery delivery, telehealth, and rideshare services.
4. Investigate the feasibility of AAAs/ADRCs using evidence-based tools to identify indicators of social isolation in their service areas to connect socially isolated individuals with services.
5. Create more opportunities for older adults to make meaningful connections with others through an increase in the number of telephone reassurance calls performed by AAAs/ADRCs and service providers.

Objective 5.4 Outcomes

- **Short-term:** All AAA/ADRC needs assessment surveys measure their service area’s level and character of social isolation in some capacity.
- **Medium-term:** Community intergenerational programs in all 21 service areas are catalogued for the purpose of identifying model programs and encouraging their adoption in other communities.
- **Long-term:** From the 2024 estimated baseline of 174,859 telephone reassurance calls, the provision of this service is increased to at least 200,000 by the end of the State Plan term.
- **Long-term:** Procedures are developed to ensure training for I&A and options counseling services include instruction on how to more easily access Internet-based services.
- **Long-term:** Data collected from the Senior Wellness Pilot Program has been implemented into SUA efforts to address social isolation.

Objective 5.5: Enhance the effectiveness of outreach efforts for older adults in New Jersey by providing comprehensive training for staff across agencies and service providers.

1. Promote new resources available as part of the Caregiver Hub and how to direct consumers to utilize these resources by training AAA/ADRC staff on them.
-  2. Utilize Mon Ami capabilities to improve the effectiveness of outreach efforts at the AAA/ADRC level through the training of users on referral capabilities and data analysis that informs quality of outreach services.
3. Share best practices with AAA/ADRC Mon Ami system administrators on service activity logging, troubleshooting, and other areas for the purpose of improving data quality and outreach efforts.

Objective 5.5 Outcomes

- **Short-term:** Training for AAA/ADRC staff about Mon Ami’s follow-up and referral capabilities is developed, and staff from all 21 AAAs/ADRCs have undergone this training.
- **Medium-term:** Mon Ami service-activity-logging training materials are presented to all current and new service providers, with at least 50 providers having undergone training if data quality measures indicate further action is required.
- **Medium-term:** All AAA/ADRC staff have completed training on how to maximize data management tools for effective outreach to populations with greatest social and economic need.

ⁱ U.S. Census Bureau. (2013). POPULATION 65 YEARS AND OVER IN THE UNITED STATES . *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0103*. Retrieved May 1, 2025, from https://data.census.gov/table/ACSST5Y2013.S0103?q=S0103&q=010XX00US_040XX00US34.

ⁱⁱ U.S. Census Bureau, U.S. Department of Commerce. (2023). Population 65 Years and Over in the United States. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0103*. Retrieved May 1, 2025, from https://data.census.gov/table/ACSST5Y2023.S0103?q=S0103&q=010XX00US_040XX00US34.

ⁱⁱⁱ U.S. Census Bureau, Population Division. (2023). Projected Population by Age Group and Sex for the United States, Main Series, 2022-2100. Retrieved May 1, 2025, from <https://www.census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html>.

^{iv} <https://data.census.gov/table/ACSST1Y2023.S0102?q=S0102+new+jersey> U.S. Census Bureau, U.S. Department of Commerce. (2023). Population 60 Years and Over in the United States. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102*. Retrieved April 9, 2025, from <https://data.census.gov/table/ACSST5Y2023.S0102?t=Age+and+Sex&q=040XX00US34>.

^v U.S Census 2023 National Population Projections Tables: Main Series. <https://www.census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html>

^{vi} Ibid.

Required Attachments

Attachments A - E



Attachment A - State Plan Assurances and Required Activities



State Plan Guidance Attachment A
STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2020

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

Sec. 305, ORGANIZATION

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

(2) The State agency shall—

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

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

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

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

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

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

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

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

(5) in the case of a State specified in subsection (b)(5), the State agency;

and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

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

(1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,

(2) a numerical statement of the actual funding formula to be used,

(3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and

(4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

Note: States must ensure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306, AREA PLANS

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

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have

greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;

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

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

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) Such assessment may include—

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

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

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

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

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

- (A) health and human services;
- (B) land use;
- (C) housing;
- (D) transportation;
- (E) public safety;
- (F) workforce and economic development;
- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

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

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

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

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

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

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

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

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

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

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

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

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Sec. 307, STATE PLANS

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

(1) The plan shall—

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

(B) be based on such area plans.

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

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

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

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

(3) The plan shall—

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

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

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

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

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

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

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

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

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

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

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

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

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the

State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

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

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

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

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

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

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

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

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

(9) The plan shall provide assurances that—

(A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and

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

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

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

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

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

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

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

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

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

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

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

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

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

(21) The plan shall—

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

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

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

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

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

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

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

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

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

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

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

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

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

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

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

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

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

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

(B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and

(C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

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

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

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

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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order...

Louise Rush

Signature and Title of Authorized Official

6/26/2025

Date

Attachment B - Information Requirements



Except as indicated where optional or only applicable to States with multiple planning and service areas, the State Plan must state how the following provision(s) will be met:

Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (d) requires each State Plan must include a description of how greatest economic need and greatest social need are determined and addressed by specifying:

- (1) How the State agency defines greatest economic need and greatest social need, which shall include the populations as set forth in the definitions of greatest economic need and greatest social need, as set forth in 45 CFR § 1321.3; and
- (2) The methods the State agency will use to target services to such populations, including how Older Americans Act (OAA) funds may be distributed to serve prioritized populations in accordance with requirements as set forth in 45 CFR § 1321.49 or 45 CFR § 1321.51, as appropriate.

“Greatest economic need” means “the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses” (45 CFR § 1321.3).

“Greatest social need” means the need caused by the following noneconomic factors as defined in 45 CFR § 1321.3.

A State agency’s response must establish how the State agency will:

- (1) identify and consider populations in greatest economic need and greatest social need;
- (2) describe how they target the identified the populations for service provision;
- (3) establish priorities to serve one or more of the identified target populations, given limited availability of funds and other resources;
- (4) establish methods for serving the prioritized populations; and
- (5) use data to evaluate whether and how the prioritized populations are being served.

RESPONSE

For the administration of OAA programs and services in New Jersey, the Division of Aging Services (DoAS) has adopted the definitions of “greatest economic need” (GEN) and “greatest social need” (GSN) derived from the Older Americans Act (OAA) and ensuing regulations under the direction of the U.S. Department of Health and Human Services (HHS) Administration for Community Living (ACL) as below:

Greatest Economic Need (GEN) for New Jersey Older Adults:

The term "greatest economic need" for older adults in New Jersey refers to individuals aged 60 and older who face significant financial hardship, lacking sufficient income, savings, or assets to meet their basic living expenses. This includes individuals who are experiencing poverty, rely on public assistance, are unable to cover essential needs such as food, healthcare, and transportation, and have limited access to affordable housing or employment opportunities. The

economic need may consider income level, lack of savings or assets, and access to economic resources that support an adequate standard of living.

Greatest Social Need (GSN) for New Jersey Older Adults:

The “greatest social need” for older adults encompasses a range of broader, non-financial factors that significantly impact their overall quality of life and well-being. These social needs include, but are not limited to, issues such as social isolation and loneliness, limited access to community services, health challenges, and physical or mental disabilities. Additionally, factors like limited English proficiency, cultural barriers, education attainment, and aspects of identity may further contribute to these needs. A comprehensive social assessment takes into account both individual and community-level factors, evaluating an older adult’s health status, living conditions, social networks, and access to essential resources.

New Jersey uses several mechanisms to ensure funding and services reach the target population as required under the OAA.

New Jersey’s Intrastate Funding Formula (see Attachment C) is designed to direct OAA dollars to those in greatest economic and social need. Grants management staff with the Division of Aging Services (DoAS) oversee and monitor the state’s 21 Area Agencies on Aging (AAAs) implementation and requirements of these funds. AAAs are responsible for meeting performance standards and participating in the annual assessment process conducted by the DoAS quality monitoring team. This process includes a review of each AAA’s participant data and service records. DoAS also has a program management officer (PMO) who is responsible specifically for overseeing and monitoring Area Plan Contracts (APCs). The PMO provides the AAAs with technical assistance and guidance to ensure equal access to services, including language assistance for individuals with limited English proficiency, and conducts compliance reviews of the AAAs’ targeting efforts and related activities. The PMO reviews and approves the section of each AAA’s APC that describes the proposed efforts to reach target populations.

Each AAA is required to include targeting goals and strategies as part of their APC and include targeting language in sub-contracts with provider agencies to ensure they also focus on meeting established targeting goals. All DoAS-established service definitions, known as the Service Definition Taxonomy in New Jersey, reference the state’s targeting policy (refer below for further details on this policy) as a state requirement.

Supporting these processes, DoAS has a targeting policy “Targeting Clients and Services for Title III Funded Programs” which is maintained by the state and can be made available for review, as requested and appropriate.

Native Americans: Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (g):

Demonstration that the determination of greatest economic need and greatest social need specific to Native American persons is identified pursuant to communication among the State agency and Tribes, Tribal organizations, and Native communities, and that the services provided under this part will be coordinated, where applicable, with the services provided under Title VI of the

Act and that the State agency shall require area agencies to provide outreach where there are older Native Americans in any planning and service area, including those living outside of reservations and other Tribal lands.

RESPONSE

New Jersey does not contain any federally recognized tribes or Title VI grantees. According to the 2023 American Community Survey (ACS) data¹, approximately 0.2% of the population 60 years and over in New Jersey identifies as American Indian and Alaskan Native Americans statewide. Cumberland County has the highest percentage of individuals 60 years and over who identify as American Indian and Alaskan Native Americans at 0.7%, while Cape May County, Sussex County, and Warren County are estimated at a statistically insignificant percentage.

In those counties that have state- or locally-recognized tribes (in our southwestern and northwestern corners), the AAAs conduct targeted outreach to these communities. In some instances, AAAs contract with tribes to provide services under the OAA such as congregate nutrition services. AAAs make connections and relationships with individuals in the tribes, particularly by connecting with tribal councils, in order to foster any AAA assistance. This often manifests itself in collaborations on the distribution of home delivered meals and farmer’s market vouchers. Some tribe members are hesitant to accept assistance from the AAA but these relationships can often mitigate that hesitation. Our AAAs make efforts to outreach specifically to older individuals who are Native American, regardless of their link to a recognized tribe.

Supporting these processes, DoAS has a targeting policy “Targeting Clients and Services for Title III Funded Programs” which is maintained by the state and can be made available for review, as requested and appropriate.

Activities to Increase Access and Coordination for Native American Older Adults

OAA Section 307(a)(21): The plan shall —

...

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

¹ U.S. Census Bureau, U.S. Department of Commerce. (2023). Population 60 Years and Over in the United States. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102. Retrieved April 9, 2025, from [https://data.census.gov/table/ACSST5Y2023.S0102?q=race+older+population+new+jersey&g=040XX00US34\\$050000](https://data.census.gov/table/ACSST5Y2023.S0102?q=race+older+population+new+jersey&g=040XX00US34$050000)

45 CFR § 1321.53:

(a) For States where there are Title VI programs, the State agency's policies and procedures, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the State's aging network, including area agencies and service providers, will coordinate with Title VI programs to ensure compliance with sections 306(a)(11)(B) (42 U.S.C. 3026(a)(11)(B)) and 307(a)(21)(A) (42 U.S.C. 3027(a)(21)(A)) of the Act. State agencies may meet these requirements through a Tribal consultation policy that includes Title VI programs.

(b) The policies and procedures set forth in (a) of this provision must at a minimum address:

- (1) How the State's aging network, including area agencies on aging and service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III and/or VII;
- (2) The communication opportunities the State agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;
- (3) The methods for collaboration on and sharing of program information and changes, including coordinating with area agencies and service providers where applicable;
- (4) How Title VI programs may refer individuals who are eligible for Title III and/or VII services;
- (5) How services will be provided in a culturally appropriate and trauma-informed manner; and
- (6) Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils, as set forth in § 1321.63.

RESPONSE

New Jersey does not contain any federally recognized tribes or Title VI grantees. In those counties that have state- or locally-recognized tribes (in our southwestern and northwestern corners), the AAAs outreach to these communities. In some instances, AAAs contract with tribes to provide services under the OAA such as congregate nutrition. AAAs try to make connections and relationships with individuals in the tribes, particularly by connecting with tribal councils, in order to foster any AAA assistance. This often manifests itself in collaborations on the distribution of home delivered meals and farmer's market vouchers. Some tribe members

are hesitant to accept assistance from the AAA but these relationships can often mitigate that hesitation. Our AAAs make efforts to outreach to older individuals who are Native American, regardless of their link to a recognized tribe.

Low Income Minority Older Adults

OAA Section 307(a)(14):

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

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

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

RESPONSE

Per the American Community Survey², over the 5-year period of 2019-2023, over two-thirds (67.8%) of NJ's population age 60 and over was white, non-Hispanic or Latino compared to 75.5% of the US older adult population. 10.4% of NJ's population age 60 or older (2019-2023) identified as Black or African American compared to 9.9% of the US senior population. 7.7% of NJ's population age 60 and older (2019-2023) identified as Asian compared to 4.8% nationally. 12.4% of NJ's population age 60 and older (2019-2023) identified as Hispanic or Latino of any race compared to the national figure of 9.7%.

In New Jersey, 85.1% of the population age 60 and older had incomes at or above 150% of poverty level, compared to 81.6% of the same segment nationally. Hudson County had the highest percentage of individuals below 100 percent of the poverty level at 18.0%, while Hunterdon County had the lowest percentage of individuals below 100 percent of the poverty level at 4.5%.

Among New Jerseyans aged 60 and over, 14.5% spoke English less than "very well" compared to 8.8% of the same population segment across the US. Cape May (1.6%) and Sussex (2.7%) counties had the lowest proportion in this category, while Hudson (38.1%), Passaic (28.6%) and Union (24%) had the highest figures. With over 32% of all NJ residents speaking a language other than English at home, caregivers are often placed in the position of being translators or acting as the primary point of contact for services,

² U.S. Census Bureau, U.S. Department of Commerce. (2023). Population 60 Years and Over in the United States. *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102*. Retrieved February 26, 2025, from [https://data.census.gov/table/ACSST5Y2023.S0102?q=S0102:+Population+60+Years+and+Over+in+the+United+States&g=040XX00US34\\$0500000](https://data.census.gov/table/ACSST5Y2023.S0102?q=S0102:+Population+60+Years+and+Over+in+the+United+States&g=040XX00US34$0500000).

See Appendix D for details on the demographics of low-income minority individuals and individuals with limited English proficiency in New Jersey.

In order to target low-income minority individuals New Jersey's Intrastate Funding Formula includes weighted factors as indicated in Attachment C.

Also, see Appendix E which reflects individuals receiving congregate and HDM in poverty status.

To support access to services for underserved populations, DoAS shares its telephonic language assistance service with each of the 21 AAAs and the 21 lead SHIP agencies in each county at no cost to those agencies. To address the diverse languages spoken in New Jersey, the SUA assists the AAAs to make programs and services awareness accessible in languages spoken to qualified seniors living in underserved communities. AAAs conduct local needs assessments, hold public hearings, and ensure representation of minority individuals on their advisory councils.

Supporting these processes, DoAS has a targeting policy, "Targeting Clients and Services for Title III Funded Programs", which is maintained by the state and can be made available for review, as requested and appropriate.

Rural Areas – Hold Harmless

OAA Section 307(a)(3): The plan shall—

...

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

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

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

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

RESPONSE

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

Rural Areas – Needs and Fund Allocations

OAA Section 307(a)(10):

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

RESPONSE

According to the most recent U.S. Census, New Jersey has no rural areas. Base level support through NJ's minimum funded provision, despite not being weighted for a rural factor, ensures rural PSAs are receiving a base level of support from OAA funding. Although New Jersey is our nation's most densely populated state, we do have areas of low population and a few specific tracts of land that certain federal programs, such as the Rural Health Grants program, consider rural counties.

Assistive Technology

OAA Section 306(a)(6)(l):

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

RESPONSE

To expand the usage of assistive technology services, DoAS facilitated the introduction of the state's Assistive Technology and Accessibility Center (ATAC) to each of the 21 AAAs. DoAS encouraged the AAAs to utilize ATAC in their planning processes. AAAs ensure an assessment of individuals' technology needs are integrated into options counseling services and include information about internet-provided services as part of I&A and outreach training. DoAS facilitates the AAAs options for offering technology-related services under the APC through the service of Assistive Technology, which is found in the New Jersey Service Definition Taxonomy. AAAs are instructed to include efforts to expand assistive technology as part of their broad array of services.

Minimum Proportion of Funds

OAA Section 307(a)(2):

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

(C) *specify a minimum proportion* of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306

(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (*Note: those categories are access, in-*

home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

RESPONSE

New Jersey has specified the Title IIIB minimums as follows: Access – 10%, In-Home 10% and Legal 5%. DoAS has designated programmatic and fiscal monitoring staff to oversee these specified minimums. DoAS utilizes a system for administering grants electronically (SAGE) that contains a feature to prevent the AAAs from submitting their APCs unless OAA Title IIIB percentage requirements are satisfied. These requirements are then further reviewed through year-end expenditure reporting.

Supporting these processes, DoAS has a policy “Service Provision Waivers Overview” which includes the state’s Adequate Proportions Policy and is maintained by the state and can be made available for review, as requested and appropriate. To date, no AAA has requested to waive the percentage requirements.

Assessment of Statewide Service Delivery Model

OAA Section 307(a)(27):

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

- (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State’s statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
- (B) Such assessment may include—
 - (i) the projected change in the number of older individuals in the State;
 - (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
 - (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
 - (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services

RESPONSE

Like the United States as a whole, the percentage of adults aged 60 and older in New Jersey has grown at a faster rate than the total population. Between 2013 and 2023, the total population of the United States grew by 6.7% while the population of adults aged 60 and older

grew by 30.3%, an increase of over 20 million individuals. In New Jersey, the number of adults aged 60 and older grew by 27.3%, from approximately 1.7 million to 2.2 million, during the same time period, compared to the state's overall population growth of 4.9%. As a result of this demographic growth, 2 million of the 9 million New Jerseyans in 2023 were aged 60 and older, nearly 25 percent of the State's total population³. This substantial growth in the older adult population is expected to continue over the next decade. The US Census Bureau projects that by 2040, the country's median age will rise to 42.27 (from 38.9 in 2022), with the percentage of the population aged 60 or older rising from 23.7% to 27.4%⁴. The percentage of Americans aged 80 or older is expected to nearly double, from 3.9% to 7.5%⁵.

DoAS is keenly aware of our growing aging population. On March 2, 2021, Governor Murphy signed Executive Order No. 227 creating the Age-Friendly State Advisory Council, which worked to identify opportunities for creating livable communities for people of all ages in New Jersey, recommend the best practices for age-friendly work, and promote community inclusion across the state. Specifically, the Council, chaired by the Acting Commissioner of the Department of Human Services (DHS), included representatives from the New Jersey Departments of Transportation, Community Affairs, and Health, in addition to representatives from local government, community stakeholder groups, the business sector, and the higher education community.

The Age-Friendly Blueprint (Appendix J) was published in May 2024. Born out of the work done by the Age-Friendly Advisory Council, the blueprint outlines actionable ideas and overarching philosophies to improve New Jersey's communities for their older residents now and for the future. The blueprint presents a set of recommendations organized in six sections: Housing, Health, Transportation, Socialization, Employment, and Communication & Outreach.

