New Hampshire State Plan on Aging

Advancing the state’s efforts in understanding, serving, supporting and celebrating older individuals across the state

October 1, 2019 – September 30, 2023

Bureau of Elderly and Adult Services
NH Department of Health and Human Services
State of New Hampshire
Verification of Intent

The State Plan on Aging is hereby submitted for the State of New Hampshire for the period of October 1, 2019 through September 30, 2023. Included are all assurances and plans to be implemented by the New Hampshire Department of Health and Human Services, Bureau of Elderly and Adult Services (BEAS), under provisions of the Older Americans Act of 1965 as amended. BEAS 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 development of the comprehensive and coordinated services for older people of New Hampshire.

The State Plan on Aging for Federal Fiscal Years 2020 - 2023 hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

__________________________________________  ______________________
Commissioner                                    Date
New Hampshire Department of Health and Human Services

__________________________________________  ______________________
Chair                                            Date
New Hampshire Legislative State Committee on Aging
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Executive Summary

The New Hampshire Bureau of Elderly and Adult Services (BEAS) is designated by the NH Legislature as the State’s Agency on Aging, under the Older American’s Act (OAA) of 1965, as amended. Under these designations, BEAS has the authority to develop and administer the State Plan on Aging (SPOA) in accordance with all requirements of the OAA.

BEAS operates under the umbrella of the NH Department of Health and Human services (DHHS), whose mission is “to join communities and families in providing opportunities for citizens to achieve health and independence.” Aligned with this mission, BEAS is responsible for the development of comprehensive and coordinated services for older adults, ages 60 and older, and disabled adults between the ages of 18-59.

BEAS works with federal, state and local agencies, service providers, the private, volunteer and business sectors and constituent groups to collectively plan and coordinate a person-centered service delivery system. The Bureau contracts and partners with these entities to develop, coordinate and deliver services to eligible older adults and adults with disabilities.

The population of older people in NH is growing and changing rapidly. The aging service delivery system across NH is working hard to respond and plan for these changes. By the year 2030, it is estimated that over one-third of NH’s population will be over 65 years of age. The increasing number and percentage of older people in the State presents significant challenges and opportunities for State leadership, service providers, community organizers and the aging population to come together around these issues. The 2019 NH Healthy Aging Data Report offers opportunities to support these efforts by providing comprehensive data on healthy aging for all NH communities. Each community profile contains more than 166 health indicators, including health, wellness, access to care, nutrition, chronic disease trends and patterns, behavioral health, safety and transportation.

One of the many ways that NH is serving and supporting older adults is through the SPOA. The SPOA is developed every four years, and is a federal requirement under the OAA. In order for NH to receive OAA funds to serve and support older people across the State, BEAS must complete a SPOA, which includes program overviews, public input, federal assurances, state planning reports, goals and objectives, and a proposed annual budget for each of the four years. It is a plan to guide how the State of NH will deliver the core foundation OAA programs to older individuals.

To begin this ten-month planning process, BEAS invited leaders from the aging network to come together and serve on a SPOA Planning Committee. The SPOA Committee represents a diverse group of statewide leaders whose goal is to “develop a four-year plan that helps to guide our state’s efforts in understanding, serving, supporting and celebrating older adults across the state”.

The SPOA Committee worked closely with the BEAS Executive Team and NH Legislative State Committee on Aging (SCOA) on the development of a 29 question survey, and the coordination of 15 listening sessions. This outreach campaign engaged over 3,500 individuals from the aging community - an amazing participation count from older adults across New Hampshire – all helping to inform the development of the SPOA.

With funding support from the NH Department of Transportation, the Southern NH Planning Commission analyzed the surveys. The feedback garnered from the listening sessions was summarized by the UNH Institute on Disability and Center on Aging and Community Living. This SPOA Survey and Listening Session Analyses provided critical information from NH’s aging population that was used to guide the development of this State Plan. BEAS also
encourages service providers and community agencies to use this information in their own local efforts to better understand, serve, support and celebrate aging efforts in NH. The complete analyses can be found in the SPOA Appendix, #4.

The four-year SPOA period is October 1, 2019 through September 30, 2023, and represents an annual budget of approximately $23 million in support of hundreds of programs that deliver services and supports to tens of thousands of older people, families and caregivers across the Granite State.

Since the writing of the last SPOA in the spring of 2015, much collaboration and work has been accomplished; all in support of serving and supporting aging efforts in NH.

- NH DHHS established the Division of Long Term Supports and Services (DLTSS) in 2017, aligning bureaus from Elderly and Adult Services, Developmental Services, Special Medical Services, and Community Based Military Programs. This alignment provides opportunities to strengthen access, streamline efforts, and provide comprehensive and coordinated services throughout a person’s life.

- NH has a robust network of community based organizations that integrate their efforts on the community level. These organizations bring tremendous strengths, resources and experience to bear on the growing issues presented by our aging population.

- A BEAS “continued” priority is to ensure that the state’s delivery system for long term services and supports has the capacity and flexibility to meet the needs of older people, their families, and caregivers. BEAS is making continuous progress, while working to keep pace with effective approaches that align with quality, comprehensive, holistic, integrated, and cost-effective services for older people and people with disabilities.

- Through a collective effort, the NH Endowment for Health created the NH Alliance for Healthy Agency (AHA), an effort of more than 350 stakeholders across the Granite State to develop and implement creative strategies to advance important policies related to healthy aging. BEAS staff regularly participate in working groups to support the important work of AHA activities.

- The Tri-State Learning Collaborative on Aging (TSLC) also emerged from this collective effort, creating a partnership with Maine and Vermont to support, strengthen and cultivate age-friendly communities across New England. Staff from BEAS actively participate on the Advisory Committee for the TSLC.

- The NH Legislature has proposed the establishment of a Commission on Aging (COA) in 2019, which (if passed) would replace and transform the State Committee on Aging. The COA would build on the 30-year history of SCOA in advocating for solutions for older adults, while expanding its outreach beyond DHHS. The possible creation of COA represents an unprecedented opportunity to inform and elevate aging efforts in NH. The Commission would include older adult representation from NH’s ten counties, representation from DHHS and other State agencies, and would report directly to the Governor’s Office, thus providing a stronger voice for older people in NH. Per legislation, the COA would also assist in the implementation of the SPOA.

  BEAS would like to acknowledge SCOA for their advocacy and support to older adults over the last 30 years and applaud their leadership, collaboration and positive spirit in helping to move this work forward.

- NH was awarded a 2019 No Wrong Door Business Case grant to support NHCarePath’s continued integration of services, to include a focus on data identification, collection and method development. Partners will collaborate with the federal Administration for Community Living (ACL), bringing greater attention on enhancing evidence-
informed care transitions from hospitals, strengthening supports to the NH veterans, and ensuring a workforce that focuses on person centered thinking and practices.

As BEAS works to strengthen leadership, partnerships, and service delivery, there is recognition that some State policies and cultural ideas about aging are dated within NH’s State structure. It is also important to note that the funding received from ACL has not kept pace with the significant older adult population shifts taking place in NH and across the country. The lack of needed funding is creating significant challenges and barriers for BEAS, service providers and community organizations in providing needed services and supports for NH’s aging population. As we move forward, BEAS looks forward to partnering with NH and federal leadership in tackling these issues.

Despite funding challenges, BEAS, service providers and community organizations are working hard to continue to provide the core foundation programs of the OAA to older people, their families and caregivers. These core programs, along with the goals established in this SPOA, will address the following outcomes:

- Older people and their family members looking for long-term supports and services will be able to access help, guidance, support and choice.
- Older people, caregivers and families will have access to person-centered care and planning regardless of where they access the service system.
- Family caregivers of older people will be informed, and have the supports they need.
- Older people will have reduced risk of abuse, neglect or exploitation, and live in safety and dignity.
- Older people will have greater resources and supports to reduce the risk of loneliness and isolation.
- Older people will be educated and informed regarding Medicare and its options, helping to reduce fraud, errors and abuse.
- Older people, caregivers and families will be better educated and informed regarding emergency preparedness and planning.
- Services and supports for older people, caregivers and families will be inclusive of all diverse populations, and will serve all populations with respect and dignity.

To support these outcomes, BEAS, in partnership with the NH State Plan on Aging Planning Committee, NH Legislative State Committee on Aging, and ACL, has identified the following “sustainment and improvement” goals:

1. Support older people to stay active and healthy;
2. Promote person centered thinking and practices;
3. Ensure the rights, safety, independence and dignity of older people and prevent their abuse, neglect and exploitation; and

BEAS is honored and pleased to present the 2020 – 2023 State Plan on Aging. This State Plan on Aging addresses the opportunity to align, change and strengthen the work of BEAS within the aging service delivery system across the State, as well as the opportunity to transform how we work with and collaborate with others. This State Plan will serve as a roadmap to address BEAS’ continuing planning efforts and strategies to further advance NH’s system of community based long-term care services.
New Hampshire’s Changing Demographics

NH is now ranked as one of the fastest growing oldest states in the country. According to the NH Center for Public Policy Studies, the largest impact on NH is anticipated to occur after 2020, when the estimated number of older adults will rise from 106,086 to 247,740, and NH’s northern and rural counties are projected to experience the highest growth percentages. At a time when the State is experiencing significant growth in its aging population, NH is especially challenged in keeping pace with the demand for a strong workforce, and increased funding to meet their needs.

Across the States 2018: Profile of Long-Term Services and Supports in New Hampshire

![Projected Population Growth in New Hampshire, by Age Group, 2015-2050](image)

In its May 2015 report, *NH’s Foreign-Born Population*, the NH Center for Public Policy Studies estimated that NH had approximately 75,000 foreign born residents out of the state’s 1.3 million residents. NH’s foreign-born residents are concentrated in the Manchester and the Greater Nashua urban areas, with smaller numbers resettled in the more rural areas of the Lakes Region, North Country and Seacoast.

BEAS partnered with several organizations to ensure we reached NH’s diverse aging population in the development of the State Plan on Aging (SPOA). The NH DHHS Office of Health Equity (OHE) translated the 2019 SPOA Survey into 10 different languages, including: English, Spanish, French, Greek, Vietnamese, Nepali, Kinyarwanda, Swahili, Arabic and Portuguese. BEAS also worked closely with OHE to ensure that survey responses received from the refugee population were translated and incorporated into the overall survey results.

