



New Hampshire State Plan on Aging

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



State Committee on Aging

1989 – 2019 Celebrating 30 Years of Supporting Older Adults in New Hampshire

New Hampshire Department of Health & Human Services

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June 6, 2019

To be part of the new 4-year New Hampshire State Plan on Aging (SPOA) has been a tremendous experience. Over 40 statewide groups representing all facets of aging issues and solutions were part of the steering committee formulating this plan. The leadership from the NH Department of Health and Human Services (DHHS), especially the SPOA facilitator from the Division of Long Term Supports and Services and bureau chief from the Bureau of Elderly and Adult Services (BEAS), has been critical to the plan's creation, organization, and focus.

In the history of the State Committee on Aging's (SCOA) 30 years of partnership with BEAS, between the SPOA survey and 15 listening sessions across the state, we have never received such informative feedback as we did this year, from over 3,500 residents. This speaks to the significant commitment that is needed and expected for older people in our state, which must be ensured to make the plan workable and achievable.

The involvement of our State agencies, statewide groups, and citizens from across the state has made this plan the living document it must be. It is a comprehensive and achievable statement of action and progress needed to be taken by DHHS, with the assistance of our service provider delivery system and especially our citizens, to serve our aging population better than it ever has been over the next 4 years, while positioning our older adults for an age-friendly future.

With the impending creation of the new Legislative Commission on Aging reporting to the Governor, in which our current SCOA members will play a critical role, there has never been a better time for our aging community to be heard, represented and acted upon.

It is imperative that state funding over the next 4 years be increased, which will help sustain and improve the vast array of programs, services and new initiatives our aging community must have both now and in the future.

Funding is a mandatory and critical function of our elected leaders, in which all of our citizens must play an important role to keep the needs and objectives of our aging community in the forefront of all decision-making.

The NH State Committee of Aging is proud and honored to support the State Plan on Aging, and we will be taking a very active role in the implementation and follow through needed for the plan to be successful over the next 4 years.

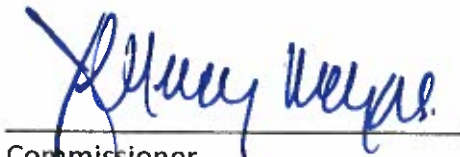
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Ken Berlin
Chairman

Verification of Intent

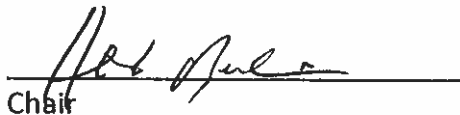
The State Plan on Aging is hereby submitted for the State of New Hampshire for the period of October 1, 2019 through September 30, 2023. Included are all assurances and plans to be implemented by the New Hampshire Department of Health and Human Services, Bureau of Elderly and Adult Services (BEAS), under provisions of the Older Americans Act of 1965 as amended. BEAS has the responsibility and authority to develop and administer the State Plan on Aging in accordance with all requirements of the Older Americans 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
New Hampshire Department of Health and Human Services

6/18/19
Date



Chair
New Hampshire Legislative State Committee on Aging

6/18/19
Date



Governor
State of New Hampshire

6-24-19
Date

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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 Unit on Aging, under the Older American's Act (OAA) of 1965, as amended. Under this designation, BEAS has the responsibility, authority and opportunity to develop and administer the State Plan on Aging (SPOA) in accordance with all requirements of the OAA.

BEAS operates within 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 adults with disabilities between the ages of 18-59. Per OAA, BEAS prioritizes these services to those individuals with greatest economic and social needs, and to NH's most vulnerable older adults.

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. Contracting and collaborating with these entities helps the Bureau to develop, coordinate and deliver needed 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 to 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* to address 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. This is a tremendous resource to help local communities understand their specific data, as well as the challenges and opportunities that this data represents.

One of the most important 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 people in NH.

BEAS began a ten-month planning process by inviting a diverse group of statewide leaders from the service network to *come together* and serve on a SPOA Planning Committee. The goal of the SPOA Committee was 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 the NH Legislative State Committee on Aging (SCOA) on the development of a 29-question survey, and the coordination of 15 community listening sessions. This outreach campaign engaged over 3,500 individuals from a broad array of people in the community - an amazing participation count from older adults, caregivers and family members across New Hampshire – all helping to inform the development of the SPOA.

Key partners helped us distill the large amount of feedback gathered from the survey and listening sessions. With funding support from the NH Department of Transportation, the Southern NH Planning Commission analyzed the surveys. The feedback garnered from the community listening sessions was summarized by the UNH Institute on Disability and Center on Aging and Community Living. The SPOA Survey and Listening Session Analyses provided critical information that was used to guide the development of the SPOA. 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 in NH. The complete analyses can be found in the SPOA Appendix, #6.

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 programs that deliver services and supports to tens of thousands of older people, caregivers and family members across the Granite State.

Since the writing of the last SPOA in the spring of 2015, a great deal of collaboration and work has been accomplished; all in support of serving and supporting older adults 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 issues presented by our growing population of older persons.
- An ongoing BEAS 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, caregivers and family members. BEAS is making continuous progress, while working to keep pace with effective approaches to align quality, comprehensive, holistic, integrated, and cost-effective services for older people and people with disabilities.
- Through a collective effort, the NH Alliance for Healthy Aging (AHA) was established in 2016. This effort of more than 350 stakeholders across the Granite State aims to create strategies to advance important policies related to healthy aging. BEAS staff regularly participate in working groups to support the important work of AHA activities.
- In 2015, the Tri-State Learning Collaborative on Aging (TSLC) was created in partnership with leaders from NH, Maine and Vermont to support, strengthen and cultivate age-friendly communities across Northern New England. Representatives from BEAS actively participate on the TSLC Advisory Committee.
- The NH Legislature has approved a Commission on Aging (COA) in 2019, pending the Governor's approval; and this new COA will include the State Committee on Aging (SCOA). The COA builds on the 30-year history of SCOA in advocating for solutions for older adults, *while expanding its outreach beyond DHHS*. The creation of COA represents an unprecedented opportunity to inform and elevate what has already been accomplished and what is still needed for healthy aging in NH. The Commission includes 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 also assists in the implementation of the SPOA.

BEAS would like to acknowledge SCOA for its 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 to enhancing evidence informed care transitions from hospitals, strengthening supports to 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 outdated within NH's government 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. 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 older adults in NH. Notably, our state ranks 49th out of 50 states in the percentage of Medicaid dollars invested in home and community-based support (per the 2018 AARP report, *Across the States: Profiles of Long-Term Services and Supports*). While NH has one of the fastest growing number of older adults in the country, we are nearly last in offering a balanced system of care. Moving forward, BEAS looks forward to partnering with NH and federal leadership in tackling these issues.

Despite funding challenges, BEAS, service providers and community organizations have continued to provide the core foundation programs of the OAA to older people, caregivers and their families. In addition to providing these core programs, BEAS, in partnership with the SPOA Committee, SCOA and ACL, has identified the following additional "sustainment and improvement" goals within this State Plan:

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
4. Advance age-friendly communities.

NH's core foundation programs of the OAA, along with the goals identified above, 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.*

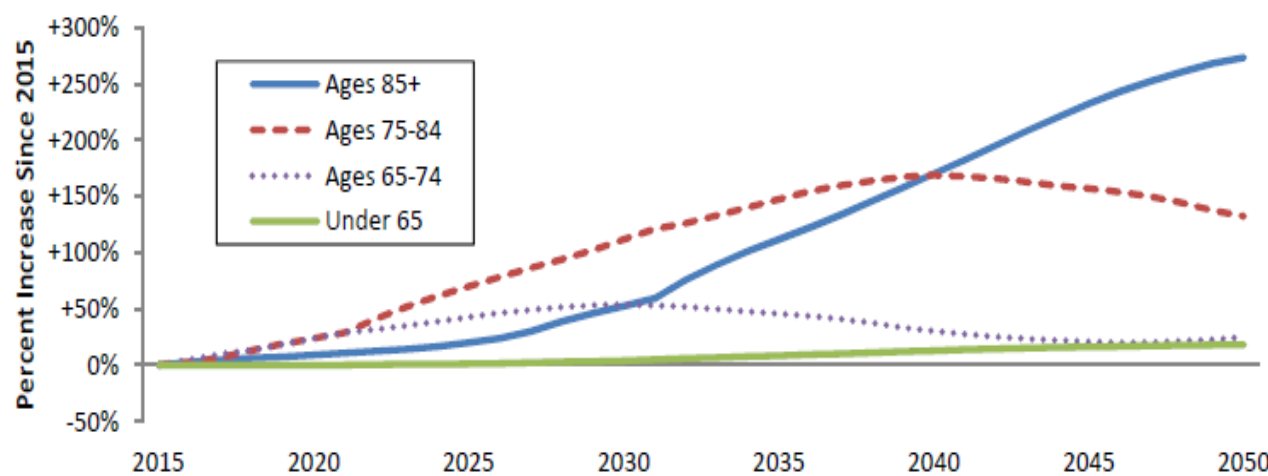
BEAS is honored and pleased to present the 2020 – 2023 New Hampshire State Plan on Aging. This State Plan addresses the opportunity to align, change and strengthen the work of BEAS within the service delivery system across the state, as well as the opportunity to transform how we collaborate with others to accomplish these goals. 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

The State of NH is now ranked as having one of the fastest growing number of older adults in the country, at the same time that the working age population is not growing. 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, with NH's northern and rural counties projected to experience the highest growth percentages. At a time when our state is experiencing significant growth in the population of older people, NH is especially challenged in keeping pace with the demand for a strong workforce, and appropriate funding to meet their needs.

Projection Population Growth in New Hampshire, by Age Group, 2015-2050
AARP Report: *2018 Across the States Profiles of Long Term Services and Supports*



Increasing Diversity

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 Concord, Manchester and Greater Nashua urban areas, with smaller numbers resettled in the more rural areas of the Lakes Region, North Country and Seacoast. In addition to immigrants, the state is also growing more racially and ethnically diverse. In 2018, 90.5% of the state's population was non-Hispanic white, with minorities representing 9.5% of NH's population. It is also important to note that 11.5% of the minority population are 60 years of age and older, with income below the poverty level. This increase in diversity, coupled with economic need, heralds the need for all programs and services to become more culturally and linguistically appropriate to be able to serve all people effectively.

Workforce Challenges

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 need for services. BEAS worked with service providers to increase the rates for services such as personal care, nursing, homemaking, and adult day health care 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.



Cities 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

Healthy Aging Data Report

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, with over 20% of residents aged 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 Stators should have the opportunity to access a wide range of choices to promote good health, dignity and independence as we age. Prepared by researchers at the University of Massachusetts, Boston and funded by the Tufts Health Plan Foundation, this report provides information to assist cities and towns in making positive changes to adjust to the aging population. The data in this report can also inform community and state-level decisions about economic development, public health, housing development and transportation. The NH Healthy Aging Data Report 2019 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, #9, (t).

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. The establishment of a Division structure to facilitate the integration and coordination of allied services and programs followed this.

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. BEAS also includes District Offices, located in each of NH's ten counties. These BEAS District Offices are located within the larger DHHS District Offices, ensuring that BEAS



programs have a local presence, partnerships are established in local communities, and services are delivered locally.

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 and NHCarePath. ServiceLink is a program of BEAS, known throughout the community as the ServiceLink Network. There is at least one ServiceLink location 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 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. The OLTCO is 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.

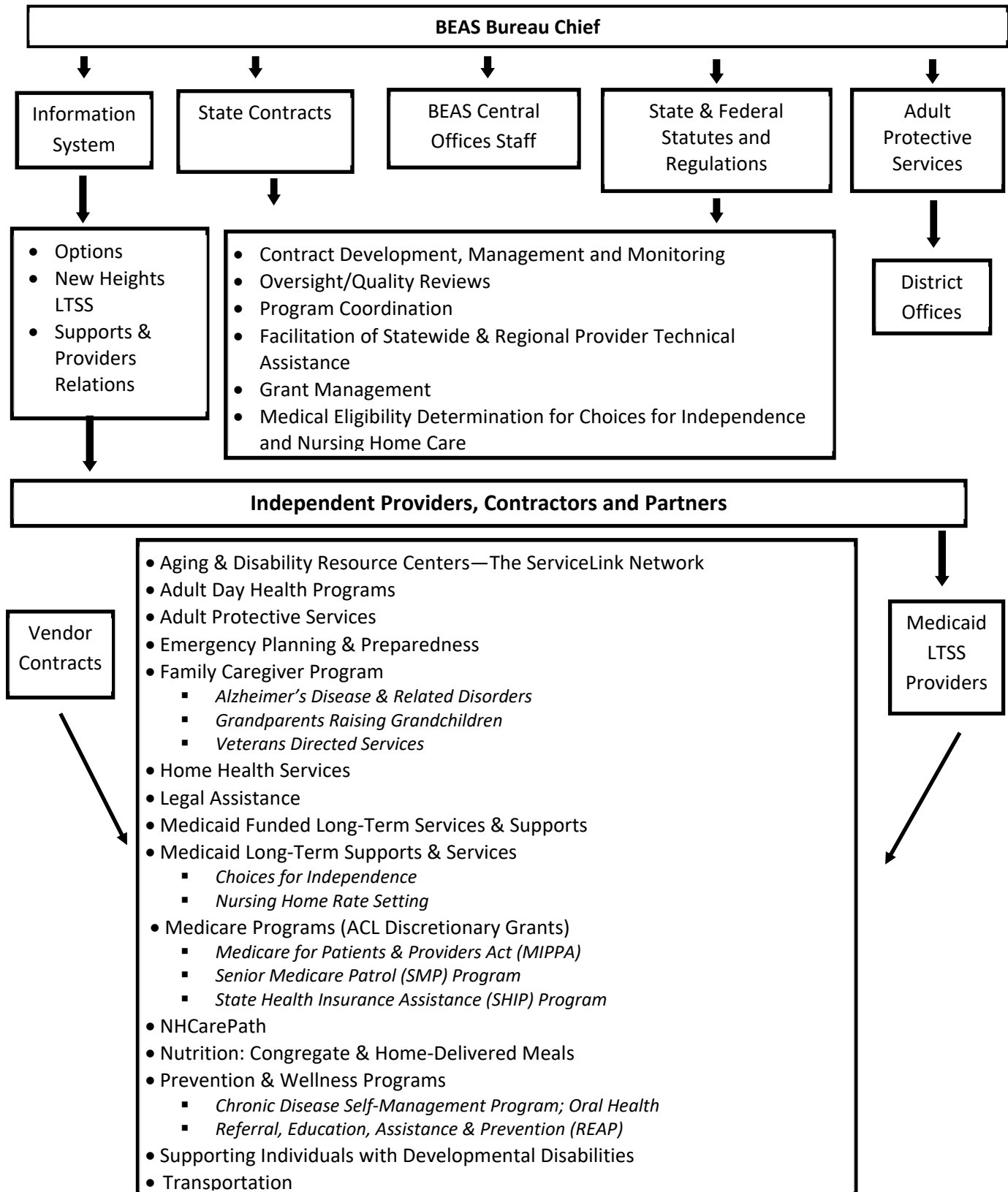
Information Technology (IT): - The Options information system is utilized by over 240 users, to manage the BEAS social worker caseload, the Adult Protection Program and the State Registry. Social Service authorizations and provider payments related to the Social Services Block Grant and Older Americans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

Independent Providers - BEAS contracts 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.



Bureau of Elderly and Adult Services

Organizational Structure and Service Delivery



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 (SCOA), developed a 29-question survey. The survey kicked off on October 12, 2018 and concluded on January 15, 2019. The survey was promoted throughout the State, and was available through SurveyMonkey, an online survey platform, as well as a paper-based survey. The entire survey was included in the BEAS *Aging Issues* newspaper, reaching 35,000 individuals across the State. Additionally, 5,000 survey postcards were distributed statewide to help promote the survey. Both the online and paper-based surveys were available in ten different languages. Paper surveys were collected and entered into SurveyMonkey by BEAS staff.

Organization of Listening Sessions

The SPOA Planning Committee, in partnership with BEAS and SCOA, held 15 community listening sessions in NH. 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. Two (of the 15) listening sessions were held for the LGBTQ community. *A Practical Guide for Expanding the Inclusion of LGBTQ Older Adults can be found in SPOA Appendix, #9, (x).*

Survey and Listening Session Response & Analyses

At the close of the 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 information from the listening sessions were summarized by the University of NH, Institute on Disability and the Center on Aging and Community Living.

This SPOA Survey and Listening Session 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 NH.

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, and are still active in their community through either volunteering, physical activity, social groups, church or religious organizations, and other venues or events.
- The top three needs identified by respondents include: 1) transportation services and options, 2) affordable and available 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. These include: libraries (at 64.58%), as well as churches, senior and community centers, AARP, ServiceLink, Town Clerk offices, and Parks and Recreation Departments.
- The most common ways that older people 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%.
- The age of survey respondents include 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.

Public Comment Sessions & Opportunities for Final Feedback

Three public comment sessions were held during late April and early May in Concord, Derry and North Conway. Seventy-five individuals attended these three sessions. In addition, the Derry session was taped by local cable television and broadcast throughout Southern NH, as well as shared through social media. The North Conway public comment session was highlighted in the *Conway Daily Times* newspaper, generating significant feedback from the North Country. The *Concord Monitor* also published several public comment articles, generating strong community feedback from Central NH.

In addition, public comment sessions were held (at their request) for the State Committee on Aging, representing older adults from each county in NH, and statewide volunteers from the Office of Long Term Care Ombudsman.

The public comment period took place from April 29 through May 29, and public comments were accepted at the public comment sessions, through BEAS webmail, a SPOA email account and US Mail. Themes throughout the public comment period included:

- Mental health questions and concerns, including the work of NH’s 10-Year Mental Health Plan and the role of NH’s Referral, Education, Assistance and Prevention (REAP) Program;
- Need to engage NH’s youth, and create stronger intergenerational connections with older adults;
- Budget concerns regarding a decrease in funding (over the last several years) for: Adult Day Programs, ServiceLink, Adult Protective Services and other key services and supports;
- Concerns regarding older adults driving a vehicle, when driving could put themselves or others at risk;
- Consistent concerns similar to those shared throughout the survey and listening sessions, including: transportation, housing, taxes, caregiving and workforce shortages;
- Advanced Directives and the need to have “earlier” conversations regarding these issues;
- Need for more free programs and services for older adults;
- Need to create and strengthen age-friendly communities;
- Role of the proposed Commission on Aging; and
- Opportunities to engage local communities in support of the SPOA.

The public comment feedback was reviewed by BEAS and the SPOA Committee, and much of the feedback was incorporated into the State Plan.



Programs, Services & Needs

Linking Program Goals with Older Adult Needs

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 #5.*

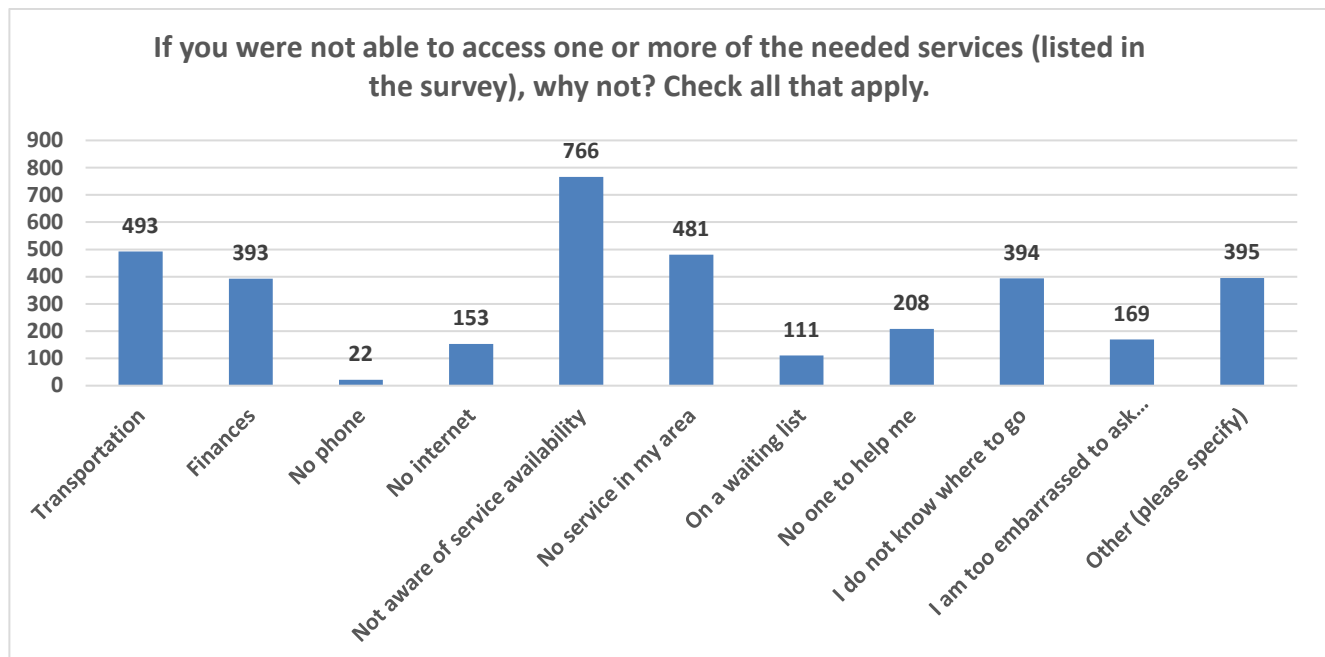
In addition to the core programs provided by BEAS and their partners, BEAS will also address “sustainment and improvement” goals throughout this State Plan. These goals were developed by BEAS, with guidance from the NH State Plan on Aging (SPOA) Planning Committee, and the NH Legislative State Committee on Aging (SCOA). These goals are informed by over 3,500 community members who responded through the 2019 SPOA Survey and Listening Sessions. *Please see the SPOA Survey and Listening Session Summary found in the SPOA Appendix, #6.*

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*
4. *Advance age friendly communities.*

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 older persons 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.*



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

BEAS, NHCAS, NH Nutrition Network and other partners look forward to cross collaborating on the results and opportunities identified in both the SPOA 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, congregate meals and supplemental foods.*

The ServiceLink Aging and Disability Resource Center (ADRC)

ServiceLink is a program of BEAS and has a fully functioning Aging and Disability Resource Center in 13 offices in NH. In partnering with NHCarePath/No Wrong Door partners and community organizations, ServiceLink provides guidance, support and choice for individuals of all ages, income levels and abilities. In fiscal year 2018, ServiceLink served over 36,000 unduplicated individuals. 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 the DHHS “No Wrong Door” System, also known as NHCarePath,*
- *Streamlined access to publicly funded programs,*
- *Assistive Technology – equipment, demonstrations and loans, and*
- *Veterans Directed Care*

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.

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, NH DHHS has partnered with the Administration for Community Living, Centers for Medicare and Medicaid Services, and the Veterans Health Administration to create an efficient and person-centered service delivery system through streamlined access to services in the community for all populations. The ServiceLink ADRC has been recognized as a sustainable, high functioning statewide model for nearly a decade. The national Long-Term Services and Supports (LTSS) Scorecard (www.longtermscorecard.org/databystate/state?state=NH) ranks the State of New Hampshire second in the nation for ADRC/No Wrong Door (NWD) functions. The NWD System of Access for LTSS in NH 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. The NWD System Business Case Grant is a two-year project leveraging the shared experience of NH'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.

This grant also supports BEAS in establishing a foundation to advance outcome measures for 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. This will assist the person in being able to access more appropriate and effective services, including 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. *See SPOA Goal #1, Objective 1.3 – supporting the work of the 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 Overview (including objectives, partners and budget) and the Work Plan can be found in SPOA Appendix #8.*

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 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 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 within the ServiceLink structure, caregivers have access to the same counseling and support services. 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 with respite.

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.



Representatives from the Alzheimer's Association attended many 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 ADRD Respite Grant.*

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

The most common reported chronic disease conditions in NH are 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 Center of Injury Prevention, 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 CDSMP 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 a member of the NH DHHS Division of Public Health Services 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 to this question, 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 included to guide all aspects of their healthcare.

A person-centered approach includes a focus on *choice* – including *choice* about what, when, how and who delivers services. It is the delivery of services whereby informed consumers are given the opportunity and support to access their needs, determine what is best for themselves, and evaluate their services according to their own expectations. Consumers thus have greater control over their own lives and well-being. The importance of flexibility, choice in services, control and individualized care are at the core of person-centered approach and consumer direction.

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 included in the Medical Eligibility Assessment instrument that is used to determine 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, adults with disabilities, veterans, and family caregivers will have an opportunity to learn about and access long term services and supports 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 when needed.

As BEAS continues to strengthen supports and increase collaboration, it is critical that the NH healthcare delivery system define, practice and promote person-centered care consistently across all programs. 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, 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 – 2.4.*

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 through staff training, contract inclusion and priority focus. NH has also 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 NHFCSP 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 five 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 outreach and education is needed regarding the definition, needs and support of caregivers.

As the number 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 Goal #2, 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

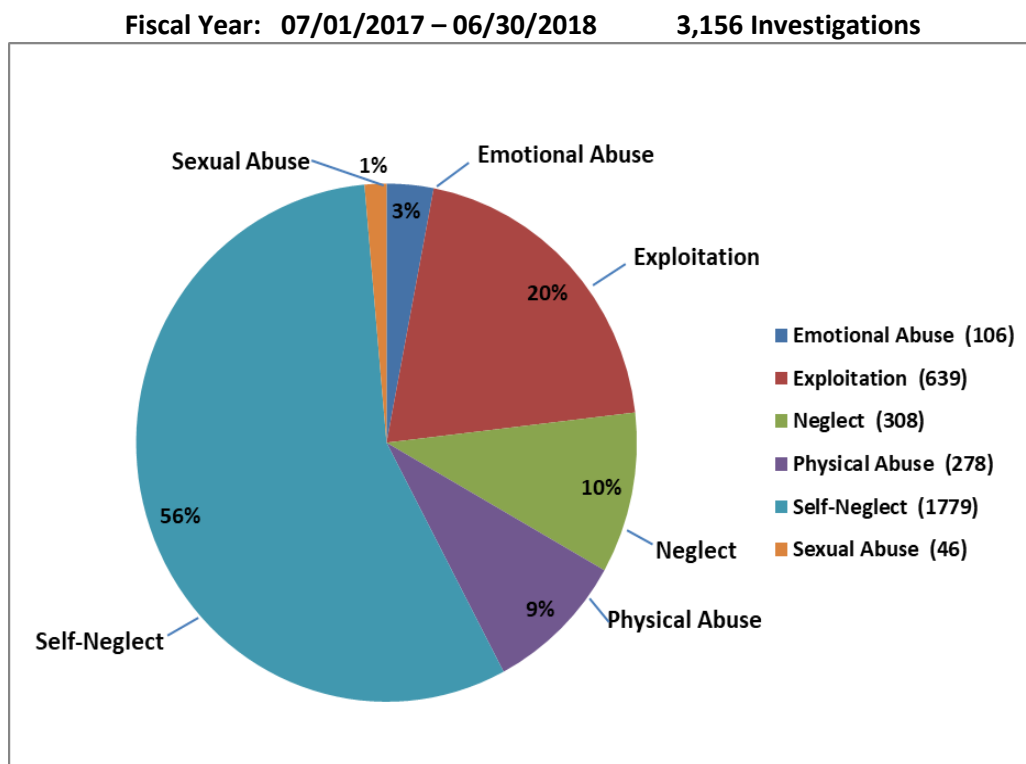
Adult Protective Services

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 and a State Registry Unit, and is present at eleven District Offices statewide, ensuring a physical presence in each of NH's counties. 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 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. Information and referral includes providing a person with detailed information regarding the services or supports that would best address their concerns, and connecting them with appropriate resources to best meet their needs. Non-protective referrals often include an APS representative visiting the individual in their home to help identify needs and concerns, often resulting in referrals to in-home supports, adult day health programs, counseling, or other community based services. Protective referrals are defined in RSA 161-F:43, and are reflected in the pie chart below. Overall, 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 in SPOA Surveys and Listening Sessions. With that said, ensuring the rights, safety, independence and dignity of older adults is a priority in NH, and APS will continue to be diligent in this work. See *SPOA Goal #3, Objective 3.2 – strengthening adult protection services through greater awareness, collaboration and response.*



Office of the Long-Term Care Ombudsman (OLTCO)

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 residents.