The Caregiver Task Force Report (Appendix I) was published in November 2022. The report summarized the findings of the Caregiver Task Force, which was convened to determine the availability of caregiver support services in the state and provide recommendations for the improvement and expansion of these services. The report outlined a number of recommendations to address these issues, centered around facilitating caregiver self-identification, clarifying information on available caregiver resources, expanding the availability of the programs and services available to caregivers (especially respite care), and developing an effective care workforce to supplement support for family caregivers.

The Division also contributed to the Governor's Report for Nursing Facility rates, including HCBS, which needed to be considered in the overall cost of care and services for vulnerable seniors. With MLTSS both NF and HCBS, seniors have choice of where care is provided.

³ U.S Census 2023 National Population Projections Tables: Main Series.
<https://www.census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html>

⁴ Ibid.

⁵ Ibid.

Shelf Stable, Pick-Up, Carry-Out, Drive-Through, or Similar Meals Using Title III Congregate Nutrition (C-1) Service Funding (Optional, only for States that elect to pursue this activity)

45 CFR § 1321.87(a)(1)(ii):

Title III C-1 funds may be used for shelf-stable, pick-up, carry-out, drive-through, or similar meals, subject to certain terms and conditions:

(A) Such meals must not exceed 25 percent of the funds expended by the State agency under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(B) Such meals must not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(iii) Such meals are to be provided to complement the congregate meal program:

(A) During disaster or emergency situations affecting the provision of nutrition services;

(B) To older individuals who have an occasional need for such meal; and/or

(C) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need; and

45 CFR § 1321.27 (j):

If the State agency allows for Title III, part C-1 funds to be used as set forth in §1321.87(a)(1)(i), the State agency must include the following:

(1) Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation;

(2) Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;

(3) Description of the eligibility criteria for service provision;

(4) Evidence of consultation with area agencies on aging, nutrition and other direct services providers, other stakeholders, and the general public regarding the provision of such meals; and

(5) Description of how provision of such meals will be coordinated with area agencies on aging, nutrition and other direct services providers, and other stakeholders.

RESPONSE

AAAs, either through direct provision or through the contracted services of a provider, have the ability to incorporate portable meals as a method of meal service delivery to complement the provision of traditional Congregate and Home-delivered Nutrition services. Requirements related to the utilization and implementation of Portable Nutrition services based on the type of nutrition project and associated funding are outlined below.

In addition, AAAs requesting to utilize Title III, part C funds for Portable Nutrition Services must have such services included in an approved APC or APC amendment, which goes through a comprehensive review by DoAS staff. DoAS reviews the Area Plan Contracts (APCs) to make sure they align with state and federal goals, meet program and funding requirements, and maintain consistent quality across counties. DoAS also gives feedback to help AAAs strengthen their services and stay connected to the broader goals of New Jersey's aging network.

Portable Nutrition Funded through Title III-C1:

AAAs requesting to utilize Title III, part C-1 funds for area plan services, as defined under the Portable Nutrition service code and taxonomy (i.e. grab-and-go, pick-up, carry-out, drive-through, take-away, or similar meals), to complement the congregate meals program, will be responsible for providing the New Jersey State Unit on Aging with evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program. In addition, the AAA must ensure a commitment to monitoring the impact on congregate meals program participation. This includes self-monitoring if the AAA provides the services directly.

It shall be noted that Portable Nutrition services funded under Title III-C1 may only be provided to complement the congregate meal program in the following circumstances:

1. During disaster or emergency situations affecting the provision of nutrition services;
2. To older individuals who have an occasional need for such meal; and/or
3. To older individuals who have a regular need for such meals, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need.

Limiting such services to the circumstances above ensures that traditional congregate meal programs are enhanced by expanded service delivery and not diminished. Consumers receiving portable nutrition services through Title III-C1 would represent a group of individuals that are not concurrently receiving traditional congregate nutrition services. Additionally, this expanded service presents flexibility for AAAs to address the more individualized needs of additional older adults in their service areas.

Every effort should be made to increase the participation in congregate and home-delivered nutrition programs of those individuals who fall within the DoAS targeting policy. Limited resources necessitate giving primary consideration to those non-institutionalized individuals with the greatest social and economic needs. For further information on how these populations are targeted for service provision, how priorities of service provision are established, methods for servicing prioritized populations, data evaluation on how prioritized populations are being served, and eligibility criteria, refer to “Targeting Clients and Services for Title III Funded Programs” policy, which is maintained by the state and can be made available for review, as requested and appropriate.

Consumer/Participant eligibility criteria for Portable Nutrition services funded under Title III, part C-1 will mirror such criteria for standard congregate nutrition services under Title III, part C-1.

Meals provided through the service of Portable Meals shall:

1. Not exceed 25 percent of the funds expended by the State agency under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in § 1321.9(c)(2)(iii) are completed;
2. Not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in § 1321.9(c)(2)(iii) are completed.

Portable Nutrition Funded through Title III-C2:

Portable meals served under Title III-C2 are an allowable method for meal service operations of Home-Delivered Nutrition programs. All portable nutrition service operations funded through Title III-C2 shall adhere to programmatic requirements outlined in the Home-Delivered Nutrition service taxonomy, service code 436, as well as the New Jersey Standards for the Nutrition Program Serving Older Adults.

When determining eligibility and prioritization for portable nutrition services funded through Title III-C2, Home-delivered meals service providers should include consideration of an individual's ability to leave home unassisted, ability to shop for and prepare nutritious meals, degree of disability, or other relevant factors pertaining to their need for the service, including social need and economic need. Supporting these processes, DoAS has a targeting policy “Targeting Clients and Services for Title III Funded Programs” which is maintained by the state and can be made available for review, as requested and appropriate.

Supporting these processes, DoAS has a policy “Portable Nutrition (Grab and Go Meals)” which is maintained by the state and can be made available for review, as requested and appropriate.

Funding Allocation – Ombudsman Program

45 CFR Part 1324, Subpart A:

How the State agency will coordinate with the State Long-Term Care Ombudsman and allocate and use funds for the Ombudsman program under Title III and VII, as set forth in 45 CFR part 1324, subpart A.

RESPONSE

NJ DHS has assumed responsibility as the single State Unit on Aging under the Older Americans Act and DoAS is the Administrative Unit of the State Unit on Aging responsible for the comprehensive planning and coordination of programs and services for older persons in New Jersey. DoAS established a State Long-Term Care Ombudsman (SLTCO) Program through the New Jersey Office of the Ombudsman within the New Jersey Department of Treasury. DoAS and the State Long-Term Care Ombudsman have a Memorandum of Understanding (MOU) which states DoAS shall allocate the total Title VII fund allocation from ACL to the State Long-Term Care Ombudsman Program so long as the LTCOP complies with the OAA. In order to avoid potential conflicts of interest, the LTCOP shall provide notification, transparency and full disclosure to DoAS on topics including but not limited to: significant changes affecting staffing and capacity; technical changes affecting the functional organization; subcontracts for services; internal process for monitoring subcontracts and in-house programming; and financial management.

Funding Allocation – Elder Abuse, Neglect, and Exploitation

45 CFR § 1321.27 (k):

How the State agency will allocate and use funds for prevention of elder abuse, neglect, and exploitation as set forth in 45 CFR part 1324, subpart B.

RESPONSE

New Jersey has a strong network of partners that work together and coordinate activities to address the abuse, neglect and exploitation of the elderly. The Division of Aging Services (DoAS), Office of the Public Guardian (OPG), SLTCO, the county Adult Protection Services (APS) providers and the AAAs conduct outreach and educational sessions to expand awareness of elder abuse, neglect and exploitation.

DoAS offers education upon request. DoAS and county-based APS providers host a variety of activities to educate stakeholders on identifying abuse, reporting suspected abuse and understanding the APS program.

Monitoring of Assurances

45 CFR § 1321.27 (m):

Describe how the State agency will conduct monitoring that the assurances (submitted as Attachment A of the State Plan) to which they attest are being met.

RESPONSE

Each year, by October 1st, DoAS, in collaboration with the AAAs, shall develop a document that demonstrates compliance with all State Plan on Aging Assurances. If any assurances are not in compliance at the time of self-monitoring, the document shall have an explanation of

how New Jersey shall come into compliance.

Supporting these processes, DoAS has a policy “Monitoring of State Plan Assurances” which is maintained by the state and can be made available for review, as requested and appropriate.

State Plans Informed By and Based on Area Plans

45 CFR § 1321.27 (c):

Evidence that the State Plan is informed by and based on area plans, except for single planning and service area States.

RESPONSE

New Jersey’s county AAAs are required to submit an area plan for a three-year period as required in the Older Americans Act (§306(a)). The Older Americans Act further states that the State Plan on Aging must be based on these area plans (OAA §307(a)(1)(B)). Area plans outline the priorities, goals, needs, and objectives of each AAA; provide updates on these items from the previous term’s plan; describe the needs assessment activities performed to determine these priorities; and delineate the providers that make up the comprehensive system for supportive services, nutrition services, and other areas for which the AAA provides or facilitates service.

When developing the goals, objectives, strategies, and outcomes of the FY26 – 29 New Jersey State Plan on Aging, the State Unit on Aging collected the priorities and goals presented in each individual AAA’s most recent area plan and categorized them by topic area (e.g., “Nutrition”), then by goal (e.g., “Increase advertising of nutrition program,” which was included in some form in seven area plans). This compilation method allowed the SUA to note which topics and goals were addressed by a large number of AAAs while still highlighting unique ideas from individual counties, with both informing the State Plan’s goals, objectives, strategies, and outcomes. Using this summary document, which can be found in Appendix C, the SUA has been able to fulfill its commitment to ensuring that the state plan is informed by and based on area plans.

Public Input and Review

45 CFR § 1321.29:

Describe how the State agency considered the views of older individuals, family caregivers, service providers and the public in developing the State Plan, and how the State agency considers such views in administering the State Plan.

Describe how the public review and comment period was conducted and how the State agency responded to public input and comments in the development of the State Plan.

RESPONSE

To gather valuable input for the development of the NJ State Plan on Aging 2025-2029, a series of events were held to solicit feedback from a diverse group of stakeholders. These

meetings provided a platform for open dialogue, allowing individuals and organizations to share their perspectives, ideas, and concerns about the future of aging services in New Jersey. In addition to these meetings, feedback was also solicited through written comments, ensuring that individuals who could not attend the sessions had a chance to contribute their insights and suggestions. The key themes that arose out of discussion at these events (and through written submissions) were reviewed by DoAS to be used for the development of the plan and were compiled in Appendix B (Public Input and Review Summary). Additionally, NJ DHS conducted outreach to obtain public input on the State Plan on Aging with the minimum time period (30 calendar days), please see Attachment E (Evidence of Providing the Minimum Public Comment Period).

Program Development and Coordination Activities (Optional, only for States that elect to pursue this activity)

45 CFR § 1321.27 (h):

Certification that any program development and coordination activities shall meet the following requirements:

- (1) The State agency shall not fund program development and coordination activities as a cost of supportive services under area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;
- (2) Program development and coordination activities must only be expended as a cost of State Plan administration, area plan administration, and/or Title III, part B supportive services;
- (3) State agencies and area agencies on aging shall, consistent with the area plan and budgeting cycles, submit the details of proposals to pay for program development and coordination as a cost of Title III, part B supportive services to the general public for review and comment; and
- (4) Expenditure by the State agency and area agency on program development and coordination activities are intended to have a direct and positive impact on the enhancement of services for older persons and family caregivers in the planning and service area.

RESPONSE

New Jersey does not pursue Program Development and Coordination Activities at this time.

Legal Assistance Developer

45 CFR § 1321.27 (l):

How the State agency will meet responsibilities for the Legal Assistance Developer, as set forth in part 1324, subpart C.

RESPONSE

New Jersey has a job description for the role and responsibilities of the Legal Assistance Developer. The position is currently filled by an attorney at DoAS.

For detailed information refer to policy “Legal Assistance Developer” which is maintained by the state and can be made available for review, as requested and appropriate.

Emergency Preparedness Plans – Coordination and Development

OAA Section 307(a)(28):

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

RESPONSE

DoAS outlines the steps for planning, coordination, and service delivery during emergencies and disasters. Its aim is to ensure the New Jersey Division of Aging (DoAS) and its contracted AAAs are prepared to assist older adults during times of crisis.

For detailed information refer to the policy “Emergency and Disaster Preparedness” which is maintained by the state and can be made available for review, as requested and appropriate.

Emergency Preparedness Plans – Involvement of the head of the State agency

OAA Section 307(a)(29):

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

RESPONSE

DoAS oversees AAA compliance with the emergency preparedness requirements under the Code of Federal Regulations, ensuring that AAAs have the necessary plans and procedures in place to respond to disasters.

DoAS offers continuous support and guidance to help AAAs adjust to evolving disaster circumstances and maintain service continuity for older adults.

For detailed information, refer to the policy “Emergency and Disaster Preparedness” which is maintained by the state and can be made available for review, as requested and appropriate.

Attachment C - Intrastate Funding Formula (IFF)



Background

The Older Americans Act (OAA) of 1965, as amended, states that:

Section 305(a)(2) In order for a State to be eligible to participate in programs of grants to States from allotments under this title the State agency shall—

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

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

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

Section 305(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

- (1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,
- (2) a numerical statement of the actual funding formula to be used,
- (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.^{306(a)(10)} The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

In accordance with this section, New Jersey Department of Human Services (DHS) Division of Aging Services (DoAS), in consultation with all 21 Counties' Area Agency on Aging (AAA) Directors, developed an Intrastate Funding Formula (IFF) effective October 1, 2025.

Application

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

- Title III B (Supportive Services and Senior Centers)
- Title III C1 (Congregate Nutrition Services)
- Title III C2 (Home Delivered Nutrition Services)
- Title III D (Evidence-Based Disease Prevention and Health Promotion Services)
- Title III E (National Family Caregiver Support Program)

- Select State Funded Programs for Older Adults
- State Area Plan Matching Funds

Components of the Intrastate Funding Formula

New Jersey's IFF has the below components.

- Federal funding award determination
- Base
- Minimum funding
- Population factors
- Reduction cap
- Demographic weights

Federal funding award determination

To determine the federal funding award amount available to allocate via the funding formula calculation for Titles III B, C1, C2, D, and E New Jersey's State Unit on Aging deducts 5% of the total OAA Title III award for state administration expenses. The remaining amount is referred to as the Federal Funding Award.

Base

The IFF includes a base award to each AAA, which is equal to 50% of the Title III federal funds that were allocated as of July 31 of the previous calendar year for Titles III B, C1, C2, D and E for each AAA. This amount is referred to as the AAA's Base Award. The objective of a base amount is to provide stability and consistency of funding for each Planning and Service Area (PSA) regardless of demographic and IFF changes.

Minimum funding

Minimum funding is defined as the minimum amount of funding as determined by the Division of Aging Services (DoAS) to be needed in each Title to ensure that each PSA has a functioning AAA. The minimum funding is based on the State's allocation to the AAAs as of July 31 of the previous calendar year for Titles III B, C1, C2, D and E. The objective of minimum funding is to ensure equity across the state and stability in funding at the minimum funding level. For FFY 2026, the IFF minimum funding percentages were analyzed in a collaborative process with the AAAs. As a starting point for discussion an average of the last five years of AAA minimum allocations were analyzed and averaged. With feedback from AAAs, for FFY 2026, the IFF minimum funding percentages were revised.

AAAs which receive the minimum funding level are called "Minimally Funded AAAs". AAAs which are not Minimally Funded AAAs are referred to as "Non-Minimally Funded AAAs".

Minimum Funding percentages are as per below:

- Title III B: 1.60% of the federal funding award*
- Title III C1: 1.30% of the federal funding award*

- Title III C2: 0.80% of the federal funding award*
- Title III D: 1.70% of the federal funding award*
- Title III E: 1.00% of the federal funding award*

*Federal funding award as defined above in section “Federal funding award determination”.

Population factors

The IFF includes weighted population factors which consider prioritization of those with Greatest Economic Need (GEN) and Greatest Social Need (GSN). For more information on GEN and GSN refer to DoAS policy “Definition of Greatest Economic Need (GEN) and Greatest Social Need (GSN)”. In order to accurately reflect each local planning and service area (PSA) population these factors are recalculated every three years coinciding with a new Area Plan Contract three-year cycle. The requisite demographic data is sourced from the most recent five-year American Community Survey (ACS) data. The ACS is a special tabulation prepared for the U.S. Administration for Community Living (ACL) under contract by the U.S. Census Bureau which is typically released every December¹.

These population factors, listed below, are in keeping with OAA guidelines and were established in collaboration with the AAA directors to reflect demographics and give preference to OAA and New Jersey-specific target populations

Supporting these processes, DoAS has a targeting policy “Targeting Clients and Services for Title III Funded Programs” which is maintained at the state and can be made available for review, as requested and appropriate.

Per the federal Older American’s Act regulation 1321.49, the IFF is based on five weighted population factors that represent the targeted demographic:

- the percentage of individuals aged 60 – 74 (15% weight)
- the percentage of individuals aged 75 – 84 (20% weight)
- the percentage of individuals aged 85+ (15% weight)
- the percentage of individuals 60+ living at or below 150% of the federal poverty level (30% weight)
- the percentage of minority individuals aged 60+ (20% weight)

In 2014, the IFF was updated to include a 75+ factor to reflect the needs of our state’s expanding older population, and a provision to ensure no AAA loses more than 5% of its OAA funding in a single funding cycle due to demographic shifts. Based on changes in the characteristics of the older adults in NJ, for FFY 2026, the IFF will include a shift in the designation of age categories as outlined above. It will also include the increase from 100% of the federal poverty level to 150% of the federal poverty level. The weights associated with each factor have also been adjusted.

Note on “Poverty”

¹ For the current Area Plan Contract cycle of 2025 – 2027 the demographic factors were updated for initial 2025 allocations using ACS 5-year 2022 (2018-2022) released in December 2023.

New Jersey has a high Elder Economic Index² when compared with other states. The New Jersey Division of Aging Services looks at the highest federal poverty line data available broken down by PSA. This data is currently 150% of the federal poverty line and lower.

Note on “Rural”

While the IFF does not use a rural factor, its minimum-funded provision ensures counties with low-density populations receive a base level of support from the OAA.

Reduction Cap

To ensure that no AAA receives too much of a reduction in its OAA funding in a single funding cycle due to demographics shifts, the IFF includes a 5% cap for each AAA on any reduction from the prior year’s allocation of federal funds for each Title III section.

Any Non-Minimally Funded AAAs which receive the 5% cap on its funding reduction are called “Reduction Cap AAAs”. AAAs which are not Reduction Cap AAAs are referred to as “Non-Reduction Cap AAAs”.

Demographic Weights

The percentage of individuals for each of the five weighted factors is determined by comparing the total number of individuals in the targeted demographic who reside in the PSA to the total number of individuals in the same targeted demographic for a specified set of AAAs based on the step of the IFF. By incorporating demographic weight factors, funding decisions are more accurately aligned with the unique needs of each population, ensuring that resources are targeted where they can have the greatest impact.

This is expressed as: (the total number of individuals in the targeted demographic in the PSA) ÷ (the total number of individuals in the targeted demographic of the specified AAA set).