In the DHHS District Offices that serve the largest number of clients who do not speak English as a first language, interpreters have regular office hours to assist individuals in applying for services. In addition, DHHS contracts for foreign language interpreters for oral interpretation and/or sign language interpretation.

The American Civil Liberties Union of New Hampshire supported the SPOA by coordinating and facilitating two (of the 15) SPOA Listening Sessions, focusing on the LGBTQ population. The feedback at these two LGBTQ Listening Sessions were similar to the overall themes shared throughout this SPOA. *A Practical Guide for Expanding the Inclusion of LGBT Older Adults* can be found in SPOA Appendix, #8.
As the percentage of older adults continues to increase in NH, workforce challenges continue to increase as well. Locally based agencies who contract with BEAS have been significantly impacted by these challenges, and the need to balance the workforce shortages with the increased demand and need for services. BEAS worked with service providers to increase the rates for services such as personal care, nursing, homemaking, and adult daycare to improve capacity for these agencies to serve the most vulnerable older people in the state. BEAS also recognizes that additional funding and resource supports are needed to sustain and recruit a strong workforce, and welcomes opportunities to collaborate with others in addressing these challenges.

**New Hampshire Healthy Aging Data Report 2019**

*WHERE YOU LIVE MATTERS*

About 37% of NH’s population lives in rural areas. Older people in rural areas often have greater needs – and less access to the services needed to diagnose, treat acute illness and manage chronic disease.

- **Cites had the:**
  - lowest disability rates
  - highest serious & complex chronic disease rates

- **Towns had the:**
  - lowest serious & complex chronic disease rates
  - highest disability rates

- **Rural communities had the:**
  - lowest indolent chronic conditions rates (which progress slowly and cause little pain)
  - high serious & complex chronic disease rates

The NH Healthy Aging Data Report 2019 is a comprehensive examination of the health of older people in NH, with detailed profiles for 244 cities and towns, plus maps to understand healthy aging trends and disparities throughout the state. NH has a growing population of older people. Over 20% of the state is 60 or older. How we age is influenced by where we live, how we work, the health care we receive, and our experiences of daily living. NH is the 3rd healthiest state for older people in the country—but not for everyone. There are disparities by zip code and gender. All Granite Staters should have the opportunity to access a wide range of choices to promote good health, dignity and independence as we age. This report provides information to assist cities and towns in making positive changes to adjust to the changing demographics. The data in this report can also inform community and state-level decisions about economic development, public health, housing development and transportation. Launched in April of 2019, the NH Healthy Aging Data Report will help BEAS to advance its goals, objectives and strategies as it plans for an aging population. For more information on the *NH Healthy Aging Data Report 2019*, please see SPOA Appendix, #8.
BEAS Organizational Structure and Service Delivery

The Bureau of Elderly and Adult Services (BEAS), NH Department of Health and Human Services (DHHS)

In 2017, the Department began a reorganization effort by establishing three appointed Associate Commissioner positions (Human Services & Behavioral Health; Operations; and Population Health) to lead the effort to integrate programs and services across the DHHS system. This was followed by the establishment of a Division structure to facilitate the integration and coordination of allied services and programs.

The Division of Long Term Supports and Services (DLTSS) was established in the fall of 2017 and aligns a number of services and programs with shared goals of enhancing and integrating the services available to older people and others. These realigned programs include:

- Bureau of Elderly & Adult Services,
- Bureau of Developmental Services,
- Bureau of Special Medical Services, and
- Bureau of Community Based Military Programs.

BEAS’ Central Office is located in the DHHS Central Administration building in Concord. The Central Office is responsible for administrative functions, program and policy development, contract development and monitoring, budget development and financial planning.

As the designated State Agency on Aging, BEAS works with federal, state and local agencies, service providers, the private, volunteer and business sectors and constituent groups to collectively plan and coordinate a person-centered service delivery system. BEAS contracts with a variety of service providers and vendors to develop, coordinate and deliver services to eligible older adults and adults with disabilities. The programs and initiatives described below constitute an integrated and collaborative framework for community based services in NH.

The ServiceLink Aging and Disability Resource Center - is a program of BEAS at the NH DHHS. Known throughout the community as the ServiceLink Network, there is a ServiceLink program in each of NH’s ten counties, covering the state, for a total of 13 offices. Each ServiceLink is a fully functioning Aging and Disability Resource Center (ADRC) and serves as a BEAS/DHHS No Wrong Door full service access partner, known as NHCarePath. ServiceLink, in partnership with NHCarePath, helps individuals access and make connections to long-term services and supports, access family caregiver information and supports, explore options, and understand and access Medicare and Medicaid. ServiceLink also administers programs and services such as Information Referral and Assistance, Options Counseling, NH Family Caregiver Program, State Health Insurance Assistance Program (SHIP), and Senior Medicare Patrol (SMP).

NHCarePath – builds on the ServiceLink functions, while serving as the state’s full service access partner. NHCarePath integrates locally based community partners to work collaboratively to ensure individuals receive guidance, support, and choice, and to ensure a consistent experience for individuals seeking assistance. Multiple statewide partners work together as part of NHCarePath, including the NH DHHS, ServiceLink Network, Area Agencies offering developmental services, and Community Mental Health Centers.

Adult Protective Services (APS) - provides social work assessments, case management services and investigations of alleged abuse, neglect, self-neglect, and/or exploitation of a vulnerable adult, or perpetrator based abuse under
the NH Protective Services Adult Law, RSA 161-F:42. These services are provided by a professional staff of over 40 employees in a Central Intake Unit, State Registry Unit, and eleven District Offices statewide.

**The Office of the Long-Term Care Ombudsman (OLTCO)** - represents the interests and concerns of older adults residing in NH’s long term care facilities; and represents and advocates on their behalf. OLTCO is administratively attached to BEAS, but is programmatically independent of it and mandated by both State law (RSA 161-F: 10-19) and federal law (42 U.S.C. 3058g).

**Long Term Care Policy** - supports the DLTSS in overseeing the development and implementation of long term services and supports (LTSS) programming, policies, and procedures in part, related to OAA funding, Medicaid funded LTSS, and other public funds directed to DLTSS. Long Term Care Policy monitors operational activities, funding and partnership opportunities that support and inform improvements and future planning efforts.

**Long Term Care Medical Eligibility** – is responsible for determining clinical eligibility for Medicaid-funded nursing home care, and home and community-based services provided through the 1915(c) Home and Community Based Choices for Independence (CFI) Waiver. BEAS and the Bureau of Family Assistance have an integrated team that processes and administers the Medicaid Long-Term Care (LTC) eligibility and services.

**Information Technology (IT)** - The Options information system is utilized by over 240 users, and manages BEAS social worker caseload, the Adult Protection Program and State Registry. Social Service authorizations and provider payments related to the Social Services Block Grant and Older Americans Act services are processed in Options. Client case information and service authorizations for the Medicaid Choice for Independence waiver are managed in DHHS’ New Heights System, and supported by IT staff.

**Independent Providers, Partners and/or Contractors** - BEAS partners with independent service providers in providing a variety of community and long-term supports to adults ages 60 and older and to adults with disabilities between the ages of 18 and 59. The delivery of these services are provided through contracts with locally based agencies, vendors, and Medicaid enrolled providers.

As the designated State Agency on Aging, BEAS works with federal, state and local agencies, service providers, the private, volunteer and business sectors and community groups to collectively plan and coordinate a person-centered service delivery system. The small size of the state provides opportunities to facilitate working relationships and partnerships.

**NH Legislative State Committee on Aging (SCOA)** - serves as an 18-person advisory group of older adult advocates that was established in 1989. The scope of SCOA is mandated in NH RSA Chapter 161-F: 7, and is responsible for advising the DHHS Commissioner and BEAS in addressing the needs and concerns of older adults. SCOA includes older adult representation from each of the 10 counties in NH, and has been instrumental in providing leadership and support of the SPOA over many years. As stated in the SPOA Executive Summary, the NH Legislature has proposed the establishment of a Commission on Aging (COA) in 2019, which (if passed) would replace and transform the State Committee on Aging.
Bureau of Elderly and Adult Services
Organizational Structure and Service Delivery

Bureau Chief BEAS

- Information System
- State Contract
- BEAS Central Offices Staff
- State & Federal Statutes and Regulations
- Adult Protective Services

Regional District Offices

- Contract Development, Management and Monitoring
- Oversight/Quality Reviews and Program Coordination
- Office of Long-Term Care Ombudsman (administratively attached)
- Facilitation of Statewide & Regional Provider Technical Assistance
- Grant Management
- Medical Eligibility Determination for Choices for Independence and Nursing Home Care

Independent Providers, Partners and/or Contractors

- Options
- New Heights LTSS
- Supports & Provider

Vendor Contracts

- Options
- New Heights LTSS
- Supports & Provider

Medicaid LTSS Providers

- Aging & Disability Resource Centers—The ServiceLink Network
- Adult Day Programs
- Adult Protective Services
- Emergency Planning & Preparedness
- Family Caregiver Program
  - Alzheimer's Disease & Related Disorders
  - Grandparents Raising Grandchildren
  - Veterans Directed Services
- Home Health Services
- Legal Assistance
- Medicaid Funded Long-Term Services & Supports
- Medicaid Long-Term Supports & Services
  - Choices for Independence
  - Nursing Home Rate Setting
- Medicare Programs (ACL Discretionary Grants)
  - Medicare for Patients & Providers Act (MIPPA)
  - Senior Medicare Patrol (SMP) Program
  - State Health Insurance Assistance (SHIP) Program
- NHCarePath
- Nutrition: Congregate & Home-Delivered Meals
- Prevention & Wellness Programs
  - Chronic Disease Self-Management Program; Oral Health
  - Referral, Education, Assistance & Prevention (REAP)
- Supporting Individuals with Developmental Disabilities
- Transportation
Programs and Services

Needs Assessment, Public Input & Identification of Goals

The NH Bureau of Elderly and Adult Services (BEAS) provides a variety of community and long-term supports to adults ages 60 and older, and to adults with disabilities between the ages of 18 and 59. A brief overview of the many Older Americans Act core programs provided by BEAS can be found in this SPOA, Appendix #3.