Legal Services

Legal Services are a vital component of the state's elder justice system. An ever-increasing number of older adults are victimized by 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 older adult 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 older people in NH's legal and legislative arenas. *BEAS and NHLA will continue to support the state's elder justice system through SPOA 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 our 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. | 822 | 30.3% |
| 2. Affordable and Available Senior Housing | 314 | 11.6% |



3. Taxes: property taxes too high, overall cost of living too high	282	10.4%
4. Medical care: struggles with medical coverage, medical insurance	277	10.2%
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.	182	6.7%

Transportation is a critical service for older adults and adults with disabilities, helping them to continue to live in their home and community. Transportation is provided on an on-demand and/or fixed-route basis. BEAS funded transportation providers are members of the NH Community Transportation Regional Coordinating Councils (RCCs), which is comprised of local transportation providers, human service agencies, funding organizations, consumers, and regional planning commission staff. The RCCs 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 many 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 individuals cannot afford the more expensive options and do not qualify for the Medicaid funded options. 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 homes.

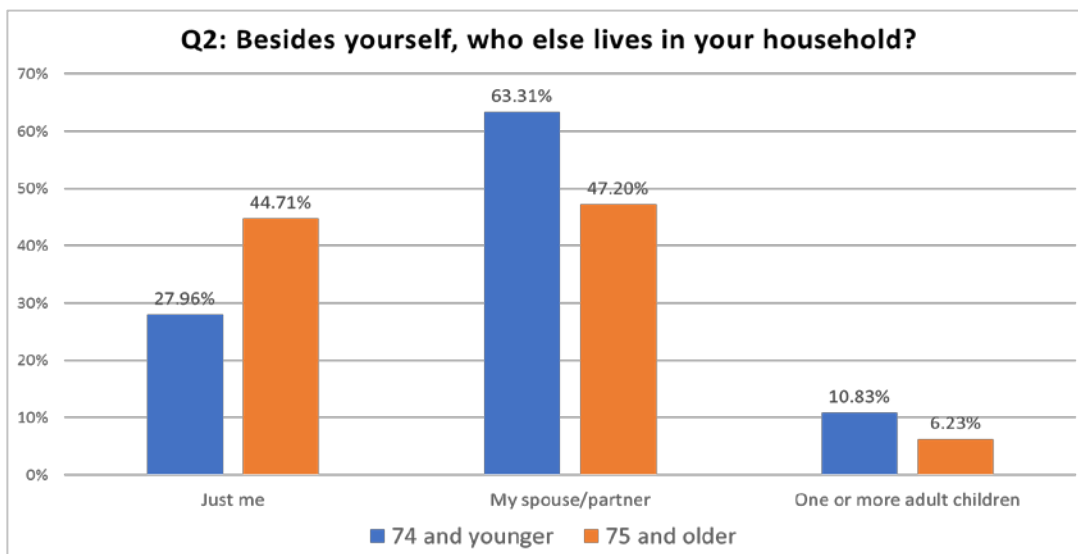
The Bureau of Housing does not reside within BEAS; it is housed within the Division of Economic and Housing Stability. BEAS will work with the Bureau of Housing and other community organizations to address SPOA Goal #4, Objective 4.2 – encouraging the promotion and development of different affordable 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, income concerns and/or companionship.

To get a better understanding of potential isolation for older people, this question was separated into two age categories, 74 years of age and younger, and 75 years of age and older. The results (provided below) indicate that, as respondents age, they are more likely to live alone, without a spouse or partner and without an adult child.



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 – Increasing 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 – Increasing accessible and affordable transportation for those in cities, towns and more rural areas;
- Accessibility – Providing for home modifications to ensure accessibility;
- Housing – Offering 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 health care.
- Outreach – Promoting opportunities to get to know your neighbors, encourage volunteerism, and ask community members to check on neighbors, especially in the winter.

BEAS will address this issue through SPOA Goal #4, Objective 4.4 – reducing loneliness and isolation of older adults.

Mental Health and Substance Use Disorders

According to the National Alliance on Mental Illness (NAMI) NH, depression, anxiety, addiction and other mental health issues are **not** a normal part of aging. As people get older, they often experience losses and stresses. Depression and anxiety disorders in this population are often underdiagnosed and untreated, and this can have an impact on their overall wellbeing and independence, sometimes leading to fatigue, illness and even suicide. Some of the risk factors for suicide in the general adult population are more profound in older adults, including the increased prevalence of co-occurring medical conditions, depression and social isolation. According to statistics from the Centers for Disease Control, male NH residents over age 85 have the highest rate of suicide deaths per



100,000 by age group for the years 2012 to 2016. *For additional information on suicide prevention, see the NH Suicide Prevention Plan, 2017-2020 in SPOA Appendix, #9, (v).*

One in five older adults experience some type of mental disorder such as depression, anxiety, and/or dementia. As the number of older adults in NH continues to rise, mental health and substance use disorders are rising as well. Adults of all ages are served by the NH Bureau of Mental Health Services through the Community Mental Health Centers (CMHCs) and peer support agencies in the State's ten community mental health regions. The NH Coalition on Substance Abuse, Mental Health and Aging is working hard to increase awareness of these issues and advocate for addressing these needs. The Coalition is a nonprofit organization whose mission is to help people address the challenges they face as they age, with regard to the use and management of alcohol and medications, maintaining good mental health, and being treated with dignity and respect. BEAS has served on this Coalition since its inception in 1987. *BEAS will partner with the Coalition to address mental health and substance use disorders through SPOA Goal #4, Objective 4.4, Strategy: Partner with the Coalition on Substance Abuse, Mental Health and Aging to explore opportunities to better align the State Plan on Aging and the 10-Year Mental Health Plan, with a goal of strengthening services and supports for older adults.*

Adult Day Health 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 help to reduce loneliness and isolation, while offering respite to caregivers. There are currently 17 Adult Day Programs in the state, consisting of a total licensed capacity of 773 persons per day. 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, despite the growth in the population of older adults. *BEAS will address this issue through SPOA Goal 4, Objective 4.5 – exploring opportunities to rebalance the long-term support system.*

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 the program renewal of July of 2017, service refinements were made, and several new services were introduced. One such service is the Participant Directed and Managed Service Model. *BEAS is addressing this work through SPOA, Goal #4, Objective 4.5 – exploring opportunities to rebalance the long-term support system.*

Balancing Incentive Program

DHHS was first in the nation to qualify and participate in the Balancing Incentive Program (BIP), a discretionary grant awarded by the Centers for Medicare and Medicaid Services (CMS) to assist the State in rebalancing the gap between the amounts spent for Medicaid institutional long-term care and what is spent for 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.



Money Follows the Person

Money Follows the Person, formerly known in NH as the NH Community Passport Program (CPP) is a nursing home transition program and rebalancing initiative established in 2007 through funding from CMS. BEAS completed its last CPP transition in March of 2016. Since that time, NH 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 supports to its Choices for Independence program to support transition efforts including transitional case management and community transition services. These services includes a one-time expense set up 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. *BEAS is addressing this work through SPOA, Goal #4, Objective 4.5 – exploring opportunities to rebalance the long-term support system.*

Improving Business Acumen

Many BEAS service delivery partners have invested time and effort to better understand and address business conditions in NH, with a goal of improving financial and operational outcomes. Delivery system partners have actively participated in the NH Business Acumen Initiative (BAI) lead by the Center on Aging and Community Living and funded by the NH Endowment for Health, as well as the Home and Community Based Services Business Acumen Center by accessing technical assistance and coordinating with other Community Based Organizations (CBOs).

In the summer of 2017, the University of NH's Institute on Disability and Center on Aging and Community Living was invited to join the Trailblazer's Learning Collaborative convened by the National Association of Area Agencies on Aging, to address common challenges, share breakthrough strategies in business and partnership development, and educate individuals and organizations new to the integrated care space. An emphasis of this group's work is with the NH Coalition of Aging Services and ServiceLink to support the development and ability of CBOs to contract with integrated healthcare entities.

The DLTSS' Bureau of Developmental Services (BDS) was one of five states chosen to join the NASUAD Disability Network Learning Collaborative team in September of 2017 for a Home and Community Based Services Business Acumen Center opportunity. This team included stakeholders from BDS, aging services, case management organizations and the Disability Rights Center. They partnered with NASUAD technical assistance and support on cost analysis and business case development for CBOs that work in the developmental disability and aging services systems. 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, and
- report data to payers

Both business acumen initiatives have been meeting regularly to share lessons learned and best practices. Future work needs to focus on developing methods for calculating the return on investment and business case in order to facilitate new payment and contracting models with established CBOs. *These initiatives will be leveraged in 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.*



Goals, Objectives, Strategies, Performance Measures & Outcomes

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
4. Advance age-friendly communities.

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.
- 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.
- Partner with the State Committee on Aging and the SPOA Committee on the coordination of state and county based outreach to introduce the SPOA, maintain accountability, engage community support and establish a SPOA “score card” to communicate progress of the State Plan.

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

Strategies:

- Collaborate with the NH Coalition of Aging Services (NHCAS), NH Nutrition Network and NH DHHS Division of Public Health Services (DPHS) in reviewing the NHCAS Nutrition Survey and population health statistics to better identify gaps and opportunities for strengthening outreach and expanding nutrition programs.
- Partner with the NHCAS, NH Nutrition Network, NH Community Action Programs and DPHS in exploring 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.
- Partner with the NHCAS, 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 broadening outreach to diverse populations.
- Collaborate with the NHCAS, NH Nutrition Network, NH Association of Senior Centers, DPHS and ServiceLink in the development of creative and broad promotion/programming of home-delivered meals, congregate meal sites and supplemental food programs. Messages should promote benefits such as door-to-door



transit to Congregate Dining Programs, local farmer's markets (for fresh fruits and vegetables), and opportunities to reduce isolation and improve access to information.

- Coordinate with DPHS, NHCAS and the NH Nutrition Network to strengthen assessment and reassessment tools, and procedures to ensure priority is given to target population under Title III and outlined in SPOA Appendix #1, Attachment A.

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. See SPOA Appendix, #8 for complete NWD System Business Case Grant – Work Plan.

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, hospitals, Integrated Delivery Network, VA 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 and ServiceLink staff and volunteers (located in 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 and other surveys, using the results to effect systems change.

Objective 1.6 Analyze, assess and explore alternatives 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. to assist DHHS and its providers and stakeholders in supporting transitioning efforts to the new model.
- Meet and communicate regularly with service providers, community organizations, managed care 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 DHHS, Division of Public Health Services.
- Ensure BEAS has a presence and is actively engaged in New Hampshire's Falls Risk Task Force.

Goal #1 - Performance Measures:

- Increase by 5% the number of people who access ServiceLink and NHCarePath each year, beginning at the end of year two.
- Conduct state and county based outreach to introduce the SPOA and establish a SPOA "score card" to communicate progress of the State Plan, beginning in year one and taking place each following year.
- Update information on all agencies that provide OAA services in 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.
- Establish baseline 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 grant, 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, NAMI NH 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.

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 the NH State Library, NH Association of Senior Centers, NH Association of Counties, doctor's offices and others on delivering six outreach events per year to promote the five 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 and/or postponing institutionalization.
- Recruit and train PCOC mentors to ensure new staff are supported through the certification process.

Goal #2 - 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 six outreach events across the state, promoting the NHFCSP, each year.

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 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, and culturally effective care.
- Provide education and consultation 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 people 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 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 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.
- Collaborate with the Foundation for Healthy Communities, NH Home Care, Hospice and Palliative Care Alliance and ServiceLink to assess the knowledge and abilities of NH individuals and/or organizations to help facilitate discussions with individuals regarding advance care planning discussions.

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 SPOA.
- 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.

Goal #3 - 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 per year with the NH Healthcare Decisions Coalition, NH Foundation for Healthy Communities and other community organizations as needed to identify opportunities to better integrate End of Life planning in BEAS programs and services, beginning at the end of year one.
- Increase the number of educational presentations given to service providers and community groups regarding adult protection by 5% each year, beginning at the end of year one.
- Increase outreach, trainings and support to communities regarding emergency preparedness and planning, beginning at the end of year one.
- 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 the State Committee on Aging, SPOA Committee, NH Alliance for Healthy Aging, NH State Library, NH Association of Senior Centers, churches, ServiceLink, Regional Coordination Councils, YMCAs and other adult-related organizations to strengthen transportation access, options and supports.
- Enhance outreach, education and transportation service delivery by supporting mobility management strategies within Regional Coordination Councils throughout the state; mobility management strategies are detailed in the 2016 NH Statewide Coordination of Community Transportation Services Plan provided in SPOA Appendix, #9, (d).
- 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 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 and those who care for them.

Strategies:

- Partner with the State Committee on Aging and other community organizations in exploring 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.
- Explore opportunities to share resources and strengthen collaboration with the NH Housing Finance Authority, local Housing Authorities and the NH Governor's Interagency Council on Homelessness.

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

Strategies:

- Help to facilitate leadership engagement within the network of aging services 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 the NH Office of Health Equity and other state and local organizations serving diverse populations to better inform the service network of inclusion issues; share 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. See SPOA Appendix, #9, (t).
- 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 other community organizations.
- Explore opportunities to improve capacity to support intergenerational approaches to serving older adults with YMCAs, town recreation departments, NH State Library and other community stakeholders.
- 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 Office of Health Equity to strengthen communication access for those individuals with hearing loss or hearing challenges.
- Partner with the State Committee on Aging and the Coalition on Substance Abuse, Mental Health and Aging on exploring opportunities to better align the State Plan on Aging and the 10-Year Mental Health Plan, with a goal of strengthening services and supports to older adults.
- Partner with the NH DHHS Bureau of Mental Health Services on submitting an application to the National Council on Aging to receive approval of the Referral, Education, Assistance and Prevention (REAP) program as an evidence based program that would be eligible for funding under Title IIID.



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.
- Improve the Medicaid provider outreach and enrollment process and develop a user-friendly provider enrollment manual.
- Identify improvement opportunities to integrate means to address social determinants of health into the health services and supports someone is receiving.
- Identify national best practices, review recommendations for implementation, and develop a plan for amending policy and administrative rules.
- Participate in workforce improvement initiatives, through greater collaboration with workforce projects and partnerships across the state.
- Explore opportunities to improve capacity for other community-based services, such as Adult Day Health Programs.

Performance Measures:

- Add all transportation resources to the 2-1-1 database by the end of year one, and annually update the database each following year.
- Establish a baseline for the number of older adults and adults with disabilities who access transportation, by the end of year one.
- Increase the number of older adults and adults with disabilities who access transportation by the end of year two.
- Increase the number 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.

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

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 maintain systems for tracking, resolving and reporting client complaints/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 DHHS staff. 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 input 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 staff specifically designated to oversee the performance of operational and administrative functions. Designated staff work in partnership with the DHHS Office of Improvement and Integrity and Office of Quality Assurance and Improvement 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

ServiceLink develops and implements locally based Quality Assurance and Continuous Improvement Plans to ensure that all services are of high quality, person-centered services are provided and sustained throughout the geographic service area, and services produce measurable results. ServiceLink continuously evaluates and improves their service provision to individuals, 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 DHHS. 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 CFI Case Manager are struggling to remediate complex client issues, a case review is requested. The function of the Case Review and Consultation Committee 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.*

Interagency Integration Team

The Interagency Integration Team facilitates monthly collaborative meetings with representatives from the Bureaus of Elderly and Adult Services, Developmental Services, Drug and Alcohol Services, Housing Supports, Children's Behavioral Health, Office of Medicaid Services, Quality Improvement, and Mental Health Services to review cases in which an individual needs services from multiple service delivery systems. These collaborative meetings allow representatives from each bureau to review complicated situations on a case-by-case basis, and determine potential barriers exist and identify pathways to meet the individual's needs within the multiple service delivery systems. The Interagency Integration Team identifies policy changes that are needed on a larger scale to ensure that 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. 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 Introduction

Resource Allocation Plan

As a designated Single Planning and Service Area, NH does not utilize an intrastate funding formula for its Older Americans Act (OAA)-related funding. The total amount of OAA funding received 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 Title III requirements that focus services on individuals who are 60 years of age and older with the greatest economic and social needs, and low-income minority older individuals.



Service	SFY 2016 Actual Dollars Expended					
	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			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	9,976,869	2,176,130	4,261,812	169,321	4,877,502	21,461,634
						21,461,634
Note 1: Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Respite and Guardianship.						



Service	SFY 2017 Actual Dollars Expended					
	General	Fed Other	III	VII	XX	Totals
Adult Community Services						
Adult Group Day Care	121,799		165,649		155,090	442,538
Congregate Meals	160,519		1,679,273			1,839,792
Misc Services (Note 1)	74,227		9,415		57,450	141,092
Transportation	700,623		729,910			1,430,533
Total Adult Community Services	1,057,168	0	2,584,247	0	212,540	3,853,955
In-Home Support						
In-Home Care	1,994,370		331,509		2,936,304	5,262,182
Emergency Support	5,655		50,892			56,547
Home-Delivered Meals	3,013,304		2,014,499		1,550,754	6,578,557
Home Health Aide	14,458		130,118			144,575
Total In-Home Support	5,027,786	0	2,527,017	0	4,487,057	12,041,860
Family Support						
Alzheimer's Disease Support Program	223,583					223,583
NH Family Caregiver Support Program	93,030		728,202			821,232
Total Family Support	316,613	0	728,202	0	0	1,044,815
Aging Information Resource System						
NH ServiceLink Network	1,527,955	1,024,841			94,380	2,647,176
Health Insurance Counseling	21,954	305,852				327,806
Senior Medicare Patrol Project	64,784	229,254				294,038
Medicare Improvements for Patients and Providers Act	1,217	156,545				157,761
Health Promotion			80,534			80,534
Enhanced ADRC / No Wrong Door		356,304				356,304
Total Aging Information Resource	1,615,910	2,072,795	80,534	0	94,380	3,863,619
Adult Protective Services						
Long Term Care Ombudsman	162,682			40,818		203,500
Legal Services (formerly part of Misc Services)	13,517		121,653			135,170
Total APS	176,199	0	121,653	40,818	0	338,669
Grand Totals	8,193,676	2,072,795	6,041,652	40,818	4,793,978	21,142,919
						21,142,919
Note 1: Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Respite and Guardianship.						



Service	SFY 2018 Actual Dollars Expended					
	General	Fed Other	III	VII	XX	Totals
Adult Community Services						
Adult Group Day Care	118,339		103,496		130,643	352,479
Congregate Meals	420,995		1,415,081			1,836,075
Misc Services (Note 1)	76,804		8,399		57,450	142,654
Transportation	774,596		807,060			1,581,657
Total Adult Community Services	1,390,734	0	2,334,037	0	188,093	3,912,864
In-Home Support						
In-Home Care	1,962,523		349,250		2,824,639	5,136,411
Emergency Support	22,385		32,345			54,729
Home-Delivered Meals	4,256,517		1,294,512		1,672,699	7,223,727
Home Health Aide	27,026		120,021			147,047
Total In-Home Support	6,268,450	0	1,796,128	0	4,497,337	12,561,915
Family Support						
Alzheimer's Disease Support Program	284,874					284,874
NH Family Caregiver Support Program	234,068		702,871			936,938
Total Family Support	518,942	0	702,871	0	0	1,221,812
Aging Information Resource System						
NH ServiceLink Network	1,592,761	1,229,692			93,156	2,915,609
Health Insurance Counseling	14,325	242,751				257,076
Senior Medicare Patrol Project	61,445	213,489				274,934
Medicare Improvements for Patients and Providers Act	4,809	86,381				91,190
Health Promotion			82,114			82,114
Enhanced ADRC / No Wrong Door	71,627	242,473				314,100
Total Aging Information Resource	1,744,967	2,014,786	82,114	0	93,156	3,935,022
Adult Protective Services						
Long Term Care Ombudsman	29,727			129,566		159,293
Legal Services (formerly part of Misc Services)	31,097		132,636			163,732
Total APS	60,824	0	132,636	129,566	0	323,026
Grand Totals	9,983,916	2,014,786	5,047,785	129,566	4,778,586	21,954,640
						21,954,640
Note 1: Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Respite and Guardianship.						



Service	SFY 2019 Based on Contracts					
	General	Fed Other	III	VII	XX	Totals
Adult Community Services						
Adult Group Day Care	178,765		135,839		200,228	514,832
Congregate Meals	310,272		1,758,210			2,068,482
Misc Services (Note 1)	73,306		9,919		60,000	143,225
Transportation	427,313		1,281,938			1,709,250
Total Adult Community Services	989,656	0	3,185,905	0	260,228	4,435,789
In-Home Support						
In-Home Care	2,791,412		359,210		4,007,514	7,158,136
Emergency Support	17,637		17,637			35,274
Home-Delivered Meals	2,256,451		3,345,660		1,711,847	7,313,958
Home Health Aide	55,346		166,039			221,385
Total In-Home Support	5,120,847	0	3,888,546	0	5,719,360	14,728,753
Family Support						
Alzheimer's Disease Support Program	302,507					302,507
NH Family Caregiver Support Program	250,963		752,888			1,003,850
Total Family Support	553,470	0	752,888	0	0	1,306,357
Aging Information Resource System						
NH ServiceLink Network	1,244,169	834,000			96,668	2,174,837
Health Insurance Counseling		202,940				202,940
Senior Medicare Patrol Project	21,338	192,045				213,383
Medicare Improvements for Patients and Providers Act		61,062				61,062
Health Promotion			100,000			100,000
Enhanced ADRC / No Wrong Door		66,150				66,150
Total Aging Information Resource	1,265,507	1,356,197	100,000	0	96,668	2,818,372
Adult Protective Services						
Long Term Care Ombudsman	25,000			75,000		100,000
Legal Services (formerly part of Misc Services)	36,561		109,682			146,242
Total APS	61,561	0	109,682	75,000	0	246,242
Grand Totals	7,991,040	1,356,197	8,037,019	75,000	6,076,257	23,535,513
						23,535,513
Note 1: Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Respite and Guardianship.						



Service	SFY 2020 Total Projected Budget					
	General	Fed Other	III	VII	XX	Totals
Adult Community Services						
Adult Group Day Care	178,765		135,839		200,228	514,832
Congregate Meals	310,272		1,758,210			2,068,482
Misc Services (Note 1)	73,306		9,919		60,000	143,225
Transportation	427,313		1,281,938			1,709,250
Total Adult Community Services	989,656	0	3,185,905	0	260,228	4,435,789
In-Home Support						
In-Home Care	2,791,412		359,210		4,007,514	7,158,136
Emergency Support	17,637		17,637			35,274
Home-Delivered Meals	2,256,451		3,345,660		1,711,847	7,313,958
Home Health Aide	55,346		166,039			221,385
Total In-Home Support	5,120,847	0	3,888,546	0	5,719,360	14,728,753
Family Support						
Alzheimer's Disease Support Program	302,507					302,507
NH Family Caregiver Support Program	250,963		752,888			1,003,850
Total Family Support	553,470	0	752,888	0	0	1,306,357
Aging Information Resource System						
NH ServiceLink Network	1,215,002	828,852			96,668	2,140,523
Health Insurance Counseling		202,940				202,940
Senior Medicare Patrol Project	21,338	192,045				213,383
Medicare Improvements for Patients and Providers Act		61,062				61,062
Health Promotion			122,000			122,000
Enhanced ADRC / No Wrong Door		175,170				175,170
Total Aging Information Resource	1,236,341	1,460,069	122,000	0	96,668	2,915,078
Adult Protective Services						
Long Term Care Ombudsman	25,000			75,000		100,000
Legal Services (formerly part of Misc Services)	36,561		109,682			146,242
Total APS	61,561	0	109,682	75,000	0	246,242
Grand Totals	7,961,874	1,460,069	8,059,019	75,000	6,076,257	23,632,219
						23,632,219
Note 1: Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Respite and Guardianship.						



New Hampshire

State Plan on Aging 2020-2023

Appendix

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Attachment A: State Plan Assurances and Required Activities

Older Americans Act, As Amended in 2016

By signing this document, the authorized official commits the State Unit on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.

ASSURANCES

Sec. 305, ORGANIZATION

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

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

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

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

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

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

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

(5) in the case of a State specified in subsection (b) (5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306(a), AREA PLANS

(a) Each area agency on aging...Each such plan shall--



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(I) older individuals residing in rural areas;



- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement; and
- (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
- (C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
- (5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;
- (9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;
- (11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-
 - (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
 - (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;
- (13) provide assurances that the area agency on aging will—
 - (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
 - (B) disclose to the Assistant Secretary and the State agency--
 - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (ii) the nature of such contract or such relationship;



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

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

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

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

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

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

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

Sec. 307, STATE PLANS

(a) . . . Each such plan shall comply with all of the following requirements:...

(3) The plan shall--

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

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

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

(B) The plan shall provide assurances that--

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

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

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

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

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



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

(A) the plan contains assurances that area agencies on aging will

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

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



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

(21) The plan shall--

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

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

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

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

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

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

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

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

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

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

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

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

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



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

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

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order...

Sec. 305 ORGANIZATION

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

(2) the State agency shall—

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

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

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



Sec. 306 – AREA PLANS

(a) . . . Each such plan shall— (6) provide that the area agency on aging will—

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

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

Sec. 307(a) STATE PLANS

(1) The plan shall—

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

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

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

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

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

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

Note: "PERIODIC" (DEFINED IN 45CFR PART 1321.3) MEANS, AT A MINIMUM, ONCE EACH FISCAL YEAR.

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



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

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

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

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

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

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

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

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

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

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

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

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


Signature and Title of Authorized Official

6/15/19
Date



Attachment B: State Plan Information Requirements

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

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

Response:

Throughout NH, BEAS' service providers provide assurances to serve those with the greatest economic and social need as part of their scope of work within contracts with DHHS. Targeted individuals include those who are low income, living in rural areas, are in frail physical or mental health, older minority, and are at risk of institutionalization without the services. To ensure that targeting criteria is met, home delivered meals and services provided in the home are limited to individuals who meet the criteria above. BEAS further monitors targeting compliance by the conduction of both on-site agency reviews and desk reviews. Objective 1.2 includes strategies to strengthen these assurances with tools to prioritize those in greatest need.

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Response:

- 1) The DHHS has an emergency call list and the BEAS senior leadership are included on that list. If a situation developed requiring after hour assistance by the BEAS, all senior leadership have state-issued cell phones and could be available, depending on what their role would be.
- 2) It is recommended that all BEAS staff sign up to receive NH DHHS Alerts to be notified of emergencies/disasters.
- 3) During State Emergency Operations Center (SEOC) activation, the BEAS Chief will provide a situational summary to the Emergency Support Function/Recovery Support Function (ESF 8/RSF 3) desk Coordinator for Public Health and Medical Services/Health and Social Services Recovery regarding any impact on older adult programs and services. If needed, the DHHS Emergency Services Unit (ESU) Director or designee would be available to facilitate a planning call for BEAS senior leadership pertaining to older adult population mission response.
- 4) The BEAS Chief will provide the DHHS Public Information Officer with specific information pertaining to community programs/services provided by DHHS and BEAS that may be impacted by the emergency/disaster.
- 5) BEAS and State emergency officials will develop frequently asked questions pertaining to BEAS' community programs/services during disaster and recovery as needed for distribution to BEAS partners.