IFF Terms:

- A1 = The percentage of individuals 60 - 74 residing in the PSA multiplied by 15%
- A2 = The percentage of individuals 75 - 84 residing in the PSA multiplied by 20%
- A3 = The percentage of individuals 85+ residing in the PSA multiplied by 15%
- P = The percentage of individuals 60+ living at or below 150% of the poverty level residing in the PSA multiplied by 30%
- M = The percentage of minority individuals 60+ residing in the PSA multiplied by 20%

Each of these percentages is given a weight as part of the demographic calculation, resulting in a ratio of the population, also referred to as “Q”.

$$Q = [A1] + [A2] + [A3] + [P] + [M]$$

² The Elder Economic Security Standard™ Index (Elder Index), was developed by the [Gerontology Institute at the University of Massachusetts Boston](#). The Elder Index is a measure of the income that older adults need to meet their basic needs and age in place with dignity. The Elder Index is specific to household size, location, housing tenure, and health status.

The calculation of Q is an iterative process throughout the funding formula calculation. The iterations of Q are referred to as “Q1”, “Q2”, and “Q3”. The set of AAAs changes for each “Q” as below.

Q1: All AAAs

Q2: All Non-Minimally Funded AAAs

Q3: All Non-Minimally Funded and Non-Reduction Cap AAAs

See below for current Q1 ratios based on American Community Survey (ACS) 5-year 2022 (2018-2022) released in December 2023.

PSA	A1	A2	A3	M1	P1	% of Funding (Q1)
Atlantic	3.45%	3.46%	2.76%	3.01%	4.10%	3.4555%
Bergen	10.55%	10.99%	12.15%	11.13%	8.71%	10.4421%
Burlington	5.30%	5.37%	5.36%	4.06%	3.88%	4.6481%
Camden	5.58%	5.38%	5.06%	5.42%	6.61%	5.7398%
Cape May	1.65%	1.86%	1.36%	0.33%	1.24%	1.2613%
Cumberland	1.56%	1.56%	1.51%	1.62%	2.25%	1.7733%
Essex	7.87%	7.39%	7.87%	14.44%	11.82%	10.2744%
Gloucester	3.40%	3.00%	2.88%	1.61%	2.72%	2.6800%
Hudson	5.70%	5.70%	5.22%	12.14%	10.29%	8.2915%
Hunterdon	1.73%	1.55%	1.62%	0.46%	0.82%	1.1526%
Mercer	4.00%	3.90%	3.89%	4.25%	4.11%	4.0454%
Middlesex	8.77%	8.51%	8.27%	10.94%	8.12%	8.8795%
Monmouth	7.97%	7.44%	7.50%	4.08%	6.22%	6.4923%
Morris	5.75%	5.91%	6.50%	3.51%	3.67%	4.8218%
Ocean	8.18%	10.18%	10.10%	2.50%	7.86%	7.6377%
Passaic	5.17%	5.16%	4.93%	7.26%	6.50%	5.9499%
Salem	0.81%	0.72%	0.89%	0.45%	0.84%	0.7398%
Somerset	3.76%	3.63%	3.98%	3.50%	2.33%	3.2852%
Sussex	1.85%	1.59%	1.34%	0.49%	1.29%	1.2827%
Union	5.50%	5.38%	5.53%	8.36%	5.46%	6.0401%
Warren	1.43%	1.31%	1.27%	0.43%	1.17%	1.1071%

Step by Step Application of the IFF

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

A. Initial IFF Application to all AAAs

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

1. Determine the amount available to allocate according to “Federal funding award determination” section above. The resulting amount is referred to as the federal funding award or Remaining Funds 1:

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

2. The IFF includes a base award to each AAA, which is equal to 50% of the Title III federal funds that we allocated as of July 31 of the previous calendar year for each AAA. This amount is referred to as the AAA’s Base Award. The next step is to establish each AAA’s base funding per above definition. Deduct the aggregate of the AAA Base Awards from Remaining Funds 1, in order to determine the amount available to allocate via the IFF. The resulting amount is the amount available to allocate via the IFF which is referred to as Remaining Funds 2:

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

3. Calculate Q1 including all AAAs.

$$Q1 = [A1] + [A2] + [A3] + [P] + [M]$$

4. Using the Remaining Funds 2, apply the IFF to each AAA.

(AAA’s estimated federal funding) = Remaining Funds 2 x Q1

B. Minimum Funding Allocation

5. Calculate Minimum Funding percentage with respect to the applicable Title III section.

Minimum Funding Amount = Remaining Funds 1 x Minimum Funding percentage with respect to the applicable Title III section

6. The next step is to determine which AAAs, if any, qualify for a Minimum Funding amount. This is determined for each AAA by adding the AAA’s estimated federal funding to the AAA’s Base Award.

AAA’s estimated total federal funding = (AAA’s estimated federal funding) + (AAA’s Base Award)

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

C. Second IFF Application to Non-Minimally Funded AAAs

7. The IFF is applied a second time, but only to the Non-Minimally Funded AAAs. The first step is to determine the funds available to run through the IFF by subtracting the aggregate of the funds necessary to fund the Minimally Funded AAAs from the Remaining Funds 1. The resulting amount is referred to as Remaining Funds 3:

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

8. The next step is to deduct the aggregate of the AAA Base Awards for the Non-Minimally Funded AAAs from Remaining Funds 3, in order to determine the amount available to allocate by the IFF to the Non-Minimally Funded AAAs. The resulting amount is referred to as the amount available to allocate via the IFF or Remaining Funds 4:

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

9. Calculate Q2 including all Non-Minimally Funded AAAs. First, the Minimally Funded AAAs' population figures are removed for the purposes of this calculation and Q is recalculated and referred to as Q2.

$$Q2 = [A1] + [A2] + [A3] + [P] + [M]$$

10. Using the Remaining Funds 4, apply the IFF to each Non-Minimally Funded AAA.

$$(\text{Non-Minimally Funded AAA's estimated federal funding}) = \text{Remaining Funds 4} \times Q2$$

D. Maximum Reduction Calculation (Reduction Cap)

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

$$\text{Non-Minimally Funded AAA's estimated total federal funding} = (\text{Non-Minimally Funded AAA's Base Award}) + (\text{Non-Minimally Funded AAA's estimated federal funding})$$

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

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

12. The IFF is applied a third time, but only to the remaining AAAs, those which are neither Minimally Funded nor Reduction Cap AAAs. Minimum-funded and reduction cap AAAs population figures are removed for the purposes of this calculation and Q is recalculated and referred to as Q3.

$$Q3 = [A1] + [A2] + [A3] + [P] + [M]$$

13. The next step is to determine the funds available to run through the IFF by subtracting the aggregate of the funds necessary to fund the Minimally Funded AAAs and the Reduction Cap AAAs from the Remaining Funds 1. The resulting amount is referred to as Remaining Funds 5.

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

14. Deduct the aggregate of the AAA Base Awards for the remaining AAAs from Remaining Funds 5, in order to determine the amount available to allocate by the IFF to remaining AAAs. The resulting amount is referred to as the amount available to allocate via the IFF or Remaining Funds 6:

$$\textit{Remaining Funds 6} = \textit{Remaining Funds 5} - (\textit{aggregate of Remaining AAA Base Awards})$$

15. Using the Remaining Funds 6, apply the IFF to each remaining AAA. Q3 is the ratio of weighted population including only the remaining AAAs.

$$(\textit{Remaining AAA's federal funding}) = \textit{Remaining Funds 6} \times Q3$$

16. The next step is to repeat Step D to determine if any Remaining AAA would receive a funding reduction of greater than 5% from the total federal funding allocation for the applicable Title III section pursuant to this IFF from the previous calendar year, calculated as of July 31 of the previous calendar year, and due solely to an update by DHS of the demographic data in the population factors. That Remaining AAA's allocation will be subject to the Maximum Reduction Allocation described above in Step D, so that its total federal funding pursuant to this IFF for the applicable Title III section is equal to 95% of the previous year's total allocation. For each Remaining AAAs which does not receive the Maximum Reduction Allocation, Step E will again apply (with Q again recalculated), and its total federal award for the applicable Title III section 7 pursuant to this IFF will be equal to the sum of the Remaining AAA's Base Award and the Remaining AAA's final estimated federal funding:

$$\textit{Total federal award for Remaining AAA that does not receive the Maximum Reduction}$$

Allocation = Remaining AAA’s Base Award + Remaining AAA’s final estimated federal funding

In the event there is not enough funding to ensure that each AAA receives no more than a 95% reduction in funding from the previous calendar year, then the allocations to the AAAs will be proportionally adjusted.

Refer to Appendix G for the initial 2025 allocations of funds by PSA segmented by each part of Title III (B, C1, C2, D, and E) using the previous IFF population factors, minimum funding, and demographic weights.

See below for sample changes to PSA allocations using (1) the 2024 federal funding award, (2) data from the American Community Survey (ACS) 5-year 2022 (2018-2022) released in December 2023, and (3) the components of the IFF as defined in this document.

PSA	Title IIIB	Title IIIC1	Title IIIC1	Title IIID	Title IIIE
Atlantic	1.43%	1.31%	1.65%	1.91%	1.43%
Bergen	-1.62%	-1.69%	-1.39%	-1.16%	-1.64%
Burlington	0.93%	0.84%	1.13%	1.44%	0.98%
Camden	0.03%	-0.10%	0.23%	0.51%	0.02%
Cape May	3.23%	-0.11%	-1.61%	-14.98%	-1.93%
Cumberland	0.94%	0.78%	1.15%	-0.37%	0.93%
Essex	-0.14%	-0.39%	0.01%	-0.20%	-0.20%
Gloucester	1.17%	1.18%	1.38%	1.63%	1.21%
Hudson	-0.88%	-1.15%	-0.75%	-0.42%	-0.96%
Hunterdon	3.23%	8.33%	-0.25%	3.03%	-0.29%
Mercer	-0.39%	-0.55%	-0.21%	0.09%	-0.38%
Middlesex	-0.55%	-0.69%	-0.38%	-0.07%	-0.56%
Monmouth	0.45%	0.45%	0.64%	0.92%	0.47%
Morris	-0.64%	-0.67%	-0.46%	-0.17%	-0.61%
Ocean	0.93%	0.99%	1.19%	1.41%	0.98%
Passaic	-0.64%	-0.79%	-0.43%	-0.18%	-0.69%
Salem	3.23%	8.33%	10.16%	3.03%	37.61%
Somerset	-0.08%	-0.17%	0.09%	0.39%	-0.06%
Sussex	3.23%	5.33%	1.95%	3.03%	1.86%
Union	-1.53%	-1.66%	-1.36%	-1.08%	-1.60%
Warren	3.23%	8.33%	0.41%	3.03%	0.37%

Nutrition Services Incentive Program (NSIP)

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

AAA's NSIP Funding = (Meals served in AAA's PSA) ÷ (Total meals served in the State).

Attachment D - Identification of the geographic boundaries of each PSA and of AAAs designated for each PSA



◆ **Atlantic County Office on Aging**

Roberta Cincotti, Executive Director
Shoreview Building, Office #217
101 South Shore Road
Northfield, NJ 08225
609-645-7700 x 4347
Fax: (609) 645-5940
Email: cincotti_roberta@aclink.org

◆ **Bergen County Division of Senior Services**

Lorraine Joewono, Executive Director
One Bergen County Plaza, 2nd Floor
Hackensack, NJ 07601-7076
(201) 336-7400
Fax: (201) 336-7430
Email: ljoewono@co.bergen.nj.us

◆ **Burlington County Office on Aging**

Bryan Barnes, Executive Director
Physical: Human Services Facility
795 Woodlane Road, Westampton, NJ, 08060
Mailing: PO Box 6000, Mount Holly, NJ, 08060
(609) 265-5069 (609) 265-5379
Fax : (609) 265-3725
Email: bbarnes@co.burlington.nj.us

◆ **Camden County Division of Senior & Disabled Services**

Maureen Bergeron, Executive Director
512 Lakeland Avenue, 4th Floor
Blackwood, NJ 08012
(856) 858-3220
Fax : (856) 401-6405
Email: maureenb@camdencounty.com

◆ **Cape May County Department of Aging and Disability Services**

Mary Dozier, Executive Director
3801 Route 9 South Unit 4, Rio Grande, NJ 08242
(609) 886-2784 & 2785
Fax : (609) 889-0344
Email: mdozier@co.cape-may.nj.us

◆ **Cumberland County Office on Aging & Disabled**

Barbara Nedohon, Executive Director
Administration Building
800 East Commerce Street
Bridgeton, NJ 08302
(856) 453-2220
Fax: (856) 455-1029
Email: barbarane@CumberlandCountyNJ.gov

◆ **Essex County Division of Senior Services**

Maurice J. Brown, Executive Director
465 Dr. Martin Luther King Blvd. Suite 102
Newark, New Jersey 07102
(973) 395-8375
Fax : 973-228-6892
Email : mbrown@seniors.essexcountynj.org

◆ **Gloucester County Division of Senior Services**

Eric Fisher, Executive Director
115 Budd Boulevard
West Deptford NJ, 08096
(856) 384-6900
Fax: (856) 686-8343
Email: efisher@co.gloucester.nj.us

◆ **Hudson County Office on Aging/ADRC**

Brian Poffel, Executive Director
Hudson County Department of Health & Human Services
830 Bergen Avenue, Suite 3B
Jersey City, NJ 07306
(201) 369-4313
Fax : (201) 369-4315
Email: bpoffel@hcnj.us

◆ **Hunterdon County Division of Senior, Disabilities and Veterans' Services**

Kevin Burghardt, Executive Director
Physical: 4 Gaunt Place, Flemington, NJ 08822
Mailing: PO Box 2900, Flemington, NJ 08822-2900
(908) 788-1361, 1362 & 1363
Fax: (908) 806-4537
Email: kburghardt@co.hunterdon.nj.us

◆ **Mercer County Office on Aging**

Erica Saganowski, Executive Director

Physical: 2110 Hamilton Avenue
Hamilton, NJ 08619

Mailing: 640 S. Broad St., PO Box 8068
Trenton, NJ 08650

(609) 989-6661 & 6662

Fax : (609) 969-6032

Email: esaganowski@mercercounty.org

◆ **Middlesex County Office of Aging and Disabled Services**

Laila Caune, Executive Director

Middlesex County Administrative Building
75 Bayard Street, 5th floor, New Brunswick, NJ 08901
(732) 745-3295

Fax : (732) 246-5641

Email: laila.caune@co.middlesex.nj.us

◆ **Monmouth County Division on Aging, Disabilities & Veterans Services**

Michele O'Shaughnessy, Executive Director

Monmouth County Human Services Building
3000 Kozloski Road, Freehold, NJ, 07728
(732) 431-7450

Fax: (732) 303-7649

Email: Michele.oShaughnessy@co.monmouth.nj.us

◆ **Morris County Office on Aging, Disability, and Community Programming**

Christine Hellyer, Executive Director

Physical: 340 West Hanover Avenue

Mailing: PO Box 900, Morristown, NJ 07963-0900
(973) 285-6848

Fax : (973) 285-6883

Email: chellyer@co.morris.nj.us

◆ **Ocean County Office of Senior Services**

Maria LaFace, Executive Director

Physical: 1027 Hooper Avenue, Building #2

Mailing: PO Box 2191, Toms River, NJ 08754-2191
(732) 929-2091

Fax : (732) 506-5019

Email: mlaface@co.ocean.nj.us

◆ **Passaic County Department of Senior Services, Disabilities and Veterans' Affairs**

Shirley Force, Executive Director

930 Riverview Drive, Suite #200, Totowa, NJ 07512
(973) 569-4060

Fax: (973) 256-5190

Email: shirleyf@passaiccountynj.org

◆ **Salem County Office on Aging**

Victoria Maurizio, Executive Director

Salem County Office on Aging and Disabilities
110 Fifth Street, Suite 500

Salem, NJ 08079

856-935-7510 ext. 8468

Fax : (856) 935-5348

Email: Victoria.Maurizio@salemcountynj.gov

◆ **Somerset County Aging and Disability Services**

Joanne Fetzko, Executive Director

Physical: 27 Warren Street, First Floor

Mailing: PO Box 3000, Somerville, NJ 08876-1262
(908) 704-6346

Toll Free: 1 (888) 747-1122

Fax: (908) 595-0194

Email: fetzko@co.somerset.nj.us

◆ **Sussex County Office on Aging**

Lorraine Hentz, Executive Director

Sussex County Administration Building

1 Spring Street, 2nd Floor

Newton, NJ 07860

(973) 579-0555

Fax: (973) 579-0550

Email: lhentz@sussex.nj.us

◆ **Union County Division on Aging**

Natalie Zarrillo, Executive Director

Administration Building

10 Elizabethtown Plaza, 4th Floor

Elizabeth, NJ 07207

(908) 527-4867 or 4869

Fax : (908) 659-7410

Email: nzarrillo@ucnj.org

◆ **Warren County Division of Aging & Disability Services**

Steve Unger, Executive Director

Wayne Dumont Jr. Administration Building

165 County Road, Suite #245

Route 519 South

Belvidere, NJ 07823-1949

(908) 475-6591

Fax : (908) 475-6588

Email: sunger@co.warren.nj.us

Attachment E - Evidence of Providing the Minimum Public Comment Period



Evidence of Providing the Minimum Public Comment Period must be included with each State Plan. The State Plan must include information that demonstrates the SUA's compliance with the minimum time period (i.e., at least thirty (30) calendar days, absent a waiver from the ASA) for public review and comment on the new State Plan, pursuant to 45 CFR § 1321.29(c).

New Jersey ensured that at least 30 calendar days were provided for public review and comment on the proposed State Plan on Aging by making it available on the Division of Aging Services website. This online accessibility allowed the public, including relevant stakeholders, to review the plan in its entirety and provide feedback during the specified comment period from May 29, 2025 through June 28, 2025. The availability of the document on the website ensured broad access to the plan, meeting the transparency requirements for public participation. The comment period was clearly communicated on the website, with instructions on how stakeholders could submit their feedback.

Additionally, stakeholders within the aging network were notified about the availability of the plan for public review. Notifications were sent to a range of organizations and individuals involved in aging services, ensuring that those most impacted by the plan had ample opportunity to participate. These efforts helped guarantee that the aging network was well-informed and able to engage with the process. By reaching out to these key stakeholders and providing clear instructions on how to comment, New Jersey demonstrated a commitment to gathering diverse input within the 30-day review period.