In addition to the core programs provided by BEAS and their partners, BEAS will also address “sustainment and improvement” goals throughout this State Plan. These goals were developed by BEAS, with guidance from the NH State Plan on Aging Planning Committee, and the NH Legislative Committee on Aging. These goals are informed by over 3,500 individuals from NH’s aging community, provided through the 2019 SPOA Survey and Listening Sessions. Please see the SPOA Survey and Listening Session Summary found in the SPOA, Appendix, #4.

The overarching SPOA sustainment and improvement goals include:

1. Support older people to stay active and healthy;
2. Promote person centered thinking and practices;
3. Ensure the rights, safety, independence and dignity of older people and prevent their abuse, neglect and exploitation; and

GOAL #1 – Support older people to stay active and healthy

BEAS recognizes that in order to support older people to stay active and healthy, older adults need to be able to understand the different service programs available in NH and be able to access these services. Accessing services was identified as a significant need of older adults throughout the SPOA Survey and Listening Sessions. Numerous challenges exist for the aging community in accessing the services they need, as identified in the below graph from SPOA Survey Question #11. BEAS will work to improve access through SPOA Goal #1, Objective 1.1 – promoting greater awareness and understanding of services and programs across the state.

![Bar chart showing reasons for not accessing needed services](chart.png)
Nutrition - Congregate Meals and Home-Delivered Meals
Congregate and home-delivered meals are a core program of the OAA, and provide critical nutrition services and social supports to older adults in NH. Through a statewide network of delivery systems, meals are delivered to over 14,000 homes in the state each year, totaling 1.2 million home-delivered meals.

The role of the driver is critical, and the daily driver “check-ins” provide essential human contact for individuals who otherwise might not see another person all day. These “check-ins” also help to identify suspected elder abuse and self-neglect, share community resources, and refer individuals to additional supports as needed.

The NH Coalition of Aging Services (NHCAS) representing seven (out of the 10) counties in NH, conducted a 2018 survey reaching 1,500 recipients of home-delivered meals. NHCAS survey results are below:

- 51% report that they are able to continue to live in their home because of home-delivered meals,
- 19% report that they do not have any visitors, other than the meal delivery person,
- 66% report that they do not consistently have enough money to buy the food they need, and,
- 64% report that they eat a healthier variety of foods because of the home-delivered meal.

BEAS, NHCAS and other partners look forward to cross collaborating on the results and opportunities identified in both the BEAS and NHCAS surveys, to support efforts in expanding and strengthening outreach efforts to increase meal participation. Please see SPOA Goal #1, Objective 1.2 - strengthening food security and social supports for older adults through home-delivered meals and congregate meals.

The ServiceLink Aging and Disability Resource Center (ADRC)
ServiceLink is a program of BEAS and has a functioning Aging and Disability Resource Center in 13 offices across NH. In partnering with NHCarePath/NWD partners and community organizations, ServiceLink provides guidance, support and choice for individuals of all ages, income levels and abilities. Some of their key programs include:

- Information, Referral and Assistance,
- NH Family Caregiver Program,
- Person Centered Options Counseling,
- Outreach and Education,
- State Health Insurance Assistance Program (SHIP);
- Senior Medicare Patrol (SMP);
- Full Service Access Partner for DHHS’s No Wrong Door System also known as NHCarePath,
- Streamlined access to publically funded programs,
- Assistive Technology – equipment, demonstrations and loans, and
- Veterans Directed Care Program

In the SPOA Survey, 2,734 individuals answered survey question #13: Are you aware of ServiceLink? Of these respondents, 49.8% indicated they have heard of ServiceLink, 42.9% indicated they have not heard of ServiceLink, and 7.7% were not sure. Survey respondents also indicated that they contact ServiceLink for a number of services and supports, including (in order of assistance): Medicare Benefits, Medicaid Information and Supports, Caregiving Help, In-Home Supports and Services, Service Coordination, Disability Related Resources, Housing Assistance, Food Assistance, Financial Supports and Veteran benefits.

ServiceLink staff and volunteers attended the majority of the SPOA Listening Sessions, and were recognized as a trusted partner and resource to older adults across the state. A 2018 NH AARP survey also highlighted ServiceLink’s role as an important resource. With that said, 42.9% of SPOA survey respondents have not heard of ServiceLink.
BEAS recognizes the challenges and opportunities to increase access to OAA services and supports through greater understanding, awareness and promotion of ServiceLink. See SPOA Goal #1, Objective 1.1 – promoting greater awareness and understanding of services and programs across the state.

**No Wrong Door (NWD) System Business Case Grant**
For nearly two decades, the New Hampshire Department of Health and Human Services (NH DHHS) has partnered with the Administration for Community Living (ACL), Centers for Medicare and Medicaid Services (CMS), and the Veterans Health Administration (VHA) to create an efficient and person-centered service delivery system through streamlined access to services in the community for all populations. BEAS's ADRC Model has been considered a sustained, high functioning statewide model for nearly a decade. The national Long-Term Services and Supports (LTSS) Scorecard ([www.longtermscorecard.org/databystate/state?state=NH](http://www.longtermscorecard.org/databystate/state?state=NH)) ranks the State of New Hampshire second in the nation for Aging and Disability Resource Center (ADRC)/No Wrong Door (NWD) functions. The NWD System of Access for LTSS in New Hampshire is branded as NHCarePath. NHCarePath epitomizes the ongoing growth and improvements that partners across the LTSS system can achieve while being flexible around changing environments and opportunities. This funding opportunity, NWD System Business Case Development, will leverage the shared experience of NH’s ’s NWD system development with that of other high performing states and our federal partners, focusing on data identification and collection to support methods for calculating the value and cost-savings of person-centered options counseling.

**High Level Objectives:**
- Development of outcome measures of the ServiceLink and No Wrong Door system.
- Outcome measures developed will quantify how these programs save money by preventing costlier interventions. Studies show, when individuals understand all their options, they choose less costly care.
- Enhancing care transitions programs, Veterans Administration partnerships, and certification of person-centered options counselors, which assist people to stay at home, for as long as they can.

**Key Partners include:**
- ServiceLink;
- NHCarePath Partners: Community Mental Health Centers, Area Agencies for Developmental Disabilities, and DHHS, Bureau of Family Assistance;
- Manchester VA Medical Center and White River Junction VA Medical Center;
- UNH Center on Aging and Community Living; and
- DHHS, Office of Medicaid.

**Budget Year 1 of 2: 9/1/18 to 8/31/2019:**
- $20,425 Supplies
- $7,072 Travel
- $5,484 Other
- $520,942 Contractual
- $553,923 Total

This grant supports BEAS in establishing a foundation to advance outcome measures in improving access to long term services and supports for ServiceLink and NHCarePath by focusing on both quantitative and qualitative measures. BEAS efforts will strengthen efforts beyond ServiceLink, and begin quantifying measurable outcomes (of the NWD system) by testing the efficacy of providing information earlier in a person’s life, prior to a crisis situation,
resulting in lower Medicaid cost services. Building capacity for outcome measurement and data collection methods is essential, and BEAS is now in a position to address this important next step. In collaboration with other partners, BEAS is committed to ensuring that the outcomes of this grant opportunity are baked into the service delivery system for LTSS.

BEAS will support service delivery across the NWD system, by producing value based outcome measures, and sharing data across individual, program, and organizational levels. See SPOA Goal #1, Objective 1.3 – supporting the work of the No Wrong Door (NWD) System Business Case Grant to strengthen integration and outcomes in providing guidance and support to older adults in NH. The NWD System Business Case Grant Work Plan can be found in SPOA, Appendix #7.

**Medicare Programs**

BEAS receives discretionary grants from ACL for the provision of the NH State Health Insurance Assistance Program (SHIP), the Senior Medicare Patrol (SMP) Program, and the Medicare for Patients and Providers Act (MIPPA). These critical programs are delivered through the ServiceLink Network and are guided and monitored by BEAS. ServiceLink staff members receive extensive and ongoing training in order to serve as SHIP, SMP and MIPPA counselors.

SHIP counselors provide information, education, counseling and assistance on health insurance coverage for Medicare, including Medicare coverage, prescription drug benefit, supplemental plans, and Medicare Advantage Plans. In 2018, SHIP counselors worked with over 10,000 individual Medicare beneficiaries in their home or at a ServiceLink office, and provided over 800 outreach events around the State. These outreach events included Medicare workshops, enrollment events, brochure distribution, print advertising, cable TV messaging, and wellness fairs with education and assistance provided to an estimated 247,000 individuals.

According to the SPOA survey respondents who access ServiceLink, Medicare benefits is the #1 program accessed through ServiceLink offices, at 19%. BEAS will work with Medicare staff and volunteers embedded within the ServiceLink offices to expand and strengthen Medicare education, training and outreach. See SPOA Goal #1, Objective 1.4 – promoting greater understanding of Medicare and its programs.

**Alzheimer’s Disease and Related Disorders (ADRD) Respite Program**

Approximately 25,000 individuals are living with ADRD in NH. The ADRD Respite Program is an integral part of the caregiver support services structure in NH, and is a legislatively-mandated and state general-funded program for caregivers of individuals with ADRD. By embedding the ADRD Respite Program and NH Family Caregiver Support Program in the ServiceLink Network, caregivers have access to the same counseling and support services. However, when respite funds are needed, ServiceLink can authorize utilization of the funding stream that is appropriate for the caregiver’s situation. Through this program, BEAS serves an average of 280 people per year.

At several SPOA Listening Sessions, concerns were shared regarding the need to strengthen education and resources for healthcare professionals, family members and the general public regarding Alzheimer’s Disease. Staff from the Alzheimer’s Association attended many of the SPOA Listening Sessions, and are working with BEAS to increase and strengthen education and outreach. See SPOA Goal #1, Objective 1.5 – promoting greater awareness and education of Alzheimer’s disease, including the promotion of the Alzheimer’s Disease and Related Dementia (ADRC) Respite Grant.