Section 307(a)(2)

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

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

(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

Response:

- a) Access & Assistance Services – NH uses 67% of the total IIIB award for this.
- b) In Home Services – NH uses 27% of the total IIIB award for this.
- c) Legal – NH uses 6% of the total IIIB award for this.

Section 307(a)(3)

The plan shall--

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

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

Response:

BEAS will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000. According to the US 2010 Census, approximately 92% of NH's land areas defined as rural and 37% of the state's population reside in rural areas (defined by the US Census as all areas that are not urbanized or urban cluster). BEAS targets funds to those living in rural areas with all of the services they provide.

<https://www.census.gov/prod/cen2010/cph-2-31.pdf>

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

Response:

See SPOA, page 31. With 92% of NH's land area defined as rural (as described above), BEAS assures focus on ensuring those in rural areas have access to these services.

With 37% of NH's population considered rural (as described above), projected OAA and State costs for providing services to rural areas include the following:

FY20	Federal: \$3M, State: \$2.9M, Total: \$5.9M	FY21	Federal: \$3M, State: \$2.9M, Total: \$5.9M
FY22	Federal: \$3M, State: \$2.9M, Total: \$5.9M	FY23	Federal: \$3M, State: \$2.9M, Total: \$5.9M

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

Response:

BEAS obligates OAA funds to contracted providers who target older people in NH in the greatest social and economic need with a focus on ensuring those in rural areas have access to these services. With NH's northern and rural counties projected to experience the highest growth percentages, BEAS and its contracted partners are continuously seeking to maximize OAA funds to meet the needs of rural areas, collaborating with other state agencies, community partners, and volunteers to ensure access despite the rural landscape and dispersed population. This issue will be address as part of Goal #1, Objective 1.2.



Section 307(a)(10)

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

Response:

NH covers 8,968 square miles, with a 2017-estimated population of 1,342,795 people – 498,122 of which live in rural areas (USDA-ERS). Concord is the state capital. The state's largest cities are Manchester, Nashua and Concord. Over 60% of NH's population lives in a rural area of the state. Contracted providers are required to prioritize those in greatest economic and social need, including those living in rural areas.

For transportation services, BEAS has a tiered rate structure that specifically addresses the rural nature and geographic location of each service provider. The more rural areas get higher rates due to increased travel distances.

For home health services, effective 7/1/19, BEAS is implementing rate increases, within the limits of currently available funding, for homemaker and home health aide services. This is in direct response to the contract agencies' challenges in getting services delivered to rural clients. The rates will provide better compensation for the time and distances that have to be traveled to reach the homes of rural clients.

Section 307(a)(14)

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

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

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

Response:

NH currently has approximately 75,000 foreign born residents out of the state's 1.3 million residents. While the state's overall foreign-born population is small compared with much of the rest of the country, immigration has played an important role in the state's recent minority trends. The NH Center for Public Policy Studies' May 2015 Report "NH's Foreign-Born Population" cites that a little more than one fifth of NH's estimated 75,000 foreign-born residents are in households with incomes between 100 percent and 200 percent of the federal poverty level guidelines, compared to 15 percent for the native born population.

Please see below tables with additional information, provided by the U.S. Census Bureau:



Table 1. *Percentage of Minority Older Individuals (Age 60+) with Income below the Poverty Level in the Past 12 Months in New Hampshire.*

Race	Total	Under Poverty	%
African American	1451	226	15.6%
American Indian and Alaska Native	295	30	10.2%
Asian	3343	258	7.7%
Hispanic or Latino	3478	465	13.4%
Native Hawaiian and other Pacific Islander	23	0	0.0%
Some other race	464	86	18.5%
Two or more races	2079	213	10.2%
Total	11133	1278	11.5%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Table 2. *Percentage of Older Individuals (Age 65+) with Limited English Proficiency by Language Spoken at Home in New Hampshire*

Language Spoken at Home	Total	Speak English “not well” or “not at all”	%
English only	201,223	-	-
Spanish	1,983	688	34.7%
Other Indo-European languages	14,233	1,371	9.6%
Asian and Pacific Island languages	1,562	587	37.6%
Other languages	292	64	37.6%
Total	219,293	2,710	1.2%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

BEAS coordinates with the DHHS Office of Health Equity to support the provision of culturally and linguistically appropriate services to NH's residents by DHHS as well as to maintain communication with racial, ethnic and other medically underserved populations to create partnerships to enhance the overall health of the communities by developing combined opportunities and resources to address health disparities.

In DHHS southern District Offices, (offices where people can access face-to-face assistance to apply for public programs such as food stamps, Medicaid and child support), foreign language interpreters assist individuals who are accessing services. In addition, the DHHS Office of Health Equity coordinates the translation of DHHS Program information and disseminates it to DHHS service providers.

Section 307(a)(21)

The plan shall --

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



Response:

NH has no federally recognized Native American tribes. Administratively attached to the NH Department of Cultural Resources, the Commission on Native American Affairs recognizes the historic and cultural contributions of Native Americans to NH. Their mission is to promote and strengthen Native American heritage and further the needs of NH's Native American community through state policy and programs. The Commission is scheduled to sunset July of 2020. BEAS has made its resources available to the Commission and remain available to provide information, technical assistance and/or support. BEAS will be reaching out to the NH Intertribal Native American Council to explore opportunities to ensure and improve access to services for older individuals in NH who are Native American. BEAS service providers are required to provide culturally and linguistically appropriate services to all older people and persons with disabilities.

Section 307(a)(28)

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

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive

Response:

See state plan narrative pages 4-5.

Section 307(a)(29)

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

Response:

- 1) In keeping with U.S. Homeland Security guidance, the National Response Framework and the National Recovery Framework, State and local level emergency response and recovery is structured into support functions. These support functions provide a framework for activating capabilities best able to address the needs of disaster impacted and recovery of jurisdictions.
- 2) At the State Emergency Operations Center (SEOC), there are assigned Emergency Support Function (ESF)/Recovery Support Function (RSF) desks where the jurisdictional requests are coordinated. The ESF 8/RSF 3 desk is responsible for Public Health and Medical Services/Health and Social Services Recovery response both during and after disasters, with recognition of older adults and persons with disabilities and others with access and functional needs, etc.
- 3) The ESF 8/RSF 3 Coordinator, in conjunction with the State's Homeland Security and Emergency Management (HSEM) Director, has resources to coordinate and network with partners to address health and medical issues as they relate to older adult emergency planning.
- 4) In the event of a major disaster, some older adult community programs and residential care facilities may require evacuation to a general population shelter. The SEOC ESF 6 desk Coordinator is responsible for Mass



Care, Housing, and Human Services. The ESF 6 desk Coordinator may be asked to assist the ESF8/RSF3 desk Coordinator as needed for older adult care response and recovery activities.

- 5) Most emergencies and special events start and end at the local level and are handled by local emergency management officials, and during public health emergencies with assistance from Public Health Network Coordinators, in conjunction with police, fire, and emergency personnel.
- 6) The state is divided into 13 Regional Public Health Networks (RPHNs). 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.
- 7) As of early 2016, each RPHN has established a Public Health Advisory Council (PHAC). The role of the PHAC is to advise the Regional Public Health Network partners by identifying regional public health priorities based on assessments of community health; guiding the implementation of programs, practices and policies that are evidence-informed to improve health outcomes; and, advancing the coordination of services among partners. Additionally, the PHAC structure is intended to build on and, when feasible, blend existing local leadership and coordinating groups working on various public health issues. This work began with substance misuse prevention, public health emergency preparedness and has now extended its advisory and coordinating role over a much broader range of public health issues and services based on regional priorities and capacity.
- 8) As of early 2018 the State has established a healthcare coalition with representation from long-term care facilities, DHHS Health Facilities Licensing and Certification Unit, homecare organizations (including VNA), urgent care clinics, etc.
- 9) In 2018 the Granite State Health Care Coalition (HCC) was developed. This coalition is 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. This is accomplished by bridging the gaps between partners, providing situational awareness, training and education and sharing best practices and lessons learned. Emergencies typically affect the whole community, not just a single facility. Membership in the HCC is voluntary. Outreach has begun to all the credentialed and licensed health care facilities in the state as well as to various health care and agencies/organizations.

Section 307(a)(30)

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

Response:

- 1) BEAS Bureau Chief will coordinate with the DHHS Emergency Services Unit (ESU) to ensure full opportunity in the development, revision, and implementation of emergency preparedness planning and to ensure that there is an aging lens to the work of emergency preparedness.
- 2) BEAS will collaborate with NH DHHS ESU, providing opportunities for continued situational awareness regarding emergency preparedness, response and recovery initiatives by local, State, and federal partners, and how this will support the BEAS Service Delivery System.
- 3) All BEAS staff members sign up to receive NH DHHS Alerts to be notified of emergencies/disasters.



Section 705(a) ELIGIBILITY --

In order to be eligible to receive an allotment under this subtitle, a State shall *include in the State plan submitted under section 307--*

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307--

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

Response:

- 1) BEAS assures that all programs under Title VII are operated in accordance with applicable OAA requirements.

BEAS staff includes a Legal Assistant Developer designated by DHHS' Legal Services Unit. The Legal Assistant Developer provides assistance, guidance and direction in the development of BEAS' policies, procedures, administrative rules and legislation. In addition, the Legal Assistant Developer provides technical assistance to BEAS' program areas to facilitate resolution of client service questions and concerns, and provides State leadership in developing legal assistance programs for older individuals throughout the State.

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 collaborating 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. The designated BEAS Legal Developer provides oversight to our contract with NHLA.

BEAS carries out the legal requirements of the Protective Services to Adults Law under Adult Protection Services (APS). The purpose of the law, which is civil and not criminal, is to provide protection for vulnerable adults who are age 18 and older, determined to be abused, neglected, exploited, or are self-neglecting. An adult protective services unit receives and investigates reports involving incapacitated/vulnerable adults who live independently or live in or are participating in homes/programs administered by or affiliated with the DHHS Bureaus of Mental Health Services and Developmental Services. The APS unit is also responsible to receive and investigate reports involving vulnerable adults who are suspected to have been abused, neglected or exploited in their own homes by individuals that provide care, or while receiving care in a community, general or specialized hospital, rehabilitation center or other treatment center.

In NH, adults are legally competent unless they are under guardianship. If there has been an activated DPOA, we work with that individual. In the absence of an activated Durable Power of Attorney (DPOA), APS would consider whether a guardianship needs to be in place. If so, APS would work with the family or other individual/s to help them with that process. According to the APS statute, if all other remedies are exhausted, we may seek to have a guardian appointed by the probate court.

In addition, the Office of the Long-Term Care Ombudsman (OLTCO) is responsible to receive initial reports involving vulnerable adults who are residents of nursing homes or assisted living facilities. The OLTCO is administratively attached to the Office of the Commissioner at DHHS. The OLTCO does not have management responsibility for, or operate under the supervision of an individual with management responsibility for, adult protective services.



The current APS activities include: 1) the receipt and investigation of reports of alleged emotional abuse, physical abuse, sexual abuse, neglect, exploitation, and/or self-neglect, and referral to law enforcement agencies as necessary; 2) the determination of the validity of the report and the need for protective services; and 3) the provision of and/or arrangement for the provision of protective services and social services when necessary, and when accepted by the adult who has been determined to be in need.

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

Response:

BEAS will support the provision of at least one public hearing a year to gather input from the public on the Office of Long Term Care Ombudsman operations. In addition, BEAS leverages the State Committee on Aging who meet regularly up to 9 times per year are open to the public and comments from the public are welcome as part of the agenda.

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

Response:

Through trained and certified Community Resource Specialists in Aging and Disabilities and State Certified Person Centered Options Counselors following the No Wrong Door/ADRC model, staff inform all clients of their rights when receiving services and provide information to clients about how to address issues related to their rights and benefits, including coordinated referrals to Adult Protective Services, NH Legal Assistance, Attorney General's office consumer assistance program, and the Long-Term Care Ombudsman.

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

Response:

BEAS assures that it will use funds made available under this subtitle for Adult Protective Services, the State's Long Term Care Ombudsman Program, and to contract with New Hampshire Legal Assistance supported with Title VII. BEAS will not supplant any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in this chapter.

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

Response:

NH does not have local Ombudsman entities under section 712(a)(5) separate from the State Long Term Care Ombudsman.

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

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



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

Response:

BEAS Adult Protective Services provides training to staff internal to DHHS, community based providers and other community groups statewide including but not limited to local law enforcement, senior centers, social service agencies, congregate meal sites, libraries, caregiver groups, new staff orientations, and statewide conferences. They review applicable laws and policies, such as reporting requirements for mandated reporting requirements for mandated reporters, and show what's expected when someone suspects a vulnerable adult is at risk.

(ii) receipt of reports of elder abuse;

Response:

NH BEAS Administrative Rule He-E 701.17 promulgates the following: Opening a Protective Services Program Case. Following a protective investigation, the Adult Protective Services Worker shall open a case in the adult protective services program in order to provide protective services to, and/or authorize protective services for the victim when the following conditions are met:

- (a) There is a need for protective services;
- (b) The victim agrees to accept protective services; and
- (c) The victim and his or her guardian, if the victim has a guardian, has participated in the development of a protective services program case plan.

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

Response:

The APS investigator will discuss with the alleged victim and/or their legal representative appropriate protective services. Except where protective services are court ordered, the investigator works to implement protective services agreed to by the victim. Victims with decisional capacity can choose to decline all services. Some services that can be offered are:

- Referrals to service providers, including case management, guardianship services, mental health and developmental services, law enforcement, and health care.
- Securing change of representative payee.
- Petitioning for removal of a court-appointed guardian.
- Notifying and filing a misuse of funds report with the Social Security Administration.
- Alerting financial institutions of misappropriation of funds.
- Assisting the client to close/change banking or other accounts.
- Intervening in cases of identity theft.
- Petitioning for guardianship.
- Filing for temporary restraining orders and relief from abuse orders.

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



Response:

See above list of possible referrals. The Adult Protective Service Worker (APSW) completes a form 3685 when a protective report has been received by APS, and the APSW and the APS Supervisor have determined that the report warrants referral to the Attorney General's office or to another law enforcement agency.

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

Response:

1. When an Alleged Victim Refuses APS Assistance: If an alleged victim refuses the assistance of APS and requests that the investigation stop, the Investigator shall, at a minimum:
 - a. Document steps taken to assess the alleged victim's capacity to consent or refuse Services and/or assistance;
 - b. Offer protective services, referrals and safety planning to the alleged victim, and document;
 - c. If the Investigator has information and/or evidence that supports continuation of the investigation (e.g. the alleged victim's statement, police reports, photographs), after consult with supervisory staff, they may determine that the investigation should continue;
 - d. The Investigator may determine that a continued investigation requires a search of the alleged perpetrator's prior history of abusive behavior and;
 - e. May also include identification and interview of other potential victims.

If the alleged incident occurred in a licensed facility or other setting where the alleged perpetrator may have continued access to other vulnerable adults, the Investigator will identify, contact and interview those individuals, and take protective measures as needed.

*(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order.*

Response:

He-E 701.22 outlines who may receive information as follows:

(a) When the investigation is in process, information which has been obtained, or which is in the process of being obtained, shall be released to the following, but only that information which is necessary for the receiving entity to carry out its statutory or regulatory mandates or service provision. (Any action also must be in alignment with Section 705(a)(6) of the OAA):

(1) The Department of Justice, other law enforcement officials or a court;

(2) The Bureau of Health Facilities Administration, when the investigation involves an alleged victim residing in a facility overseen by the health facilities administration, except that the reporter's name shall not be released;

(3) The Bureau of Mental Health Services, when the investigation involves an alleged victim who receives services from a community mental health program or resides at a facility overseen by the bureau of behavioral health, except that the reporter's name shall not be released;

(4) NH Hospital or Glencliff Home when the alleged victim who resides at the facility, except that the reporter's name shall not be released;



(5) The Bureau of Developmental Services, when the investigation involves an alleged victim who resides in a facility or participates in a program overseen by the bureau of developmental services, except that the reporter's name shall not be released;

(6) The Office of the Long-Term Care Ombudsman, when the investigation involves an alleged victim residing in a licensed nursing facility, licensed assisted living facility, licensed residential care facility or licensed supported residential care facility, except that the reporter's name shall not be released;

(7) The Board of Nursing, when the investigation involves a victim who is alleged to have been abused, neglected or exploited by an individual licensed by the board, except that the reporter's name shall not be released; and

(8) Agencies or individuals who provide services to the alleged victim, except that the reporter's name shall not be released.

(b) When the investigation is completed, and a determination has been made, information shall be released, if requested, to the following agencies/individuals who request it, in accordance with the provisions specified below:

(1) To the victim and his/her guardian, if any, or, if the victim is deceased, the executor or administrator of the victim's will, a copy of the protective investigation summary, except that the reporter's name shall not be released;

(2) To the perpetrator and his/her guardian if any, a copy of the protective investigation summary, but only when a founded determination has been made, except that the reporter's name shall not be released;

(3) To the Department of Justice, a court-appointed attorney for the proposed ward or ward, or any other law enforcement officials, a copy of the protective investigation summary or any other requested information, including the reporter's name if requested;

(4) To a court, a copy of the protective investigation summary or any other requested information, including the reporter's name if requested;

(5) To the Board of Nursing and the Bureau of Health Facilities Administration, a copy of the investigation summary, but only when a founded determination has been made, except that the reporter's name shall not be released;

(6) To the Bureau of Mental Health Services and the Bureau of Developmental Services, only that information that is needed by those bureaus to carry out their statutory mandates, except that the reporter's name shall not be released;

(7) To agencies or individuals who are, or who will be, participants in providing services to the victim, only that information needed to provide services, except that the reporter's name shall not be released;

(8) To a family member or another individual who is petitioning for the appointment of a guardian for a victim, only that information related to the petition for guardianship except that the reporter's name shall not be released; and

(9) To employers as provided in RSA 161-F:49, VII, a copy of the protective investigation summary, except that the name of the reporter, the last name of the victim and the last name of any individual cited in the summary shall not be released.

(c) When a disposition has been used, information shall be released, if requested, to:



- (1) The alleged victim and his or her guardian, if any, or, if the alleged victim is deceased, the executor or administrator of the alleged victim's will, if the alleged victim was contacted or interviewed, except that the reporter's name shall not be released;
- (2) The alleged perpetrator and his/her guardian, if any, provided that the alleged perpetrator was contacted or interviewed, except that the reporter's name shall not be released; and (3) The department of justice, other law enforcement officials, a court-appointed attorney for the proposed ward or ward, or a court, including the reporter's name, if requested.



NH Department of Health and Human Services

DHHS Organizational Overview*

Population Health

Division of Public Health

- Population Health & Community Services
- Infectious Disease Control
- Public Health Protection
- Laboratory Services
- Public Health Statistics and Information
- Public Health Systems, Policy & Performance
- State Epidemiologist

Division of Medicaid Services

- Clinical Operations
- Medicaid Policy
- Dental Services
- Health Care Reform
- Managed Care

DHHS 24/7 Facilities

- New Hampshire Hospital
- Glenclyff Home for the Elderly
- Sununu Youth Services Center
- Designated Receiving Facility

March 2019

* Overview represents DHHS program areas, functions, and business entities, not necessarily reporting structures

Office of the Commissioner

Human Services & Behavioral Health

Division of Economic & Housing Stability

- Family Assistance
- Employment Supports
- Housing Supports
- Child Support Services
- Child Development & Head Start Collaboration

Division for Behavioral Health

- Mental Health Services
- Drug & Alcohol Services
- Children's Mental Health

Division of Long Term Supports & Services

- Adult Protection Services
- Elderly & Adult Services
- Developmental Services
- Designated Receiving Facility
- Special Medical Services
- Community Based Military Programs

Division for Children, Youth & Families

- Field Services
- Family, Community & Program Support
- Organizational Learning & Quality Improvement
- Sununu Youth Services Center

Administrative Business Supports

- Program Planning & Integrity
- Project Management & LEAN
- Quality Assurance & Improvement
- Legal & Regulatory
- Finance
- Health Equity
- Office of Long Term Care Ombudsman (OTLCO)

Operations

Bureau of Information Services

- Data Management
- Data Warehouse
- Information Security
- Medicaid Management Information System
- DHHS Systems Oversight
- Linkage to DoIT

Bureau of Human Resource Management

- Organizational Development & Training Services

Bureau of Facilities Maintenance & Office Services

- HHS Facilities & State Office
- Safety & Wellness
- Office Services
- Oversight – Institutional Services

Communications Bureau

Emergency Services Unit

Employee Assistance Program



NH State Plan on Aging Planning Committee

Mission

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.

Alzheimer's Association of New Hampshire
Brain Injury Association of New Hampshire
Bureau of Elderly and Adult Services, NH Department of Health and Human Services
Communications (Vetflix, Inc.)
County Nursing Home Administrator's Affiliate (Grafton County Nursing Home)
Bureau of Developmental Services, NH Department of Health and Human Services
Division of Economic and Housing Stability, NH Department of Health and Human Services
Division of Public Health Services, NH Department of Health and Human Services
Division of Long Term Supports and Services, NH Department of Health and Human Services
Easterseals NH
Emergency Services Unit, NH Department of Health and Human Services
Endowment for Health
EngAGING NH and Elder Rights Coalition
Granite State Independent Living
Greater Manchester Area Committee on Aging
Hospital Representation
Managed Care Organizations (Well Sense Health Plan)
National Alliance for Mental Health NH (NAMI)
New Hampshire AARP
New Hampshire Alliance for Healthy Aging
New Hampshire Association of Senior Centers
NH Department of Transportation
New Hampshire Housing Finance Authority
New Hampshire Legal Assistance
New Hampshire Legislative State Committee on Aging
New Hampshire Senior Games and Sullivan Area Committee on Aging
Nutrition (St. Joseph Community Services, Inc.)
Office of Long-Term Care Ombudsman, NH Department of Health and Human Services
Regional Planning Commissions (Southern NH Planning Commission)
ServiceLink Aging and Disability Resource Centers
The Moore Center
The Village Network at Life Coping Inc.
Veterans, Service Members and their Families (North Country Veterans Inc.)



Brief Overviews of Older Americans Act Core Programs, and Other BEAS Support Programs and Partners

Adult Day Health Programs
Adult Protective Services
Alzheimer's Disease and Related Disorders Respite Program
Balancing Incentive Program
Center on Aging and Community Living
Choices for Independence Program
Chronic Disease Self-Management Programs & Healthy Aging Partnerships
Grandparents Raising Grandchildren
Home Care Services
Legal Services
Medicaid Nursing Home Rate Setting
Medicare Programs
Money Follows the Person
NH Alliance for Healthy Aging
NH Family Caregiver Support Program
NH Legislative State Committee on Aging
Nursing Homes
Nutrition – Congregate Meals and Home Delivered Meals
Office of the Long-Term Care Ombudsman
Referral, Education, Assistance and Prevention Program
Senior Centers
ServiceLink Aging and Disability Resource Center
Serving Adults with Disabilities
Statewide Public Health and Emergency Preparedness Planning
Title XX program (Social Services Block Grant)
Transportation
Tri-State Collaborative on Aging
Veteran Directed Care



Adult Day Health Programs

Adult Day Health Programs 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. There are currently 17 Adult Day Health Programs in the State (4,600 nationally), consisting of a total licensed capacity of 773 persons per day. Thirty percent (30%) of these programs are located in Hillsborough County, 25% in Rockingham County, and 12% in Merrimack, Carrol 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, despite the growth in the population of older adults. Most programs cited low Medicaid reimbursement rates and/or low census as closure causes. However, 2 large programs are expected to open in 2019 providing an additional 275-person capacity.

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 Adult Protection Program has a central intake unit for receiving reports. 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.

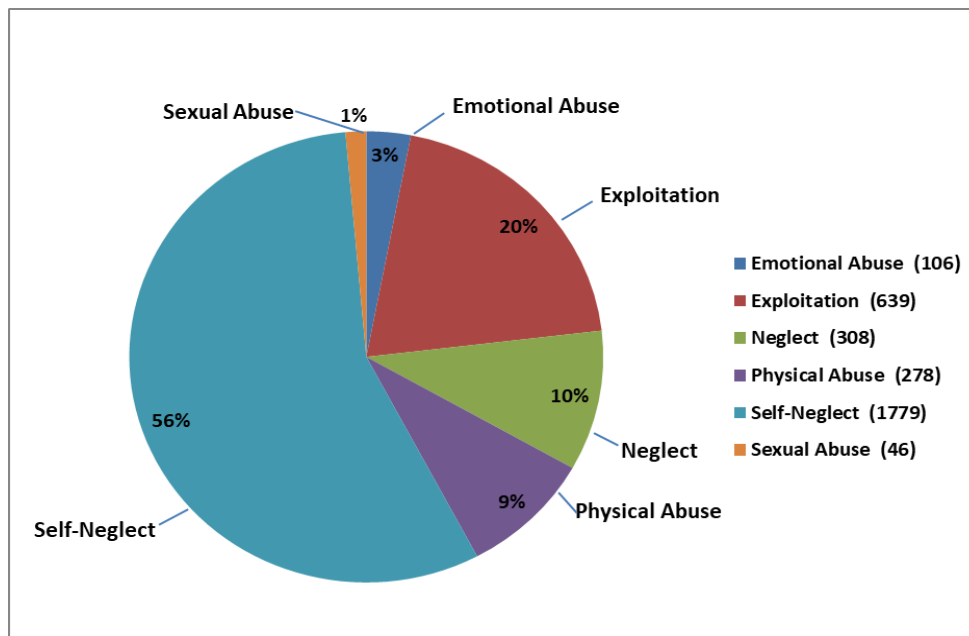
Reports are investigated concerning individuals who live in their own homes or with others. BEAS coordinates a variety of services and supports to individuals at risk of abuse, neglect, self-neglect and/or financial exploitation. The primary goal is to prevent further abuse, neglect and/or exploitation and to identify services and supports that may be needed to help the individual remain in the community.

NH Adult Protective Services continues to work collaboratively with law enforcement, the Circuit Court Probate Division, Area Agencies (who serve individuals with developmental disabilities), the Office of the Long Term Care Ombudsman (OLTCO), and the Bureau of Health Facilities Administration (BHFA). When APS receives a report that is criminal in nature, notification is sent to the NH Attorney General's Office as well as to local law enforcement. When APS receives a report that involves an alleged perpetrator that is also a guardian, the probate court is notified and kept informed. When APS receives a report on an individual served by developmental services, the Bureau of Developmental Services is notified. When APS receives a report regarding an individual living in a certified or licensed residence/facility, OLTCO and BHFA are notified. Whenever possible, every effort is made to do joint investigations which reduces the number of times a clients and others need to be interviewed.

APS continues to rely heavily on its local partners to help remediate abuse and neglect. In 2018, APS conducted 35 speaking engagements to local agencies such as town fire departments, local police departments, senior companion programs, local medical providers, home-delivered meals' agencies, local mental health providers, and several nursing facilities.

Representatives from APS continue to attend local Elder Wrap meetings, which are made up of key community organizations and partners. The mission of Elder Wrap groups is to provide guidance and lend resources to difficult situations in which a client's health and safety are at risk.





Alzheimer's Disease and Related Disorders Respite Program

Approximately 25,000 individuals are living with ADRD in NH. The ADRD Respite Program is an integral part of the caregiver support 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 within the ServiceLink structure, caregivers have access to the same counseling and support services. 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 with respite.