Appendices

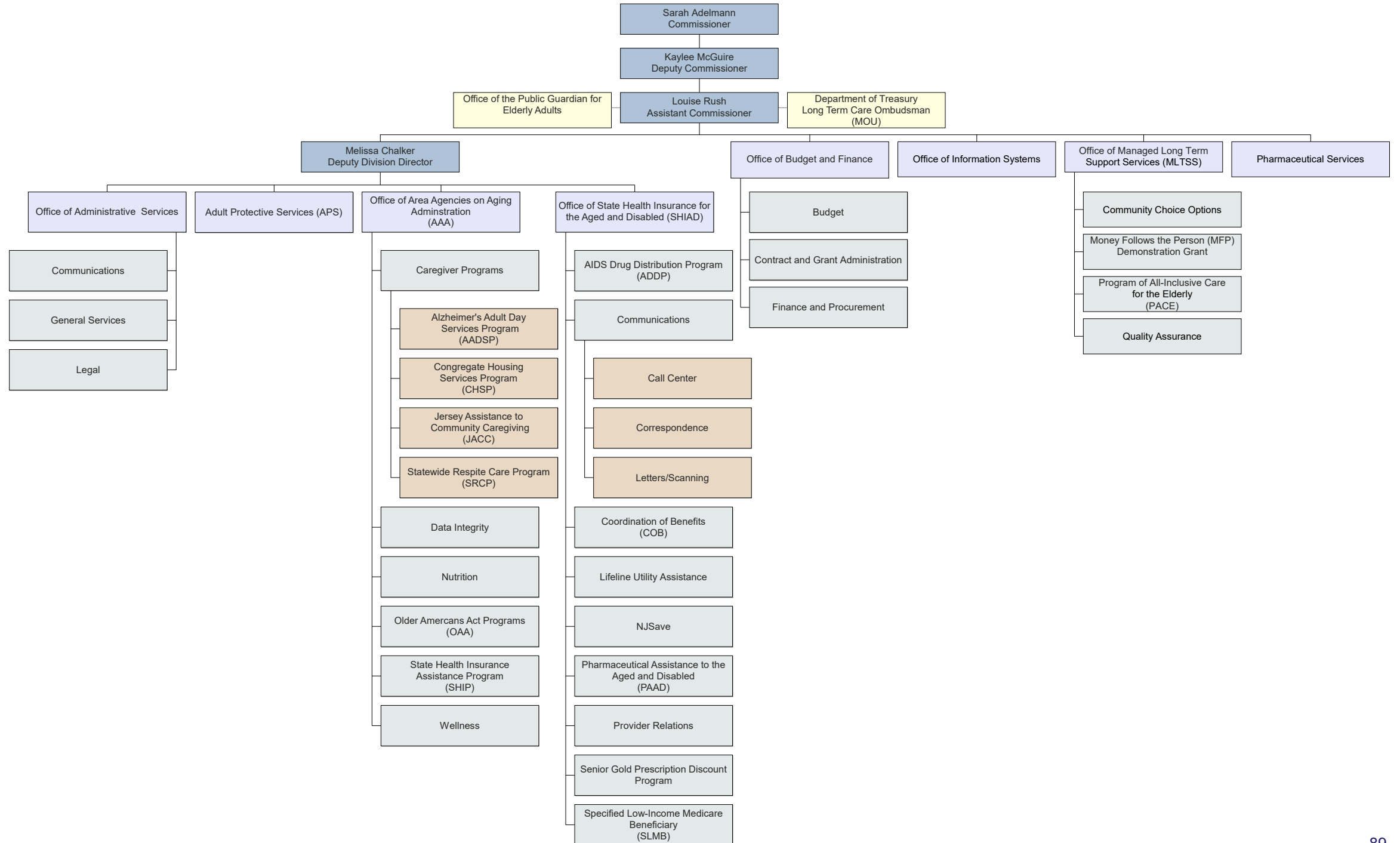
Additional State Plan on
Aging Resources



Appendix A – NJ DHS Organization Chart



**NJ DEPARTMENT OF HUMAN SERVICES
DIVISION OF AGING SERVICES**



Appendix B - Public Input and Review Summary



Overview

To gather valuable input for the development of the NJ State Plan on Aging 2025-2029, a series of meetings were held to solicit feedback from a wide range of stakeholders. These meetings provided a platform for open dialogue, allowing individuals and organizations to share their perspectives, ideas, and concerns about the future of aging services in New Jersey.

The first meeting, the AAA Executive Director Meeting, was held virtually on Thursday, January 23, 2025. This gathering brought together Executive Directors from the state's 21 Area Agencies on Aging (AAAs), where they discussed local challenges, service needs, and innovative solutions that could be included in the State Plan.

Following that, a network-wide stakeholder meeting, that attracted over 160 participants, took place virtually on Wednesday, January 29, 2025. This meeting was open to a broader group of stakeholders, including community organizations, healthcare providers, and advocacy groups. It focused on soliciting input on key policy areas, identifying gaps in current services, and discussing strategies for enhancing support for older adults. The meeting was structured to include breakout sessions focused on the key focus areas of the State Plan on Aging guidance. Suggested agendas and questions were provided to the breakout session facilitators to ensure a productive discussion. Although the format was mostly open discussion in the small groups, facilitators guided the conversations to address critical topics, allowing participants to explore challenges and opportunities in specific areas related to aging services.

Finally, a Public Listening Session was held on Wednesday, February 12, 2025 (refer to Appendix H for the State Plan on Aging Listening Session flyer). This session was specifically designed to allow members of the public, including older adults and their families, to provide their feedback and express their needs directly. It was an important opportunity for the general public to have their voices heard in the development of the State Plan.

In addition to these meetings, feedback was also solicited through written comments, ensuring that individuals who could not attend the sessions had a chance to contribute their insights and suggestions. Feedback could be sent to a division-hosted email address (DoAS.StatePlan@dhs.nj.gov), and anything received by division employees was forwarded to the State Plan on Aging team. These efforts are integral to creating a comprehensive and inclusive State Plan that addresses the needs of New Jersey's aging population.

Feedback, input, and suggestions centered around 8 key themes:

- Affordable Housing Challenges
- Workforce and Caregiving Shortages
- Elder Abuse Prevention and Financial Exploitation
- Transportation Barriers
- Social Isolation and Mental Health
- Caregiver Support and Resources
- Access to Services and Eligibility Issues

- Long-Term Care Services and Aging in Place

Affordable Housing Challenges

Older adults face challenges in securing affordable and accessible housing due to rising rental prices, a lack of senior-friendly housing options, and long waiting lists for affordable housing programs. Many are also unable to find suitable accommodations to meet their specific needs, such as mobility aids, access to healthcare, or social support systems. Stakeholders highlighted several potential solutions. Accessory Dwelling Units (ADUs), which are small, independent living spaces built on existing properties, can provide an affordable housing option for older adults, allowing them to stay within close distance of a relative or caregiver while maintaining their own private space. Housing-first initiatives, which prioritize stable housing before addressing other needs, are proving effective for long-term stability. Additionally, retrofitting homes to allow individuals to age in place is becoming more common, allowing seniors to remain in familiar surroundings while making necessary adaptations for safety and accessibility.

Workforce and Caregiving Shortages

While the shortage of qualified caregivers, particularly home health aides, presents a growing challenge, stakeholders identified hopeful solutions to address this issue. Attendees shared a suggestion to increase pay for caregiving roles, which would help attract and retain more compassionate individuals in this vital profession. Comprehensive training programs are being developed, equipping caregivers with specialized skills to support those with dementia, chronic diseases, and end-of-life care needs, ensuring they are better prepared to address the needs of those in their care. Additionally, there is growing interest in recruiting younger generations into caregiving through scholarships, incentives, and marketing campaigns that highlight the profound, rewarding impact of this work. Innovative solutions, such as remote caregiving tools like telehealth and technology-assisted monitoring, are also offering new ways to expand caregiving capacity, making it easier for caregivers to provide support.

Elder Abuse Prevention and Financial Exploitation

Elder abuse, including financial exploitation, remains a significant concern as older adults become more vulnerable due to physical or cognitive decline; however, stakeholders expressed optimism regarding innovative solutions that can address this issue. Prevention programs are being developed to raise awareness among seniors, caregivers, and professionals about the warning signs of abuse and how to avoid scams, offering a proactive approach to protecting older adults. One stakeholder shared:

The whole host of issues that exist in the elder abuse space are the same issues that exist in every other kind of abuse, but I think the biggest thing that worries us is that older adults are not taken seriously. There is a tremendous amount of education that has to take place to allow elder adults to be believed when they are advocating for themselves, to encourage the right questions to be asked, and to provide the opportunity for safety and dignity to older adults as they age.

Law enforcement agencies and aging service organizations are increasingly working together to strengthen detection of abuse, response to cases of abuse, fostering better collaboration and more efficient interventions. Stakeholders are also advocating for the establishment of

safe, confidential reporting mechanisms, such as hotlines and online reporting tools, which would empower seniors to report abuse without fear of retaliation. Furthermore, increased funding for training local law enforcement officers and social workers in recognizing and responding to elder abuse is a key focus, ensuring that those on the front lines are equipped to protect vulnerable individuals.

Transportation Barriers

Limited transportation options are a major barrier to seniors' independence, especially in rural areas where public transportation may be scarce. Lack of access to reliable, affordable transportation restricts older adults' ability to get to medical appointments, grocery stores, social gatherings, and community programs. Stakeholders shared that transportation “is offered at certain hours and people need transportation after or before the offered hours,” and that “there are transportation issues for court appearances and office visits. In response, it was suggested that ride-sharing programs (e.g., Lyft, Uber) could be expanded to offer discounted or subsidized rides for seniors. Additionally, one stakeholder suggested that volunteer driver programs could be promoted to provide transportation for those without access to a car or who cannot afford commercial ride services. Local governments could also explore creative partnerships with community organizations to establish senior-focused shuttle services or door-to-door transit options. Increasing the availability of public transportation routes tailored to seniors' needs (e.g., wheelchair access) would help maintain their mobility and independence.

Social Isolation and Mental Health

Social isolation is a growing concern among older adults, particularly as many experience the loss of close friends and family members or face physical limitations that restrict their mobility. This isolation can have serious mental health consequences, such as depression, anxiety, and cognitive decline. Community-based programs to combat social isolation—such as senior centers, local clubs, and hobby groups—were considered essential by stakeholders. Additionally, there is a need for in-home social and recreational activities to engage seniors who are unable to leave their homes. One stakeholder suggested to include social workers in senior buildings to help with isolation. Peer support networks and virtual connection platforms could provide opportunities for social interaction, especially for those in rural areas or with limited access to transportation. Enhanced access to mental health services, including counseling, therapy, and social-emotional support, is also critical to address the psychological effects of isolation.

Caregiver Support and Resources

Caregivers, who often provide daily physical, emotional, and financial support for their loved ones, face immense challenges. Many caregivers experience burnout, financial strain, and emotional distress due to the constant demands of caregiving. One caregiver expressed that “the state of caregiving is currently stressful” and that it “needs to be person centered not system centered.” To support caregivers, suggestions include financial relief such as tax credits or direct compensation, as well as respite care services that allow caregivers to take breaks. Expanding access to caregiver training programs could empower family caregivers with the knowledge and skills necessary to provide effective care, particularly for individuals with dementia or chronic illnesses. One stakeholder suggested “increased training on

dementia-specific caregiving, notably targeting in-home care agencies to better understand the needs of people with dementia”. Creating a national standard for caregiving practices that includes guidelines for person-centered care and ensuring that resources are universally accessible, regardless of geographic location, would improve the overall caregiving experience.

Access to Services and Eligibility Issues

Seniors often face challenges in accessing services due to factors like geographical differences in availability and limited awareness of available programs. To improve access, stakeholders noted the importance of outreach and awareness campaigns that are being developed to help seniors learn about the services available to them. Ensuring that digital platforms for service applications are accessible to those without internet access or tech skills is also crucial. Additionally, home visits by social workers or community health workers can assist seniors in navigating the system, making it easier for them to connect with the support they need. Stakeholders expressed that the primary goal should be ensure access to services for all residents, no matter where seniors live or their income levels.

Long-Term Care Services and Aging in Place

Most seniors express a preference for aging in place, wanting to remain in their own homes as they age rather than move to an institutional setting like a nursing home. To support this preference, stakeholders expressed an interest in the development of long-term services that can be delivered at home. This includes access to home health aides, adult day care services, and in-home physical therapy, which can help seniors maintain their independence and quality of life. Home modifications, such as ramps and accessible bathrooms, are also key to enabling seniors to live comfortably and safely in their homes for longer. Additionally, ensuring that healthcare providers are trained to deliver services in home settings plays an important role in supporting the long-term goal of aging in place. One stakeholder emphasized the importance of “aging in place vs ‘aging in the right place””.

Appendix C - 2024 Area Plan Contract Goals by Topic Area



Overview

During the development of New Jersey's State Plan on Aging, the State Unit on Aging (SUA) reviewed the priorities and goals from each Area Agency on Aging's (AAA) most recent Area Plan Contracts (APCs). These were grouped by topic and goal. This process helped shape the plan's goals, objectives, strategies, and outcomes. Below is a summary showing how the SUA incorporated local-level recommendations into the state plan. Each topic area includes a summary of the goals and the AAAs that contributed to them.

Access

The Access goals focus on improving services for seniors, individuals with disabilities, and veterans. Key actions include offering a free simple wills program, coordinating with disability service providers, developing an accessibility plan, and engaging seniors and caregivers in learning technology. The plan also includes enhancing staff training, involving agencies serving those with mental illness and developmental disabilities in the Aging ADRC committee, cross-screening for veterans' benefits, and providing office space for VA counselors to support disabled veterans.

Bergen, Burlington, Gloucester, Mercer, Monmouth, Morris, Salem, and Warren.

ADRC

The ADRC goals focus on improving services for older adults by implementing ADRC functions, distributing feedback surveys to non-English speaking communities, and ensuring follow-up on provided resources. Key actions include training needs identification, integrating SHIP counselors, maintaining an accurate database, and promoting the ADRC/No Wrong Door initiative. Additionally, staff will receive sensitivity training, and updates on policies will be provided to enhance service delivery using data.

Atlantic, Burlington, Cumberland, Essex, Gloucester, Hudson, Middlesex, Morris, Passaic, Salem, Somerset, Sussex, and Warren.

Age-Friendly

The Age-Friendly goals aim to make the counties more supportive of older adults by promoting age-friendly communities, creating a GIS map of local resources, and funding an in-home support program with Personal Emergency Response Systems for 15 frail elderly individuals. The AAA will also share information about the state's Age-Friendly Initiative with county officials.

Burlington, Cumberland, Mercer, Middlesex, Salem, Somerset, and Union.

Caregivers

The Caregiving goals focus on supporting caregivers through information, resources, and services. The AAA aims to reduce caregiver burden, expand services, provide safety devices, and grow the County Caregiver Coalition. Initiatives include offering educational materials, respite services, and online training, as well as collaborating with disability agencies. Outreach efforts will help identify caregivers and raise awareness about caregiving challenges, particularly for those caring for individuals with Alzheimer's or related dementias.

Atlantic, Burlington, Cape May, Cumberland, Gloucester, Hudson, Hunterdon, Mercer, Middlesex, Monmouth, Morris, Passaic, Salem, Somerset, Sussex, Union, and Warren.

Elder Justice

The Elder Justice goals focus on preventing elder abuse, neglect, and exploitation through staff and public training, collaboration with law enforcement, and educational outreach. The AAA will advocate for at-risk APS consumers, provide legal aid referrals, and maintain resources on abuse prevention. Efforts also include partnering with domestic violence shelters, increasing public awareness, and ensuring staff receive ongoing training, with plans to recognize Elder Abuse Awareness Day.

Atlantic, Burlington, Cumberland, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, and Warren.

Emergency Preparedness

The Emergency Preparedness goals focus on supporting seniors and disabled individuals during emergencies by maintaining updated community resources, coordinating training, and developing an emergency app. The AAA will distribute Ready Go Bags, increase awareness of preparedness programs like Register Ready, and ensure emergency procedures are up-to-date. The Executive Director or designee will participate in the Emergency Management Council to stay involved in preparedness efforts.

Burlington, Cumberland, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Passaic, Salem, Somerset, Sussex, Union, and Warren.

Evidence-Based Health Promotion

The Evidence-Based Health Promotion goals aim to improve wellness in older adults by offering evidence-based programs, including fall prevention and strength-building initiatives. The AAA will provide transportation, host workshops, and track participation and funding to reduce falls and hospital re-admissions, while promoting disease prevention programs.

Atlantic, Burlington, Cape May, Cumberland, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Passaic, Salem, Somerset, Sussex, Union, and Warren.

HCBS

The HCBS goals focus on supporting seniors with in-home and community-based services, reducing social isolation, and increasing awareness of HCBS programs. The AAA will assist with Medicaid applications, seek additional funding, and partner with medical centers to improve transitions. Efforts also include coordinating service providers, providing long-term care planning, and ensuring effective use of the Screen for Community Choice.

Atlantic, Camden, Essex, Hudson, Middlesex, Morris, Mercer, Ocean, Passaic, and Somerset.

Home Maintenance

The Home Maintenance goals focus on supporting seniors with essential home services. The AAA aims to increase volunteer numbers for home maintenance, offer large repair projects

through community partnerships, and provide housekeeping services for homebound seniors. Additionally, the AAA will distribute box fans to 75 eligible seniors without air conditioning during the summer to help them stay cool.

Cumberland, Gloucester, Hunterdon, and Ocean.

Housing

The Housing goals focus on improving access to affordable housing for seniors by developing referral systems, assisting with HUD applications, and creating a housing assistance program. The AAA will expand housing information on its website, promote available options, and work with local developers and the Division of Community Development to create affordable housing projects for seniors.

Hudson, Middlesex, Salem, Somerset, and Union.

Legal Services

The Legal Services goals focus on providing timely support to seniors with critical legal issues, including homelessness, eviction, and Medicaid problems. The AAA will facilitate referrals, offer educational seminars, raise awareness of legal services, and prioritize urgent matters like scams, fraud, and tenant rights.

Atlantic, Gloucester, Hudson, Mercer, Monmouth, Passaic, Salem, Somerset, Sussex, and Warren.

Nutrition

The Nutrition goals focus on addressing food insecurity and improving nutrition for seniors. The AAA will continue home-delivered meals, create nutrition hubs, and offer urban farming programs. It will modernize operations, ensure shelf-stable meals, and provide nutrition education and exercise at congregate sites. Efforts also include increasing awareness, targeting low-income seniors, and participating in the county Food Security Taskforce.

Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren.

Outreach

The Outreach goals focus on increasing access to services, reducing social isolation, and reaching underserved populations. The AAA will provide information in multiple languages, promote age-friendly events, and increase outreach to veterans and those with mental illness or disabilities. Efforts include raising awareness of social isolation, promoting ADRC initiatives, and offering health information at congregate sites, while updating the services guide and measuring social isolation impacts.

Atlantic, Bergen, Burlington, Cumberland, Gloucester, Hunterdon, Middlesex, Mercer, Monmouth, Ocean, Passaic, Salem, Somerset, Sussex, Union, Warren.

Public/private partnerships

The Public/Private Partnerships goals aim to foster collaboration between public and private service providers for seniors, disabled individuals, and veterans. The ADRC Aging HUB will

host quarterly meetings to address issues and share services, while supporting Monmouth ACTS to enhance local services through creative partnerships.

Monmouth.

Transportation

The Transportation goals focus on improving access for seniors and disabled individuals. The AAA will increase funding, advocate for senior transportation needs, and expand services to remote areas. Efforts include promoting public transportation, enhancing volunteer transportation, providing ride-sharing information, and offering technical assistance. The AAA will also coordinate services across counties, transport seniors to food banks, and research alternative transportation options.