**The Chronic Disease Self-Management Programs (CDSMP) and Health Aging Partnerships**

The most common reported chronic disease conditions in NH include: hypertension, arthritis, diabetes, depression and anxiety, and asthma. The CDSMP and Powerful Tools for Caregivers Evidence-Based Programs are providing
training, education and resources through a coordinated partnership between BEAS, ServiceLink, NH DHHS Division of Public Health Services, Northern and Southern Area Health Education Centers, Dartmouth, Senior Centers, hospital community health programs and Master trainers. This evidence based program partnership supports the training of new leaders, program stipends, and participant recruitment, as well as data collection and analysis. Over the last decade, CDSMP has significantly increased its training and outreach, and in 2018, BEAS expanded the program to address the substance abuse crisis in the State. As of early 2019, NH has 10 trained CPSMP leaders in the state. **BEAS will continue to collaborate with CDSMP partners and will focus on this work through SPOA Goal #1, Objective 1.7 – promoting self-management of chronic disease and falls prevention.**

**Falls Prevention**

BEAS is also member of the DPHS Falls Risk/Injury Reduction Task Force, which collaborates with the Dartmouth Center for Injury Prevention, hospital community health programs and senior centers to support a variety of evidence-based falls prevention programs focused on balance, strength training and awareness. In the SPOA Survey, Question #13, respondents identified concerns for their safety. Of the 2,718 individuals who responded, the top three “concerns for safety” included: 1) fear of health failing; 2) fear of falling; and 3) worries concerning the safety of their neighborhood. **BEAS is addressing this concern in SPOA Goal #1, Objective 1.7 – promoting self-management of chronic disease and falls prevention.**

**GOAL #2 - Promote person centered thinking and practices**

**A Person Centered Approach**

BEAS is committed to a person-centered approach, and putting people in the center of their own healthcare. A person centered approach means that people’s values and preferences are obtained to guide all aspects of their healthcare.

BEAS has embedded person-centered planning and practices in its contracts, rules, policies, performance measures and outcomes. NH’s approach to person centered care focuses on choice and rights, maximizing the independence, dignity, and quality of life of the individual receiving care. BEAS, ServiceLink, key partners and service providers have embedded person centered thinking and practices in their service planning and delivery. In its adoption of Administrative rules, He-E 502 (Title III) and He-E 501 (Title XX) contain specific requirements for person centered service planning.

During on-site quality reviews and through ongoing communication, BEAS provides guidance and technical assistance to service providers to inform and support their incorporation of a person-centered philosophy and approach to service provision. Person-centered planning is also incorporated into the Medical Eligibility Assessment instrument that is used in determining medical eligibility for Medicaid Long-Term Care Services and the CFI development of a participant’s comprehensive service plan.

These efforts, and the efforts planned as part of the NWD System Business Case grant, aim to strengthen the person-centered delivery system through streamlined access to services in the community for all populations. Older adults, persons of all ages with intellectual, physical, and developmental disabilities, veterans, and family caregivers will have an opportunity to learn about and access LTSS that best meet their individual needs. The person-centered approach to LTSS will result in individuals receiving the assistance needed to remain in their homes and communities as long as possible, while keeping institutional services available only when they are needed.
As BEAS continues to collaborate with all bureaus within the Division of Long Term Care Services and Supports, and focuses on greater collaboration with service providers and community organizations, it is critical that NH’s healthcare delivery system define, practice and promote person centered care in the same way. While person-centered thinking and practices continue to gain greater attention throughout the NH healthcare workforce, there are often differences in how healthcare professionals and the community define, communicate and promote person centered care. Organizational changes within State structure, healthcare workforce turnover, and new alignments across healthcare delivery systems can also contribute to a lack of cohesiveness in person centered care and planning.

BEAS will work with community providers on providing a consistent and cohesive definition, promotion and practice of person centered care throughout the planning and service delivery process to ensure a more successful outcome for individuals served. This will include a wide array of planning, outreach and collaborative initiatives. Please see SPOA Goal #2, Objectives 2.1, 2.2 & 2.4

NH Family Caregiver Support Program (NHFCSP)
NH has an estimated 170,000 caregivers, and the NHFCSP serves about 500 of these caregivers each year. NHFCSP is embedded in the ServiceLink Network, and the majority of long-term care in the home is provided by family caregivers. NH has made significant investments to develop and expand a coordinated infrastructure to support these 500 family caregivers by providing information, tools, training, resources and funding support.

Another component of the program is supporting grandparents who are raising their grandchildren. As of 2016, an estimated 8,000 grandparents were raising their grandchildren in NH. The ServiceLink Network assists grand-families with resources, counseling, respite, supplemental funding and other supports to keep their families safe and healthy. Over the years, this program has seen significant growth – starting with 5 grand families in 2014 to over 40 grand-families in 2018.

The importance of caregiver support was highlighted in the SPOA Survey and Listening Sessions. Of the 2,657 individuals who responded to a caregiver question in the survey, we learned that 30.9% provide some type of caregiving to others: 15.7% care for an older adult, 8.5% care for someone with a disability; and 6.7% care for a grandchild, great grandchild or stepchild under the age of 18. Throughout the SPOA Listening Sessions, the important role of caregiving was shared, including the need for respite support. In a review of the SPOA Survey and Listening Session feedback, the SPOA Planning Committee shared concerns regarding caregiver self-identification. Many family members support their loved one with assistance throughout the week, but do not necessarily identify themselves as a caregiver. BEAS and the SPOA Planning Committee agree that greater promotion needs to be addressed regarding the definition, needs and support of caregivers.

As the number and percentage of older adults in NH continues to increase, the critical role of caregivers needs to be on everyone’s radar. As NH continues to see an increased number of grandparents caring for their grandchildren because of financial circumstances, family issues, substance misuse or other challenges, we also need to increase our attention and support to our grand-families. BEAS is addressing these issues through SPOA Objective 2.3 – promoting awareness and increasing support to family caregivers, including the promotion of Person-Centered Care.
Goal #3: Ensure the Rights, Safety, Independence and Dignity of Older People and Prevent their Abuse, Neglect and Exploitation

Adult Protective Services
NH’s Adult Protective Services (APS) Program serves individuals who are vulnerable adults aged 18 and older. State legislation (RSA 161-F:42-57) provides statutory authority for the program and mandates all adults to report alleged instances of abuse, neglect, or exploitation involving the target population.

The APS Program includes a staff of over 40 employees, and has a Central Intake, State Registry Unit, and eleven District Offices statewide. The responsibility for investigating adult protective reports is shared among the District Offices. Callers are connected to the central intake unit through a statewide toll-free number and the report is routed to the appropriate District Office. The phone volume is about 10,000 calls per year, and intakes are also received via postal mail, fax and email. “Intakes” are evaluated and result in one of three intake referrals: information and referral, non-protective referral, or a protective referral. Non-protective referrals often include an APS staff person visiting the individual in their home to help identify needs and concerns, often resulting in referrals to in-home supports, adult day programs, counseling or other community based services. APS coordinates a variety of services and supports to assist individuals at risk of abuse, and to help the individual remain in their home and/or in the community.

APS participated in SPOA Listening Sessions in several counties across NH. Although financial exploitation continues to increase in NH and across the country, issues regarding financial exploitation, abuse or neglect were not raised as significant concerns or significant needs in SPOA Surveys and Listening Sessions. With that said, ensuring the rights, safety, independence and dignity of older adults will continue to be a priority in NH, and APS will continue to be vigilant in providing services and supports for older adults across NH. See SPOA Goal #3, Objective 3.2 – strengthening adult protection services through greater awareness, collaboration and response.

Fiscal Year: 07/01/2017 – 06/30/2018 3,156 Investigations

![Pie chart showing the distribution of investigations by type: Exploitation (20%), Neglect (10%), Physical Abuse (9%), Self-Neglect (56%), Sexual Abuse (1%), Emotional Abuse (3%)](chart_image)
Office of the Long-Term Care Ombudsman (OLTCO)
The Office of Long-Term Care Ombudsman receives, services, investigates and resolves complaints or problems concerning residents of long-term health care facilities. The OLTCO recruits, trains, certifies and provides ongoing support and training to program volunteers who support the work of the professional OLTCO staff in identifying and resolving complaints or problems experienced by long-term care residents in nursing homes, assisted living facilities and residential hospice care facilities.

The OLTCO, including professional long-term care ombudsmen and volunteers, advocates on behalf of either individual residents or groups of residents. OLTCO also provides information to residents, family members and staff members at the designated facilities regarding long-term care services and supports, including transition assistance options for nursing home residents who express a desire to explore transitioning to the community.

*Education and training is critical in strengthening and expanding the support provided to residents of long-term care facilities, and OLTCO will be addressing that support through SPOA, Goal #3, Objective 3.1 - serving as an effective advocate for nursing home, assisted living and residential hospice care facility residents.*

Legal Services
Legal Services are a vital component of the state’s elder justice system. An ever increasing number of older adults are falling victim to financial exploitation, which can leave them both homeless and penniless. Older adults also face challenges including illegal evictions, improper denial of benefits, abusive partners and challenges at long term care facilities. Without access to an attorney to help them protect their legal rights, older adults are forced to navigate the legal system on their own, with potentially dire consequences. Legal advocacy can make the difference in obtaining or preserving the basic building blocks of a stable life.

NH Legal Assistance (NHLA) is a statewide nonprofit law firm that represents low-income and aging clients in civil cases that impact their basic needs. Since 1975, NHLA, through its Senior Law Project (SLP), has been partnering with BEAS and providing legal services to NH’s older residents pursuant to Title III-B of the Older Americans Act. For over 40 years, NHLA’s SLP has been the primary voice for the aging population in NH’s legal and legislative arenas. *BEAS and NHLA will continue to support the state’s elder justice system through Goal #3, Objective 3.3 – promoting prevention efforts to protect vulnerable older adults against financial exploitation.*

Statewide Public Health and Emergency Preparedness Planning
The state is divided into 13 Regional Public Health Networks (RPHNs), where the purpose of the RPHNs is to integrate multiple public health initiatives and services into a common network of community stakeholders. The RPHNs serve every community in the state, and help to support local emergency preparedness planning and preparedness efforts. ServiceLink partners with the RPHNs throughout the state to support these efforts.

In 2018, the Granite State Health Care Coalition (HCC) was developed, including a network of health care, public health and safety organizations brought together to enhance the state’s ability to prepare for, respond to and recover from events impacting NH. In support of these strategies, BEAS is partnering with the NH DHHS Division of Public Health Services in the development of an MOU to include statewide public health and emergency preparedness planning.

The BEAS Adult Protective Services staff also have procedures in place to check-in with all adult protection clients in advance of anticipated major events and assist clients in developing emergency plans to shelter in place or evacuate to a shelter.
To better strengthen and align emergency preparedness planning and supports within local communities, BEAS will focus on SPOA Goal #3, Objective 3.4 – partnering with the NH DHHS Emergency Services Unit, ServiceLink Network, Regional Public Health Network and other community organizations in strengthening emergency services and preparedness.