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. Representatives from the Alzheimer's Association attended many SPOA listening sessions, and are working with BEAS to increase and strengthen education and outreach.

Balancing Incentive Program

DHHS was first in the nation to qualify and participate in the Balancing Incentive Program (BIP), a discretionary grant awarded by Center for Medicare and Medicaid Services 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.



Center on Aging and Community Living

The Center on Aging and Community Living (CACL) is a collaboration between The Institute on Disability (IOD) and The Institute for Health Policy and Practice (IHPP) at The University of New Hampshire (UNH). These two institutes have been actively engaged in projects related to aging and long-term care for many years. Jointly, the IOD and IHPP provide ongoing support to BEAS, the ServiceLink Network, and various other community partners in the aging network, in designing, implementing, and evaluating systems change initiatives. In light of these efforts and the need to assure that the State will benefit from an integrated center for applied research, evaluation, and training on issues related to aging and long-term care, the CACL was established to coordinate the work of both institutes, maximizing the resources available, and providing optimal benefit to the State of NH. For additional information, visit the [CACL website](#).

Choices for Independence (CFI) Program

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 both allow people to receive the care they need in a setting they chose 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 to and several new services were introduced. One such service is the Participant Directed and Managed Service Model.

Chronic Disease Self-Management Programs and Healthy Aging Partnerships

BEAS is a member of DHHS' Division of Public Health Services (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.

The Chronic Disease Self-Management Program (CDSMP) and Powerful Tools for Caregivers Evidence-Based Programs are coordinated through a partnership between BEAS, ServiceLink, DPHS, Northern and Southern Area Health Education Centers, Master trainers and leaders, Dartmouth Center for Injury Prevention, senior centers and hospital community health programs. This evidence-based program partnership supports the training of new leaders for both programs, stipends to support sites to offer the programs, and participant recruitment support and ongoing participant data collection and analysis of patient activation measures.

The CDSMP Program began in 2009 when NH collaborated with Vermont to offer a CDSMP training for Master Trainers. Eleven Master trainers completed the program. NH obtained a grant from the Administration on Aging (AoA) in 2010. We trained 55 participants in Year 1, 191 in Year 2, and 394 in Year 3. We continued CDSMP programming after the AoA grant ended, serving 1,145 people between 2013 and 2017. Programming has varied over the years offering between 5 and 30 programs per year. NH currently has 4 active CDSM Master Trainers and 12 active workshop leaders. We are seeking funding to expand the number of leaders and the reach of the program.



In 2018 we expanded to offer training for the Chronic Pain Self-Management Program (CPSMP) to help address the substance misuse crisis in the state. Currently there are 10 trained CPSMP leaders in NH.

Oral Health Services are provided through a partnership between BEAS, the Division of Public Health Services Oral Health Program, BEAS-contracted dentists, senior centers and the NH Dental Society. Through several rounds of research-based funding received by the Oral Health Program from the National Association of Chronic Disease Directors, the Oral Health Program, in conjunction with BEAS, has partnered with senior centers to perform oral health screenings by licensed dental hygienists. Using a research-based screening criteria tool, individuals are assessed and those in imminent need are referred to one of BEAS' contracted dental providers to receive specific, limited treatment. This program has helped to highlight the unmet oral health needs of older adults. BEAS is a member of the NH Oral Health Coalition. As a result of these partnerships, the unmet oral health needs of older adults have been incorporated as a focus area into NH's Oral Health Plan and into the ongoing work of the Oral Health Coalition.

BEAS has also participated in the development of DPHS' Heart Disease and Stroke Prevention Plan 2015-2020. DPHS' Heart Disease and Stroke Prevention Program and Million Hearts Campaign is also partnering with BEAS and a BEAS-contracted nutrition provider on a technical assistance grant to pilot sodium reduction strategies in the preparation of congregate and home-delivered meals. Next steps include a dissemination of a sodium assessment survey to all of BEAS' contracted nutrition providers to determine additional technical assistance and/or resources needed to implement and embed sodium reduction strategies.

Grandparents Raising Grandchildren

Another component of the NH Family Caregiver Support Program (NHFCSP) is to support grandparents who are at least 55 years old and who are raising their grandchildren. As of 2016, an estimated 8,000 grandparents were raising their grandchildren in NH. While counseling and support are the main focus of the program, the respite and supplemental funding are very helpful to grandparents who find themselves facing retirement and parenting for the second time around. The ServiceLink Network is able to work with grand families, assisting them in finding resources to keep their families safe and healthy. ServiceLink continues to provide outreach across the state to make partners aware that they offer these services to grand families. This portion of the NHFCSP has seen significant growth in the last four years, starting with 5 grand families to now over 40 grand families statewide.

The NHFCSP also supports the Annual Statewide Caregiver's Conference which provides educational sessions, addresses compassion fatigue and introduces relaxation techniques to caregivers in attendance. This conference is well attended by attendees and receives positive feedback on evaluation forms.

NH was one of six states to be awarded a technical assistance grant by the Center for Health Care Strategies (CHCS) that focused on improving the lives of aging Americans. NH focused the grant on the well-being of all NH caregivers no matter whom they are providing care for.

Home Care Services

Home Care Services are provided to eligible individuals living in the community through licensed contracted home health agencies. BEAS contracts for both non-medical home care and home health care. Services provided are a critical component to supporting individuals in their homes.

Non-medical home care includes assistance with personal care, help with preparing meals, and help with taking care of one's home. Services include: meal preparation, laundry, light housework, bathing, dressing, eating, help getting to and from the bathroom, transportation, help with walking, and medication reminders.

Home health care is medical in nature. A prescription or prior authorization from a doctor may be required to obtain these services that are provided by healthcare professionals such as registered nurses, licensed practical nurses, and physical, occupational, and speech-language therapists. Home health care may also be described as clinical care and skilled care. Home health agencies provide the following services: administration of medication (including IVs and injections), monitoring vital signs, wound care, assistance with recovery from illness or injury, physical therapy,



occupational therapy, speech-language therapy, monitoring of medical equipment and expertise in specific medical conditions (such as Alzheimer's disease or dementia).

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. They 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 providing legal services to New Hampshire'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 New Hampshire's legal and legislative arenas.

BEAS provides funding for the SLP to assist adults ages 60 and older, and works closely with NHLA on an ongoing basis. Services are targeted toward the most economically and socially disadvantaged older adults. The SLP assists consumers with concerns that include: financial exploitation, consumer protection/debt collection, public and private housing, family problems, food stamps and other public assistance benefits, and utility shut-offs. It also assists with civil nursing home and assisted living/residential care facility problems. Legal services include legal advice, brief services and extended representation by attorneys and paralegals. The Project has the capacity to serve individuals who are housebound and/or isolated. In addition to providing direct representation to senior citizens in state and federal court and before a multitude of administrative agencies, SLP advocates provide

community education to senior citizen groups, elder rights advocates and service providers. The SLP also engages in systemic advocacy to support laws and rules that benefit large groups of seniors.

Medicaid Nursing Home Rate Setting

BEAS is responsible for Medicaid nursing home rate setting functions. BEAS' rate setting unit calculates acuity-based rates twice per year using data from Medicaid Cost Reports filed by the facilities and acuity data provided for each nursing home resident. The DHHS Office of Improvement and Integrity provides program compliance oversight of nursing homes through field auditing and desk reviews.

Medicare Programs

BEAS receives discretionary grants from the Administration for Community Living 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.

The SHIP program provides highly trained counselors to provide information, education, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage for Medicare. Key Medicare topics are: Medicare coverage, prescription drug benefit, supplemental plans, and Medicare Advantage Plans. The SHIP is operated in accordance with the SHIP Standard Operating Guidance developed and approved by CMS. Timely reporting to the SHIP Tracking and Reporting System (STARS) database of all the Medicare related contacts aggregates the SHIP activity for the state. In 2018, the 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.



The SMP program fosters program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud, errors and abuse through collaborations with service providers and education through outreach and individual contacts. The SMP conducts timely reporting to the SMP Information and Reporting System (SIRS) database that meets the requirements of the Office of the Inspector General (OIG). A key component of the program is volunteer participation. Each ServiceLink program recruits, trains and supports volunteers who assist consumers in navigating medically related payment and billing issues for Medicare beneficiaries.

Performance Measures submitted for the 2018 OIG report are provided below:

	Total
1) Number of active SMP team members	50
2) Number of SMP team member hours	1,983.42
3) Number of group outreach and education events	400
4) Estimated number of people reached through group outreach and education events	14,262
5) Number of individual interactions with, or on behalf of, a beneficiary	5,550

The MIPPA program provides tools for the SHIP counselor to provide awareness, education, screening, and application assistance for the MIPPA mission. This includes financial assistance for Medicare costs known as the Medicare Savings Program (MSP), information about no-cost preventative services, and information around Part D Medicare in rural areas. Timely reporting to the MIPPA tracking system embedded in the STARS forms captures the MIPPA work in the state. Hundreds of older people in NH were screened for eligibility of a Medicare cost savings program and over 2,400 Medicare beneficiaries were assisted with applying for a Medicare Savings Program in 2018.

Money Follows the Person

Money Follows the Person, formerly known in NH as the NH Community Passport Program (CPP) is a nursing home transition program and rebalancing initiative established in 2007 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.





NH Alliance for Healthy Aging

The NH Alliance for Healthy Aging (AHA) is a statewide coalition of stakeholders focused on the health and well-being of older adults in NH. AHA works to promote its shared vision to create communities in New Hampshire that advance culture, policies and services which support older adults and their families. Their goal is to raise our collective voice in support of the aging population in New Hampshire, promoting a strong, stable infrastructure for advocating for older adults in our state. AHA has participation of over 350 stakeholders statewide, representing many organizations within New Hampshire. BEAS has several staff involved and supporting NH AHA efforts. This partnership will help to advance our State Plan on Aging.

NH Family Caregiver Support Program

The NH Family Caregiver Support Program (NHFCSP) is embedded in the ServiceLink Network. The majority of long-term care in the home is provided by family caregivers, and NH has made significant investments to develop and expand a coordinated infrastructure to support family caregivers, providing the ongoing information and tools needed by caregivers to continue their important role. ServiceLink staff attain specific training and competencies in order to support family caregivers.

In addition to the counseling and support provided, caregivers may also receive small grants to support their access to respite care and supplemental services. Many NH caregivers report that having access to a caregiver specialist is the most critical benefit of the program.

The strongest asset of the program is the flexibility in designing individual service plans using a person centered planning model so that caregivers can decide what they need most in their caregiving situation. Each caregiver also completes a spending plan so they know how they want to use any grant funds they receive. BEAS contracts with Gateways Community Services to perform human resource and financial management service functions. Gateways also processes and pays the bills for the approved respite and supplemental services and issues monthly statements to both caregivers and ServiceLink to help monitor spending. NH has an estimated 170,000 caregivers, and the NHFCSP serves about 500 grantee caregivers each year. One of the goals of the program is to continually identify caregivers and offer them the support they need.

NH Legislative State Committee on Aging

The 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. SCOA also helps to coordinate the Joseph D. Vaughan Awards, an annual recognition event lead by EngAGING NH. The awards ceremony takes place every May during Older American's Month at the Governor's Office.

The NH Legislature has approved a Commission on Aging (COA) in 2019, pending the Governor's approval; and this new COA will include the State Committee on Aging (SCOA). The COA builds on the 30-year history of SCOA in advocating for solutions for older adults, *while expanding its outreach beyond DHHS*. The creation of COA represents an unprecedented opportunity to inform and elevate what has already been accomplished and what is still needed for healthy aging in NH. The Commission includes 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 also assists in the implementation of the SPOA.



Nursing Homes

New Hampshire nursing homes play a vital role in the Long Term Services and Supports (LTSS) continuum of care. There are currently seventy-four nursing homes in the state, which provide care to an increasingly acute population. In order to be admitted into a nursing home, an individual must have been deemed to have a medical need under the Preadmission Screening and Resident Review (PASSR II) process. This screening process is designed to ensure an individual receives the needed LTSS services in the most appropriate care setting. Nursing homes face many challenges in meeting the care needs of their residents. They operate in the second most regulated industry in the United States, facing ongoing regulatory pressures from the federal government and at times, additional regulatory challenges from the New Hampshire state legislature; face a healthcare workforce challenge which is threatening the ability of some homes to remain in the continuum of care due to a lack of staff; and face ongoing changes to reimbursement models, both at the federal level of government and at the state level of government which threatens the financial sustainability of providers and ultimately, their ability to attract and retain qualified care givers to meet the care needs of our residents.

Of the seventy-four nursing homes in the state, eleven of these homes are operated by the ten New Hampshire counties, and comprise roughly twenty-five percent of the total number of nursing home beds in the state. County nursing homes are part of the New Hampshire Association of Counties (NHAC), which represents the interests of county government in New Hampshire. In New Hampshire, a significant portion of the state Medicaid program, including nursing facility services and certain long-term care services and supports (LTSS), is financed by county taxes. New Hampshire counties play a critical role in the financing of all LTSS services. For the majority of LTSS services county governments provide the state share of Medicaid costs, which is matched by federal spending at a 50% rate. In State Fiscal Year (SFY) 2018, total LTSS program spending was \$256 million, with county-responsible costs totaling \$116 million and the state of New Hampshire contributing \$12 million.

Nutrition – Congregate Meals and Home Delivered Meals

Congregate and home-delivered meals are a core program of the Older Americans Act and provide critical nutrition services and social supports to older adults across New Hampshire. Through a statewide network of delivery systems, nutritious and affordable meals are delivered to over 14,000 homes in the State each year, totaling over 1.2M home-delivered meals.

Despite many obstacles such as the various New England weather conditions and vast distances between client homes in rural areas, the nutrition agencies manage the challenging task of delivering thousands of home-delivered meals. The daily check-in by the driver provides essential human contact for many individuals who otherwise might not see another person all day. The home-delivered meals are often the first service accessed by older adults and one of the important services that helps older adult remain in their home and community. Nutrition providers follow-up on thousands of issues and concerns made apparent through the daily check-in, some of which require reports of suspected elder abuse and self-neglect or provide information and referral for additional community resources.

The Congregate Dining Program provides meals to 17,000 older adults annually. These meals offer nutritious and affordable food, provide opportunities to socialize with other older adults, and support access to information and education on nutrition, health, community resources and older adult issues. Most of BEAS' meals providers are transportation providers as well, and provide door-to-door transit enabling older, isolated adults to participate in the Congregate Dining Programs.

Additionally, all nutrition agencies promote healthy aging through basic preventative health screenings, exercise programs for the body and mind, and volunteer opportunities that keep older adults connected to their communities.

The agencies that provide these services are integral members of the elder network in the state, the region, and nationally. These agencies raise an average of 30% of their annual budgets in order to meet the current and growing need.



Office of the Long-Term Care Ombudsman (OLTCO)

The 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.

Complaints are received from various sources, and information about the complainant (reporter) is only released with the resident's or complainant's permission. Complaints received by OLTCO are sometimes referred to other agencies for resolution. For example, a report that, in addition to care complaints and rights complaints, also contains allegations of abuse, neglect, self-neglect and financial exploitation, is referred to the APS Program. Depending on individual client circumstances, referrals may also be made to Medicaid Client Services, the NH Board of Nursing, ServiceLink and to DHHS Bureau of Health Facilities Administration. Referrals may also include NH Legal Assistance, the Disability Rights Center and law enforcement.

Referral, Education, Assistance and Prevention (REAP) Program

REAP is a long standing and unique evidence-based service model. REAP began in 1992 with a Robert Wood Johnson grant obtained by New Hampshire Housing, and expanded the program in 2003 through a partnership with NH's Community Mental Health Centers (CMHC) leveraging evidence based tools and practices. Counselors are located in each of the 10 CMHCs. REAP offers free and confidential, home-based counseling statewide to adults age 60 and older and to family members or caregivers with concerns about an older adult. Counseling is offered on a wide range of personal concerns: grief and loss, the use of alcohol or drugs, medication safety, housing and mental health concerns and more.

REAP counselors reach out to older adults where they live in the community, and are trained to address the unique needs and concerns of older adults. They help over 2,000 individuals every year stay healthy and independent. REAP counselors also offer group educational sessions in senior housing and other places where older adults gather, and provide technical assistance to professionals who serve older adults. REAP is supported by New Hampshire Housing and three program areas in the NH Department of Health and Human Services: BEAS, the Bureau of Mental Health Services, and the Bureau of Drug and Alcohol Services.

Senior Centers

There are 65 senior centers across New Hampshire. While not funded through BEAS (with the exception of sites that provide congregate or BEAS supported evidenced-based programs), the NH Association of Senior Centers and its membership throughout the state are important, longstanding community partners with BEAS, and provide a vital service to our aging communities. Of the 65 senior centers in NH, 23 of these centers are members of the NH Association of Senior Centers, and work to support and strengthen the statewide network of senior centers and senior program professionals. The Association also works to elevate the awareness, value and appreciation of Senior Centers and Senior Programs throughout the state.

ServiceLink Aging and Disability Resource Center

The ServiceLink Aging and Disability Resource Center (ADRC) is a program of the Bureau of Elderly and Adult Services at the NH Department of Health and Human Services. BEAS developed and implemented the statewide Aging and Disability Resource Center (ADRC) system, known as the ServiceLink Network, in 2003. This comprehensive network includes at least one ServiceLink location in each of NH's ten counties. There are 8 contracts around the state, operating 13 offices. Each ServiceLink is a fully functioning ADRC; ServiceLink is also the BEAS/DHHS No Wrong



Door Full Service Access Partners, known as NHCarePath. BEAS contracts with independent 501(c) (3) entities that act as fiscal agents for the ServiceLink Network.

In fiscal year 2018, ServiceLink served over 36,000 unduplicated individuals, partnering with numerous community organizations across the state in providing guidance, support, and choice for individuals of all ages, income levels and abilities.

ServiceLink administers the following programs:

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

Each ServiceLink program site is directed by a Program Manager, who manages all operations and functions, and staff members who have specific and progressive credentialing and /or competency-based training in information and referral. The staff are able to answer questions with the most up-to-date information on BEAS programs, services and supports, as well as community resources

Serving Adults with Disabilities

Under the recently established Division of Long Term Services and Supports, BEAS is now aligned with the Bureau of Developmental Services (BDS), Bureau of Medical Services and Bureau of Community Based Military Programs. BEAS works collaboratively with all bureaus, and has identified significant alignment opportunities to strengthen supports between programs and services to support all individuals across the aging community.

BEAS and BDS recognize the overlap of aging and disability, and are working together to strengthen and align this work. BDS offers individuals with developmental disabilities and acquired brain disorders a wide range of supports and services within their own communities, and is comprised of a main office in Concord and 10 designated non-profit Area Agencies. In partnership with the Area Agencies, supports include:

- Service coordination,
- Day and vocational services,
- Personal care services,
- Community support services,
- Early Supports and Services and Early Intervention,
- Assistive technology services; and
- Specialty services and flexible family supports including respite services and environmental modifications

BDS has made great strides with its population, identifying risk and destabilization with its implementation and on-going training of the Health Risk Screening Tool (HRST); a tool that can be used throughout the aging population. The Bureau also supports the Disabilities and Public Health Project in helping to promote and maximize health, prevent chronic disease, improve emergency preparedness and promote access for people with disabilities and the older population at large. In 2019, BEAS assigned the BEAS Program Manager of the Chronic Disease Self-Management Program to serve on the NH Council on Disabilities, strengthening supports to chronic disease self-management across both populations.



There are also multiple opportunities for older adults within the state to provide homes, daily care, and transportation for the aging disabled. Adult caregivers are aging in place, simultaneously providing care to individuals with developmental disabilities. The adult caregivers are administering medication, and performing needed medical tasks under the guidance of nurses trained to oversee this aging population.

In the development of this SPOA, the SPOA Planning Committee included representation from BDS, Area Agencies and service providers that support individuals with developmental disabilities. The State Facilitator of the SPOA Planning Committee also serves as State Facilitator of the Employment Leadership Committee, aligned with BDS, again helping to strengthen understanding, education and supports across the aging and disability networks.

Statewide Public Health and Emergency Preparedness Planning

BEAS is actively involved in Emergency Preparedness Planning and statewide emergency planning. State, regional and local emergency plans include information about BEAS' programs, services and service providers. ServiceLink connects and coordinates with local emergency efforts in their respective areas. The state is divided into 13 Regional Public Health Networks (RPHNs). 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.

As of early 2016, each Regional Public Health Network (RPHN) has established a Public Health Advisory Council (PHAC). The role of the PHAC is to advise the RPHN partners by identifying regional public health priorities based on assessments of community health; guiding the implementation of programs, practices and policies that are evidence-informed to improve health outcomes; and, advancing the coordination of services among partners. Additionally, the PHAC structure is intended to build on and, when feasible, blend existing local leadership and coordinating groups working on various public health issues. This work began with substance misuse prevention (SMP), public health emergency preparedness (PHEP) and has now extended its advisory and coordinating role over a much broader range of public health issues and services based on regional priorities and capacity.

Most emergencies and special events start and end at the local level and are handled by local emergency management officials during public health emergencies with assistance from Public Health Network Coordinators, in conjunction with police, fire, and emergency personnel.

As of early 2018, the State has established a healthcare coalition with representation from long-term care facilities and the DHHS Health Facilities Licensing and Certification Unit, Homecare organizations including VNA, and urgent care clinics. In 2018, the Granite State Health Care Coalition (HCC) was developed, the coalition is 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 New Hampshire. As part of NH's State Plan strategies, BEAS envisions statewide public health and emergency preparedness planning being advanced as part of its Memorandum of Understanding with the Division of Public Health.

BEAS' APS staff 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.

BEAS also has a Continuity of Operations Plan, which describes processes and procedures as to how the core operational functions of BEAS will continue during an emergency or disaster. Planning occurs at all levels between the State, local, municipal and county governments and service providers.

Title XX Programs (Social Services Block Grant)

BEAS also receives a portion of DHHS' Title XX funding, for which an individual must demonstrate a service need and meet financial eligibility requirements. Title XX services are available to adults with chronic illnesses or disabilities between the ages of 18-59 and older adults aged 60 and older. Title XX services include Adult Day Services, Homemaker and In-Home Services, Home-Delivered Meals and Essential Services (emergency supports). Some of BEAS' service providers receive both Titles III and XX funding, but cannot bill both sources at the same time. This enables service providers to bill for services under Title III or XX, depending on a participant's circumstances. Title XX service providers may charge a participant a co-payment toward the cost of services and must maintain a sliding fee scale to accommodate individuals' ability to pay.



Transportation

Transportation was identified as a top concern and need in the 2019 SPOA Survey and Listening Sessions, and it has been a priority for older adults and adults with disabilities for many years in NH. Transportation is provided for eligible older adults to help them continue to live in their home and community. Trips are provided on an on-demand and/or fixed-route basis. Many of the BEAS funded nutrition providers also provide transportation. Vehicle, licensing and operational standards are established by the NH Department of Safety and federal Department of Transportation regulations. 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.

Because of the importance of transportation to NH's older adults and adults with disabilities, additional information is provided below regarding the State Coordinating Council (SCC)/Regional Coordinating Councils (RCCs):

With the passage of [RSA 239-B](#) in 2007, the NH State legislature established the State Coordinating Council (SCC) for Community Transportation in NH with the goal of reducing duplication, increasing the availability of service, and making scarce resources go further as the need for transportation increases with an aging and growing population. 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.

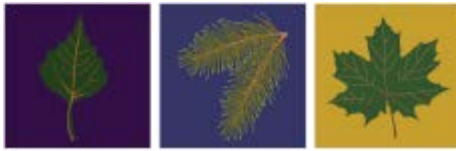
Subsequent to the establishment of the SCC, a network of nine (9) community transportation regions was established. Each region has a Regional Coordinating Council (RCC) that works to develop information that is helpful to transportation service users, identify opportunities for coordination between service providers, and advise the SCC as to the state of coordination in the region. NHDOT contracts with a lead agency within each region to implement regionally prioritized projects. The lead agency in turn subcontracts with multiple types of transit providers within its region to provide a variety of transportation options to meet the needs of different populations. The RCCs' comprehensive system is comprised of bus and van transportation, volunteer driver networks, private operators of public transportation (e.g., taxis), and transportation that supports riders with mobility challenges.

A similarity between NHDOT and BEAS exists in that both receive funding to support transportation for specialized populations. BEAS receives Health and Human Services Title IIIB funding to provide transportation for older adults, whereas NHDOT receives Federal Transit Administration (FTA) Section 5310 Program funding to provide transportation for older adults and individuals with disabilities.

NHDOT sets approximately 55% of this FTA Section 5310 funding aside for agencies such as senior centers and adult day centers to purchase capital (i.e., vehicles) used for this purpose. These agencies apply directly to NHDOT's statewide grant/project solicitation, with letters of support from the affected RCC(s) being a requirement of the application to ensure that the receiving agencies are committed to participating in the regionally coordinated model.

The balance of NHDOT's FTA Section 5310 funding is allocated to each region via the respective lead agencies. The funding is generally used for mobility management activities and/or operating assistance. NHDOT utilizes NH census information and comprehensive funding formulas in its calculations to allocate funding to each region. This enables NHDOT to allocate funding to align with the current needs of the RCC's population. In addition, NHDOT collects financial and performance data from the RCCs, as required both by the FTA as well as NHDOT. NHDOT receives data and information supplied from each RCC, which helps to ensure that the allocated transportation funding is meeting the needs of clients. BEAS historically has captured basic transportation information, including the number of riders and number of trips provided.





Tri-State Collaborative on Aging

In 2014, the NH Endowment for Health, the state's largest health foundation, commenced an inaugural five-year strategic focus and planning period to support aging in NH. The initial engagement included Maine and Vermont, due to the similarities between the three states and, most importantly, the three states have the three fastest-growing older populations in the country. This initial work provided the foundation for these three states to launch the Tri-State Collaborative on Aging, a thriving, multi-sector collaborative that is helping to build strong communities that support healthy aging through shared learning and collaborative partnerships in Maine, NH and Vermont. The Collaborative offers a community network, a learning collaborative, webinars, tools, and regional gatherings that are focused on all aspects of healthy aging across the region. For more information, please see: <https://agefriendly.community/>

Veteran Directed Care

The ServiceLink Network are recognized as champions in serving and supporting NH veterans and their families, and share a positive and collaborative partnership with the Veterans Administration (VA), as well as with other military partners. There are over 100,000 veterans in NH, and over 50% of these veterans are over 65 years of age. Just over 30,000 veterans receive care at the VA, and the majority of veterans and their families access services and care in the community.

ServiceLink collaborates with the Manchester VA Medical Center (NH) and the White River Junction VA Medical Center (Vermont) in delivering Veteran Directed Care (VDC). VDC is for veterans who need skilled services, case management, and assistance with activities of daily living (e.g., bathing and getting dressed) or instrumental activities of daily living (e.g., fixing meals and taking medicines). The VA determines the eligibility and monthly budget for the program, and ServiceLink assists in identifying and securing needed supports and services. This program operates state-wide and serves over 100 of NH's most vulnerable and isolated veterans each year. ServiceLink staff are trained in military culture every year to help strengthen understanding and supports to veterans and their families.

ServiceLink has been instrumental in leading and supporting NH's Ask the Question (ATQ) Campaign, a nationally recognized initiative to help connect military members with resources and support. ATQ encourages all civilian providers to ask the question, "Have you or a family member ever served in the military?" This simple question is leading to stronger connections and supports for NH's military. ATQ was supported and funded through NHCarePath and was nationally recognized by the Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Defense, VA, AARP and at National Mental Health Summits. At the 2018 ACL Conference, NH's ATQ Campaign was highlighted, and NH's ATQ Campaign served as the only military workshop introduced at this national event.