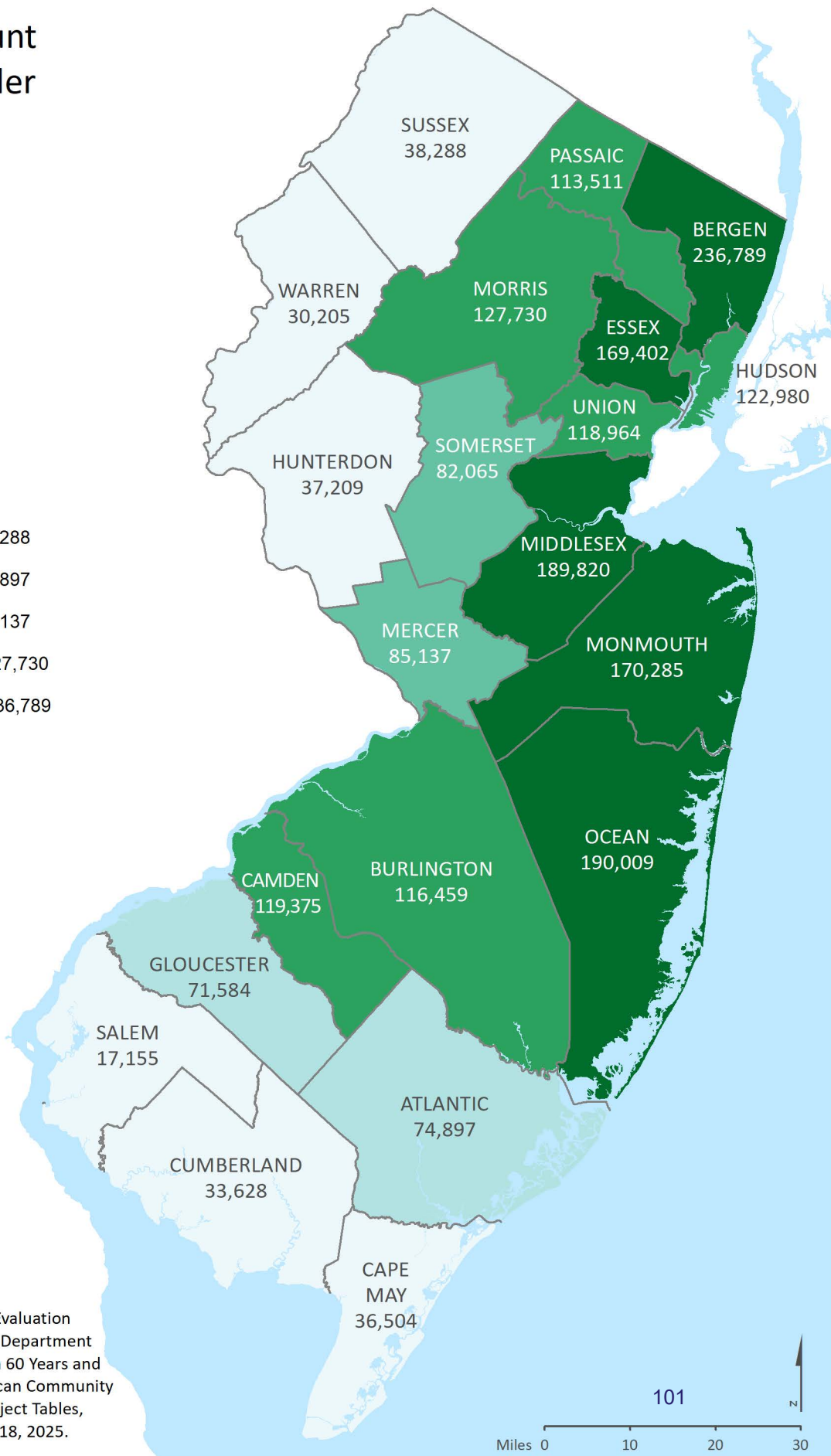
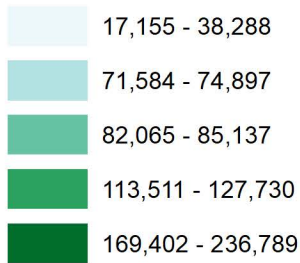
Atlantic, Bergen, Camden, Gloucester, Hunterdon, Mercer, Monmouth, Ocean, Salem, Warren.

Appendix D - Demographic Maps

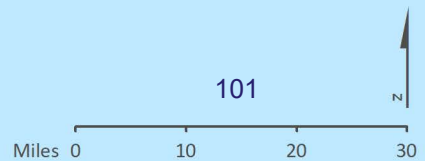


Population Count Age 60 and Older (2019-2023)

Key

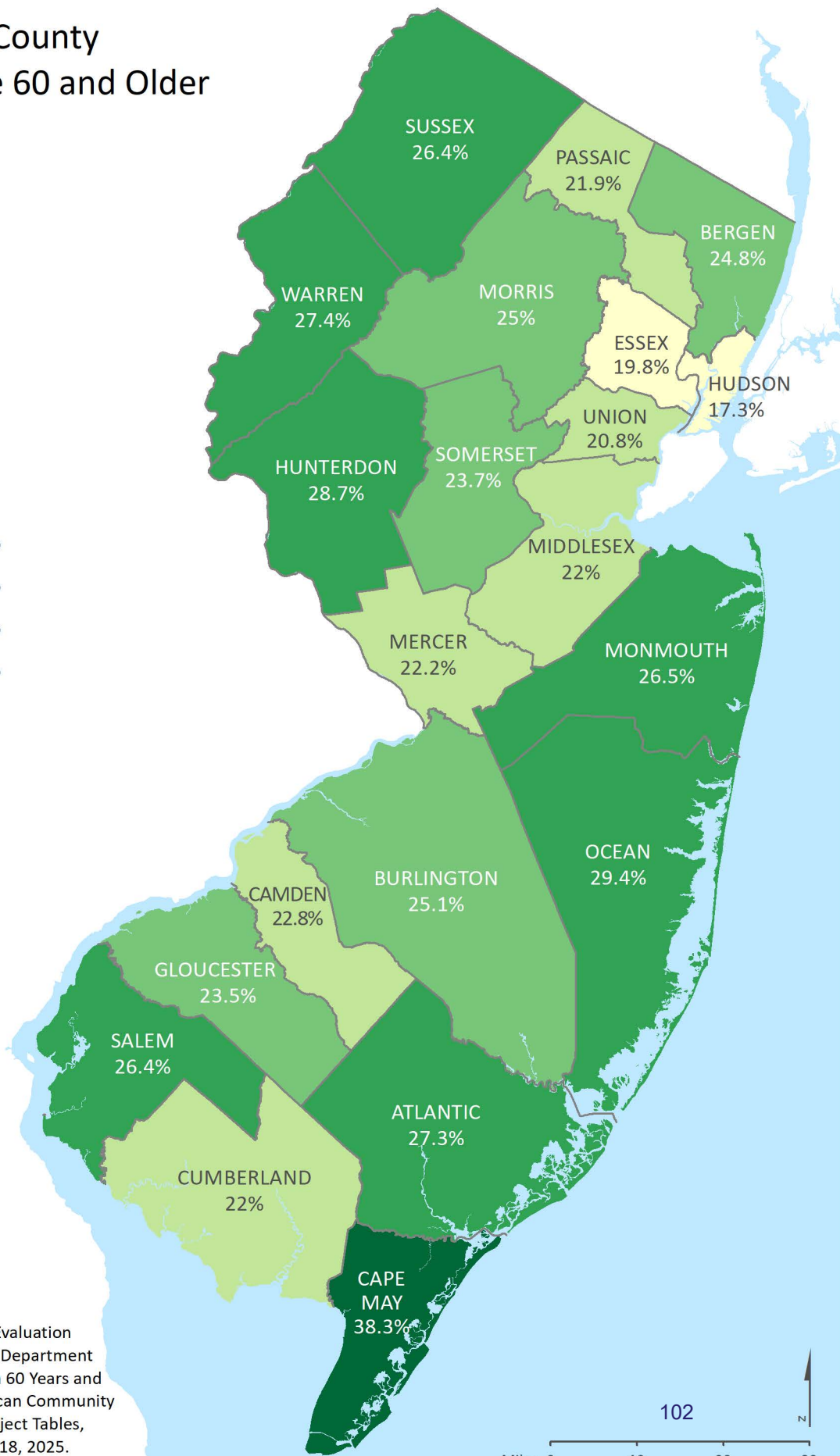
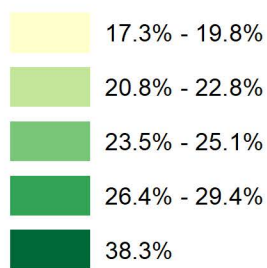


Chuck Colvard, DHS Research & Evaluation
Source: U.S. Census Bureau, U.S. Department of Commerce. (2023). Population 60 Years and Over in the United States. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102. Retrieved February 18, 2025.



Percentage of County Population Age 60 and Older (2019-2023)

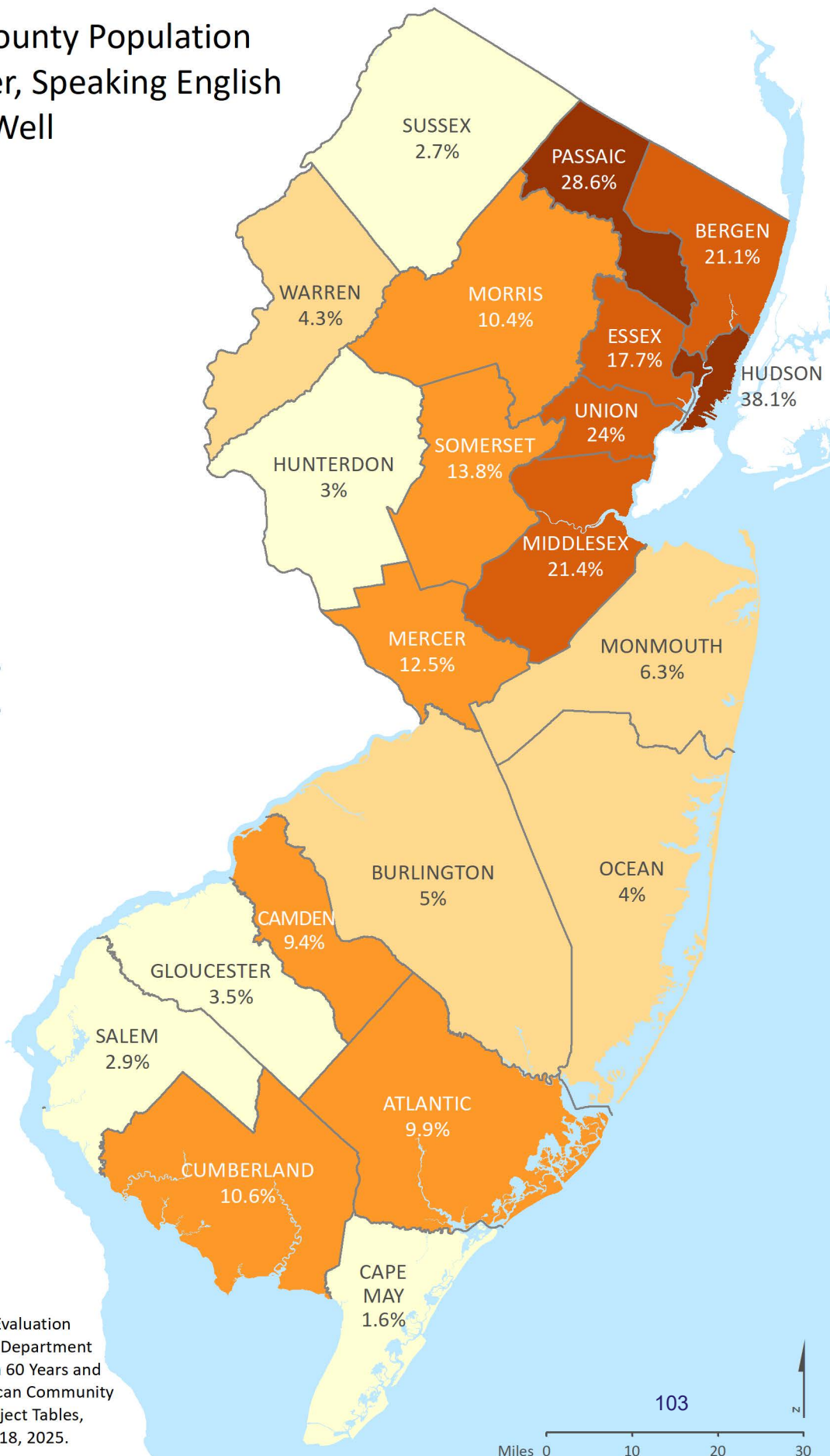
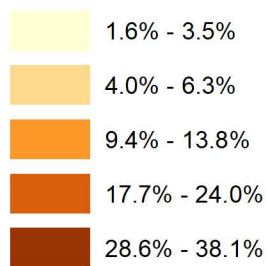
Key



Chuck Colvard, DHS Research & Evaluation
Source: U.S. Census Bureau, U.S. Department of Commerce. (2023). Population 60 Years and Over in the United States. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102. Retrieved February 18, 2025.

Percentage of County Population Age 60 and Older, Speaking English Less Than Very Well (2019-2023)

Key



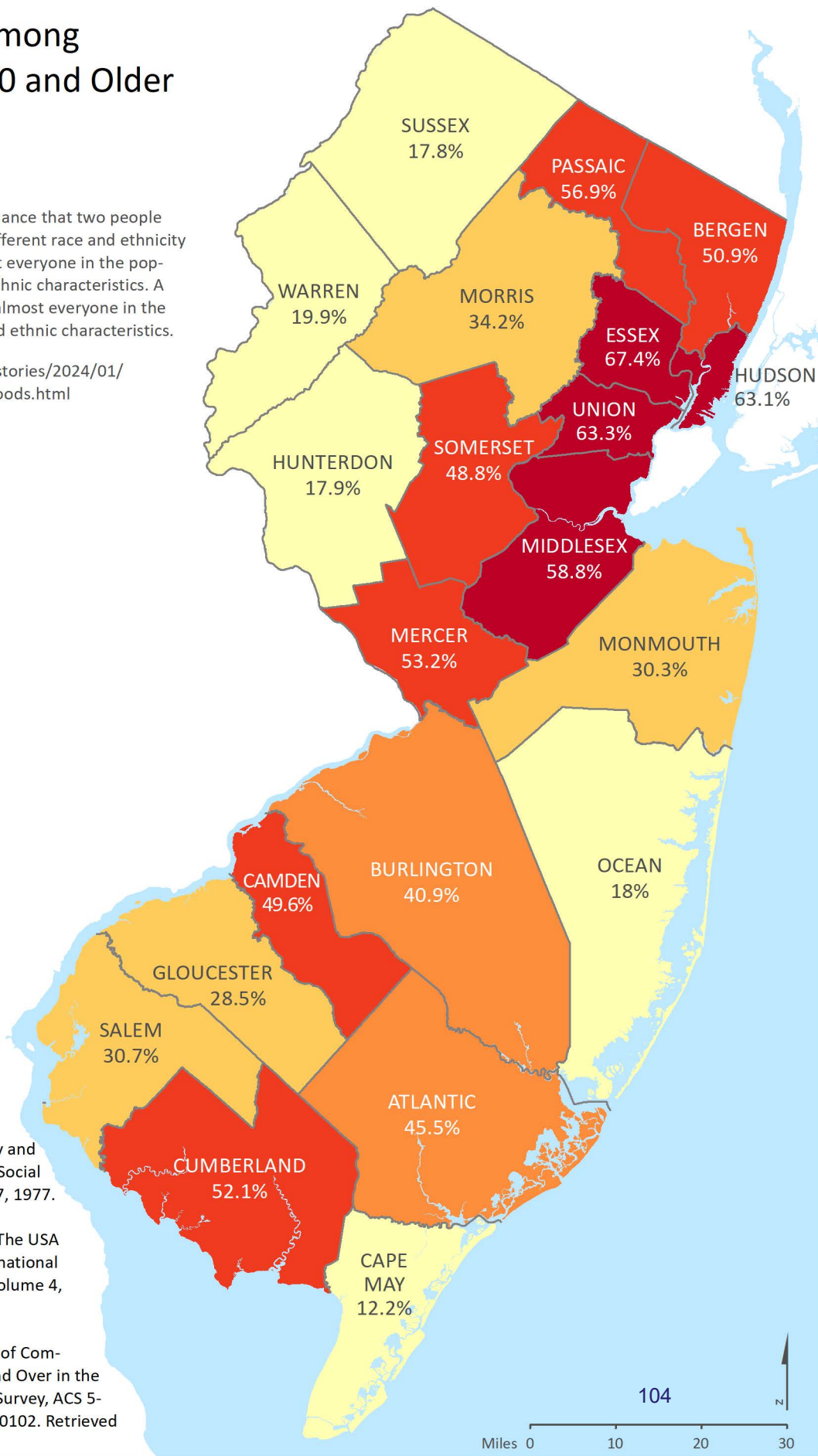
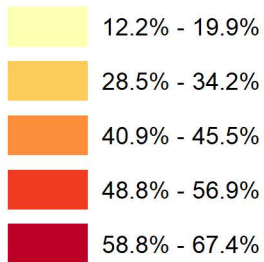
Chuck Colvard, DHS Research & Evaluation
 Source: U.S. Census Bureau, U.S. Department of Commerce. (2023). Population 60 Years and Over in the United States. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102. Retrieved February 18, 2025.

Diversity Index Among Population Age 60 and Older (2019-2023)

Note: The diversity index is the chance that two people chosen at random will be from different race and ethnicity groups. A value of 0 indicates that everyone in the population has the same racial and ethnic characteristics. A value close to 100 indicates that almost everyone in the population has different racial and ethnic characteristics.

<https://www.census.gov/library/stories/2024/01/racial-ethnic-diversity-neighborhoods.html>

Key

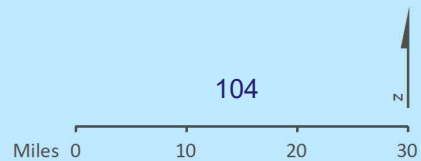


Chuck Colvard,
DHS Research & Evaluation

Source: Peter Michael Blau, *Inequality and Heterogeneity: A Primitive Theory of Social Structure*, New York: Free Press, Vol. 7, 1977.

Phillip Meyer and Shawn McIntosh, "The USA Today Index of Ethnic Diversity," *International Journal of Public Opinion Research*, Volume 4, Issue 1, 1992, pp. 51-58.

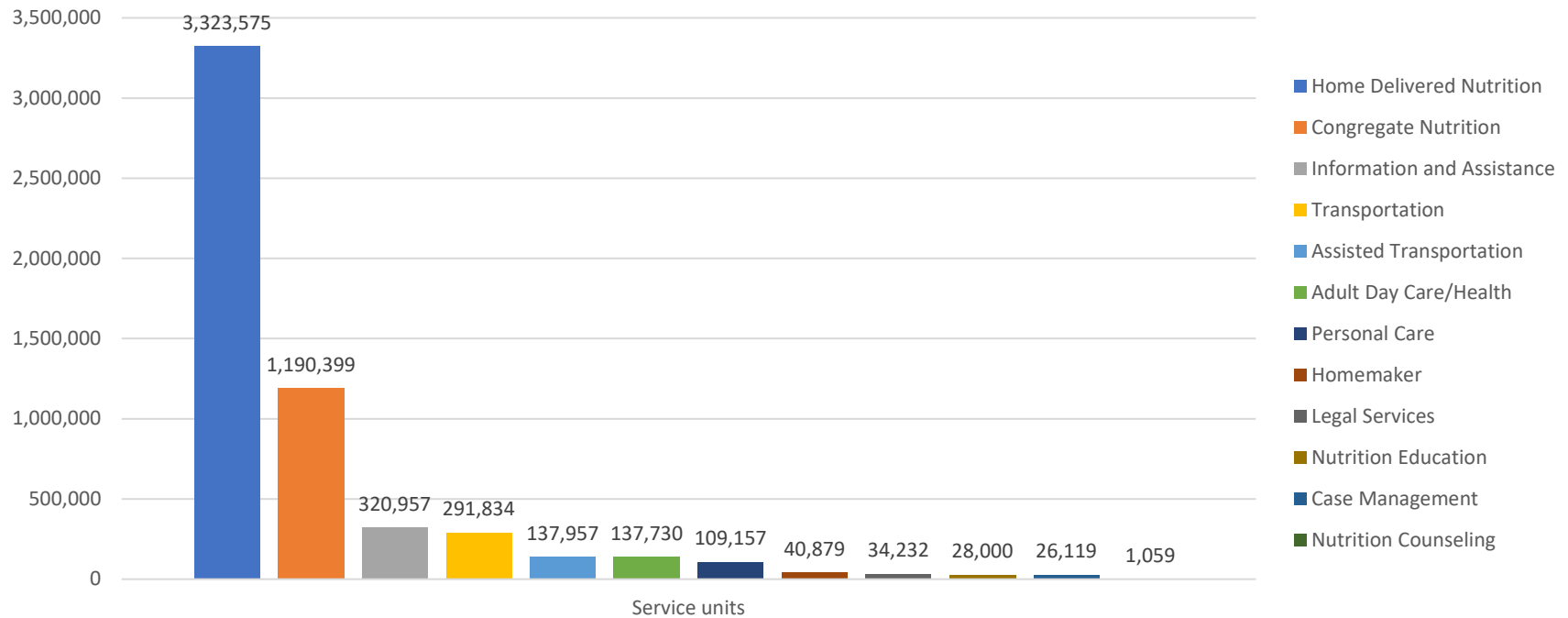
U.S. Census Bureau, U.S. Department of Commerce. (2023). *Population 60 Years and Over in the United States*. American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0102. Retrieved February 18, 2025.