Goal #4 – Advance Age-Friendly Communities

Transportation
Of the over 3,500 individuals from the aging community who participated in the 2019 SPOA Survey and Listening Sessions, transportation was identified as a top concern and need across NH. Question #4 of the SPOA Survey asked individuals, “what would make healthy aging in New Hampshire better or easier for you?” This was an open ended question, (which could limit responses), yet 2,183 responded. After careful analysis of the responses, fourteen themes were created. The top five themes are provided below:

1. Transportation: free public transportation for older adults, access to transit options for medical appointments, grocery trips, errands.
2. Affordable and Available Senior Housing
3. Taxes: property taxes too high, overall cost of living too high
4. Medical care: struggles with medical coverage, medical insurance
5. In-home care and assisted living: need for available and affordable Services for those who wish to stay in their home as they age.

Transportation is a critical service for older adults and adults with disabilities, helping them to continue to live in their home and community. Trips are provided on an on-demand and/or fixed-route basis. BEAS funded transportation providers are members of the NH Community Transportation Regional Coordinating Councils (RCC’s), which is comprised of local transportation providers, human service agencies, funding organizations, consumers, and regional planning commission staff. The RCC’s identify opportunities for coordination between service providers, and provide guidance and updates to the State Transportation Coordinating Council (SCC) for Community Transportation in NH.

The goal of SCC is to reduce duplication, increase the availability of services, and make scarce resources go further. Represented on the Council are the state departments of Health and Human Services, Transportation, and Education as well as the Governor’s Commission on Disability, transit providers, regional planning commissions, and various advocates.

Both NHDOT and BEAS receive funding to support transportation for specialized populations. BEAS receives Health and Human Services Title IIIB funding to provide transportation for older adults, and NHDOT receives Federal Transit Administration (FTA) Section 5310 Program funding to provide transportation for older adults and individuals with disabilities.

BEAS will partner with the NHDOT, service providers and others in tackling this issue, through SPOA, Goal #4, Objective 4.1 – supporting transportation options that connect older adults to healthcare, daily activities and community involvement.
Housing
The need for affordable housing, available housing and greater options for housing was identified throughout the SPOA Survey and Listening Sessions. At the listening sessions, specific concerns were shared regarding accessing senior housing. While some acknowledged the value of housing for the older adult population, there was concern that there is not enough to meet the need. The option of assisted living facilities was supported, but many older adults shared that they are not affordable. It was also noted that middle class citizens cannot afford the more expensive options and do not qualify for the Medicaid funded homes. In addition, for those who still live in their own homes, inability to maintain the home, either physically or financially, is often forcing older adults out of their home.

The Bureau of Housing does not reside within BEAS; it is housed within the Division of Economic and Housing Stability. BEAS will work with the Bureau of Housing to address Goal #4, Objective 4.2 – encouraging the promotion and development of different affordable housing options for older adults.

Reducing Loneliness and Isolation of Older Adults
Question #2 of the SPOA Survey asked, “Besides yourself, who else lives in your household?” Of the 2,760 respondents who answered this question, 905 individuals answered, “just me”. One third of NH’s respondents live alone, which can create greater challenges regarding transportation, health, emergency preparedness, or income concerns.

To get a better understanding of potential isolation for older adults who are 75 years of age or older, this question was separated into the two age categories. The results indicate that as respondents age, they are more likely to live alone, without a spouse or partner and without an adult child.

![Figure 4: Question 2 broken down by age](image)

BEAS also engaged over 500 attendees at 14 (out of the 15) SPOA Listening Sessions in this issue, by asking, “What can we do to reduce isolation for older adults in NH?” Some of the themes included:

Community Engagement – Greater access to local resources, participation at libraries and faith based organizations, creating a buddy system, engaging more youth, including inter-generational activities, and reducing stigma related to identifying as an LGBTQ older person;
Transportation – There is a need for greater accessible and affordable transportation for those in cities, towns and more rural areas;

Accessibility – Providing for home modifications to ensure accessibility;

Housing – Co-housing or other communal settings;

Services and Supports – Increasing the Senior Companion Program, increasing access to vision and hearing devices and supports, and greater access to adult day care.

Outreach – Get to know your neighbors, encourage volunteerism, ask community members to check on neighbors, especially in the winter.

**BEAS will address this issue through SPOA, Goal #4, Objective 4.4**

**Adult Day Programs** are licensed by DHHS and offer a professional setting where older adults and/or persons with a disability who are residing in their home, receive person centered, social and health services during the day. Services include supervision in a safe environment, personal care services, nutritional services, nursing services and recreational programming. Adult Day Programs also help to reduce loneliness and isolation. There are currently 17 Adult Day Programs in the State, consisting of a total licensed capacity of 773 persons. Thirty percent (30%) of these programs are located in Hillsborough County, 25% in Rockingham County, and 12% in Merrimack, Carroll and Cheshire counties. Three counties in the state are not represented with an Adult Day program. The number of Adult Day Programs in the state has decreased 30% in the past 24 years, which is counterintuitive to the older adult population growth.

**Choices for Independence Waiver**
Many long-term care recipients and potential recipients prefer to be cared for at home or in other settings less acute than a nursing facility. The option to receive care in a home and community based setting is enabled via Choices for Independence - a 1915 C Medicaid Waiver that allows a person who meets the criteria for nursing home level of care to receive their care in a setting that is not a nursing home. It provides those eligible for Medicaid nursing facility services the opportunity to choose more appropriate, less costly services and home and community-based care. In this way, the state intends to serve this increasing Medicaid eligible population more appropriately and more economically. For the last federal reporting period in 2016, 3,605 elderly and chronically ill people were served for an average cost of waiver services per person of $13,369.00. The average length of a time a person receives services is 278 days, per year. The goal of the program is to allow people to receive the care they need in a setting they choose, and allow for a cost effective model of care. Services can include Personal Care, Non-Medical Transportation and Participant Directed options. In July of 2017, service refinements were made and several new services were introduced. One such service is the Participant Directed and Managed Service Model.

**Balancing Incentive Program and Money Follows the Person**
DHHS was first in the nation to qualify and participate in the Balancing Incentive Program (BIP), a discretionary grant awarded by CMS to assist the State in rebalancing the gap between the amounts spent for Medicaid institutional long term care and community based long term care. BEAS supported strategies to further develop home and community based infrastructure changes, including conflict-free case management and standardized assessments. A key strategy is the development of the No Wrong Door system of access for long term supports and services known in NH as NHCarePath. For more information about NHCarePath individuals can visit the website: [www.nhcarepath.nh.gov](http://www.nhcarepath.nh.gov).
Money Follows the Person

Money Follows the Person, also known in NH as the NH Community Passport Program (CPP) is a nursing home transition program and rebalancing initiative established in 2017 through funding from the Centers for Medicare and Medicaid. BEAS completed its last CPP transition in March of 2016. Since that time New Hampshire has implemented strategies to sustain and support transitions from institutional settings back to community. Sustainability efforts include the creation of training and tools to support individuals and providers who are exploring transition. In addition, BEAS has added services and support to its Choices for Independence Waiver to support transition efforts including transitional case management and Community Transition services. These services are non-recurring set-up expenses for individuals who are transitioning from an institutional or another provider operated living arrangement to a living arrangement in a private residence where the person is directly responsible for his or her own living expenses.

Improving Business Acumen

Many of BEAS’ service delivery system partners have invested time effort in order to understand and address business conditions in order to have positive financial and operational outcomes. For New Hampshire’s community-based organizations (CBOs) serving older people and adults with disabilities, strong business acumen aims to improve the organization’s ability to sustain or even grow their programs. Delivery system partners have actively participated in the Business Acumen Initiative (BAI) and the HCBS Business Acumen Center by accessing technical assistance and coordinating with other CBOs to strengthen and plan for the growing demographic of older people in the state.

The focus of their participation has been to understand critical business skills and be prepared to:

- build relationships with health care providers and payers
- price and bill for services
- describe how services will generate return on investment and cost savings for payers
- negotiate contracts
- manage interoperable data systems
- access electronic health records
- report data to payers
NH State Plan on Aging Planning Process

Coming Together to Support Healthy Aging

Development of a SPOA Planning Committee
In the summer of 2018, BEAS invited leaders from the aging network to come together and serve on the State Plan on Aging (SPOA) Planning Committee. The SPOA Committee held its first meeting on September 17, 2018 and met monthly throughout the SPOA planning process. The Committee represents a diverse group of over 30 statewide leaders whose goal is to “develop a four-year plan that helps to guide our state’s efforts in understanding, serving, supporting and celebrating older adults across the State”.

Development and Distribution of the Survey
The SPOA Planning Committee, in partnership with the BEAS Executive Team and the NH Legislative State Committee on Aging, developed a 29-question survey. The survey kicked off on October 12, 2018 and concluded on January 15, 2019. The survey was aggressively promoted throughout the State, and was available through SurveyMonkey, an online survey platform, as well as a paper-based survey. The entire survey was also included in the BEAS Aging Issues newspaper, reaching 35,000 individuals across the State. Both the online and paper-based surveys were available in multiple languages, including Arabic, French, Greek, Kinyarwanda, Nepali, Portuguese, Spanish, Swahili, Vietnamese. Paper surveys were collected and inputted into SurveyMonkey by BEAS staff.

Additionally, 5,000 postcards were created and distributed statewide at agency meetings, public spaces, and other public meetings, helping to promote the survey. An example of the postcard is shown below.

Organization of Listening Sessions
The SPOA Planning Committee, in partnership with BEAS and SCOA, held 15 community listening sessions in NH, to hear what older adults think about what is working and what is not working in the community as it relates to aging. To increase access to the listening sessions, they took place in each of NH’s ten counties and were held in local settings where older adults already congregate. Sessions were hosted at senior centers, community centers, hospitals, a county nursing home, libraries and service provider locations. Several listening sessions took place immediately following a congregate meal at a senior center to accommodate older adults who were already visiting the center for their lunch time meal. Although the sessions were targeted to participants of services, many service providers also attended. Two (of the 15) listening sessions were held for the LGBTQ community.
Survey and Listening Session Response & Analyses
At the close of this three-month outreach campaign, responses were received from 2,927 individuals through the SPOA survey, and 579 individuals through the listening sessions. Total participation included over 3,500 individuals from across the Granite State.