New Hampshire State Plan on Aging Survey and Listening Session Summary

Bureau of Elderly and Adult Services
NH Department of Health and Human Services

In partnership with the NH State Plan on Aging Planning Committee
and the NH Legislative State Committee on Aging



State Plan on Aging Survey Summary

Prepared by: Southern New Hampshire Planning Commission

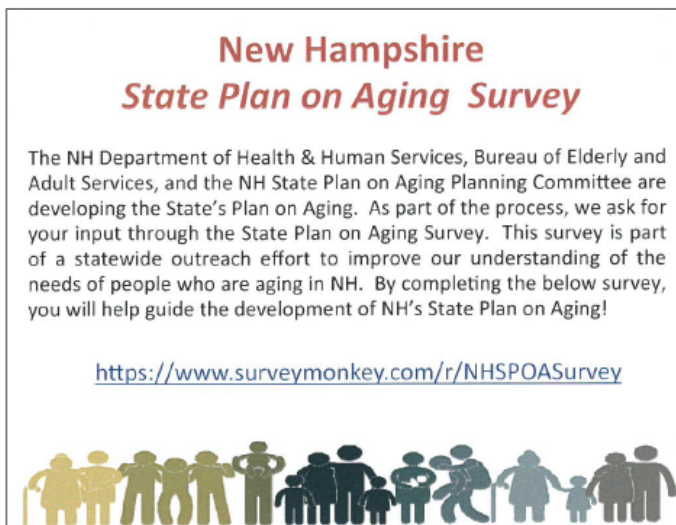
Overview

The New Hampshire Department of Health and Human Services (DHHS), Bureau of Elderly and Adult Services (BEAS) is designated by the NH Legislature as the State's Agency on Aging. Under this designation, BEAS is given the authority to develop and administer the State Plan on Aging (SPOA) in accordance with all requirements of the Older American's Act (OAA) of 1965, as amended. The SPOA is required by the federal Administration for Community Living (ACL) for NH to receive federal funding for Older Americans Act programs. As a starting point, BEAS invited leaders from the aging network to come together and serve on the State Plan on Aging (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".

To begin this process, the SPOA Committee researched surveys and planning documents from other states from across the country, learning how best to collect public input from the aging population in NH. 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. Outside community groups were also included to help create a survey that best captured the needs and concerns of NH's aging population. The survey kicked off on October 12, 2018 and concluded on January 15, 2019. The BEAS, SPOA Committee, SCOA and many other community groups promoted the survey across the state. Fifteen listening sessions were also scheduled statewide. 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.

The survey was available through SurveyMonkey, an online survey platform, as well as a paper-based survey. Paper-based surveys were distributed around the state, and were collected and inputted by the staff of the Bureau of Elderly and Adult Services. Both the online and paper-based surveys were available in multiple languages, including Arabic, English, French, Greek, Kinyarwanda, Nepali, Portuguese, Spanish, Swahili, and Vietnamese.

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



The Southern NH Planning Commission (SNHPC) serves on the SPOA Planning Committee, representing all Regional Planning Commission in the State. With funding support from the NH Department of Transportation, SNHPC summarized the nearly 3,000 surveys from across the State, providing this NH SPOA Survey Analysis.

This SPOA Survey Analysis is a critical document in helping to guide the work of the SPOA. The summary analysis can also be used by stakeholders across the Granite State to help understand, serve, support and celebrate older adults throughout New Hampshire.

Methodology

Data Processing

The Bureau of Elderly & Adult Services administered both the online and paper-based surveys. After closing the online survey on January 15, 2019, BEAS manually inputted the paper-based survey responses into SurveyMonkey.

Survey responses were exported to an Excel file and sent to the Southern New Hampshire Planning Commission (SNHPC) for data analysis. Additionally, SNHPC was given limited access to SurveyMonkey for the purpose of identifying respondent location based on zip codes, and to download figures available on SurveyMonkey.

SNHPC conducted a limited survey analysis; no statistical analysis was performed. However, SNHPC was able to break down responses by location, examining trends at the county level, as well as comparing responses by age cohorts.

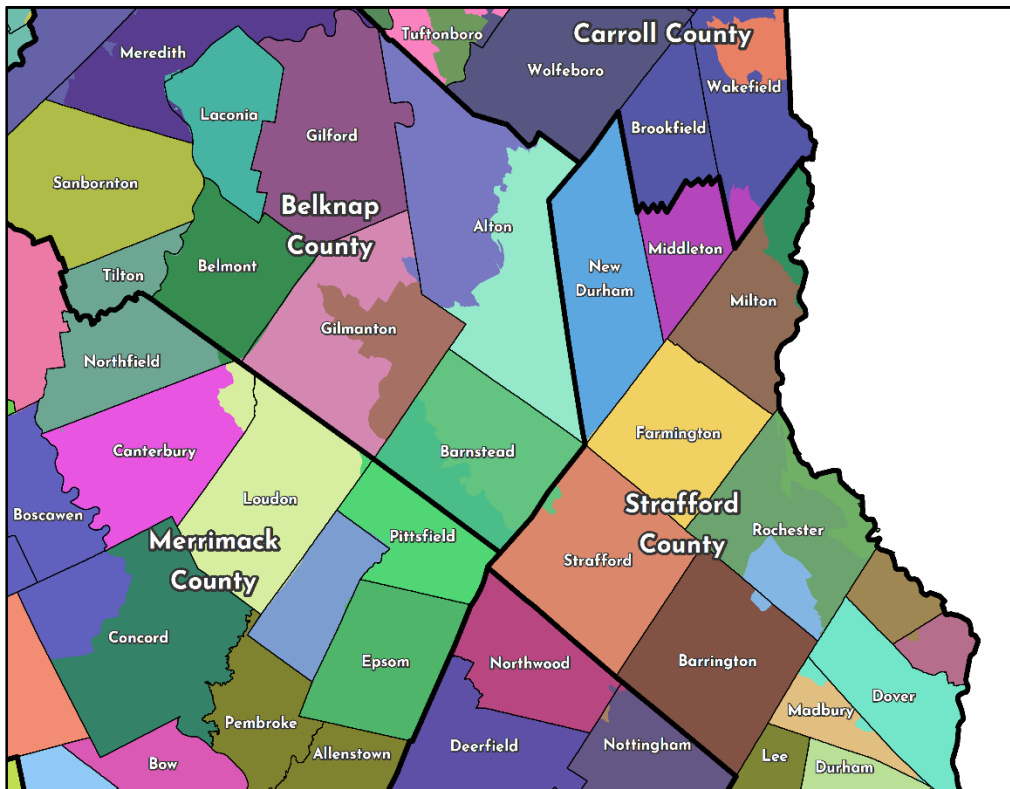
Due to errors in survey design and processing, SNHPC was unable to analyze certain survey responses. The following variables were either removed from the analysis or were unable to be analyzed:

- Respondents who answered “0” on Question 21: What is your zip code?
- Written responses which did not pertain to question topics

Zip Codes and Respondent Location

Respondents indicated their home zip code when taking the survey. Unfortunately, zip codes are developed strictly as routes for delivering mail and are not an areal unit. To mitigate this problem, the Census Bureau has developed its ZIP Code Tabulation Areas (ZCTAs) as an approximate areal geography substitute. Nevertheless, zip codes do not conform to political boundaries and may cross municipal, county, and even state lines. This makes it difficult to assign respondents to towns based on their zip code. For example, the Town of Unity has three zip codes which it shares with three adjacent municipalities. The issue can be largely avoided by assigning respondents to home counties instead. However, some areas of overlap remain. Therefore, for questions where county of residency is involved, respondents with a trans-county zip code, a zip code outside of New Hampshire, or a zip code that does not exist, have been excluded. The image below illustrates the discrepancies between zip codes, municipal boundaries, and county boundaries. In the image below, the colors represent zip codes, the grey lines represent municipal boundaries, and the bold black lines represent county boundaries.





It is important to note that based on responses to 'Question 21: What is your zip code?' forty-two responses, or 1.5% of the total responses, came from outside of New Hampshire. These responses were still included in the data analysis for the following reasons:

- SNHPC utilized the Census Tabulated Zip Code Database to identify respondent municipal location based on the entered zip code; this database may not include every NH zip code. Some respondents may have entered their real New Hampshire zip code; however, it is possible that the Census Database did not include some existing zip codes, e.g. college towns, post offices, etc.
- Some respondents may have incorrectly entered their zip code
- Some respondents may not have known their zip code

Survey Summary

The following bullets highlight general themes across the survey. These themes provide valuable insight into the experiences and needs, and obstacles facing older adults in New Hampshire.

- 2,769 survey participant responses were analyzed in this survey summary. Of these participants, 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 most common needs/services that are needed in communities and would make aging easier for residents are access to transportation options, affordable housing options and in-home health care services.
- Respondents unable to access various services provided multiple reasons including: 44% were unaware of service availability; 28% had problems accessing transportation; 27% had no service in their area. Public education and outreach on existing services could benefit caregivers and older adults throughout the state.
- Libraries could be utilized 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 Clerks offices, and Parks and Recreation Department are also vital partners in getting the word out on elderly services.



- The most common ways that respondents are accessing information includes: 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 is possible that many more people are providing care for their family and loved ones without realizing they are doing so and therefore not relating to the term “caregiver”. They may be providing transportation, help with finances or groceries is considered providing caregiving support.
- While most respondents 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%.

Question 1: What is your current employment status?

Of the 2,799 respondents who answered this question:

- 1,649 (60%) are fully retired, 400 (14.5%) work part-time and 522 (19%) work full-time,
- 344 (12.5%) volunteer,
- 38 people (1.4%) are unemployed but looking for work,
- 63 people (2.2%) are unemployed and not looking for work,
- 20 people (0.73%) are underemployed and looking for work,
- 101 people (3.6%) are homemakers (Figure 1).

Survey participants are generally productive in that 1,367 (49 %) are either working (full or part time, volunteering, or are homemakers). 20 people skipped this question.

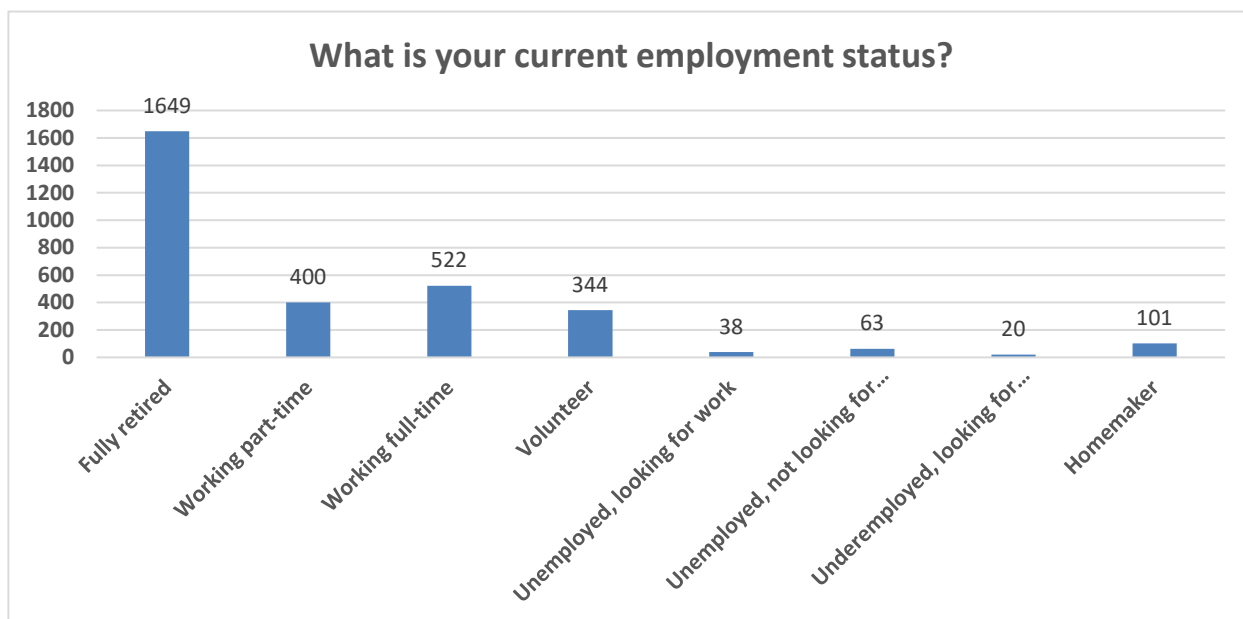


Figure 1: What is your current employment status?

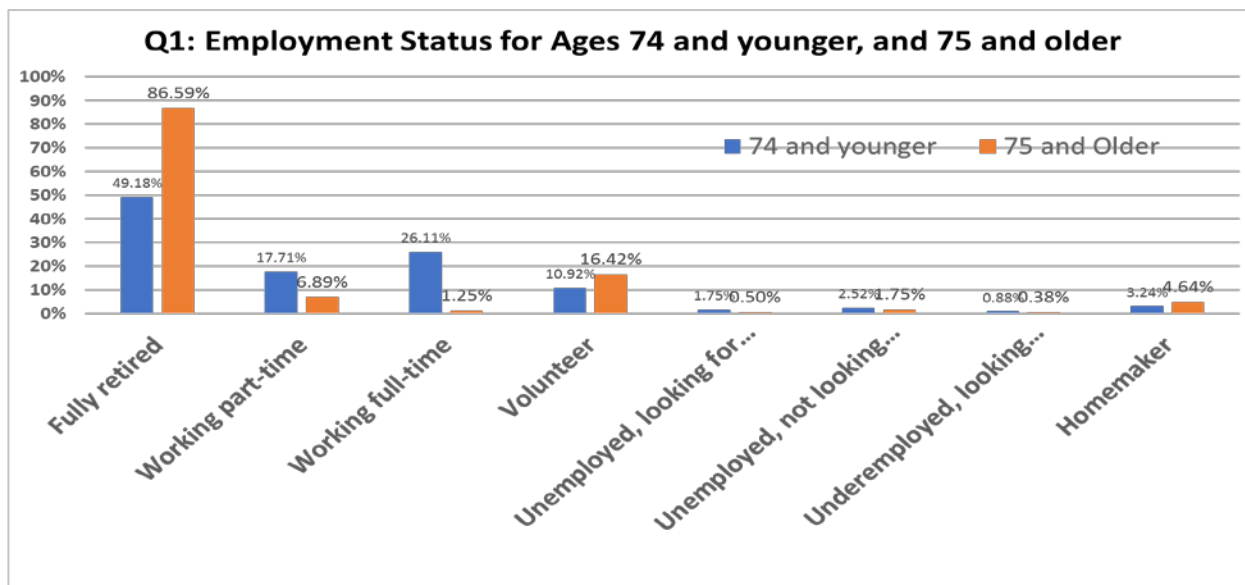


Figure 2: Question 1 broken down by age

The most notable differences between the two age categories were that 49% of 74 and younger compared to 87% of 75 and older were fully retired. Also, the percentage of working full-time - 26% for 74 and younger versus 1.25 % for 75 and older - was notable. The category for part-time workers was also significantly different, 18% to 7%. Noteworthy as well was that volunteer percentage went up for 75 years and older: 16% compared to 11% for 74 and younger.

Question 2: Besides yourself, who else lives in your household? Check off all that apply:

There was a total of 2,760 respondents who answered this question. Note that respondents were able to choose more than one answer.

- 1,622 people (58.6%), indicated they lived with a spouse or a partner,
- 905 people (32.7%) live alone,
- 274 people (9.9%) live with one or more adult children,
- 65 (2.3%) live with one or more grandchildren under the age of 18,
- 52 people (1.8%) live with a parent,
- 39 (1.4%) live with a sibling,
- 41 (1.5%) live with roommates or renters,
- 27 (0.97%) with adult grandchildren,
- 19 people (0.69%) live with one or more friends),
- 136 people provided comments in the “other” field (4.93%),
- 9 people skipped this question (Figure 2).

The categories of comments found within the “other” field included the following:

- Children under 18 (relation of children not specified); **63 mentions**
- Pets; **23 mentions**
- Homecare provider / respondent is primary care provider for a family member; **8 mentions**

Many comments fell in to the themes already created in the survey. For example, 12 people wrote in “adult children,” and these comments were added to the total responses within “adult children” that respondents originally had the option to choose from within the survey. Duplicates were identified and accounted for. One take-away from this question is that one third of the respondents live alone, meaning they may have isolation issues and

may be the most affected if transportation, health, emergency preparedness, or income concerns became overwhelming.

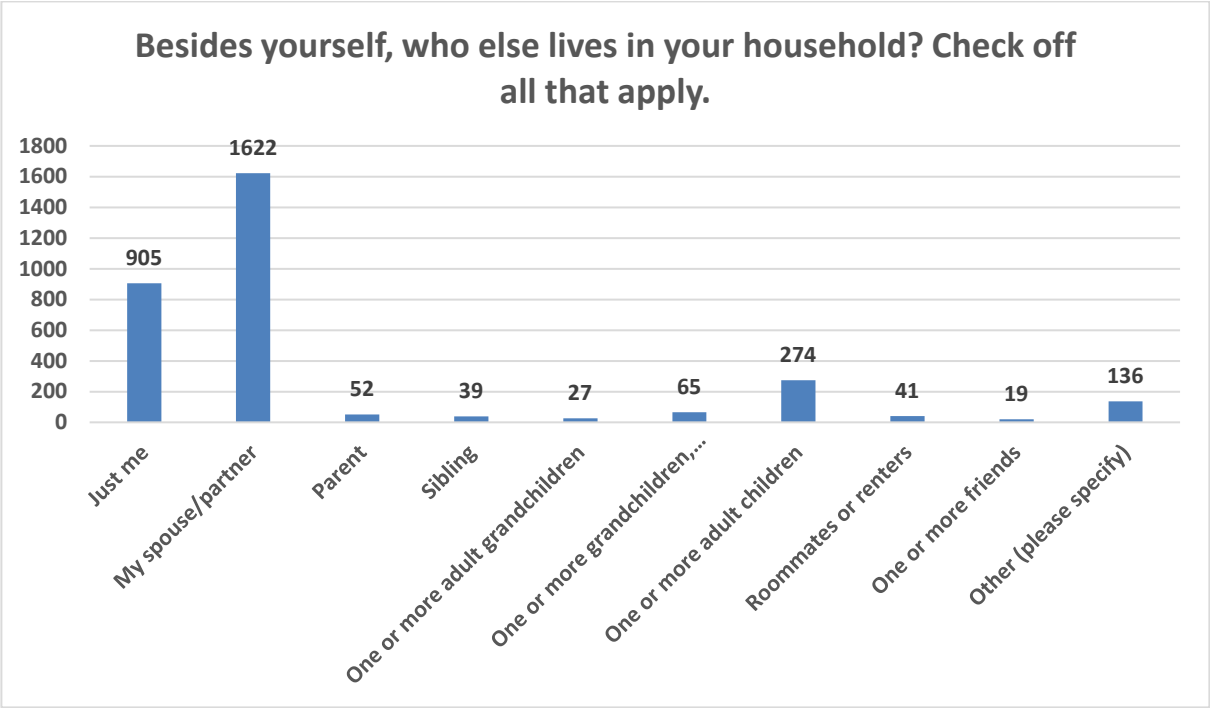


Figure 3. Question 2: Besides yourself, who else lives in your household?

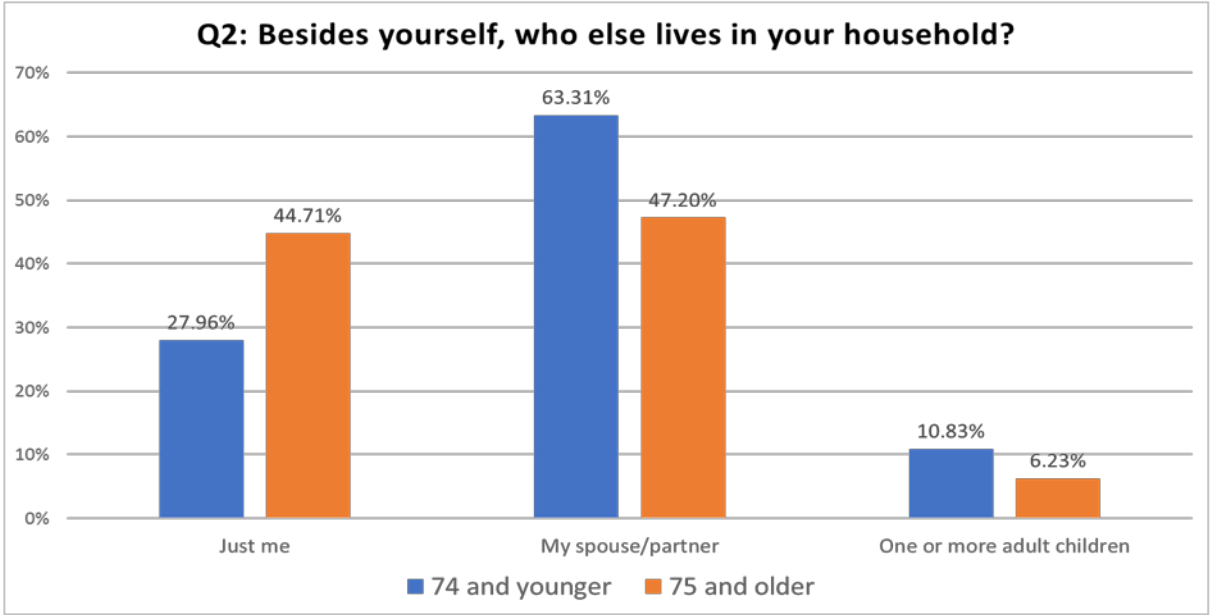


Figure 4: Question 2 broken down by age

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

Question 3: Thinking about your future needs, how would you rate your community as a place to live for people as they age?



Respondents had the options of rating their communities as “excellent, very good, good, fair, poor or not sure.” Of the 2,741 people who answered this question (Figure 5):

- 291 people (10.6%) rated their communities as excellent places to live as they age,
- **642 people (23.4%)** rated their communities as very good,
- **845 people (30.83%)** rated their communities as good places to live for people as they age,
- **627 people (22.8%)** rated their communities as fair,
- 256 people (9.3%) rated their community as poor,
- 100 people (3.6%) indicated they were unsure
- 28 people skipped this question.

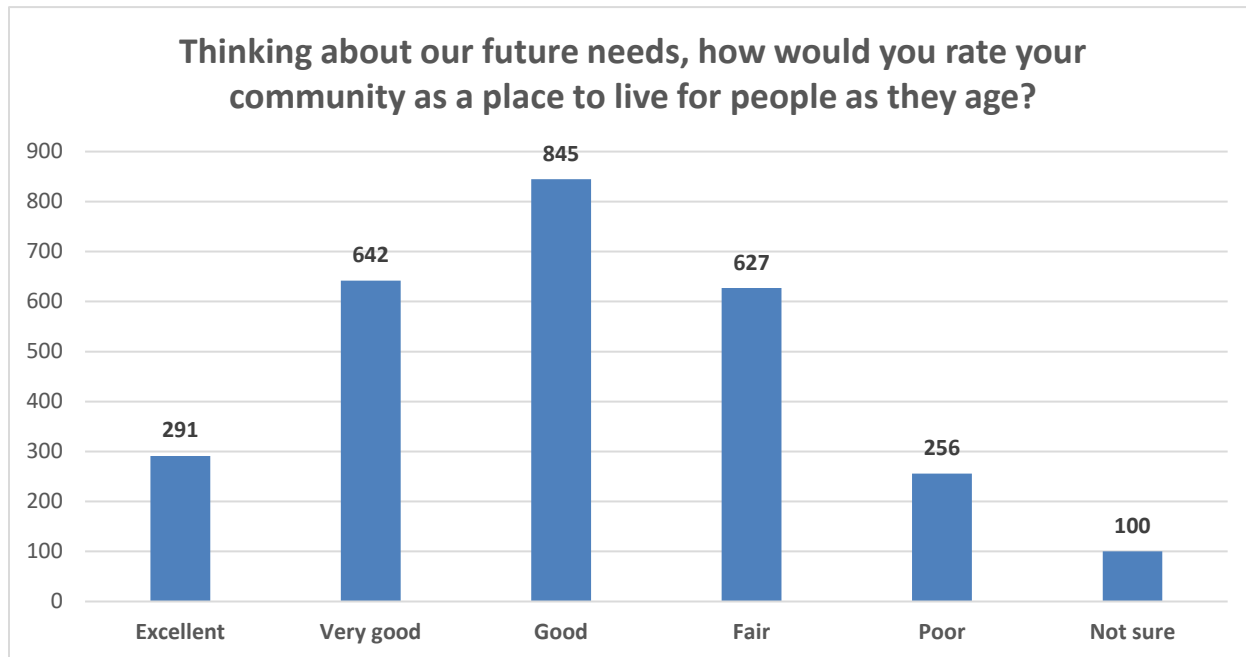


Figure 5. Question 3: Thinking about your future needs, how would you rate your community as a place to live for people as they age?

When reviewing the responses by age category, participants 75 years and older appeared to have a more positive outlook toward their community, rating their community as a better place to age than those 74 and younger (Figure 6).