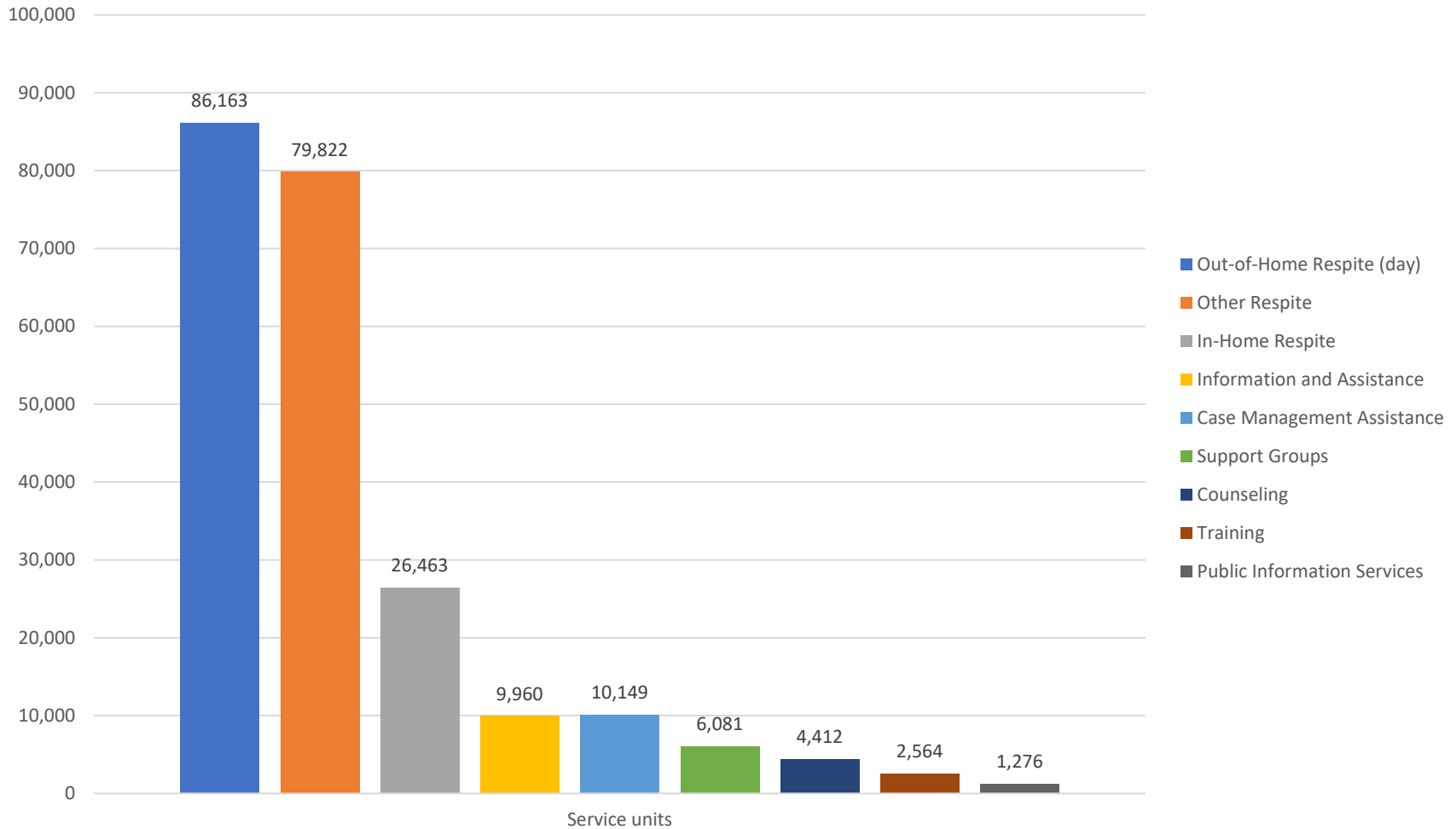
Appendix E - 2024 Area Plan Contract Services Provided



Area Plan Contract Older Adult Services Provided Federal Fiscal Year 2024 by Units



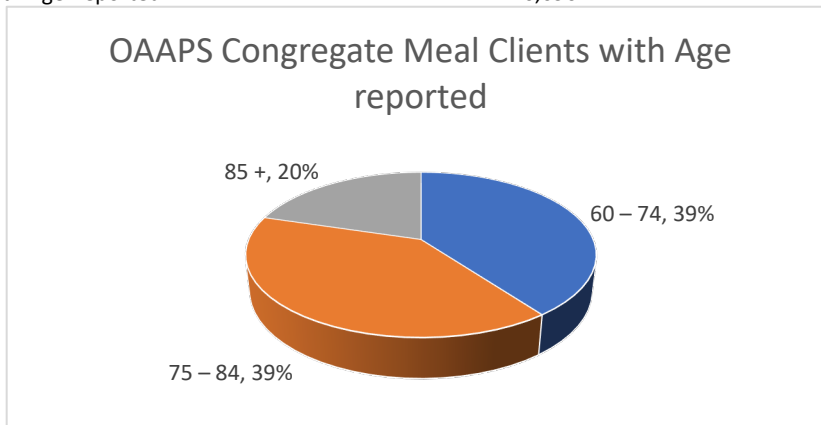
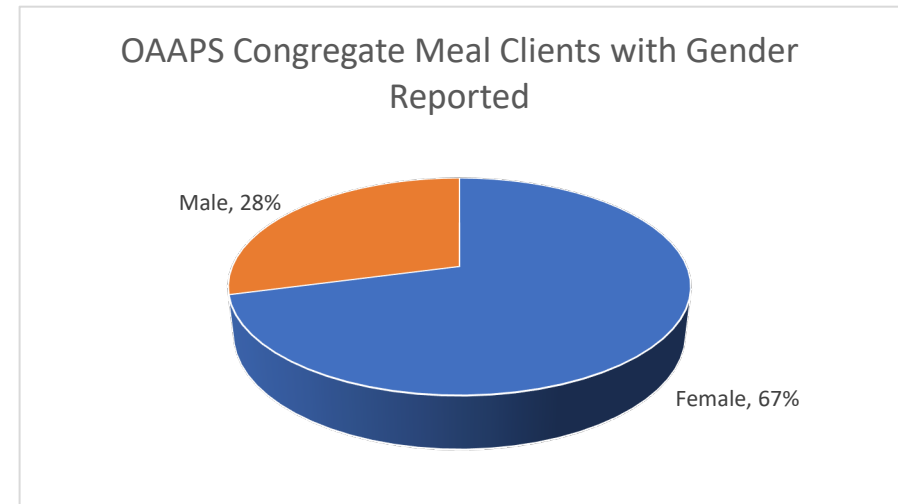
Area Plan Contract Caregiver and Older Relative Services Provided Federal Fiscal Year 2024 by Units



New Jersey OAAPS* data as reported to the Administration of Community Living for FFY 2024

Profile of Congregate Meal Recipients

	<u>Total Clients</u>	<u>% of Total</u>
Total Congregate Clients	26,757	
Female	18,019	67.34%
Male	<u>7,406</u>	27.68%
Total with Gender Reported	25,455	
In Poverty	5,030	18.80%
Poverty Missing	1,838	6.87%
Live-Alone	9,841	36.78%
Live Alone Missing	1,478	5.52%
Age Groups:		
60 – 74	10,390	38.83%
75 – 84	10,393	38.84%
85 +	<u>5,307</u>	19.83%
Total with Age Reported	26,090	



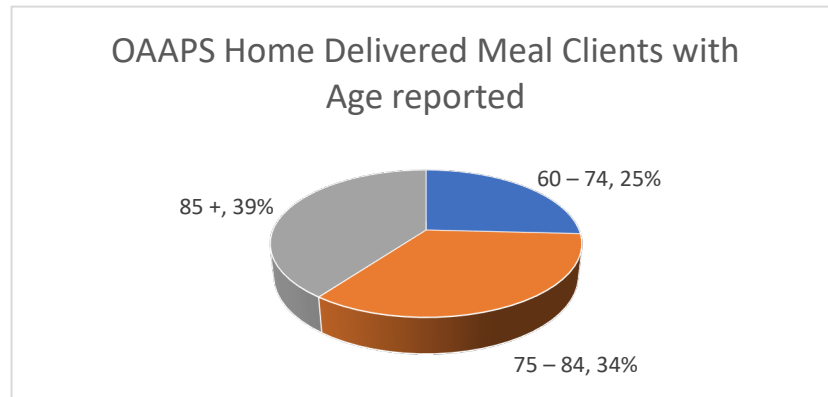
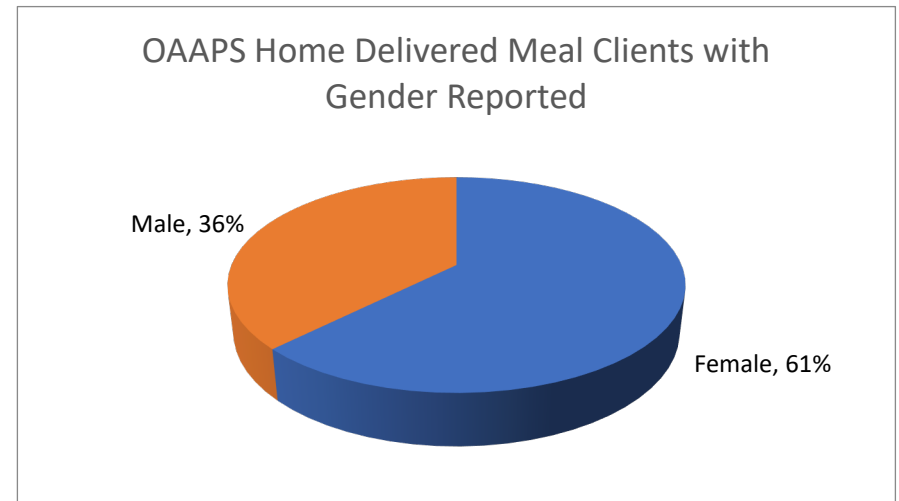
Total Congregate Clients	26,757
Number of Meals Served	1,190,399
Total Cost	\$23,819,519.00
Cost per Meal	\$20.01
Cost per Client	\$890.22

* OAAPS is the Older Americans Act Performance System

New Jersey OAAPS* data as reported to the Administration of Community Living for FFY 2024

Profile of Home Delivered Meal Recipients

	<u>Total Clients</u>	<u>% of Total</u>
Total Home Delivered Clients	20,722	
Female	12,618	60.89%
Male	<u>7,542</u>	36.40%
Total with Gender Reported	20,215	
In Poverty	5,587	26.96%
Poverty Missing	1,139	5.50%
Live-Alone	11,116	53.64%
Live Alone Missing	619	2.99%
Age Groups:		
60 – 74	5,224	25.21%
75 – 84	6,950	33.54%
85 +	<u>8,060</u>	38.90%
Total with Age Reported	20,234	



Total Home Delivered Clients	20,722
Number of Meals Served	3,323,575
Total Cost	\$38,247,534.00
Cost per Meal	\$11.51
Cost per Client	\$1,845.75

* OAAPS is the Older Americans Act Performance System

Appendix F - Side by Side Grid of Program Data



NJ DEPARTMENT OF HUMAN SERVICES (DHS)						
2025	Division of Aging Services (DoAS)					
	MEDICAID WAIVER PROGRAM		NON-MEDICAID WAIVER PROGRAMS			
	MLTSS/PACE	JACC	SRCP	AADSP	CHSP	OAA
Program Title	Managed Long Term Service and Supports/ Program of All-Inclusive Care for the Elderly	Jersey Assistance for Community Caregiving	Statewide Respite Care Program	Alzheimer's Adult Day Services Program	Congregate Housing Services Program	Older Americans Act (OAA) Funded Programs
Medicaid State Plan Services Covered	<ul style="list-style-type: none"> All* 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> None
Services Offered*	<ul style="list-style-type: none"> Adult Family Care** Assisted Living Services** <ol style="list-style-type: none"> Assisted Living Residence (ALR) Comprehensive Personal Care Home (CPCH) Assisted Living Program (ALP) Behavioral Management (TBI) Caregiver/Participant Training Chore Services Cognitive Therapy Community Residential Services Community Transition Services Home Based Supportive Care Home Delivered Meals Medication Dispensing Device (Set Up & Monthly Monitoring) Personal Care Assistant (PCA) Non-Medical Transportation Nursing Facility and Special Care Nursing Facility Services (Custodial)** Occupational Therapy (Group & Individual) Personal Emergency Response System (PERS) (Set Up & Monthly Monitoring) Physical Therapy (Group & Individual) Private Duty Nursing Residential Modifications Respite (Daily & Hourly) Social Adult Day Care Speech, Language & Hearing Therapy Structured Day Program Supported Day Services Vehicle Modifications 	<ul style="list-style-type: none"> Care Management Respite Env. Accessibility Adaptation Spec. Medical Equipment & Supplies Chore PERS Attendant Care Home Delivered Meals Social Adult Day Care Home-Based Supportive Care Adult Day Health Transportation 	<ul style="list-style-type: none"> Respite from direct unpaid caregiving provided using the following types of services: <ul style="list-style-type: none"> Companion Homemaker – Home Health Aide Private Duty Nursing Adult Day Health Services Social Adult Day Care Adult Family Care Inpatient Care in a licensed facility, e.g., Assisted Living Facility, Nursing Home, or Residential Health Care Facilities Campership Caregiver Directed Option 	<ul style="list-style-type: none"> Social Adult Day Care Adult Day Health Services 	<ul style="list-style-type: none"> Congregate Meal(s) Housekeeping Personal Assistance, i.e., <ul style="list-style-type: none"> Laundry Shopping Assistance with bathing, grooming, dressing, etc. Other supportive services 	<p>Service Categories & Examples: <u>Access</u></p> <ul style="list-style-type: none"> Information & Assistance Screen for Community Services (<i>Access Point</i>) Options Counseling Medicaid Navigation – Service Coordination Care Management Transportation & Assisted Transportation Assistive Technology <p><u>Home Support</u></p> <ul style="list-style-type: none"> Visiting Nurse Certified Home Health Aide Housekeeping Residential Maintenance Telephone Reassurance Hospice Care <p><u>Community Support</u></p> <ul style="list-style-type: none"> Legal Assistance Adult Protective Services Physical/Oral/Mental Health Education Socialization/Recreation Adult Day: Social & Medical Housing Assistance: Homesharing & Matching <p><u>Nutrition Support</u></p> <ul style="list-style-type: none"> Congregate Nutrition Home Delivered Nutrition Nutrition Education & Counseling

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

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

2025	MEDICAID WAIVER PROGRAM		NON-MEDICAID WAIVER PROGRAMS			
	MLTSS/PACE	JACC	SRCP	AADSP	CHSP	OAA
Program Title	Managed Long Term Service and Supports/ Program of All-Inclusive Care for the Elderly	Jersey Assistance for Community Caregiving	Statewide Respite Care Program	Alzheimer's Adult Day Services Program	Congregate Housing Services Program	Older Americans Act (OAA) Funded Programs
Financial Eligibility	<ul style="list-style-type: none"> ▪ Supplemental Security Income (SSI): Income ≤\$998.25/mo. Individual or ≤\$1,475.35/mo. Couple; Resources ≤\$2,000 Individual or \$3,000 Couple (2025) ▪ Medicaid Only: (Institutional Level): Income ≤\$2,901/mo. Individual; Resources ≤\$2,000 Individual (2025) ▪ New Jersey Care ... Special Medicaid Program: Income ≤\$1,305/mo. Individual or ≤\$1,763/mo. Couple; Resources ≤\$4,000 Individual or \$6,000 Couple (2025) 	<ul style="list-style-type: none"> ▪ Not participating in a Medicaid program <p>Countable Income** ≤\$4,760/mo. Individual or ≤\$6,433/mo. Couple (which is 365% of FPL); Resources ≤\$40,000 Individual or \$60,000 Couple (2025)</p>	<ul style="list-style-type: none"> ▪ Not eligible if participating in MLTSS <p>Care recipient(s): Income <\$2,901/mo. Individual or ≤\$5,802/mo. Couple; Resources ≤\$40,000 Individual or \$60,000 Couple (2025)</p>	Care recipient(s): Gross Income** ≤\$50,256/yr. Individual or ≤\$58,632/yr. Couple; Resources ≤\$40,000 Individual or \$60,000 Couple (2024)	Financially eligible for residence in low- or moderate-income subsidized housing for the elderly and disabled as determined by HUD or other governing agency guidelines	<p>None. OAA programs have no means test; however, services target those most in need of assistance.</p> <p>Service priority is to individuals age 60 or older with the greatest economic and social need, with particular attention to low-income, minority, limited English proficient, or rural-residing older adults and those at risk of institutional placement.</p>
Other Eligibility	Categorical Eligibility for Aged Blind or Disabled	Age 60 or older	Age 18 or older and participant must have an unpaid caregiver in need of respite	Reside in community with an unpaid caregiver in need of respite	Residence must be CHSP grantee. Resident must request services.	Age 60 and older. Some services available to caregivers of any age and to grandparents age 55 or older.
Clinical Eligibility	NF Level of Care	NF Level of Care	Chronic disability	Alzheimer's disease or related dementia	Assessed as in need of supportive services	None
Funding	State/Federal Match	State Funds	State Funds	State Funds	State Funds	Federal/State/Local Funds & Participant Donations
Billing Agent	Managed Care Organizations (MCOs) and Programs of All-Inclusive Care for the Elderly (PACEs) contracted with NJ FamilyCare (also known as Medicaid)	State Billing Agent	SRCP Sponsor Agency	DHS Fiscal	DHS Fiscal	None
Governing Code	MLTSS – 42 U.S.C. §1315, Section 1115 PACE – 42 U.S.C. §1396u-4		NJAC 10:164B	NJAC 10:164A		45 C.F.R. 1321.53 – Older Americans Act, Title III
Licensed	YES – NJAC 8:36, 8:39 & 8:43A-33	NO	NO	YES – NJAC 8:43	NO	NO
Patient Pay Liability (Cost Share)	NO *	YES – Sliding Scale	YES – Sliding Scale	YES – Sliding Scale	YES – Sliding Scale	NO. Participants are notified on the opportunity to voluntarily contribute to the cost of services (except for APS).
Service Limitations	Based on limitations as specified in the MLTSS Dictionary and subject to medical necessity determinations per the MCO. PACE services per individual's Plan of Care.	Up to \$1,090/mo.	Varies according to caregiver's assessed needs and budget availability	Up to 5 days per week	Varies according to participant needs and constraints of site's CHSP budget	Full array of services not available/funded in every county. Services limited to budget.