With funding support from the NH Department of Transportation, the Southern NH Planning Commission summarized the surveys. The University of NH, Institute on Disability and the Center on Aging and Community Living compiled and organized the information from the listening sessions.

This SPOA Survey and Listening Analyses provided critical information in helping to guide the work of this State Plan. The analyses can also be used by stakeholders and others across the Granite State to help understand, serve, support and celebrate older adults throughout New Hampshire.

General Themes from the Survey
The below themes provide valuable insight into the experiences, needs, and obstacles facing older adults in NH, while also informing the development of the SPOA.

- More than half (60%) are retired, yet are still active in their community through either volunteering, physical activity, social groups, church or religious organizations, and other venues or events.
- The top needs and priorities identified by NH’s aging population include: 1) transportation options, 2) affordable housing options, and 3) in-home health care services.
- Accessing services was identified throughout the survey as a concern. Highlights include: 44% of respondents were unaware of service availability; 28% of respondents’ had problems accessing transportation; and 27% had no service in their area.
- Several entities were identified as places where older adults congregate, and represent opportunities for increased education and promotion. Libraries were recognized as a resource for public outreach, as sixty-four percent (64.58%) of respondents actively visit their local libraries. Additionally, senior and community centers, churches, AARP, ServiceLink, Town Clerk offices, and Parks and Recreation Departments were identified as vital partners in getting the word out on older adult services.
- The most common ways that older adults access information include: family and friends, newspapers or newsletters, library, internet, senior centers, emails, and AARP.
- Thirty percent (30%) of respondents provide some sort of care, for either relatives, an older adult, or a person with disabilities. It was noted by the SPOA Planning Committee that many more people are providing care for their family and loved ones, yet are possibly not identifying with the term “caregiver”.
- While most respondents indicated that they do not need food assistance or help paying for basic needs, nineteen percent (19%) of respondents receive some sort of food assistance, and twelve percent (12%) were unable or had difficulty paying for basic needs in the past 12 months.
- About one third, or 32.7% of respondents live alone. When focusing on respondents over the age of 75, this percentage increases to 44.7%.
- Respondents age ranges included the following: 5.8% of people (160) were ages 54 or less; 20.6% (569) are ages 55-64; 44.5% (1,227) are ages 65-74; 23.9% (659) people are 75-84 year’s old; 5% (138) are 85-95 and .4% (13) are 95 years or older.
Goals, Objectives, Strategies, and Performance Measures

Please note that these goals, objectives and strategies do not include all of the ongoing programs, initiatives and activities taking place in NH by BEAS or community partners to support older people in NH. The plan focuses on key areas where there is a critical need for sustainment and/or improvement, and where BEAS currently wants to make progress in collaboration with our partners. For all performance measures listed, BEAS will work to make improvements within each measure over the course of the four-year plan period.

Overarching Goals:
1. Support older people to stay active and healthy;
2. Promote person centered thinking and practices;
3. Ensure the rights, safety, independence and dignity of older people and prevent their abuse, neglect and exploitation; and

Federal Administration for Community Living – Four Focus Areas:
*Objectives Addressing ACL Focus Areas Are Incorporated Throughout the Plan
1. Older Americans Act (OAA) Core Programs
2. Administration for Community Living (ACL) Discretionary Grants
3. Participant-Directed/Person-Centered Planning
4. Elder Justice

Goal #1 Support Older People to Stay Active and Healthy

Objective 1.1 Promote greater awareness and understanding of services and programs across the state.

Strategies:
• Collaborate with the NH State Library, NH Council on Churches, Senior Centers, Community Centers, YMCAs and other community organizations frequented by older adults in promoting the ServiceLink Aging and Disability Resource Centers and OAA core programs and services.
• Promote greater awareness, education and resource sharing through continued updates to the ServiceLink and NHCarePath data base of services on both websites.
• Continue to hold monthly meetings of the ServiceLink leadership staff, ensuring consistency in services, protocols and practices, while focusing on person-centered care, care transition services, and community collaboration.

Objective 1.2 Strengthen food security and social supports for older adults through home-delivered meals and congregate meals.

Strategies:
• Facilitate discussions with the NH Coalition of Aging Services (NHCAS), NH Nutrition Network, NH Association of Senior Centers, and the NH SPOA Planning Committee in reviewing both NHCAS and SPOA Surveys to better identify gaps and opportunities for strengthening outreach and expanding nutrition programs.
• Partner with the NH Coalition of Aging Services, NH Nutrition Network, NH Association of Senior Centers, NH Community Action Programs, and the NH DHHS Office of Health Equity to explore opportunities to increase meal participation for older adults with greatest economic and social needs, including a focus on
low-income older adults, low-income minority older individuals, older adults with limited English proficiency, and older adults residing in rural areas.

- Coordinate with Division of Public Health Bureau of Population Health and the NH Coalition of Aging Services to strengthen assessment and reassessment tools, and procedures to ensure priority is given to target population outlined in SPOA Appendix, Attachments A, Section 305 (a)(2)(E).
- Partner with the NH Coalition of Aging Services, NH Nutrition Network, ServiceLink, and the NH Association of Senior Centers in the development of new ideas to better define and promote senior centers and community centers, including possible rebranding of senior centers and meals sites, and broaden outreach to diverse populations.
- Collaborate with the NH Coalition of Aging Services, NH Nutrition Network, NH Association of Senior Centers and ServiceLink in the promotion of congregate meal sites, including the message that nutrition programs provide door to door transit to Congregate Dining Programs, helping to reduce isolation and improve access to information on community services and supports.

**Objective 1.3**  Support the work of the No Wrong Door (NWD) System Business Case Grant to strengthen integration and outcomes in providing guidance and support to older adults in NH.

**Strategies:**
- Meet regularly with NWD/NHCarePath partners, including Community Mental Health Centers, Area Agencies (who serve individuals with developmental disabilities), DHHS District Office Teams, ServiceLink Network, hospitals, Integrated Delivery Network (ID), Veterans Administration staff and other key stakeholders to: review data collection capacity, create data teams, identify information system gaps, and develop methodology.
- Use the NWD System Business Case Work Plan as a guide in the development and implementation of this project, including the identification of meaningful outcomes, process measures and methodology for continued evaluation and improvement of the NWD System.
- Ensure that all work includes a focus on Person-Centered Options Counseling and the Person-Centered Options Counseling Certification plan, process and assessment.

**Objective 1.4**  Promote greater understanding of Medicare and its programs.

**Strategies**
- Support the continued integration and collaboration between Medicare staff and volunteers, and ServiceLink staff and volunteers (located within the same ServiceLink offices) – in strengthening awareness and promotion of Medicare options, Medicare related financial assistance, and Medicare fraud, errors and abuse.
- Support the State Health Insurance Information Program (SHIP) as they provide group outreach and customized individual contacts by providing quarterly education and training events along with guidance and resources on a consistent basis.
- Support the Senior Medicare Patrol (SMP) Counselors to recruit, train, and maintain volunteers and staff on informing Medicare consumers on how to protect personal health information, detect payment errors, and report questionable Medicare billing concerns by providing quarterly education and training events along with guidance and resources on a consistent basis.
- Increase screening for Medicare financial assistance programs, Preventive Services, and understanding of Medicare Part D options by providing quarterly education and training events along with guidance and resources on a consistent basis.

**Objective 1.5**  Promote greater awareness and education of Alzheimer's disease, including the promotion of the Alzheimer's Disease and Related Dementia (ADRD) Respite Grant.
Strategies
• Support the Alzheimer’s Association, ServiceLink and the NH Family Caregiver Program in promoting health campaigns with healthcare professionals, community groups and the general public to increase understanding and awareness of early warning signs of Alzheimer's and other dementia, including the promotion of the ADRD Respite Grant.
• Regularly collect data on Alzheimer’s disease, cognitive decline, and care-giving through the Behavioral Risk Factor Surveillance System (BRFSS) and other surveys, using the results to effect systems change.

Objective 1.6 Analyze, assess and explore alternative to the current BEAS service delivery model to improve services and supports for older adults and adults with disabilities.

Strategies
• Contract with Navigant Consulting, Inc. to assist DHHS and its providers and stakeholders in identifying alternative options to the current service delivery model for long term services and supports.
• Contract with Navigant Consulting, Inc. assist DHHS and its providers and stakeholders in supporting transitioning efforts to the new model.
• Meet and communicate regularly with service providers, community organizations, and constituent groups in ensuring a transparent, collaborative and inclusive transition process.
• Explore the implementation of alternative methods to deliver LTSS services, such as telehealth and Medicare shared-savings programs, to help improve the quality, accessibility and financial viability of the long term services and supports.

Objective 1.7 Promote self-management of chronic disease and falls prevention.

Strategies:
• Continue to partner with the Northern and Southern NH Area Health Education Centers and the NH DHHS Division of Public Health Services on the promotion of the NH Chronic Disease Self-Management Program.
• Collaborate with the Northern and Southern NH Area Health Education Centers and the NH DHHS Division of Public Health Services in promoting trainings on chronic disease self-management and exploring opportunities to expand the number of Master trainers.
• Identify and create a plan for promotion of self-management of chronic disease and falls prevention in an MOU between BEAS and the DHHS, Division of Public Health Services.
• Ensure BEAS has a presence and is actively engaged in New Hampshire’s Falls Risk Task Force.

Performance Measures:
• Increase by 5% the number of people who access ServiceLink and NHCarePath each year, beginning at the end of year two.
• Update information on all agencies that provide OAA services on both ServiceLink and NHCarePath websites by end of year one, with annual updates for every following year.
• Increase by 3% the number of group outreach events and individual contacts for Medicare programs each year.
• Secure baseline of number of individuals served in home-delivered meals and congregate meals by end of first year.
• Maintain or increase the number of individuals who participate in home-delivered meals or congregate meals, by the end of year two and each following year.
• Achieve outcome measures for the NWD Business Case, per Work Plan and Grant proposal.
• Increase the number of outreach events to promote the ADRD Respite Grant, beginning at the end of year one.
• Increase the number of Master trainers for the Chronic Disease Self-Management Program, beginning at the end of year two.
Goal #2: Promote Person Centered Care, (PCC) Thinking, and Practices

Objective 2.1 Partner with contractors, service providers and community organizations in support of PCC.