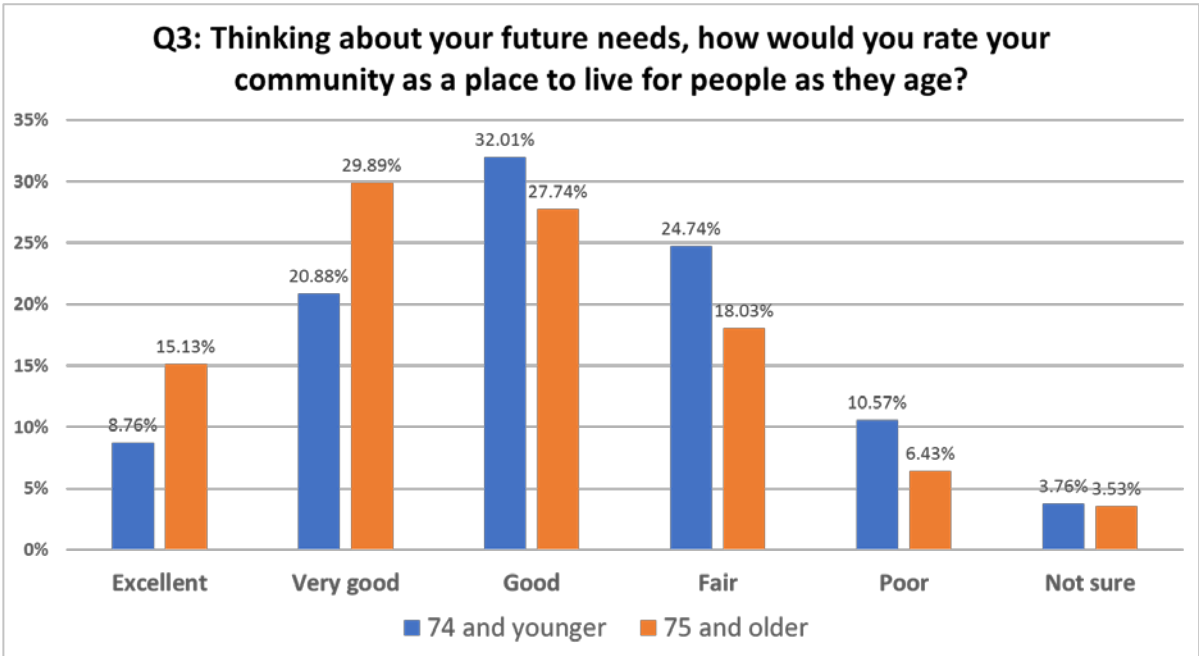


Figure 6:

Question 3 broken down by age

Question 3 was further broken down by county. It is important to note that Figure 4 does not display proportional rates of response; meaning the percentages reflect the total number of responses, per county. For example, while Coos county seemingly has the highest “Good” response percentage, it had a small number of actual responses relative to counties with larger populations. (Figure 7)

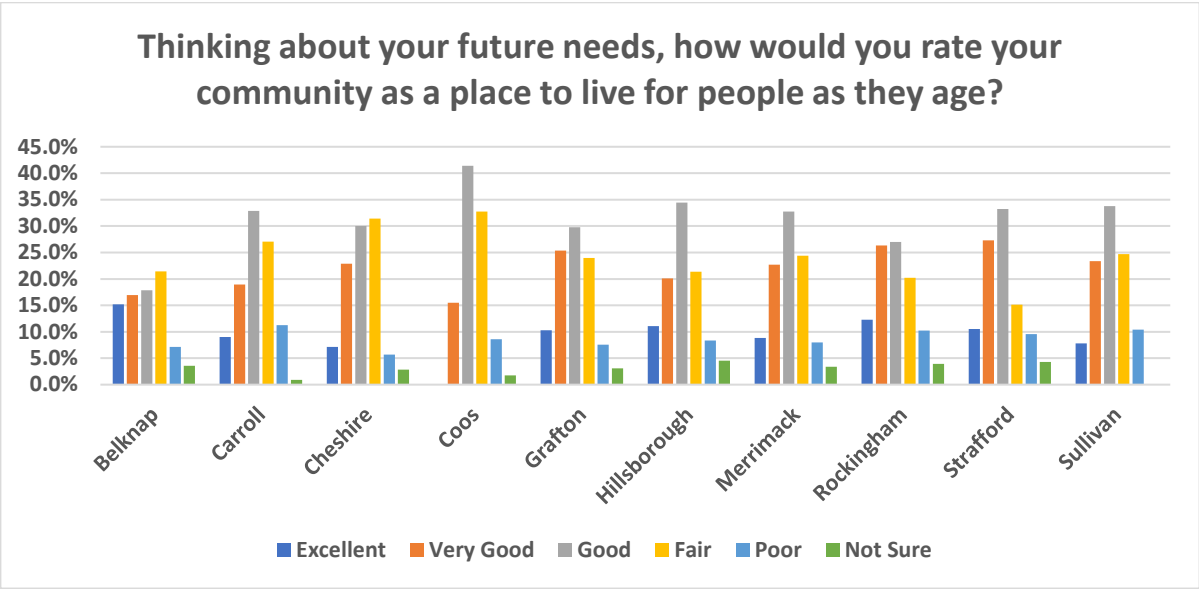


Figure 7: Question 5 broken down by county

Note: Any zip code that encompassed two counties was not included in this graph.

Question 4: What would make healthy aging in New Hampshire better or easier for you? (open ended)



A total of 2,183 people wrote in responses to this question. After careful analysis of the responses, fourteen themes were created. Many answers fell in to multiple themes; in these cases, each element of a response was paired with the appropriate category. For example, if a respondent wrote in “a senior center, transportation services, and affordable housing,” this response was counted under three separate themes. Each theme’s total was based on the number of times it was mentioned throughout the survey responses (Table 1).

Table 1. Themes of written-in comments for Question 4: What would make healthy aging in NH better or easier for you?

	Theme: <i>(What would make healthy aging in NH better or easier for you?)</i>	# of mentions:
1.	Public transportation; free public transportation for seniors, access to transit options for medical appointments, grocery trips/errands;	822 (30.3%)
2.	Affordable & available senior housing; retirement homes and senior living communities, need for more and better elderly housing options;	314 (11.6%)
3.	Taxes; property taxes too high, overall cost of living too high;	282 (10.4%)
4.	Medical care; struggles with medical coverage, medical insurance, need for financial assistance for medical care, specialized care difficult to come by, need for better medical providers within proximity;	277 (10.2%)
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;	182 (6.7%)
6.	Recreation & engagement; activities for seniors - exercise, classes, lectures, social functions, gatherings etc.;	173 (6.4%)
7.	Senior services; (i.e. adult daycare), access to resources, convenience stores, pharmacies without having to travel or drive;	158 (5.8%)
8.	Access to information; need a central 'hub' or 'one stop shop' for information, lacking resources and information on what's available such as programs, community events/news/activities, scheduling; better internet access needed in some areas;	104 (3.8%)
9.	Walkability; safe walking and biking lanes, plowed and well-maintained sidewalks, wheelchair accessible sidewalks;	83 (3.0%)
10.	Senior center; community center; gathering place for seniors with activities;	81 (3.0%)
11.	Assistance with daily chores and handyman work; shoveling, plowing, yardwork, home repairs, lifting, grocery shopping, small jobs, etc.;	80 (3.0%)
12.	Kindness and awareness; lack of respect and kindness toward seniors, many struggling with isolation and loneliness, having family and friends is imperative	21 (0.8%)
13.	Everything is fine the way it is, N/A, not sure, I don't know;	89 (3.3%)
14.	Other, Misc. not understandable	46 (1.7%)

Public transportation and having access to transportation options was the largest concern among survey respondents. This is followed by affordable and available senior housing options, taxes and the cost of living and medical care/cost of medical care and available services. Many people expressed worry about not having resources or services available that would help them live comfortably in their home as they age or as their family members/spouses age. Similarly, 158 people expressed a desire to have better access to simple services (pharmacies, grocery stores, convenience stores and medical offices) without having to drive long distances and say



they worry about accessing these resources once they are unable to drive. Additionally, many people (173) expressed interest in more recreational options and activities. Along the same line, there is concern over safe walking and biking lanes that are maintained and plowed during the winter as well as having wheelchair accessibility. Both connectivity themes may help address the issues of isolation and loneliness, and both themes were common problems found throughout the survey among respondents.

Question 5: Do you visit your local senior center?

The phrase “Senior Center” is not always embraced by older adults. Many “seniors” do not appreciate the label or associate the facility they go to as a “senior center”. Also, some centers do not have the phrase “senior center” within their title, such as the Goodlife Programs and Activities Center in Concord. All these elements may or may not have impacted the results of this question.

Of the 2,622 people who answered this question:

- 1,085 (41.3%) indicated that they were uninterested in their local senior center.
- 603 people (23%) indicated there is no senior center in their community,
- 423 people (16.1%) visit their local senior center at least twice monthly,
- 286 (10.9%) visit monthly,
- 250 people (9.5%) would like to visit their local senior center but have difficulty getting there (Figure 8).

Whereas 27% of all respondents visit a local senior center at least once per month, that statistic increases to 38% for seniors 75 years or older (Figure 9).

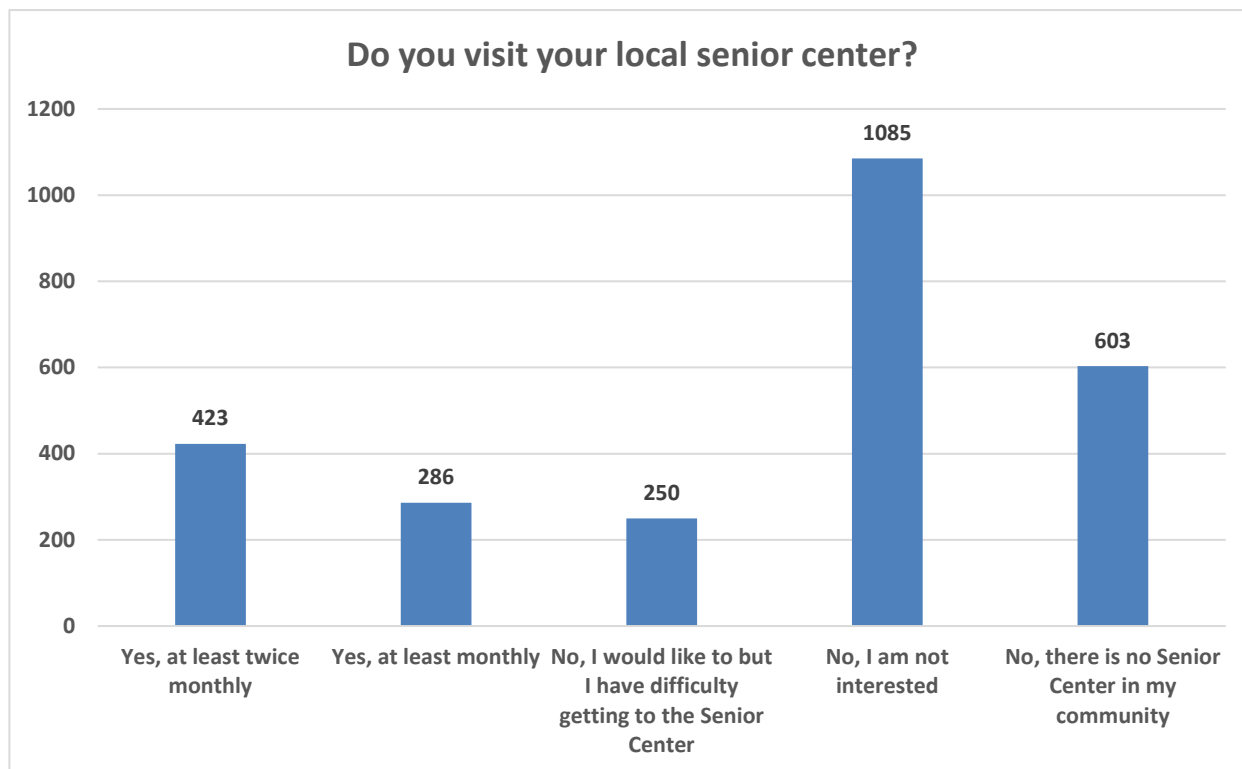


Figure 8. Question 5: Do you visit your local senior center?

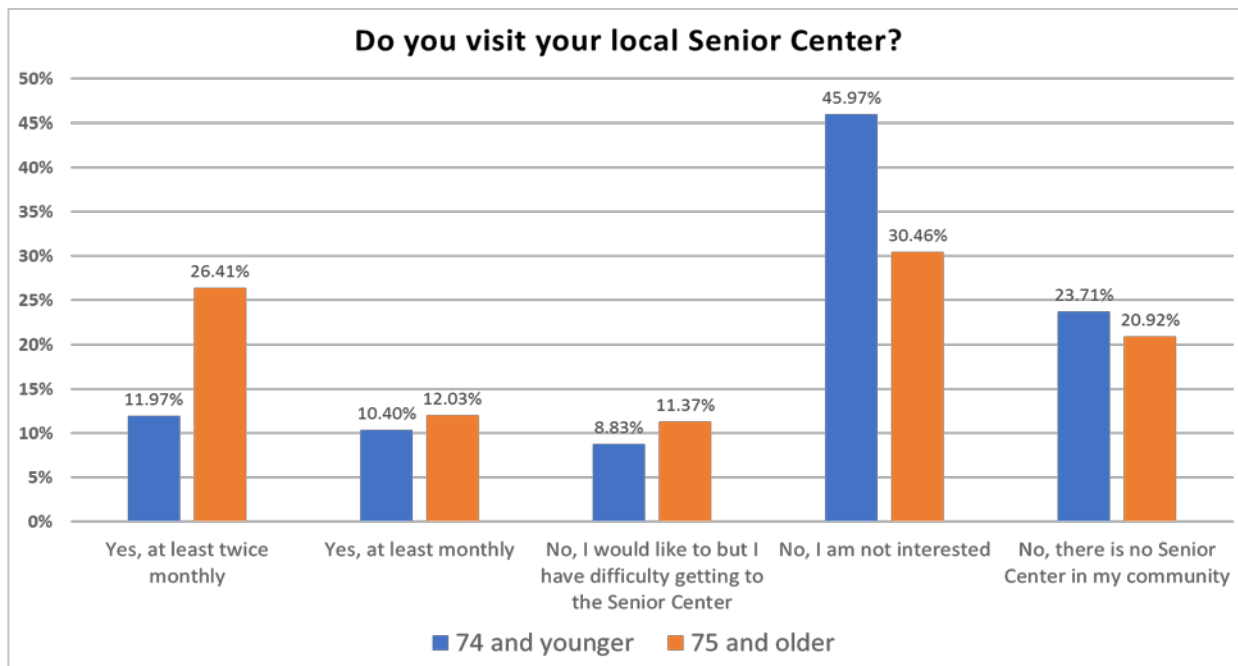


Figure 9: Question 5 broken down by age.

Upon examining the outcome of the survey through the lens of those 74 and younger compared to 75 and older, the results show that 38% of respondents over the age of 75 visit their senior center, compared to 22.27% of respondents under the age of 74. It is also noteworthy that over 11% of those 75 and older would like to go but have difficulty getting to the center.

Question 5 was further broken down by county (Figure 10).

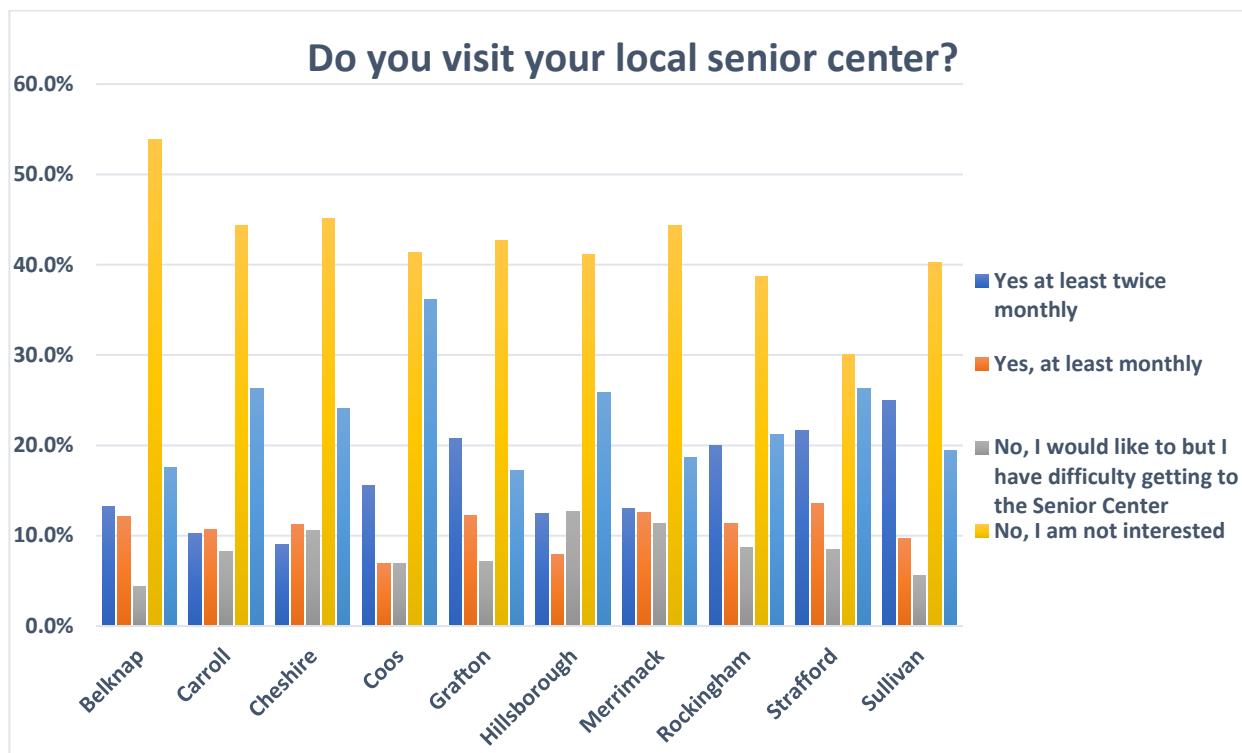


Figure 10. Question 5 broken down by county

Note: Any zip code that encompassed two counties was not included in this graph.

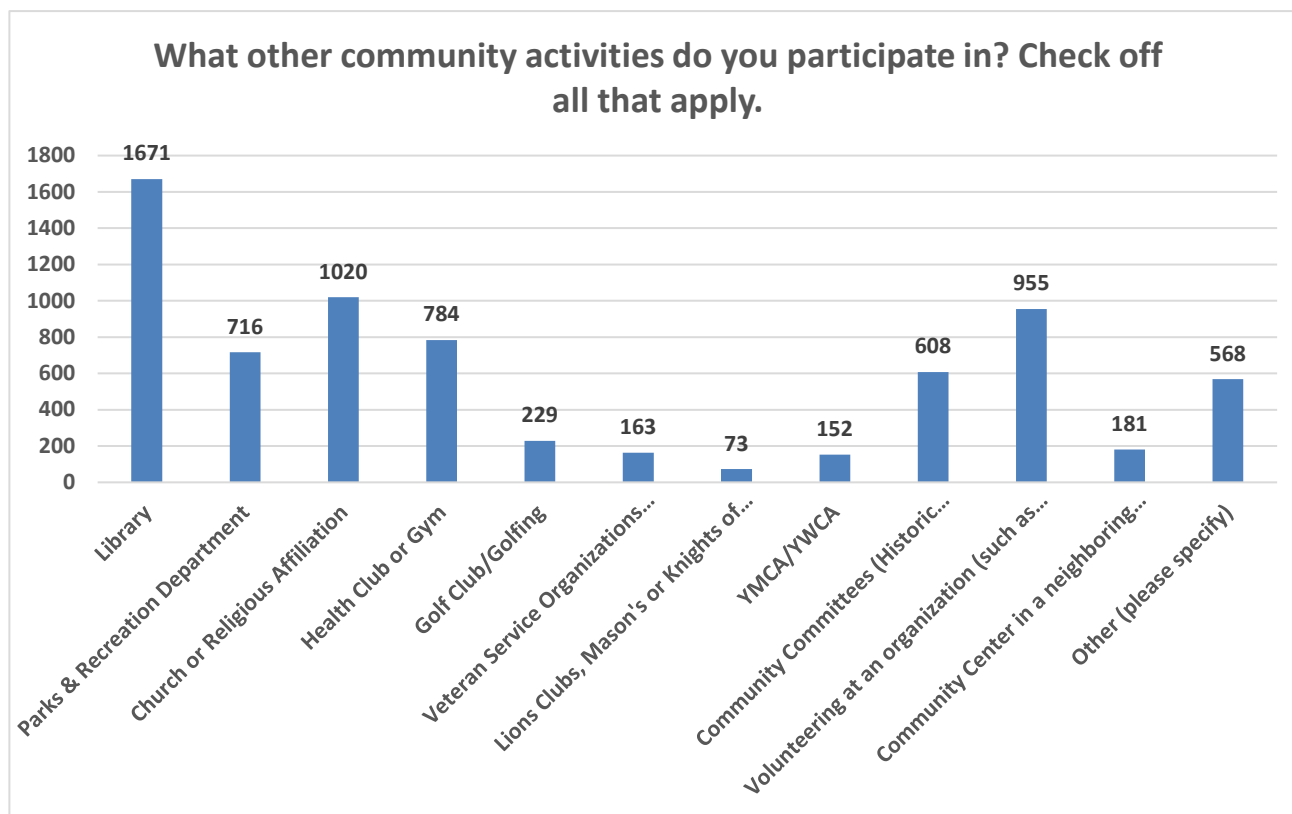


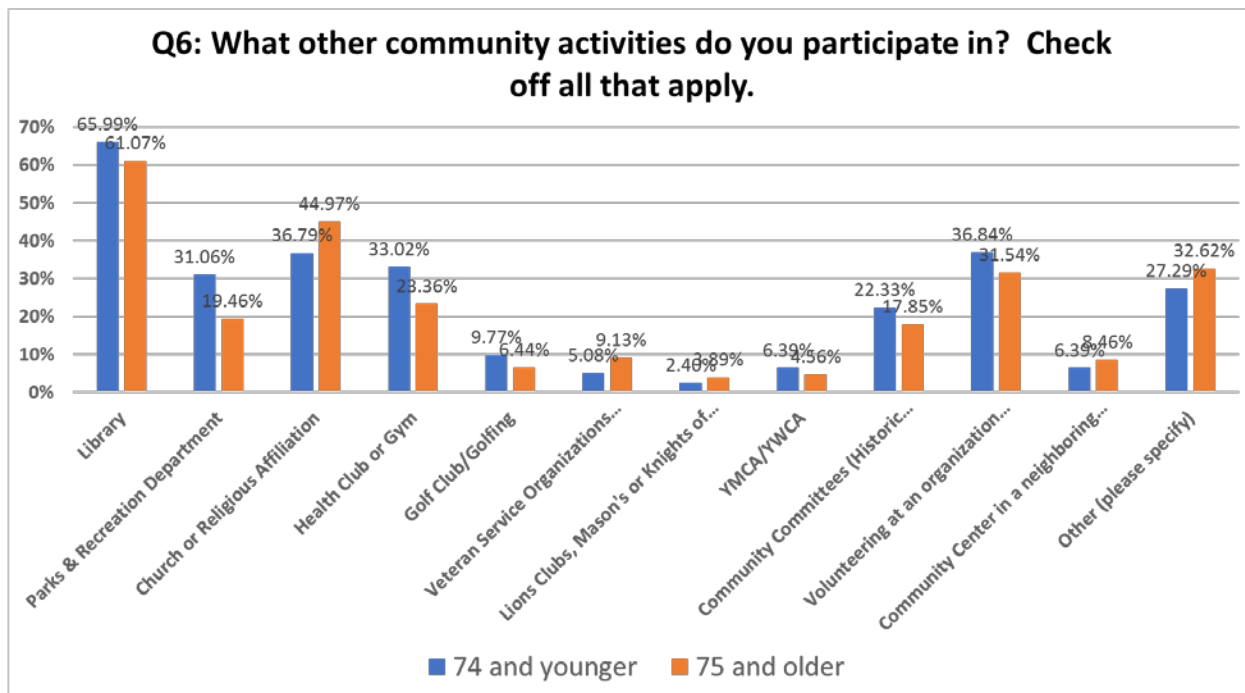
Question 6: What other community activities do you participate in?

A total of 2,586 people responded to this question and respondents were able to choose more than one answer if desired. Respondents also had the option of writing in an answer if they wished to do so. For the categories that respondents could choose from;

- 1,671 people (64.6%) chose the library,
- 1,020 people (39.4%) chose a church or religious affiliation,
- 955 people (36.9%) chose volunteering at an organization,
- 78 survey respondents (30.3%) chose health club or gym
- 608 people (21%) chose serving on community committees (Figure 11).

When reviewing the data between 74 and younger and 75 and older, the most notable differences are the reduced use of recreation facilities and programs for the older group and the increased use of churches and religious organizations (Figure 12).





Figure

12: Question 6 broken down by age

There was a total of 748 comments written in by survey respondents. 15 themes were created after careful analysis of the write-in responses (Table 2). Many comments referenced more than one activity; each element of the question was counted within the corresponding category.

Note: Any written-in comment that matched an already established category in the question was added to the total responses for that category (e.g. if a respondent wrote in "library" it was added to the total responses for "library"). All duplicates were accounted for (e.g. if a respondent checked off library in the question and wrote "library" in the

Figure 11. Question 6: What other community activities do you participate in?

'other' field,

the answer was counted once).

Table 2. Themes of written-in comments for Question 6: What other community activities do you participate in?

	Themes: Written-in Comments ("other" field) (What other community activities do you participate in?)	# of times mentioned
1.	Indoor/Outdoor Recreational activities; (Hiking, skiing, swimming, bowling, pickleball, walking etc.);	90
2.	Informal groups and clubs; (knitting, art, gardening, writing, poetry, photography etc.);	82
3.	Formal groups, clubs & associations; (AARP, Active Retirement Association, Easterseals, Retired Teachers Association, UNH Alumni Association, Kiwanias, Rotary, Elks etc.);	82
4.	Music; local choirs, orchestra, musical groups;	50
5.	Community events, activities and gatherings;	49
6.	Local senior centers;	36
7.	Adult education; classes and programs (OLLI, CALL program at Keene, St. A's classes);	23
8.	Homebound due to caregiver/guardian responsibilities;	21
9.	Political action groups, political campaigns & activism;	16



10.	Socialize with friends and family;	16
11.	Personal hobbies; baking/cooking, crochet, painting, parks, travel;	14
12.	Not retired, still work full time;	13
13.	Would participate in various activities, but no transportation options to get anywhere;	10
14.	None available, n/a, I don't know;	31
15.	Other comments, not understandable	35

Question 7: Do you provide unpaid caregiving support weekly for any of the following individuals?

Of the 2,657 respondents who answered question seven:

- 73.3% (1,948) indicated that they do not provide any caregiving support to others,
- 15.7% (417) care for an older adult,
- 8.5% (226) care for someone with a disability,
- 6.7% (180) care for a grandchild, great grandchild or stepchild under the age of 18 (Figure 13).

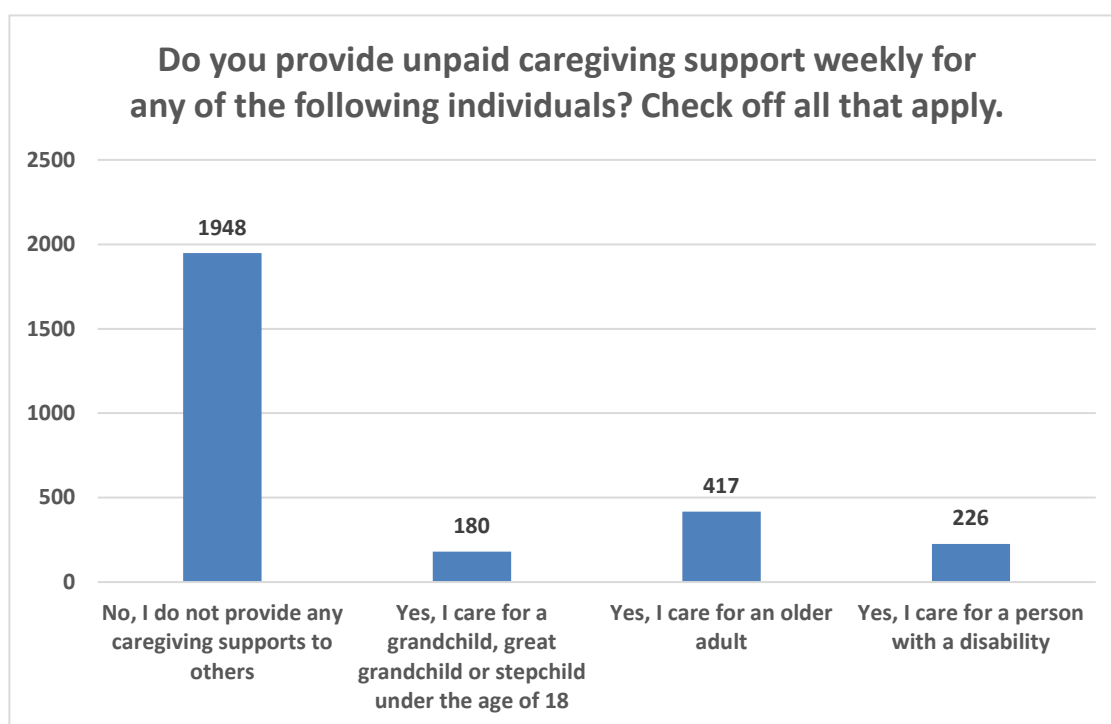


Figure 13. Question 7: Do you provide unpaid caregiving support weekly for any of the following individuals?

Question 8: If you answered “yes” to the caregiving question above, what are your top needs as a caregiver? Check off all that apply.