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

** Service package remains the same.

NJ DEPARTMENT OF HUMAN SERVICES (DHS)						
2025	Division of Aging Services (DoAS)					
	PRESCRIPTION PROGRAMS*			MEDICARE, UTILITY, & HEARING AID ASSISTANCE PROGRAMS*		
	PAAD	Senior Gold	MSPs: QMB, SLMB, QI	Lifeline	HAAAD/NJHAP	USF/LIHEAP
Program Title	Pharmaceutical Assistance to the Aged and Disabled	Senior Gold Prescription Discount Program	Medicare Savings Programs: Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary, Qualifying Individual	Lifeline Utility Assistance/Tenants Lifeline Assistance	Hearing Aid Assistance to the Aged and Disabled/ NJ Hearing Aid Project	Universal Service Fund/Low Income Home Energy Assistance Program
Services Offered	<ul style="list-style-type: none"> Generic prescriptions for \$5 copay; \$7 for name brands Payment of Medicare Part D premium, including late-enrollment penalty, if applicable Motor vehicle discount Pet spay/neuter program Property Tax Freeze 	<ul style="list-style-type: none"> Prescription drugs for \$15 plus 50% of the remaining cost for the drug Catastrophic Cap set at \$2,000 for a single person, \$3,000 for a couple. When cap is met, prescription copay set at \$15 per drug 	<p>QMB:</p> <ul style="list-style-type: none"> Payment of Medicare Part A and B premiums, deductibles, coinsurance, and copays for Medicare-covered services and items <p>SLMB and QI-1:</p> <ul style="list-style-type: none"> Payment of Medicare Part B premium, currently \$185 per month, or \$2,220 per year (2025) <p>All three MSPs:</p> <ul style="list-style-type: none"> Payment of any late enrollment penalty 	<ul style="list-style-type: none"> \$225 annual benefit applied directly to utility bill for utility customers or by check to tenants 	<ul style="list-style-type: none"> HAAAD – \$500 reimbursement toward recent purchase of hearing aid or up to \$1,000 for two devices, if eligible NJHAP – free refurbished hearing aid, if eligible 	<ul style="list-style-type: none"> Utility programs for low-income residents USF is a monthly credit on utility bill with a maximum annual benefit of \$1,800, based on income and usage LIHEAP is an annual benefit during the heating season
Financial Eligibility	<ul style="list-style-type: none"> Annual income <\$53,446 Individual or <\$60,690 Couple; No resource limit (2025) 	<ul style="list-style-type: none"> Annual income between \$53,446 and \$63,446 Individual or between \$60,690 and \$70,690 Couple; No resource limit (2025) 	<p>QMB: Annual income</p> <ul style="list-style-type: none"> ≤\$15,660 Individual; ≤\$21,156 Couple <p>SLMB and QI: Annual income</p> <ul style="list-style-type: none"> ≤\$21,132 Individual; ≤\$28,560 Couple <p>All three MSPs:</p> <p>Resources</p> <ul style="list-style-type: none"> \$9,660 Individual; \$14,470 Couple 	<ul style="list-style-type: none"> Annual income <\$53,446 Individual or <\$60,690 Couple; No resource limit (2025) 	<ul style="list-style-type: none"> Annual income <\$53,446 Individual or <\$60,690 Couple; No resource limit (2025) 	<ul style="list-style-type: none"> Income limit based on family size and usage. Monthly income \$3,991/mo. Individual or \$5,219/mo. Couple (2024-25 heating season)

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

2025	PRESCRIPTION PROGRAMS		MEDICARE, UTILITY, & HEARING AID ASSISTANCE PROGRAMS			
	PAAD	Senior Gold	MSPs: QMB, SLMB, QI	Lifeline	HAAAD/NJHAP	USF/LIHEAP
Program Title	Pharmaceutical Assistance to the Aged and Disabled	Senior Gold Prescription Discount Program	Medicare Savings Programs: Qualified Medicare Beneficiary, Specified Low-Income Medicare Beneficiary, Qualifying Individual	Lifeline Utility Assistance/Tenants Lifeline Assistance	Hearing Aid Assistance to the Aged and Disabled/ NJ Hearing Aid Project	Universal Service Fund/Low Income Home Energy Assistance Program
Other Eligibility	Resident of New Jersey age 65 or older or age 18 to 64 and receiving Social Security Disability benefits	Resident of New Jersey age 65 or older or age 18 to 64 and receiving Social Security Disability benefits	Resident of New Jersey eligible for or enrolled in Medicare Part A	Resident of New Jersey age 65 or older or age 18 to 64 and receiving Social Security Disability benefits who is a utility customer or tenant with utilities included in rent payment	Resident of New Jersey age 65 or older or age 18 to 64 and receiving Social Security Disability benefits who produces a doctor statement attesting to the need for hearing aid(s). HAAAD applicants must also provide a paid receipt for reimbursement.	Resident of New Jersey who is the customer of record for utility/heating costs or has utility/heating burden
Funding	State Funds	State Funds	QMB and SLMB-State/ Federal Match; QI-1- State Funds	State Funds	State Funds	USF-State Funds; LIHEAP- Federal Funds
Billing Agent	Gainwell	Gainwell	Medicaid	Treasury	Treasury	DCA
Governing Code	NJAC 10:167	NJAC 10:167B	NJAC 10:71 & 10:72	NJAC 10:167D	NJAC 10:167E	NJAC 5:49
Patient Pay Liability (Cost Share)	\$5 copay for generic and \$7 copay for name brand covered drugs.	\$15 copay + 50% of remaining cost of covered drugs	NO	NO	NO	NO
Service Limitations	Covers only drugs approved by the Food and Drug Administration. Drugs purchased outside of New Jersey are not covered, nor are any pharmaceutical products whose manufacturer has not signed a rebate agreement with the State of New Jersey.	Covers only drugs approved by the Food and Drug Administration. Drugs purchased outside of New Jersey are not covered, nor are any pharmaceutical products whose manufacturer has not signed a rebate agreement with the State of New Jersey.	NO	NO	NO	NO

Appendix G - 2025 Area Plan Contract Initial Allocation Spreadsheet



DEPARTMENT OF HUMAN SERVICES
DIVISION OF AGING SERVICES
2025 INITIAL ALLOCATION
Area Plan Contract

INITIAL CONTRACT
FY25 APC

COUNTY	TITLE III B	TITLE III C1	TITLE III C2	TITLE III D	TITLE III E	Federal Totals	State Match Title III B-D	Match TITLE III E	State Match Total	Medicaid Match	100% NSIP**	FFP***	SHDM	SWHDM	SWHDM 25% Match***	SHTP	SHTP 10% Match***	APS	SASS	SASS 25% Match***	Supp. Funds (COLA)	CMQA	CBSP	STATE & OTHER FEDERAL	GRAND TOTAL
Atlantic	359,182	437,499	341,314	23,212	165,338	1,326,546	54,092	48,187	102,279	33,283	70,313	196,393	0	32,580	8,145	38,014	3,801	204,298	378,200	94,550	172,565	23,810	180,544	1,432,278	2,758,824
Bergen	1,131,037	1,377,009	1,074,676	73,079	520,846	4,176,647	172,365	153,557	325,922	105,556	229,602	16,734	0	102,646	25,661	119,765	11,977	610,083	830,684	207,671	566,345	23,810	65,472	2,996,618	7,173,265
Burlington	492,892	599,870	467,562	31,847	226,372	1,818,543	73,756	65,650	139,407	45,451	95,261	0	0	44,693	11,173	52,133	5,213	221,998	180,604	45,151	231,208	0	0	1,010,755	2,829,298
Camden	604,487	736,480	574,838	39,058	278,475	2,233,338	91,310	81,359	172,669	56,632	120,642	0	46,605	54,880	13,720	64,037	6,404	376,856	804,165	201,041	295,518	23,810	0	2,015,815	4,249,153
Cape May	168,469	167,734	130,295	11,662	63,193	541,353	21,354	18,613	39,967	13,000	23,895	0	7,287	12,498	3,124	14,557	1,456	92,896	131,809	32,952	68,803	23,810	8,455	436,976	978,329
Cumberland	183,128	223,202	174,217	12,046	84,401	676,993	27,599	24,577	52,177	17,247	36,355	60,628	1,087	16,619	4,155	19,392	1,939	114,432	493,257	123,314	89,256	23,810	79,245	1,003,505	1,680,498
Essex	1,076,812	1,315,408	1,029,513	69,954	498,702	3,990,389	163,125	145,610	308,735	101,427	216,784	0	146,871	98,147	24,537	114,552	11,455	676,336	1,473,166	368,292	530,532	23,810	0	3,690,360	7,680,749
Gloucester	283,535	344,558	268,457	18,327	129,994	1,044,872	42,807	38,081	80,888	25,843	55,690	96,424	20,044	25,717	6,429	30,001	3,000	158,652	162,007	40,502	135,374	23,810	0	814,450	1,859,322
Hudson	879,331	1,074,656	841,666	56,822	407,775	3,260,250	133,796	119,477	253,273	82,745	178,476	0	75,063	80,226	20,057	93,649	9,365	583,325	1,659,255	414,814	437,572	23,810	0	3,467,394	6,727,644
Hunterdon	168,469	156,181	118,506	11,662	57,316	512,134	19,617	16,486	36,104	13,000	23,514	0	20,097	11,731	2,933	13,254	1,325	83,359	77,027	19,257	57,606	23,810	0	359,501	871,635
Mercer	435,895	531,302	414,763	28,166	200,848	1,610,974	65,488	58,353	123,842	40,463	85,243	0	0	39,601	9,900	46,205	4,621	243,609	573,727	143,432	207,533	0	0	1,360,223	2,971,197
Middlesex	942,946	1,149,498	898,240	60,925	435,038	3,486,647	143,017	127,477	270,494	88,176	190,556	0	25,402	85,831	21,458	100,153	10,015	496,016	525,309	131,327	464,059	23,810	0	2,269,806	5,756,453
Monmouth	686,106	833,876	649,718	44,338	314,615	2,528,653	103,479	92,072	195,551	63,569	136,575	0	0	62,214	15,554	72,583	7,258	366,605	736,618	184,155	332,200	23,810	0	1,989,726	4,518,379
Morris	523,926	636,951	496,198	33,854	240,237	1,931,166	78,669	69,986	148,655	48,469	102,912	0	11,566	47,492	11,873	55,399	5,540	257,807	97,672	24,418	249,594	23,810	0	1,043,376	2,974,542
Ocean	798,897	969,709	754,192	51,623	365,374	2,939,794	120,292	106,942	227,234	74,243	158,075	0	0	72,171	18,043	84,189	8,419	451,670	232,634	58,159	387,495	23,810	0	1,711,521	4,651,315
Passaic	630,069	768,412	600,616	40,716	291,111	2,330,923	96,101	85,710	181,811	58,925	127,794	0	166,360	57,280	14,320	66,850	6,685	415,906	557,253	139,313	315,768	23,810	0	1,971,757	4,302,680
Salem	168,469	156,181	72,450	11,662	35,107	443,869	17,961	10,366	28,326	13,000	21,561	0	15,373	11,146	2,787	13,000	1,300	79,097	235,225	58,806	38,449	23,810	0	478,988	922,856
Somerset	352,630	429,329	334,998	22,788	162,186	1,301,932	53,114	47,295	100,409	32,542	69,503	0	15,851	32,044	8,011	37,382	3,738	153,648	223,422	55,856	168,449	23,810	0	857,060	2,158,992
Sussex	168,469	163,577	127,021	11,662	61,459	532,188	20,595	17,757	38,352	13,000	23,792	68,063	19,486	12,342	3,085	14,199	1,420	85,807	13,191	3,298	62,061	23,810	0	374,103	906,291
Union	645,754	787,449	616,055	41,730	298,556	2,389,544	99,202	88,495	187,697	60,429	134,190	42,475	16,598	58,853	14,713	68,688	6,869	351,706	469,725	117,431	330,375	23,810	0	1,744,546	4,134,090
Warren	168,469	156,181	112,018	11,662	54,173	502,503	18,943	15,507	34,450	13,000	23,306	61,677	37,310	11,288	2,822	13,000	1,300	84,894	106,050	26,513	54,251	23,810	26,682	489,718	992,221
TOTALS	10,868,973	13,015,062	10,097,314	706,795	4,891,115	39,579,259	1,616,683	1,431,557	3,048,240	1,000,000	2,124,039	542,394	625,000	970,000		1,131,000		6,109,000	9,961,000		5,195,013	452,390	360,398	31,518,474	71,097,733

New Funds-Only. Excludes Carry Over, Redistribution.

***FFP allocation is from: Q1 & Q2 2023 claim submission-Q3 & Q4 2023 will be added at 2025 Midyear amendment.

[*Bergen FFP allocation is from: Q1 2023 claim submission-Q2, Q3, & Q4 2023 will be added at 2025 Midyear amendment].

**NSIP allocation estimated pending final allocation for NSIP funding. Actual allocation may vary based on FY25 Award.

Appendix H – ACL Guidance Mapping



State Plan Key Topic Areas

The State Plan on Aging presents a comprehensive framework aimed at addressing the diverse needs of older adults and their caregivers within the community. Its objectives are aligned with the key topic areas outlined in the federal guidance, including Older Americans Act (OAA) Core Programs, greatest economic need and greatest social need, expanding access to home- and community-based services (HCBS), and caregiving.

State Plans must explicitly incorporate all areas to address in each State Plan key topic area. In developing objectives, consider the role these topic areas serve in optimizing the State's long-term services and supports system (LTSS) for older adults and their caregivers.

Key Topic Area: Older Americans Act Core Programs

OAA core programs are found in Titles III (Supportive Services, Nutrition, Disease Prevention/Health Promotion and Caregiver Programs), VI (Native American Programs), and VII (Elder Rights Programs) and serve as the foundation of the national aging services network. All core programs by each subtitle of Title III and VII must be addressed in the State Plan.

- Coordinating Title III programs with Title VI Native American programs
 - Objective 1.8, Strategy 6
- Addressing malnutrition
 - Objective 1.5, Strategy 1
- Preventing, detecting, assessing, intervening, and/or investigating elder abuse, neglect, and financial exploitation.
 - Objective 4.1, all strategies
 - Objective 4.2, all strategies
 - Objective 4.3, all strategies
 - Objective 4.4, all strategies
 - Objective 4.5, all strategies
- Supporting and enhancing multi-disciplinary responses to elder abuse, neglect and exploitation to involve essential partners across the State including adult protective services, long-term care ombudsman programs, social service providers, health care professionals, financial institutions, and criminal and civil justice system partners
 - Objective 4.5, Strategy 1
- Age and dementia friendly efforts
 - Objective 1.1, all strategies
 - Objective 2.5, Strategy 4
 - Objective 3.3, Strategy 3

- Dissemination of information about State assistive technology entity and access to assistive technology options for serving older individuals
 - Objective 1.3, Strategy 3
- Strengthening and/or expanding Title III & VII services
 - Objective 4.6, all strategies
 - Objective 4.7, all strategies
- Improving coordination between the Senior Community Service Employment Program (SCSEP) and other OAA programs
 - Objective 2.3, Strategy 2
- Integrating core programs with ACL's non formula-based grant programs.

Key Topic Area: Greatest Economic Need and Greatest Social Need

The OAA requires services to be targeted to older individuals and family caregivers with the greatest economic need and greatest social need. The State Plan must address activities to reach those in greatest economic need and greatest social need.

- Targeting services to those that meet the SUA's definitions of greatest economic need and greatest social need, as defined in 45 CFR § 1321.3.
 - Objective 1.2, Strategy 2
 - Objective 1.5, Strategy 3
 - Objective 1.7, Strategy 4
 - Objective 1.8, all strategies
 - Objective 2.1, Strategy 3
 - Objective 2.2, Strategy 1
 - Objective 2.5, Strategy 1
 - Objective 2.5, Strategy 5
 - Objective 4.7, Strategy 6
- Determining services needed and effectiveness of programs, policies and services for older individuals whose needs were the focus of all centers funded under Title IV in fiscal year 2019
 - Objective 3.4, Strategy 1
 - Objective 4.1, Strategy 1
 - Objective 5.2, Strategy 3
- Engagement in outreach with older individuals whose needs were the focus of all centers funded under Title IV in fiscal year 2019
 - Objective 3.4, Strategy 4

- Impacting social determinants of health of older individuals
 - Objective 1.2, all strategies
 - Objective 1.3, Strategy 1
- Ensuring meals can be adjusted for cultural considerations and preferences and providing medically tailored meals to the maximum extent practicable
 - Objective 1.5, Strategy 2
 - Objective 1.5, Strategy 4
- Offering home-delivered meal participants the option to participate in to attend congregate meal sites and other health and wellness activities, as feasible, based on a person-centered approach and local service availability
 - Objective 1.5, Strategy 5
- Serving older adults living with HIV/AIDS
 - Objective 1.2, Strategy 4
 - Objective 1.2, Strategy 5
 - Objective 1.2, Strategy 6
 - Objective 1.2, Strategy 7
- Supporting participant-directed/person-centered planning for older adults and their caregivers across the spectrum of LTSS, including home, community, and institutional settings
 - Objective 3.1, Strategy 2
 - Objective 3.3, Strategy 1
 - Objective 3.3, Strategy 5
 - Objective 4.7, Strategy 7
- Incorporating innovative practices that increased access to services particularly for those with mobility and transportation issues as well as those in rural areas.
 - Objective 1.2, Strategy 1
 - Objective 1.2, Strategy 3
 - Objective 1.3, Strategy 2
 - Objective 1.5, Strategy 5
 - Objective 2.2, Strategy 2
 - Objective 2.4, Strategy 1
 - Objective 3.3, Strategy 2
 - Objective 5.2, Strategy 1
 - Objective 5.2, Strategy 7

- Educating about the prevention of, detection of, and response to negative health effects associated with social isolation
 - Objective 1.3, all strategies
 - Objective 5.4, all strategies

Key Topic Area: Expanding Access to Home- and Community-Based Services

HCBS are fundamental to making it possible for older adults to age in place.

- Securing the opportunity for older individuals to receive managed in- home and community-based long-term care services
 - Objective 1.6, Strategy 1
 - Objective 2.1, Strategy 1
 - Objective 2.1, Strategy 2
- Promoting the development and implementation of a State system of long- term care that is a comprehensive, coordinated system that enables older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of the older individuals and their family caregivers
 - Objective 1.4, all strategies
 - Objective 2.1, Strategy 4
 - Objective 5.3, all strategies
- Ensuring that AAAs will conduct efforts to facilitate the coordination of community-based, long-term care services for older individuals who: reside at home and are at risk of institutionalization because of limitations on their ability to function independently; are patients in hospitals and are at risk of prolonged institutionalization; or are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them
 - Objective 2.1, Strategy 5
 - Objective 2.7, all strategies
 - Objective 5.5, Strategy 2
- Incorporating aging network services with HCBS funded by other entities such as Medicaid.
 - Objective 2.1, Strategy 6
 - Objective 2.1, Strategy 7
 - Objective 2.1, Strategy 8

Key Topic Area: Caregiving

Enhancing services and supports for caregivers.