Strategies
- Develop standardized language for use in all service plans, in-take assessments, grants, policy documents, media and other communication.
- Require contract agencies to demonstrate person-centered elements in intake assessments and service plans.
- Encourage partnerships with the NH Hospital Association, the NH Medical Society, the NH Home Care, Hospice and Palliative Care Alliance, the NH Health Care Association, and the Citizens Health Initiative at UNH to advance PCC.

Objective 2.2 Promote the importance of PCC among older people and their families.

Strategies
- Partner with the DHHS Public Information Office, ServiceLink Network, NH Association of Senior Centers, EngAGING NH and other community based organizations in promoting the importance and benefits of PCC.
- Explore the challenges of workforce shortages and turnover, including how these challenges impact the success of PCC. Include possible solutions on how to address these issues.
- Partner with the SPOA Planning Committee on introducing PCC at the SPOA Community Outreach events held in each county to introduce the SPOA and engage community support.

Objective 2.3 Promote awareness and increase support to family caregivers, including the promotion of Person-Centered Care

Strategies
- Collaborate with the NH Alliance for Healthy Aging on the development of a Caregiver Self-Identification tool kit for caregivers and employers, including education and promotion regarding person-centered care.
- In partnership with the ServiceLink Network, collaborate with NH State Library, NH Association of Senior Centers, NH Association of Counties, doctor’s offices and others on delivering 12 outreach events per year to promote the 5 elements of the NH Family Caregiver Support Program. Include education and promotion regarding person-centered care.
- Partner with ServiceLink staff/sites that excel in caregiving programs to help train and educate new caregiver program specialists across the state. Include education and promotion regarding person-centered care.

Objective 2.4 Enhance training and certification of Person-Centered Options Counselors (PCOC).

Strategies
- Develop and implement a continuous quality improvement process as outlined in NH’s PCOC Certification Plan, providing ongoing support to the plan, partners and process.
- Establish quality improvement and evaluation methods to show effectiveness of PCOC in preventing/postponing institutionalization.
- Recruit and train PCOC mentors to ensure new staff are supported through the Certification Process.

Performance Measures:
- Complete a PCC Toolkit that includes a standardized definition, elements, approach and practices for PCC by the end of year one.
• Increase the number of caregivers receiving services through the NHFCSP by 3 percent each year, beginning at the end of year one.
• Coordinate 6 outreach events across the State, promoting the NHFSCP, each year, beginning at the end of year one.
• Host a SPOA Community Outreach event in each of NH’s 10 counties, introducing the SPOA, while sharing resources and promoting PCC by the end of year one.
• Host a SPOA Community Outreach event in each of NH’s 10 counties, engaging communities in continued support and collaboration on the SPOA, while sharing resources and promoting PCC by the end of year three.

Goal #3: Ensure the Rights, Safety, Independence and Dignity of Older People and Prevent Their Abuse, Neglect and Exploitation

Objective 3.1 Serve as an effective advocate for nursing home, assisted living and residential hospice care facility residents.

Strategies:
• Provide education and support to the certified long-term care ombudsmen volunteers and volunteer candidates, including relevant topics such as Person Centered Care.
• Provide education and consultation to long-term care to residents, staff members, resident’s family members and other individuals on issues affecting residents in long-term care facilities.
• Support residential empowerment and family support through assisting in the development and technical support of resident and family councils.

Objective 3.2 Strengthen adult protection through greater awareness, collaboration and response.

Strategies:
• Provide training and technical assistance to law enforcement officials and service providers with a goal of increasing awareness of adult abuse, including what to look for and how to respond.
• Attend and support Elder Wrap meetings across the State, partnering with service providers and community groups to share resources and identify solutions for “hard to resolve, at risk” older adult situations.
• Strengthen the efficiency and delivery of services by participating in the LEAN process for the data management system, Options.
• Partner with the Bureau of Developmental Services in exploring opportunities to integrate reports for adult protective reports with reports from developmental services.
• Strengthen outreach to those who come into contact with older adults on a daily or regular basis, including mail carriers, bank clerks, hairdressers, healthcare workers, senior center staff and volunteers, as well as those individuals who are on the front line.

Objective 3.3 Promote prevention efforts to protect vulnerable older adults against financial exploitation.

Strategies:
• Partner with NH Legal Assistance, Attorney’s General’s Office, AARP, Senior Medicare Patrol, Law Enforcement and others in providing education and resources regarding financial exploitation.
• Collaborate with the NH DHHS Public Information Office and statewide media partners in providing greater awareness of financial exploitation, and recommendations on how to prevent financial exploitation.
**Objective 3.4** Partner with the NH DHHS Emergency Services Unit, ServiceLink Network, Regional Public Health Network and other community organizations in strengthening emergency services and preparedness.

**Strategies:**
- Support the identification of up to five possible regional disaster shelters across NH, that provide accessibility, capacity, public transportation, and other needed criteria as outlined by the American Red Cross.
- Support the development of Shelter Assessment Teams comprised of representatives (at a minimum) from: the shelter facility, American Red Cross, local first responders, and DHHS Emergency Services Unit officials.
- Support shelter operations training that includes: communication access, assistance animal considerations, discharge planning, and personal preparedness unique to the older people and disabled population within the community.
- Collaborate with the NH DHHS Emergency Services Unit, ServiceLink Network, Regional Public Health Network, older adult volunteer groups (such as Senior Corps), and other community members in the promotion and support of trainings.

**Objective 3.5** Promote Advance Directives and End of Life Care planning.

**Strategies:**
- Partner with the NH Healthcare Decisions Coalition, NH Foundation for Healthy Communities and the NH Home Care, Hospice and Palliative Care Alliance, as well as other community organizations in identifying opportunities to better integrate End of Life planning in BEAS programs and services.
- Explore and promote educational opportunities regarding Advance Directives as part of PCC.

**Objective 3.6** Elevate awareness of ageism, while promoting the reframing of aging.

**Strategies:**
- Align program work and messaging with the vision and work of the NH Alliance for Healthy Aging.
- Use Reframing Aging language across BEAS program areas and projects - starting with this State Plan on Aging.
- Educate and partner with the NH DHHS Public Information Office on using Reframing Aging language in communications, messaging and media to support healthy aging in NH.

**Performance Measures:**
- Increase the number of educational and training sessions to nursing home and assisted living facility staff by 10% each year, beginning at the end of year two.
- Increase the number of organized family councils within nursing homes by 10% each year, beginning at the end of year two.
- Coordinate two meetings with the NH Healthcare Decisions Coalition, NH Foundation for Healthy Communities and the NH Home Care, Hospice and Palliative Care Alliance, and other community organizations as needed to identify opportunities to better integrate End of Life planning in BEAS programs and services.
- Increase the number of educational presentations given to service providers and community groups regarding adult protection by 5% each year.
- Increase outreach, trainings and support to communities regarding emergency preparedness and planning.
- Increase the number of financial exploitation trainings each year, beginning at the end of year one.
- Ensure that BEAS staff (as part of staff orientation) are exposed to Reframing Aging tools, as well as participate in trainings.
Goal #4  Advance Age Friendly Communities

Objective 4.1  Support transportation options that connect older adults to healthcare, daily activities and community involvement.

Strategies:
- Explore and review current transportation funding, programs, and infrastructure within BEAS, DHHS, NH DOT, service providers, State, Regional and local agencies.
- Collaborate with NH State Library, NH Association of Senior Centers, churches, town departments, ServiceLink, Regional Coordination Councils (RCCs), YMCAs and other adult-related organizations to strengthen transportation access, options and supports.
- Formalize a partnership between DHHS, NH DOT and NH 211 to ensure that 211’s database of providers is updated and capable of more easily assisting users, callers or website users seeking transportation services.
- Recommend to DHHS that a BEAS staff person represent DHHS and BEAS on the State Coordination Council (SCC) for Community Transportation (per RSA 239-B), working towards a successful coordination of transportation services.

Objective 4.2  Encourage the promotion and development of different affordable housing options for older adults.

Strategies:
- Explore diverse housing policies and programs that allow older adults unique and affordable housing options.
- Encourage the development of Home Share networks (such as the HomeShare Program being developed at the Gibson Center for Services in North Conway).
- Partner with the Bureau of Housing Services (BHS), Division of Economic and Housing Stability, NH DHHS on strengthening collaboration between BEAS and BHS, ensuring that a focus on older adults and adults with disabilities is included in programming, services and supports.

Objective 4.3  Promote the inclusion and well-being of all people across the aging network.

Strategies:
- Help to facilitate leadership engagement within the aging network to ensure that training, technical assistance and informational needs related to diversity and inclusion are identified within planning and service areas.
- Collaborate and partner with state and local organizations serving diverse populations to better inform the aging network of inclusion issues; share aging network resources to reach out to diverse populations on services available.

Objective 4.4  Reduce loneliness and isolation of older adults.

Strategies:
- Educate service providers, community groups, older adults and the general public regarding the increasing number of older adults who live alone, including possible risk factors of isolation. Use the NH Healthy Aging Report as a resource in providing this education.
- Explore opportunities to strengthen supports (for individuals who are isolated) with the NH Community Action Programs, NH Coalition of Aging Services, NH Council on Churches and the Referral, Education, Assistance and Prevention (REAP) Program.
- Partner with the NH Association of Senior Centers in the development of new ideas to strengthen participation at senior centers, to include the rebranding of senior center names (such as the senior center
in Concord called, *GoodLife Programs and Activities*), promotion of senior centers as a “go to” resource for seniors, and the importance of senior centers as social and vibrant places to gather and make friends.

- Collaborate with the NH DHHS State Office of Health Equity to strengthen communication access for those individuals with hearing loss or hearing challenges.

**Objective 4.5**  Explore opportunities to rebalance the long-term support system.

**Strategies:**

- Explore system change options that assist people who are dually eligible for both Medicare and Medicaid in NH.
- Improve the Medicaid provider outreach and enrollment process and develop a user friendly provider enrollment manual.
- Identify improvement opportunities to integrate social determinants of health into the health services and supports someone is receiving.
- Improve support for family caregivers.
- Identify national best practices, review recommendations for implementation, and develop a plan for amending policy and administrative Rules.
- Participate in workforce improvement initiatives.