823 people who said they provide care to any of the above categories, answered this question. The highest needs indicated by survey respondents were respite (19.11%) and transportation assistance (17.49%), followed by

- Information and referrals (13.23%),
- Support groups (11.07%),
- Funds for clothing, incontinence supplies, food, home modifications and other items (9.99%),
- Education about your loved one’s diagnosis and care requirements (9.32%),
- Funds for prescription deductibles and co-pays (7.56%). (Figure 14)

If you answered "yes" to the caregiving question above, what are your top needs as a caregiver? Check off all that apply.

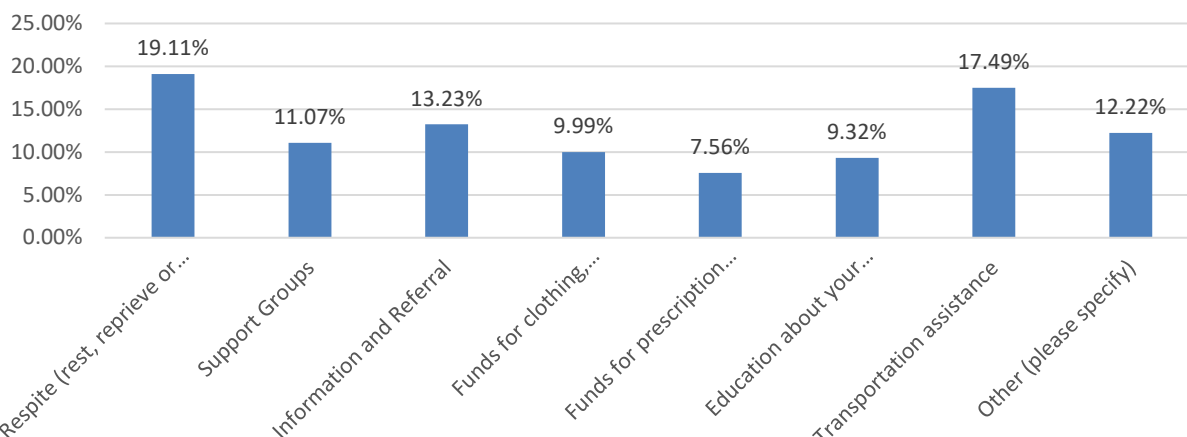


Figure 14. Question 8: If you answered "yes" to the caregiving question above, what are your top needs as a caregiver?

There was a total of 181 written responses in the "other" category. After careful analysis of the written responses, eight themes were created to capture the comments and concerns expressed by survey respondents. Like previous open-ended responses, an individual open response may have been accounted for in multiple categories, and any open-response that was similar to a multiple-choice option was added to the total multiple-choice count and was removed from the total open-response count. Additionally, many people responded in the open-response who weren't providing care for a grandchild, great grandchild, or stepchild under the age of 18 or an adult; these responses were removed from the final count.

Table 3. Themes of written-in comments for Question 8: If you answered "yes" to the caregiving question above, what are your top needs as a caregiver?

	Themes: Written-in Comments ("other" field) (If you answered "yes" to the caregiving question above, what are your top needs as a caregiver?)	# of times mentioned
1	Not Applicable to Question	55
2	Caregiver Assistance: Bill Paying, Grocery Shopping, House Keeping, General Support	43
3	Socializing opportunities	15
4	Childcare/Day Care: Affordable, funds to support Childcare/Day Care	13
5	Housing options: affordable/single level/future home placement/affordable facilities	12
6	Assistance with navigating Medicaid/insurance	5
7	Tax relief	4
8	Coordinated Services	4

Question 9: Please rate the importance of the following concerns based on how much you think they affect you, as you age in the community.

There was a total of 2,760 responses to this question. In every category, over 75% of respondents found that the listed concerns were either Somewhat Important or Very Important. Access to Healthcare was rated Very Important at the highest rate (93.56%) followed by Maintaining Physical Health (88.37%), and Financial Security (86.84%). When examining these responses by New Hampshire counties, there was no observable outlier – each concern was rated relatively similarly across the state (Table 4).

Table 4. Question 9: Please rate the importance of the following concerns based on how much you think they affect you, as you age in the community.

Concerns	Very Important	Somewhat Important	Not Important	Not Sure/Doesn't Apply
Access to healthcare	93.56%	5.30%	0.51%	0.62%
Financial security	86.84%	11.82%	0.37%	0.97%
Maintaining physical health	88.37%	10.93%	0.29%	0.40%
Fuel costs	56.66%	34.87%	4.42%	4.05%
Transportation	74.55%	21.60%	2.16%	1.68%
Having enough food to eat	64.51%	25.38%	5.44%	4.66%
Respite care (rest, reprieve or break)	39.62%	39.16%	7.75%	13.46%
Support for caregivers	50.44%	35.07%	4.29%	10.20%
Safety during emergencies such as power outages, snowstorms or floods	69.81%	25.74%	2.37%	2.08%
Affordable and accessible housing	75.92%	17.58%	2.95%	3.55%
Assisted living facilities	50.91%	36.38%	6.58%	6.13%
Memory loss	58.02%	30.34%	4.31%	7.33%
Depression	52.41%	33.41%	6.57%	7.61%
Access to information about long-term support services	59.77%	31.93%	4.51%	3.79%
Availability of in-home, long-term support services	71.53%	21.75%	2.82%	3.91%
Quality long-term care options	71.70%	22.21%	2.70%	3.39%



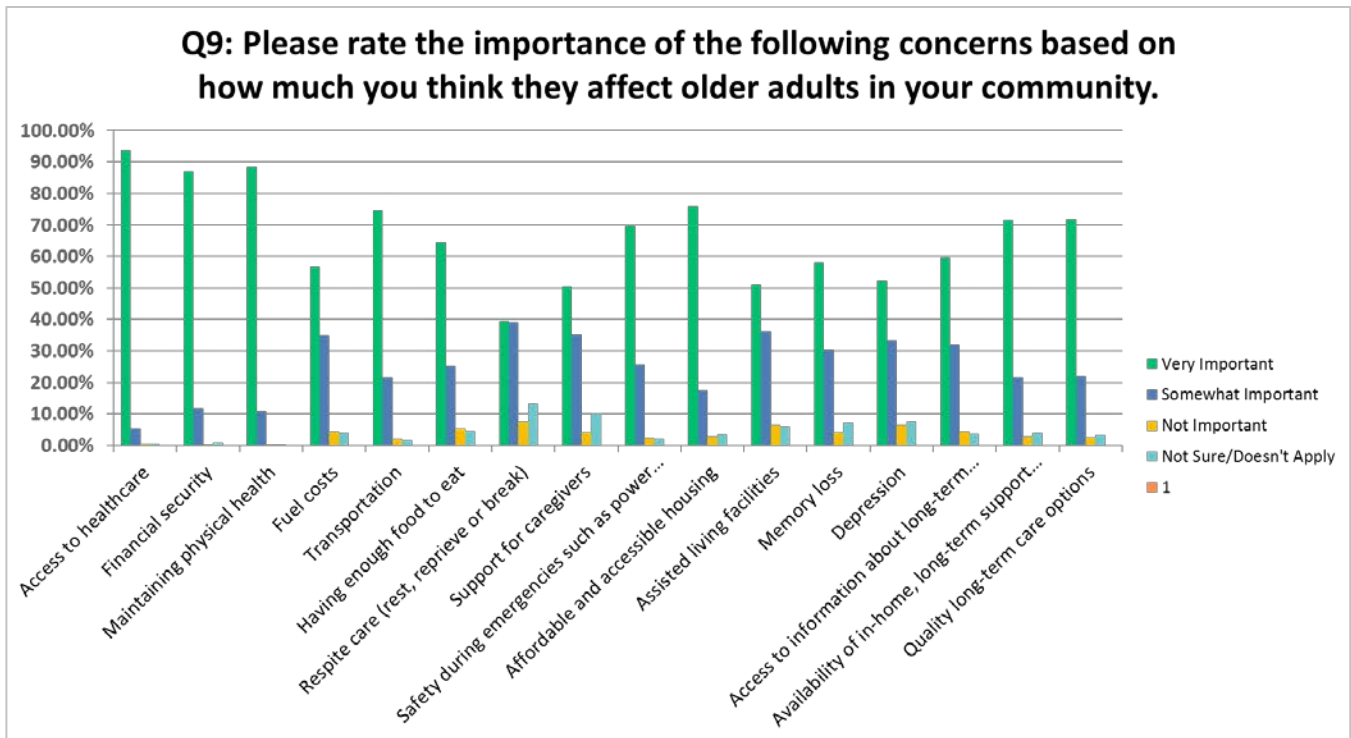


Figure 15. Question 9: Please rate the importance of the following concerns based on how much you think they affect older adults in your community

Question 10: Please rate the need for the following services in your community.

2,740 people answered this question. In every category, over 70% of respondents found that the listed concerns were either Somewhat Important or Very Important. Affordable Housing was rated Very Important at the highest rate (71.45%) followed by Transportation (Transit Services) (68.01%), and In-home health services (personal care such as medication management or bathing) (63.33%). When examining these responses by New Hampshire Counties, there was no observable outlier – each concern was rated relatively similarly across the state.

Table 5. Question 10: Please rate the need for the following services in your community.

Concerns	Very Important	Somewhat Important	Not Important	Not Sure/Doesn't Apply
In-home health services (personal care such as medication management or bathing)	63.33%	24.24%	3.51%	8.91%
Help with household chores (grocery shopping, cooking, changing light bulbs, minor repairs or cleaning)	56.34%	32.79%	4.12%	6.75%
Yard work, trash removal or snow shoveling	51.72%	33.63%	5.87%	8.78%
Food Assistance (Senior Congregate Meals, Meals on Wheels, Commodity Supplemental Foods and/or Food Pantry)	53.68%	31.90%	6.65%	7.77%
Senior Centers	47.97%	39.70%	7.44%	4.89%
ServiceLink	48.05%	26.17%	5.00%	20.78%
Home Modification Support	36.90%	42.01%	8.60%	12.48%
Transportation (Transit Services)	68.01%	23.28%	3.83%	4.88%



Adult Day Program	36.93%	41.70%	9.16%	12.21%
Oral health services	51.47%	35.64%	6.06%	6.83%
Breast & Cervical Cancer Screening Program	37.26%	38.61%	11.45%	12.68%
Help in dealing with vision or hearing loss	56.58%	32.74%	5.34%	5.34%
Financial Assistance	49.32%	35.43%	6.11%	9.14%
Legal Assistance	40.31%	40.96%	8.92%	9.81%
Affordable Housing	71.45%	19.16%	3.79%	5.60%
Shopping Assistance	39.84%	42.73%	8.11%	9.32%
Veteran's benefits	41.68%	28.54%	7.66%	22.12%
Social activities	50.34%	39.24%	5.72%	4.69%

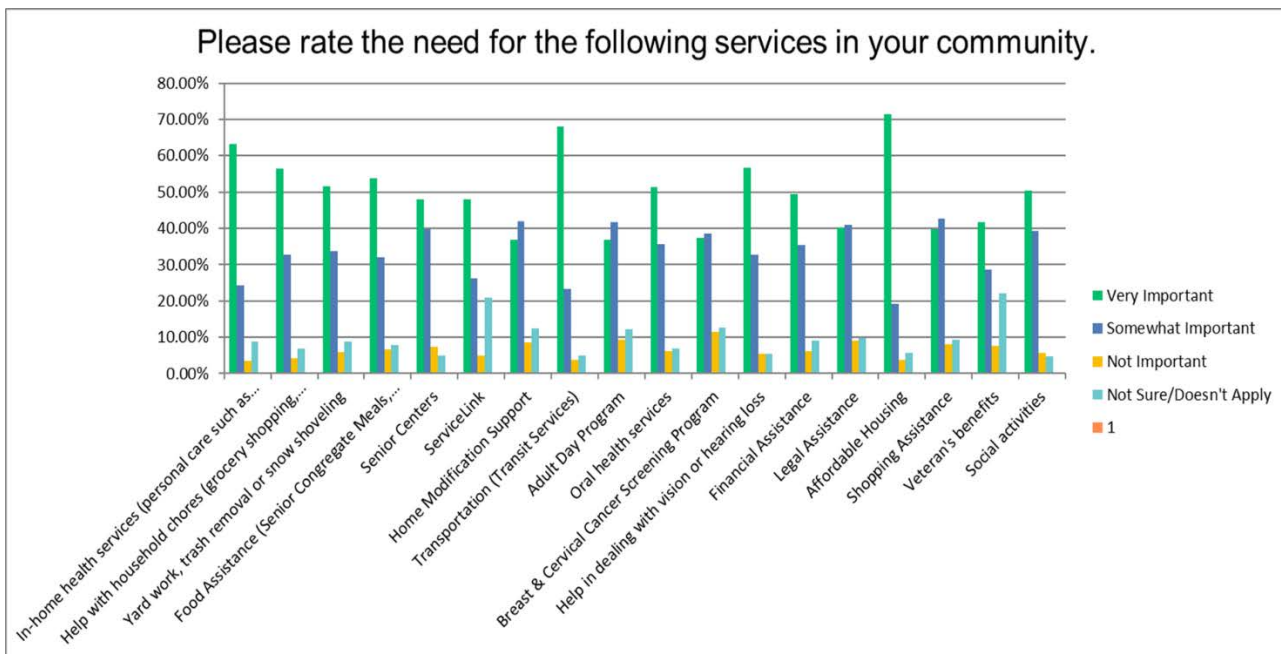


Figure 16. Question 6: Please rate the need for the following services in your community

Question 11: If you were not able to access one or more of the needed services listed above, why not? Check all that apply.

1,734 people answered this question. 766 people indicated they are not aware of service availability (44%). The next two reasons people are unable to access needed services are transportation (482 responses), followed closely by having no service in the area (481 responses). Responses varied across the rest of the categories. Many people indicated that they don't know where to go (23%) as well as having no one to help them (12%). (Figure 17)

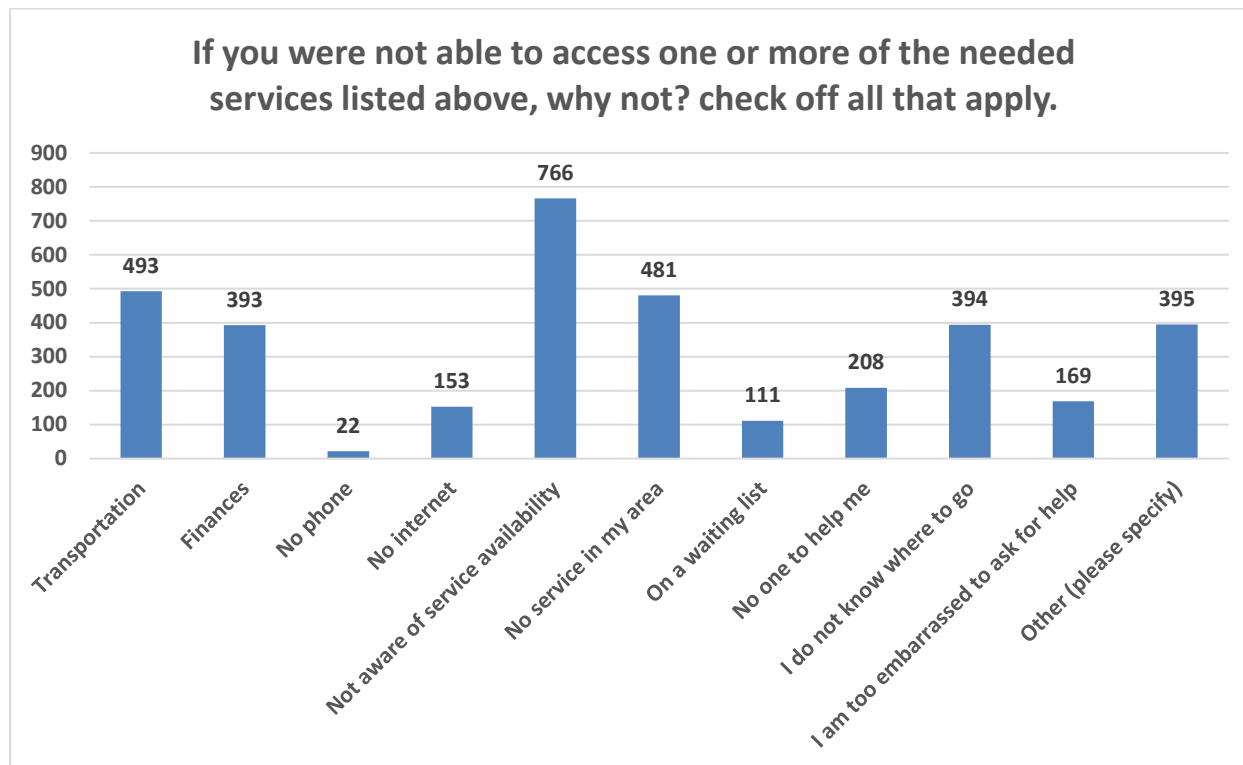


Figure 17. Question 11: If you were not able to access one or more of the needed services listed above, why not?

When comparing the categories by two age cohorts (under 75 and over 75) the most significant differences were in the finance, no internet, not aware of services, and no services in many are categories (Figure 18)

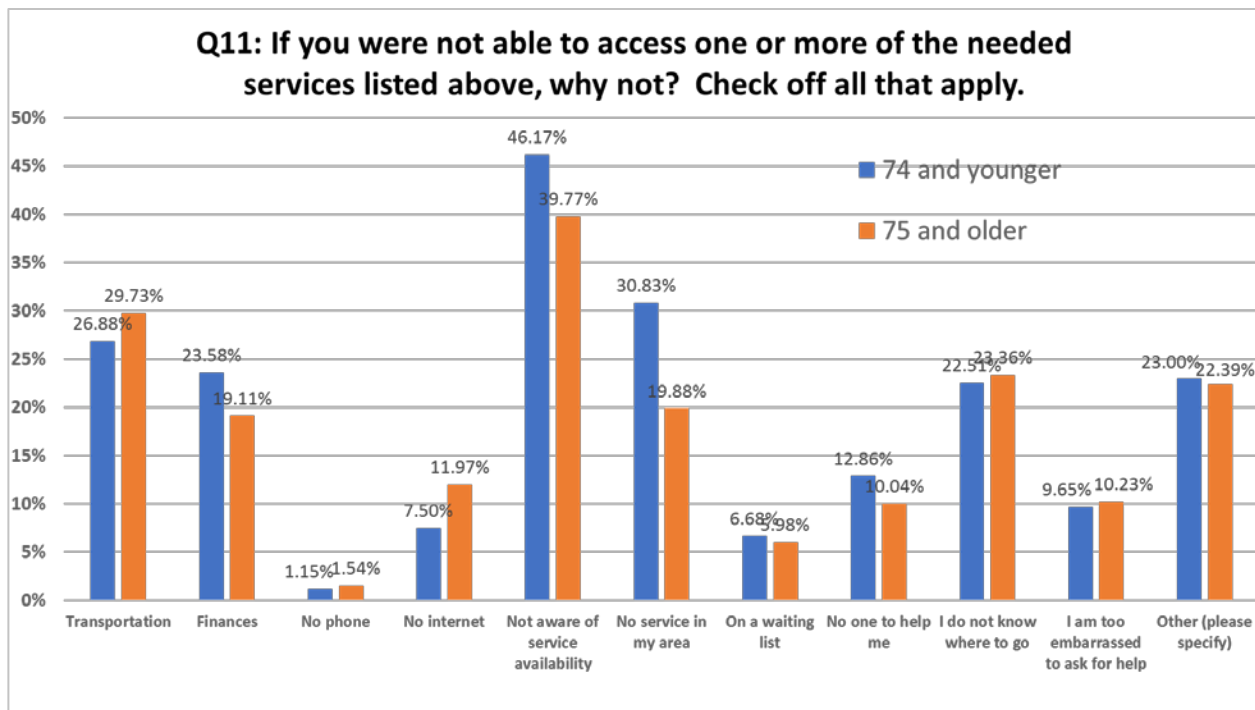


Figure 18: Question 11 broken down by age

Within the “other” category, there were almost 400 written-in comments, all very diverse. Based on the comments, four themes were created and others that didn’t fall in to a theme are mentioned below.

Table 6. Themes of written-in comments for Question 11: If you were not able to access one or more of the needed services listed above, why not?

	Themes <i>(If you were not able to access one or more of the needed services listed above, why not?)</i>	# of times mentioned
1.	Difficulty accessing information; lack of information about services, programs and events in town, misinformation about services, language difficulty/barriers, too difficult to find information;	18
2.	Mobility issues due to health reasons; too sickly to leave home, visual and hearing impairments, injuries, frailty, other health issues; difficulty paying for medications and insurance;	22
3.	Difficulty with technology; cell phone and internet service unavailable, unable to afford internet, difficulty navigating websites/getting in contact with the right people, internet and phone scams;	15
4.	Difficulty finding help with house maintenance and yard work; need help cleaning, as well as with yard work snow removal, shopping, chores;	8
7.	Everything is OK/no issue/don't have a need;	227
8.	Other comments	64

Many comments didn’t fall into one of these themes but are still noteworthy. Several people indicated that they do not have the housing they need to support their health and financial concerns, or that they were on waiting lists to

live in senior living facilities. Several people also indicated the lack of senior centers and adult daycare programs in their communities, which gives them few to no options for activities during the day.

Question 12: How do you get information about community services? Check off all that apply.

A total of 2,715 people answered this question. A summary of responses can be found in the following table:

Table 7. Themes of written-in comments for Question 12: How do you get information about community services?

	How do you get information about community services? Check off all that apply.	Total	Percentage
1.	Family or Friends	1471	54.2%
2.	Newspaper/newsletter	1459	53.7%
3.	Library	1094	40.3%
4.	Internet/Websites	1023	37.7%
5.	Email	889	32.7%
6.	AARP	853	31.4%
7.	Senior Center	762	28.1%
8.	Community Clerks Office/Town Offices	729	26.9%
9.	Churches or Religious Organizations	616	22.7%
10.	Television	543	20.0%
11.	ServiceLink	544	20.0%
12.	Social Media (i.e. Facebook or Twitter)	528	19.4%
13.	Radio	408	15.0%
14.	Parks & Recreation Departments	344	12.7%
15.	Senior Meals	215	7.9%
16.	Care Coordinator, Case Manager or Caregiver	189	7.0%
17.	I am not sure	170	6.3%
18.	Aging Issues	147	5.4%
19.	2-1-1	115	4.2%
20.	EngAGING NH	66	2.4%
21.	Other (please specify)	191	7%



Q 12. How do you get information about community services, check all that apply:

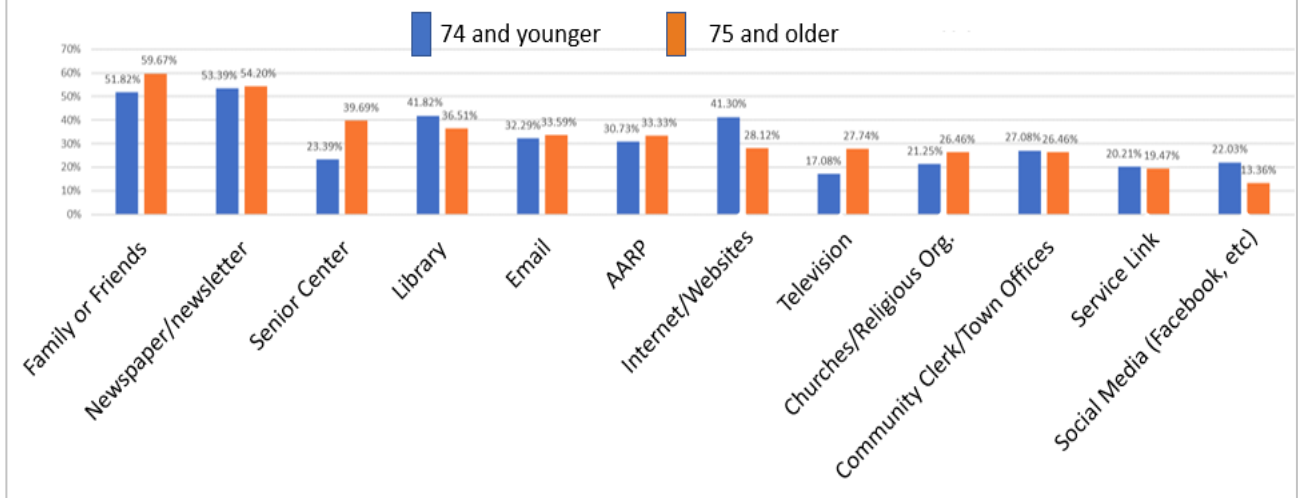


Figure 19: Question 12 broken down by age

There are many similarities between those 74 and younger, and 75 and older. Family or friends, newspapers, library, email, and AARP are some of the most common ways respondents receive information, regardless of age. Still more 74 and younger rely on websites and the internet, while 75 and older rely on their senior center, television, and church/ religious organizations (Figure 19).

Over half the survey respondents indicated that their primary source of information in their community is family and/or friends; newspapers and newsletters following closely. The library, the internet and email were among the top five sources of information people indicated they primarily use to get information about services in their community.

191 survey respondents wrote in answers to the question. The following themes were created based on the survey responses. Duplicates were accounted for (if a respondent checked off library in the question and also wrote “library”, the answer was only counted once). Some comments containing multiple elements were counted more than once for comments that fell in to multiple themes.

Table 8. Themes of written-in comments for Question 12: How do you get information about community services?

	Themes <i>How do you get information about community services? (written-in responses)</i>	# of times mentioned
1.	Word of mouth;	11
2.	Senior living/adult daycare; nursing homes, continuing care communities, residential communities, adult day programs etc.	6
3.	Community care groups, community organizations (Active Retirement Association, Chamber of Commerce, Caregiver's, Seacoast Retired Teachers Association etc.);	36
4.	Doctor's office, medical facilities;	25
5.	Listserve;	11
6.	Bulletin boards, flyers, message boards, posters;	14
7.	Don't know/haven't needed;	11
8.	Other	47

Question 13: Are you aware of ServiceLink?

Of the 2,734 people who answered this question, 49.8% have heard of ServiceLink. 42.9% have not heard of ServiceLink and 7.7% were not sure (Figure 20).

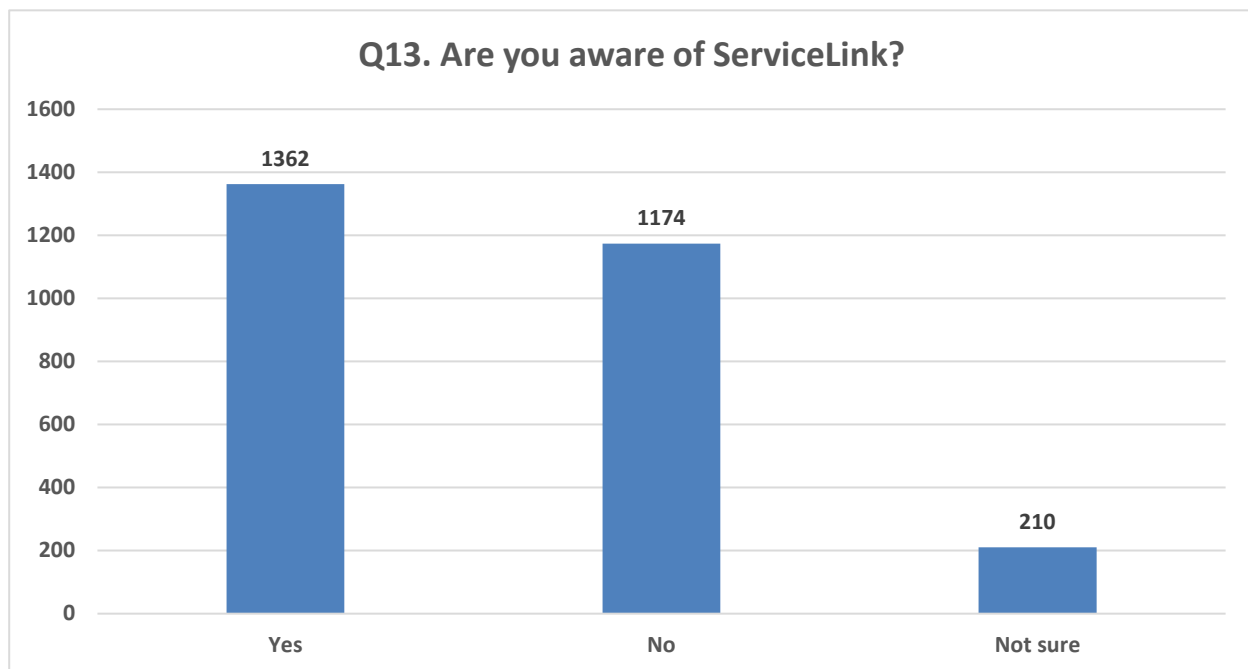


Figure 20. Question 13: Are you aware of ServiceLink?