- Strengthening and supporting the direct care workforce

- Objective 3.1, Strategy 3
- Objective 3.4, all strategies
- Implementing the actions in the National Strategy to Support Family Caregiving that can advance your State's ability to better recognize and support family caregivers
 - Objective 3.1, all strategies
 - Objective 3.3, all strategies
- Coordinating Title III caregiving efforts with the Lifespan Respite Care program.
 - New Jersey was last awarded Lifespan Respite funding in 2011. Regardless, Title III-funded caregiver efforts have coordinated with other State respite efforts, such as the Alzheimer's Adult Day Services Program (AADSP) and the Statewide Respite Care Program (SRCP), in areas such as options counseling and service provision.
- Coordinating with the National Technical Assistance Center on Grandfamilies and Kinship Families.
 - Objective 3.3, Strategy 6

Appendix I – Public Listening Flyer

Are You an Older Adult or a Caregiver to an Older Adult in New Jersey?

Make Your Voice Heard.



AGING SERVICES PLAY A VITAL ROLE IN THE LIVES OF MANY NEW JERSEYANS.

The Department of Human Services' Division of Aging Services will hold a listening session to allow New Jersey residents to provide input into the state's plans for services to older residents and their caregivers for 2025 – 2029. State Units on Aging, including DHS, are required to submit service plans to the U.S. Administration for Community Living every four years. The State Plans on Aging detail service needs, establish priorities, and outline how each state plans to utilize federal Older Americans Act and state funding to accomplish its goals. Anyone interested in aging issues may attend the session.



**WEDNESDAY, FEBRUARY 12th
 2 P.M. to 4 P.M.**

If you would like to watch the session, view it on YouTube at (<https://www.youtube.com/TheNJ DHS>).

Individuals wishing to speak must register. To register to testify, visit <https://bit.ly/DoasListeningSession> or scan the QR code.

Registration is limited and will be closed on **February 10th, 2025**. Testimony is limited to five minutes. Once registered you will be sent an email with information about how to join.

Scan here to register



For more information, or to submit written testimony, email DoAS.StatePlan@dhs.nj.gov.

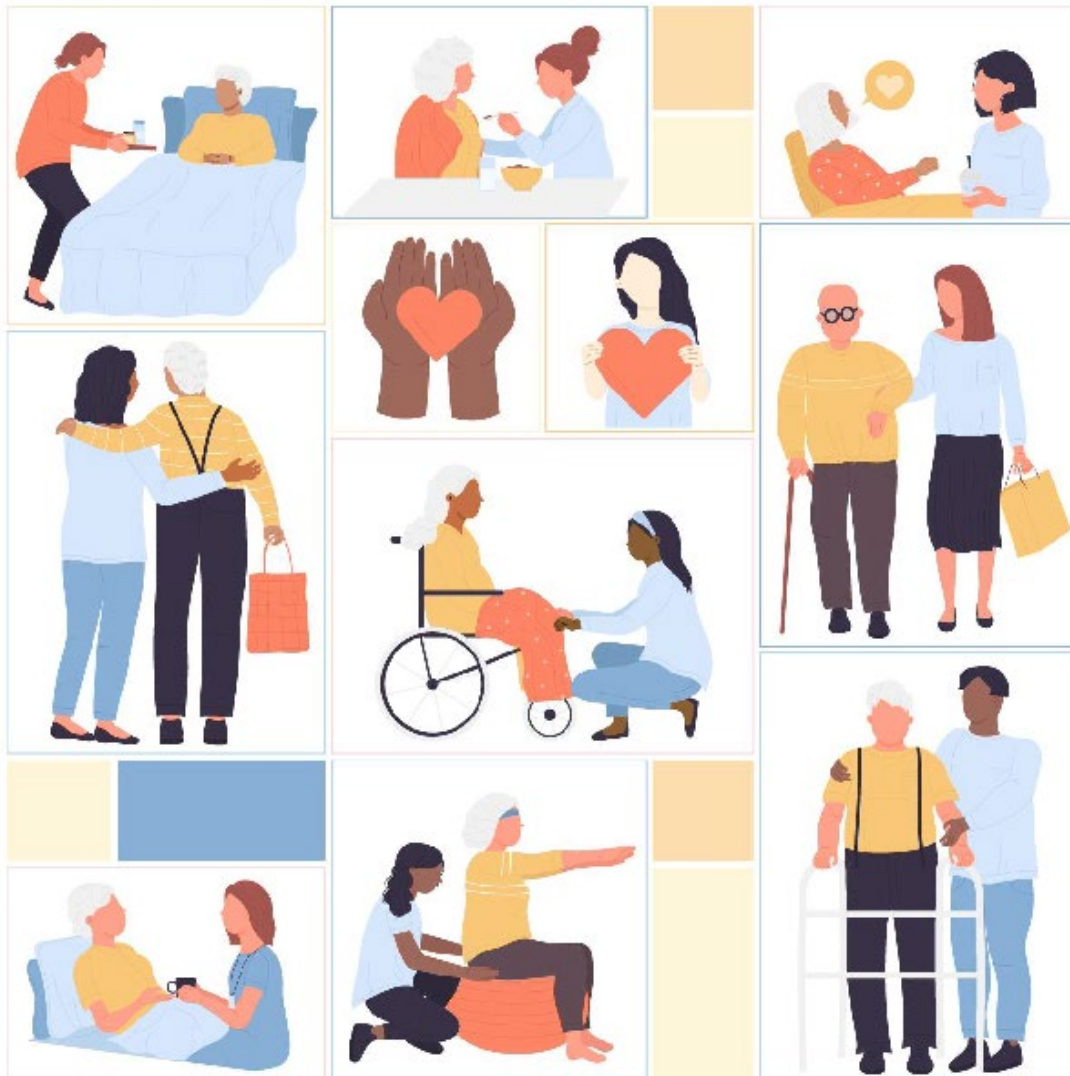


State of New Jersey
 Phil Murphy, Governor
 Tahesha L. Way, Lt. Governor



Department of Human Services
 Sarah Adelman, Commissioner

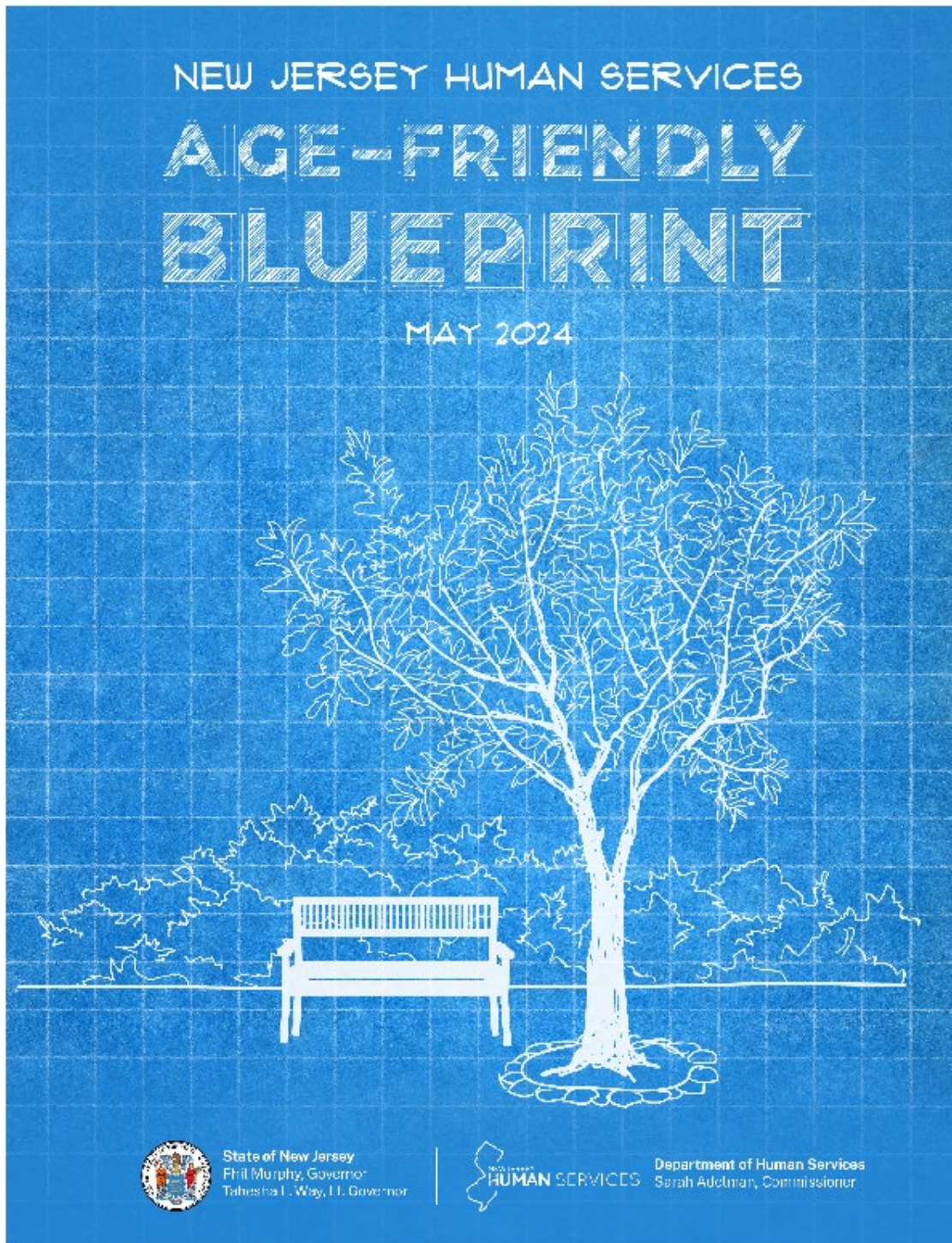
Appendix J – New Jersey Caregiver Task Force Report



NEW JERSEY
Caregiver Task Force Report
2022



Appendix K – Age Friendly Blueprint



Appendix L – DHS Social Isolation Study

NEW JERSEY
Social Isolation Study
April 2023

NJ DHS Office of Research & Evaluation

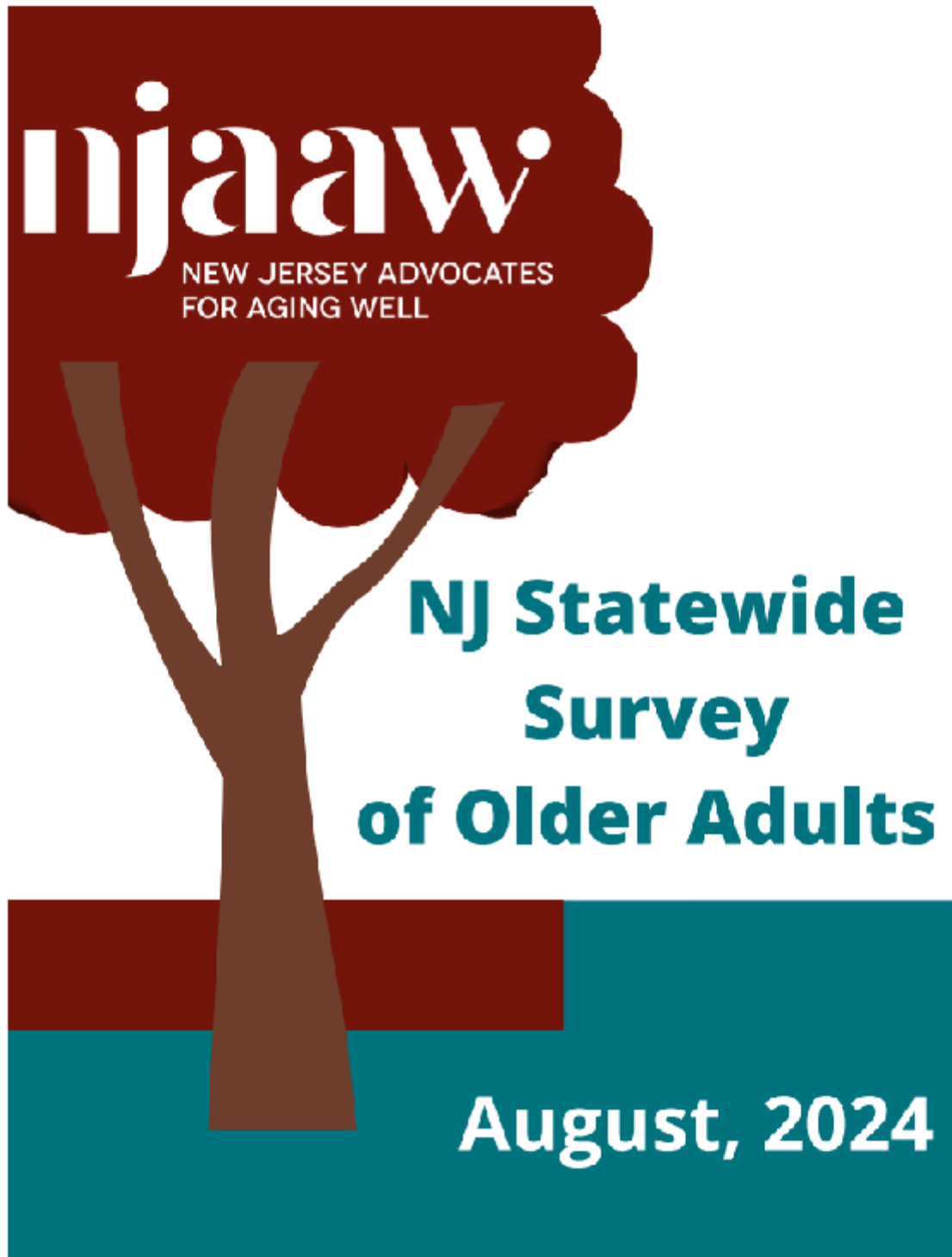


State of New Jersey
Phil Murphy, Governor | Sheila Oliver, Lt. Governor



Department of Human Services
Sarah Adelman, Commissioner

Appendix M – NJAAW Survey



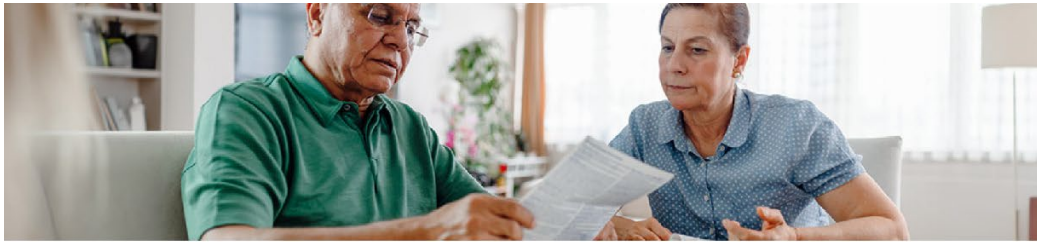
Appendix N – NCI-AD 2023 NJ Results



*National Core Indicators- Aging and Disabilities (NCI-AD)
Adult Consumer Survey State Results*

New Jersey

Appendix O – New Jersey Elder Economic Security Standard Index, 2022



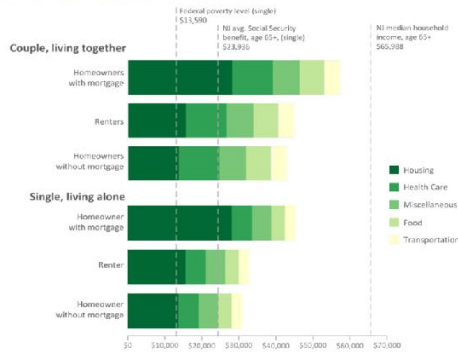
New Jersey Elder Economic Security Standard Index, 2022

"The Elder Index is a measure of the income that older adults need to meet their basic needs and age in place with dignity. The Elder Index is specific to household size, location, housing tenure, and health status"

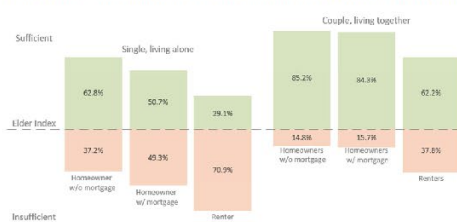
Gerontology Institute, University of Massachusetts Boston



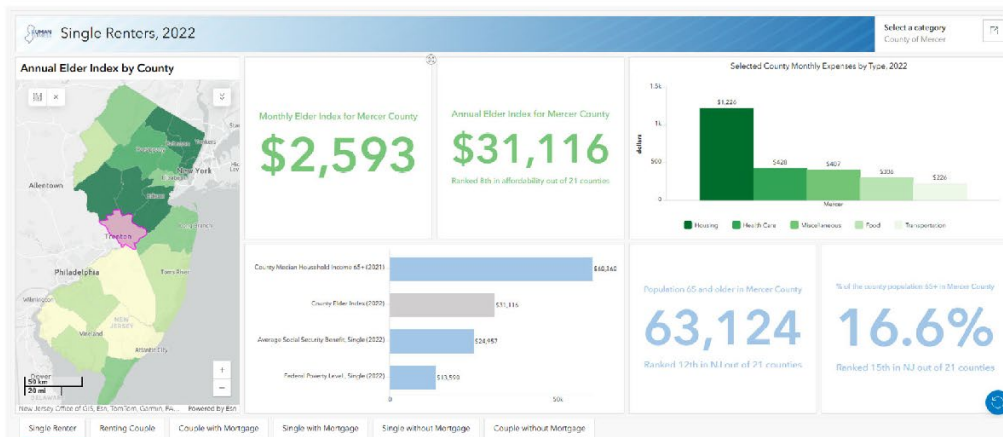
New Jersey Elder Index by Household Type



Retirement Income Sufficiency vs. the Elder Index by Housing Arrangement



"Across all household compositions, 370,571 older adults in New Jersey, or 28.5% of the population age 65 or older across each of the household compositions, fall under the Elder Index income threshold."



Stacey Callahan, Chuck Colvard, Office of Research & Evaluation
 Kathleen McGrath, Division of Aging

Appendix P – NJ DoAS Program Guide

NEW JERSEY HUMAN SERVICES



2025 Program Guide

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

Appendix Q – DHS NJ Resources



NEW JERSEY **HUMAN SERVICES**

New Jersey Resources

2024 First Edition





State of New Jersey

OFFICE OF THE GOVERNOR
P.O. Box 001
TRENTON, NJ 08625-0001

PHILIP D. MURPHY
Governor

June 30, 2025

Kathleen Votava
Aging Services Program Specialist
Interim Regional Administrator to the Assistant Secretary for Aging, Region II
Administration for Community Living
U.S. Department of Health and Human Services
Kathleen.votava@acl.hhs.gov
202-795-7603

Dear Ms. Votava,

I am authorizing NJ Department of Human Services Commissioner Sarah Adelman to sign the Verification of Intent document. The Verification of Intent will be included in New Jersey's State Strategic Plan on Aging, for the period October 1, 2025 through September 30, 2029, when it is submitted to the U.S. Administration for Community Living (ACL) on or before July 1, 2025.

The Department of Human Services (DHS) and its Division of Aging Services (DoAS) has the authority to develop and administer the State Strategic Plan on Aging. The State Plan will include all the assurances and actions to be conducted by the DHS under the provisions of the Older Americans Act in accordance with the federal statutory and regulatory requirements. I have authorized DHS and its Division of Aging Services to proceed with the activities indicated in the State Plan upon approval by the ACL.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in blue ink that reads "Phil Murphy".

Philip D. Murphy
Governor

c: Commissioner Sarah Adelman, New Jersey Department of Human Services