**Performance Measures:**

- Add all transportation resources to the 2-1-1 data base by the end of year one, and annually update each following year.
- Develop a baseline for number of older adults and adults with disabilities who access transportation.
- Increase the number of older adults and adults with disabilities who access transportation by the end of year two.
- Increase the number and percentage of service providers enrolled to provide Medicaid funded LTSS by the end of year one.
- Publish a provider manual for Medicaid Community Based LTSS by the end of year two.
- Increase the number and percentage of unduplicated family caregivers served by the end of year two.

**Outcomes:**

1. Older people and their family members looking for long-term supports and services will be able to access help, guidance, support and choice.
2. Older people, caregivers and families will have access to person-centered care and planning regardless of where they access the service system.
3. Family caregivers of older people will be informed, and have the supports they need.
4. Older people will have reduced risk of abuse, neglect or exploitation, and live in safety and dignity.
5. Older people will have greater resources and supports to reduce the risk of loneliness and isolation.
6. Older people will be educated and informed regarding Medicare and its options, helping to reduce fraud, errors and abuse.
7. Older people, families and caregivers will be better educated and informed regarding emergency preparedness and planning.
8. Services and supports for older people, caregivers and their families will be inclusive of all diverse populations, and will serve all populations with respect and dignity.
Quality Management

BEAS seeks to improve the quality of its programs in various ways:

Older Americans Act Services
BEAS conducts on-site monitoring consisting of site visits, service provision observation of providers, and desk reviews of data and reports received from providers. For Title III service providers, extensive and detailed quarterly reports are submitted to BEAS. Reporting elements include client data, service expenses and revenues, and client satisfaction survey elements. Providers also maintain systems for tracking, resolving and reporting client complains/concerns, and must ensure equal access to quality services by providing culturally and linguistically appropriate services as needed.

BEAS provides quality oversight via monitoring visits by the Program Specialists. Random selections of records are pulled to assure timely and appropriate options counseling and service provision through review of assessments, plans of care, goals, strategies, needs, and follow up as needs change. Great care is taken to ensure that the participants and/or family caregivers have in-put into the plan such that opportunities for choice/flexibility are emphasized in the options counseling and decision support process.

Medicaid Funded LTSS
NH DHHS employs state staff who are specifically designated to oversee the performance of operational and administrative functions. Designated state staff work in partnership with the Department's Office of Improvement and Integrity and Office of Quality Assurance and Improvement (OQAI) to assess the qualifications of and performance of non-state entities.

Methods used to assess performance include oversight and monitoring of Medicaid Provider agreements, annual contract review, licensing and certification reviews and quality assurance activities such as record reviews and performance reviews of provider agencies according to the performance measures included in contracts and as part of the Choices for Independence (CFI) waiver.

ServiceLink Aging and Disability Resource Centers (ADRC) and Consumer Satisfaction
New Hampshire’s ADRC known as ServiceLink develops and implements locally based Quality Assurance and Continuous Improvement Plans to ensure ServiceLink services are of high quality, meet the needs of individuals, are sustained throughout the geographic service area, and produce measurable results. As part of these requirements, ServiceLink continuously evaluates and improves the results of ServiceLink services provided to individuals and their families, and organizations in the community.

ServiceLink also ensures implementation of formal complaint and grievance policies, and maintains a system for tracking, resolving, and reporting client complaints regarding its services, processes, procedures, and staff. Any grievances filed are available to DHHS upon request.

ServiceLink’s Quality Assurance and Continuous Improvement Plan utilizes formal processes for receiving input and feedback from individuals and their families on the operations, services, and on-going development. Processes include using a standardized satisfaction survey and procedures for measuring consumer satisfaction and outcome measures related to the visibility, trust, ease of access, responsiveness, efficiency and effectiveness.
Sentinel Event
NH DHHS requires all enrolled CFI Waiver providers to comply with its Sentinel Event Reporting process and NH Adult Protective Services reporting requirements. Reporting sentinel events under the provisions of this policy does not replace the mandatory reporting requirements of RSA 161-F:42-57 with regard to abuse, neglect, self-neglect, or exploitation. Therefore, depending on the incident, a report made on behalf of a CFI Waiver participant may be made under both requirements.
The DHHS Sentinel Event Policy is part of a comprehensive quality assurance program and establishes the reporting and review requirements of sentinel events involving individuals served by the Department. Statutory authority for reviews of sentinel events is set forth in NH RSA 126-A:4, IV. NH DHHS Sentinel Event Reporting Process: http://www.dhhs.nh.gov/dcbcs/sentinel.htm

Case Review and Consultation Committee
When an Adult Protective Services Worker or Choices for Independence Case Manager have concerns about a case and are struggling to remediate issues a case review is requested. The function of the Case Review and Consultation Committee (CRCC) is to assist BEAS staff and case managers in delivering safe and person-centered services to at risk* service recipients through information sharing and creative problem solving.

*Risk is defined as the possibility of harm to a service recipient that when realized results in loss, injury, disease or death. Someone who is at risk is in a circumstance or condition where his or her health, safety or welfare is threatened.

Inter-Agency Team
The Interagency wraparound core team will facilitate monthly collaborative meetings with representatives from the Bureaus of Elderly and Adult Services, Developmental Services, Drug and Alcohol Services, Homeless and Housing, Children’s Behavioral Health, Office of Medicaid Services, Quality Improvement, and Mental Health Services to review cases in which an individual is in need of services from multiple service delivery systems. These meetings will allow representatives from each bureau to review situations on a case by case basis and determine what barriers exist (if any) and identify pathways to ensure that the individual’s needs are met within the multiple service delivery systems. The Interagency wraparound core team will look to identify policy changes that are needed on a larger scale to ensure funding, service delivery and quality oversight are occurring for people with multiple needs.

All information on individuals receiving Title III services and programs administered by the department or a provider shall be kept confidential, and only persons involved in administering Title III services and programs shall review an individual’s information, unless the individual signs an authorization to release the information to another person or organization.

Office of the Long-Term Care Ombudsman
OLTCO conducts data collection through OmbudsManager, a web-based case management software system that is in compliance with the National Ombudsman Reporting System and ACL requirements. The system generates data reports, tracks consultations, facility visits and education and training activities.
As previously stated, OLTCO will work with the Local Area Network for Excellence (LANE) to focus on national quality benchmarks related to performance and medical goals that can be obtained through individualized, person centered and person directed approaches.
State Unit on Aging, Single Planning and Service Area Funding

Resource Allocation

Resource Allocation Plan
As a designated Single Planning and Service Area, NH does not utilize an interstate funding formula for its Older Americans Act (OAA)-related funding. The total amount of OAA funding New Hampshire receives for allocation to service providers is determined by the federal government. The attached budget sheets show actual expenditures for services provided through OAA funding for State Fiscal Years 2016, 2017 and 2018 and projected funding for 2019 and 2020.

BEAS manages approximately 53 contracts that deliver a variety of services. Contracts are procured by the Department and are approved by the Governor and Executive Council. Most contracts are effective for two consecutive state fiscal years (July through June).

The contracts contain funding allocations based on the type of service to be provided, scope of work to be accomplished, and geographic area to be served. Contracts include specific requirements that focus services on individuals at risk, individuals with the greatest economic and social needs, and low-income minority older individuals.

In accordance with the Older Americans Act, state contracts and administrative rule He-e 502, Title III services shall be directed toward one or more of the goals contained in 45 CFR 1321 and 42 U.S.C. 3001, with emphasis placed on serving the following groups of individuals:

1. Individuals with severe disabilities;
2. Low income minority elderly individuals;
3. Native Americans;
4. Elderly individuals in greatest social or economic need;
5. Elderly individuals residing in rural areas; and
6. Elderly individuals with limited English proficiency.

BEAS conducts quality management activities to assure emphasis is placed on serving the group of individuals outlined above.
### Service General Fed Other III VII XX Totals

#### Adult Community Services
- **Adult Group Day Care**: 193,077 83,638 169,078 445,793
- **Congregate Meals**: 198,529 1,126,127 1,324,656
- **Misc Services (Note 1)**: 75,687 5,535 62,238 143,460
- **Transportation**: 584,313 608,771 1,193,083
- **Total Adult Community Services**: 1,051,605 0 1,824,071 0 231,316 3,106,992

#### In-Home Support
- **In-Home Care**: 2,212,765 200,522 3,030,159 5,443,446
- **Emergency Support**: 27,695 28,825 56,520
- **Home-Delivered Meals**: 4,529,995 992,636 1,521,290 7,043,921
- **Home Health Aide**: 89,523 93,177 182,700
- **Total In-Home Support**: 6,859,977 0 1,315,161 0 4,551,448 12,726,587

#### Family Support
- **Alzheimer's Disease Support Program**: 327,186 327,186
- **NH Family Caregiver Support Program**: 941,249 941,249
- **Total Family Support**: 327,186 0 941,249 0 0 1,268,435

#### Aging Information Resource System
- **NH ServiceLink Network**: 1,498,374 882,107 94,738 2,475,219
- **Health Insurance Counseling**: 22,925 334,816 357,740
- **Senior Medicare Patrol Project**: 62,446 234,920 297,365
- **Medicare Improvements for Patients and Providers Act**: 1,329 161,642 162,971
- **Health Promotion**: 116,772
- **Enhanced ADRC / No Wrong Door**: 0 562,646 562,646
- **Total Aging Information Resource**: 1,585,074 2,176,130 116,772 0 94,738 3,972,714

#### Adult Protective Services
- **Long Term Care Ombudsman**: 90,999 169,321 260,320
- **Legal Services (formerly part of Misc Services)**: 62,027 64,559 126,586
- **Total APS**: 153,026 0 64,559 169,321 0 386,906

#### Grand Totals
- **Grand Totals**: 9,976,869 2,176,130 4,261,812 169,321 4,877,502 21,461,634

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**Note 1**: Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Respite and Guardianship.
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**Note 1:** Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Respite and Guardianship.
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**Note 1**: Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Respite and Guardianship.
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<tr>
<td>Long Term Care Ombudsman</td>
<td>25,000</td>
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<tr>
<td>Legal Services (formerly part of Misc Services)</td>
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**Note 1:** Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Respite and Guardianship.
### Service General Fed Other III VII XX Totals

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#### Adult Community Services

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<td>9,919</td>
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#### In-Home Support

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#### Family Support

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#### Aging Information Resource System

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<tr>
<td>Legal Services (formerly part of Misc Services)</td>
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<tr>
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**Note 1:** Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Respite and Guardianship.