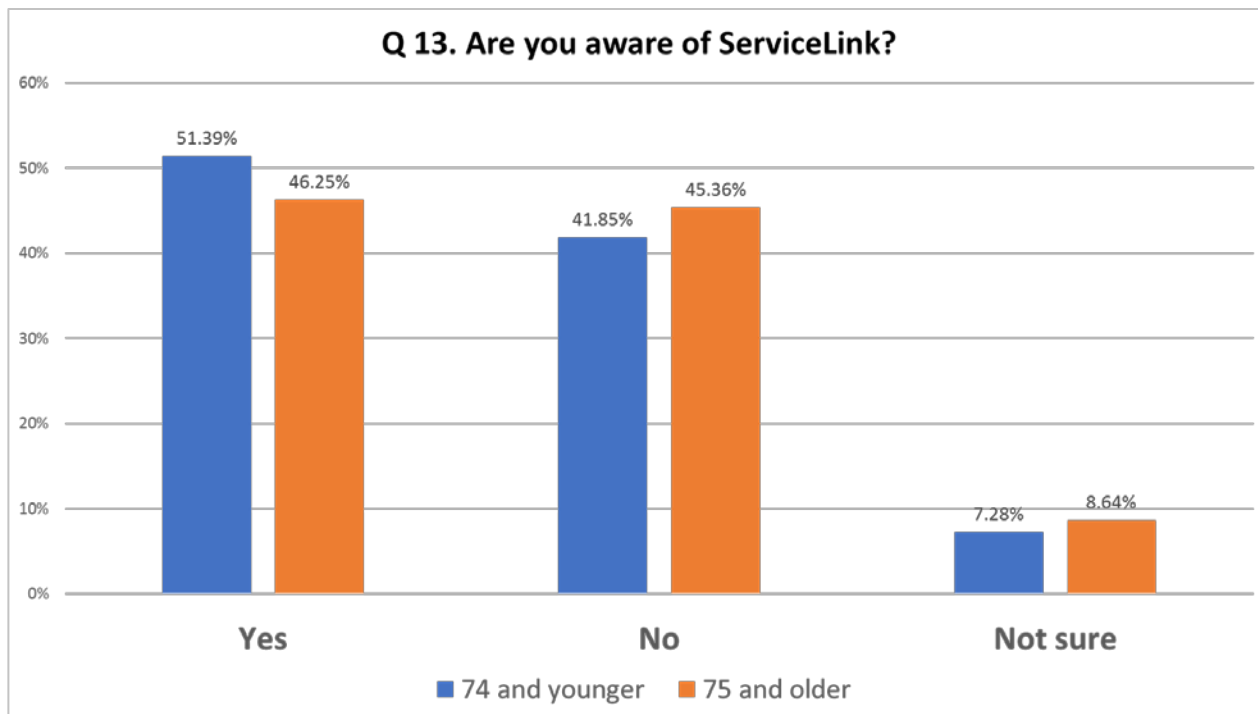


Figure 21. Question 13 broken down by age

Regarding awareness of ServiceLink, the responses are somewhat similar between the age groups, although more 75 and older are not aware or unsure of ServiceLink than 74 and younger. When filtering those that do not know of ServiceLink, it's interesting to review the age breakdown in Figure 22 below.

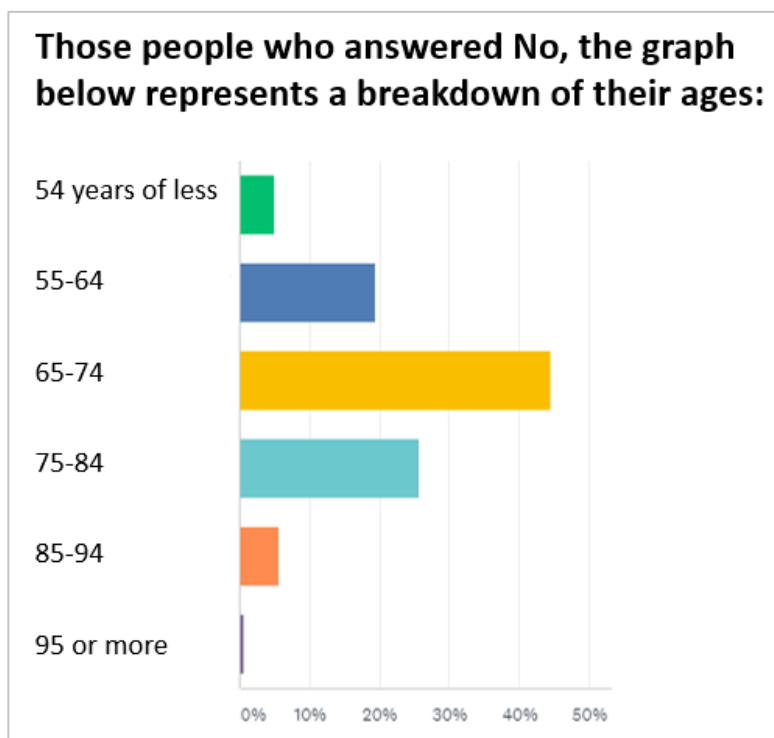


Figure 22. Question 13 further broken down by age

Question 14: How has ServiceLink assisted you in the last year? Check off all that apply.



2,123 people answered this follow-up question about ServiceLink but 50% (1,063) answered N/A or I have not heard of ServiceLink. 21% of people (448) wrote in answers to this question, yet most of the written-in questions included answers such as “N/A” or “I don’t use ServiceLink.” For the purposes of displaying the services on ServiceLink that people do utilize, the categories “N/A” and “other” are not shown in table 6. All written-in comments that match an established category were added to the total responses for that category. Duplicates were accounted for.

Table 9. Question 14: How has ServiceLink assisted you in the last year?

How has ServiceLink assisted you in the last year?	Total	Percentage
Medicare Benefits	407	19.1%
Medicaid information or support	150	7%
Caregiving help	94	4.4%
In-Home supports and services	87	4.1%
There is no ServiceLink in my community	86	4%
Service coordination	83	3.9%
Disability related resources	77	3.6%
Assistance with housing	63	2.9
Food Assistance	61	2.87%
Financial or Legal support	60	2.83%
Veteran benefits	59	2.7%
Fraud or Scam awareness and support	56	2.64%
Mental Health	45	2.12%
State Health Insurance Program (SHIP)	44	2.07%
Tax preparation	43	2.03%
Finding an assisted living facility or nursing home	48	2.2%
Substance Misuse	9	0.42%
Help with raising grandchildren	5	0.24%

Themes found within the written-in responses that were not found in the pre-made survey categories included:

- Health insurance options (not specified), medication and prescription assistance, pharmacy support, long term care options and support, elder abuse support and dementia support.
- Many refer ServiceLink to others, whether to clients or friends.



Question 15: Do you participate in a food assistance program or get food assistance from family or friends?

Of the 2,702 survey respondents who answered this question,

- 85.3% said that they do not participate in a food assistance program or get food assistance from family or friends.
- 5.7% indicate they receive food from a governmental sponsored supplemental food source,
- 5.4% said they receive food from a community food pantry,
- 3.6% get food from Meals on Wheels,
- 2.9% receive food assistance from family and/or friends,
- 2% receive congregate meals and
- 1.3% receive food from a church or religious organization (Figure 23).

Many written-in comments matched already established categories within the survey question. These responses were added to the total responses within the question categories (if someone wrote in “meals on wheels” the response was added to the total counted for ‘meals on wheels’). Duplicates were accounted for.

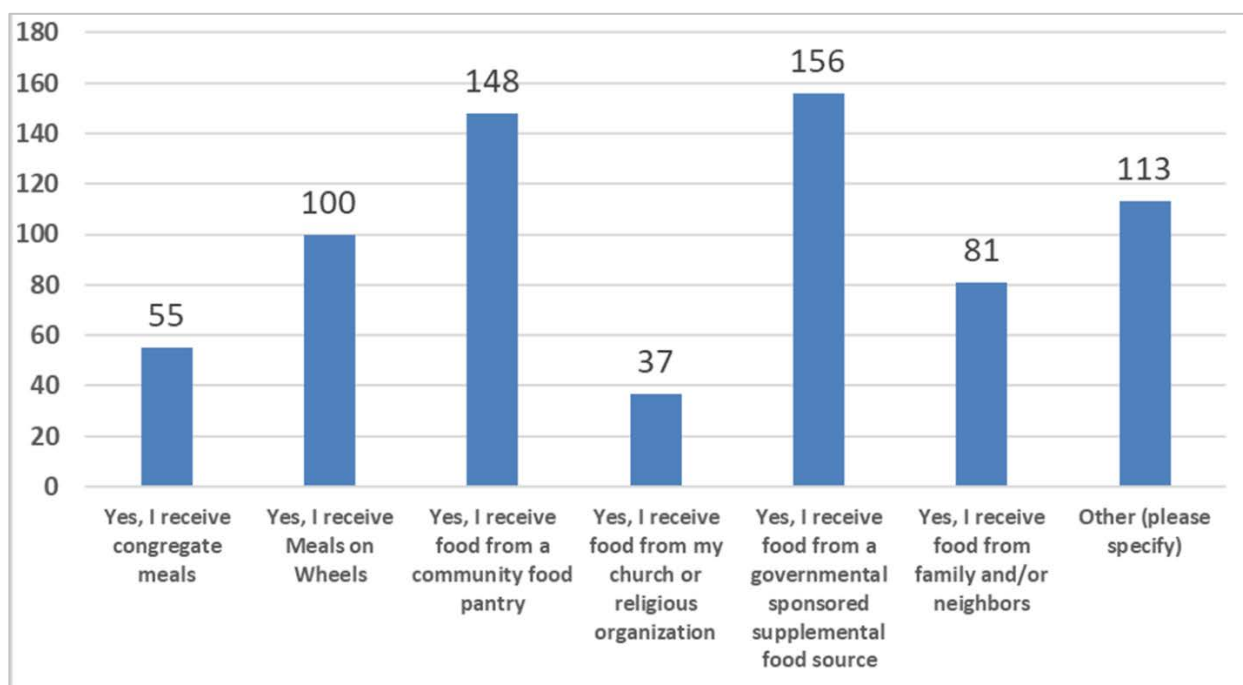


Figure 2: Question 15 all those that responded "yes" to Do you participate in a food assistance program or get food assistance from family or friends?

Figure 23. Question 15: Do you participate in food assistance program or get food assistance from family or friends?

Other written-in comments included other organizations such as:

- Community Care Centers
- Food programs sponsored by employers
- Caregivers
- Super Care & Meals for Neighbors (Lyme)
- Local senior center meals



Question 16: If you do not receive food assistance, what are the reasons why?

Of the 2,431 people who answered this question, 2,129 (87.5%) do not receive food assistance because they do not need it. 242 people (9.9%) do not receive food assistance because they do not think they are eligible for food assistance programs. The following table outlines the remainder of the results: (Table 10).

Table 10. Question 16: If you do not receive food assistance, what are the reasons why?

If you do not receive food assistance, what are the reasons why? Check off all that apply.	Total	Percentage
I do not need it	2129	87.58%
I am unaware of food assistance programs	55	2.26%
I do not think I am eligible for food assistance programs	242	9.95%
I do not want to provide my personal information	37	1.52%
It is embarrassing to ask for government assistance	58	2.39%
I do not think I would get enough assistance	41	1.69%
I don't think the food would be any good	40	1.65%
I am on a restrictive diet	52	2.14%
I do not like asking for help	86	3.54%
It takes too long to fill out the application	21	0.86%
I do not know how or where to apply for assistance	59	2.43%
I need help filling out the application	23	0.95%

Question 17: In the past 12 months, have you had to skip paying for a basic need (food, medication, heat or housing) because of financial concerns?

2,714 people answered this question. 2,386 (88%) people answered no. Of those who responded yes, their basic needs were affected,

- 150 (6%) were unable to pay for medication,
- 103 (4%) were unable to pay for food,
- 99 (4%) were unable to pay for heat,
- 4 (2%) were unable to pay for housing (Figure 24).



Percent of respondents who were unable or had difficulty paying for basic needs.

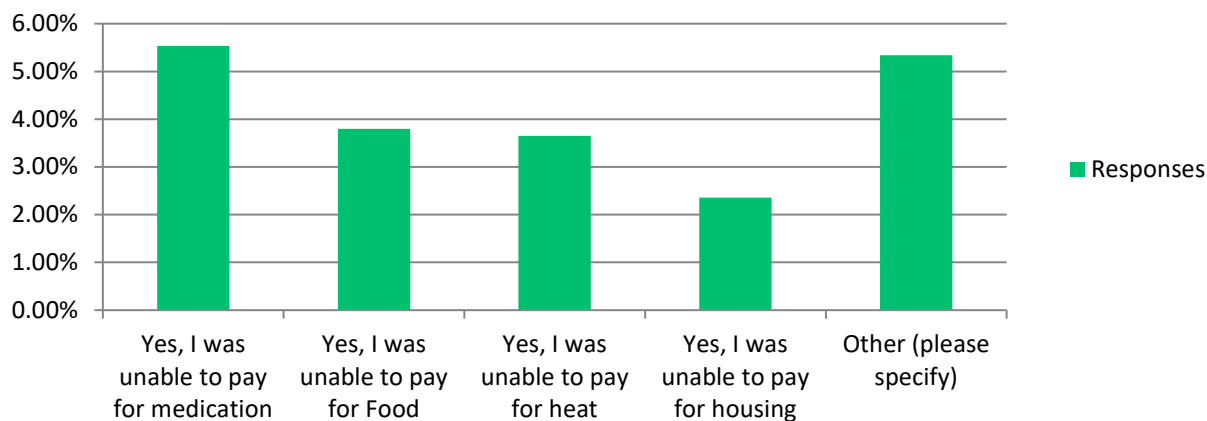


Figure 3. Question 17: In the Past 12 months, have you had to skip paying for a basic need (food, medication, heat or housing) because of financial concerns?

A total of 101 other comments were written in. Based on the survey responses, 5 themes were created. Themes 1 and 6 were added to the corresponding categories (Table 11).

Table 11. Themes of written-in comments for Question 17: In the past 12 months, have you had to skip paying for a basic need (food, medication, heat or housing) because of financial concerns?

	Themes: Written-in Comments (“other” field) (In the past 12 months, have you had to skip paying for a basic need (food, medication, heat or housing) because of financial concerns?)	# of times mentioned
1.	Difficulty paying medical bills and medication	38
2.	Difficulty paying utility bills	31
3.	Not yet / fear for future	21
4.	Difficulty paying taxes	10
5.	Difficulty with Vehicle upkeep and gas	9
6.	Difficulty paying for Food	6
7.	Other comments	30



Question 18: Please rate the below concerns for your safety.

A total of 2,718 people answered this question. The top three concerns of respondents are fear of health failing/declining, a fear of falling and worry of safety of their neighborhood.

Table 12. Question 18: Please rate the below concerns for your safety.

Concerns	Very Concerned	Somewhat Concerned	Not Concerned	Not Sure/Doesn't Apply
I fear my health is failing/declining	9.66%	42.12%	41.44%	6.78%
I am afraid of falling	12.26%	38.10%	43.79%	5.85%
I worry about the safety of my neighborhood	6.80%	25.28%	63.64%	4.27%
I fear that someone will take advantage of me (i.e. phone scam, take my money or possessions)	6.33%	23.12%	62.61%	7.94%
I worry about the structure and safety of my home	5.58%	22.32%	63.72%	8.37%
I fear for my physical safety	3.26%	15.55%	72.63%	8.56%
I fear some members of my family or other people I know	2.46%	5.47%	74.12%	17.94%

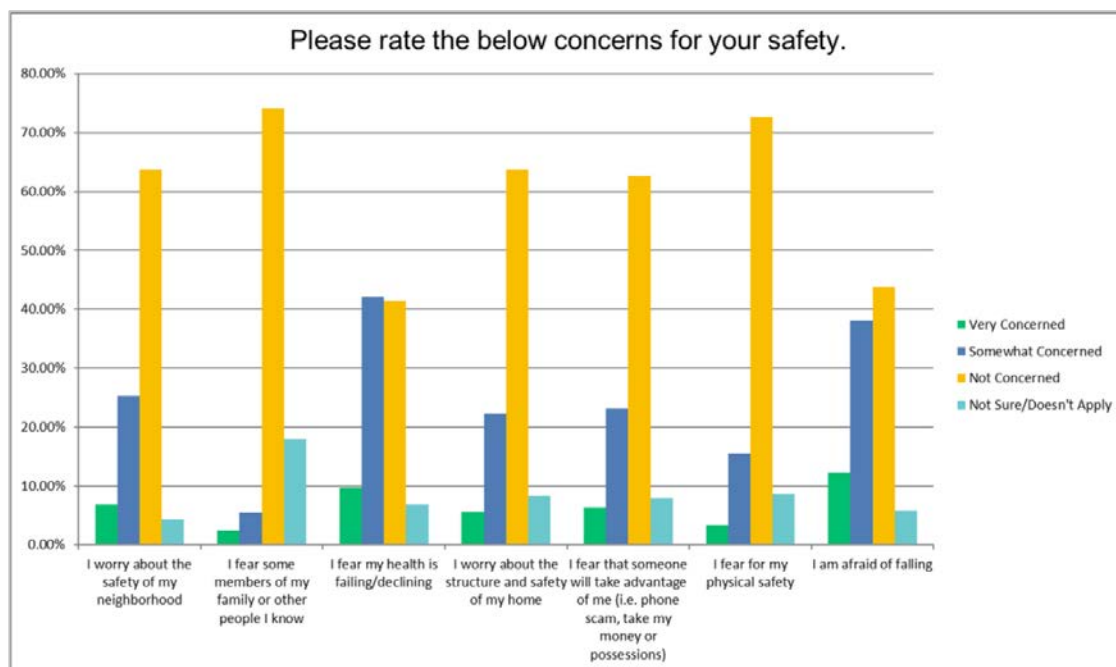


Figure 4. Question 18: Please rate the below concerns for your safety.

Question 19: As you look to the future, please rate the importance of the below concerns.

A total of 2,741 people answered this question. When looking at very and somewhat important, every category was over 65%. A comparison was made between all respondents as shown below and seniors of 75 years of age or higher. No significant change was found.

Table 13. Question 19: As you look to the future, please rate the importance of the below concerns.

Concerns	Very Important	Somewhat Important	Not Important	Not Sure/ Doesn't Apply
Feeling safe in my own home	75.96%	15.42%	5.61%	3.01%
Feeling safe in my community	70.77%	19.74%	7.02%	2.48%
Having safe walkways and roads	71.03%	23.60%	3.24%	2.13%
Having senior centers within my community	43.83%	38.73%	13.29%	4.15%
Retrofitting my home so all essential rooms are accessible (65)	27.45%	37.86%	21.67%	13.02%
Having medical services nearby	71.13%	23.92%	3.18%	1.76%
Having family nearby	47.98%	33.74%	11.31%	6.97%
Affordable Health Insurance	83.76%	11.43%	2.61%	2.20%
Public Transportation	53.47%	31.42%	10.21%	4.90%
Easy and affordable access to public transportation (buses, cabs, Uber, Lyft)	57.58%	28.72%	8.77%	4.93%
Having recreation and social engagement opportunities	50.09%	38.92%	8.57%	2.42%
Affordable housing	65.20%	21.26%	8.22%	5.32%
Finding an assisted living facility or nursing home (68)	29.45%	39.41%	18.88%	12.26%
Finding someone to help me in my home (72)	35.99%	36.10%	17.86%	10.05%
Financial security	69.36%	20.00%	6.97%	3.67%

Question 20: What abilities, skills, talents, gifts or contributions could you bring forward to help other people in your community? (open ended)

A total of 1,352 people wrote in responses to this question. After careful analysis of the responses, 14 themes were created. It was found that many answers fell in to multiple themes, therefore, some answers were counted more than once. For example, if a respondent wrote in "Companionship, provide rides to those in need, and tax preparation help" this response was counted under three separate themes. Each theme was therefore, totaled based on the number of times it was mentioned throughout the survey responses (Table 14).



Table 14. Themes of written-in comments for Question 20: What abilities, skills, talents, gifts or contributions could you bring forward to help other people in your community?

	Theme: <i>(What abilities, skills, talents, gifts or contributions could you bring forward to help other people in your community?)</i>	# of mentions:
1.	Professional skills; technology, financial, business management/ organization;	207
2.	Social engagement; visitation, caregiving, companionship;	202
3.	Volunteer; soup kitchen, non-profit organizations;	202
4.	Providing transportation; volunteer driving for errands/medical appointments;	181
5.	Experience with health care/ medical knowledge; healthcare background, mental health expert, first aid;	105
6.	Donations; food pantry, cash, clothing;	82
7.	Experience with arts; photography, music, crafting, knitting, sewing;	71
8.	Educational assistance; retired teachers, reading/ writing, literacy ESL;	68
9.	Advocacy; connecting individuals with resources and services;	67
10.	Home and yard maintenance; handy man, minor home repairs;	65
11.	Physical fitness and outdoor recreation; teaching/ coaching class, establishing clubs, outdoor education;	38
12.	Serving on boards/committees; public policy knowledge, active in local government;	27
13.	Working with children; childcare, story time, engaging activities;	16
14.	Other; not sure, don't know, misc. not understandable;	190

Most people are willing to share their professional and technical skills from their own careers with those who may not have the background or resources. This theme is followed by respondents who were willing to volunteer time and offer social engagement opportunities to individuals who may be isolated in addition to community events. Over 180 respondents offer transportation to those in need, some are already affiliated with volunteer driver organizations while others just expressed interest. A significant number of people have a background in the medical field or have knowledge of the healthcare system and can offer others advice. This question yielded results suggesting that people are most willing to share their expertise in a certain field, in addition to volunteering and donating. Other comments included responses such as not sure, don't know and others that were not understandable.



A list of organizations for which respondents volunteer include:

- AARP
- Active Retirement Association
- America Reads
- CFI Program
- Cheshire Village
- Chore Chop
- Community Assistance Program
- Community Caregivers
- Community Emergency Response Team
- Court Appointed Special Advocates
- Friendly Meals
- Friends of the Library
- Friends Program
- Friends RSVP Bone Builders
- Grafton County Senior Citizens RSVP
- Liberty House
- Meals on Wheels
-
- Parkland Hospital
- Pelham Senior Center
- Ready Rides
- Roca Kids Club
- Seacoast Village Project
- Senior Center Advisory Board
- Society of St. Vincent de Paul
- St. Theresa Rehabilitation and Nursing Center
- Transportation Assistance for Seacoast Citizens
- Manchester VA Medical Center
- Visiting Nurse, Home Care and Hospice of Carroll County

Question 21: What is your age?

2,754 people answered this question, 15 people skipped it. Of the total that answered,

- 44.5% (1,227) are ages 65-74,
- 23.9% (659) people are 75-84 years old,
- 20.6% (569) are ages 55-64,
- 5.8% of people (160) were ages 54 or less,
- 5% (138) are 85-95
- .4% (13) are 95 years or older. (Figure 26)



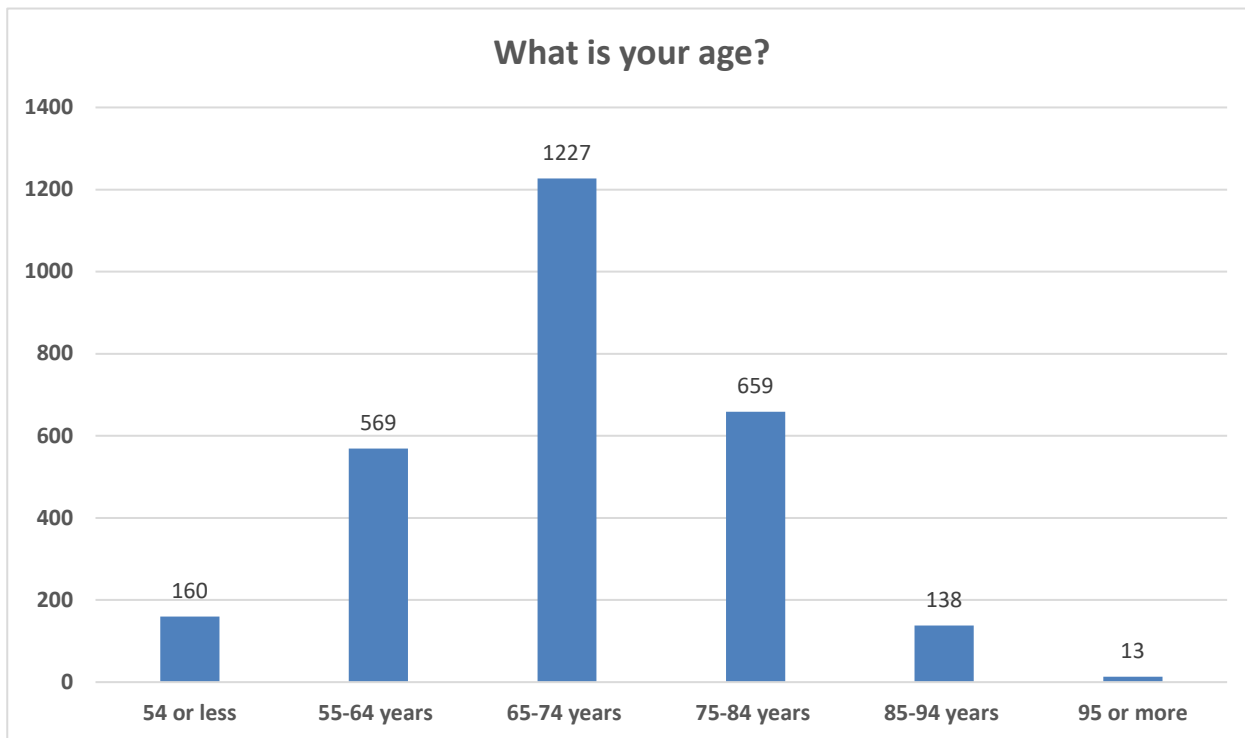


Figure 5. Question 21: What is your age?

Question 22: What is your zip code?

Please refer to the various maps at the end of this document for respondent locations.

Question 23: Are you of Hispanic, Latino/a or Spanish origin? Check off all that apply.

Of the 2,618 people who answered this question:

- 98.9% answered that they were not Hispanic, Latino/a or of Spanish origin,
- 17 (0.65%) people indicated they were of another Hispanic, Latino/a or Spanish Origin,
- 15 (0.57%) people indicated they are Puerto Rican,
- 14 (0.53%) said they are Mexican, Mexican American or Chicano/a,
- 5 (0.19%) people said they were Cuban. (Figure 27)



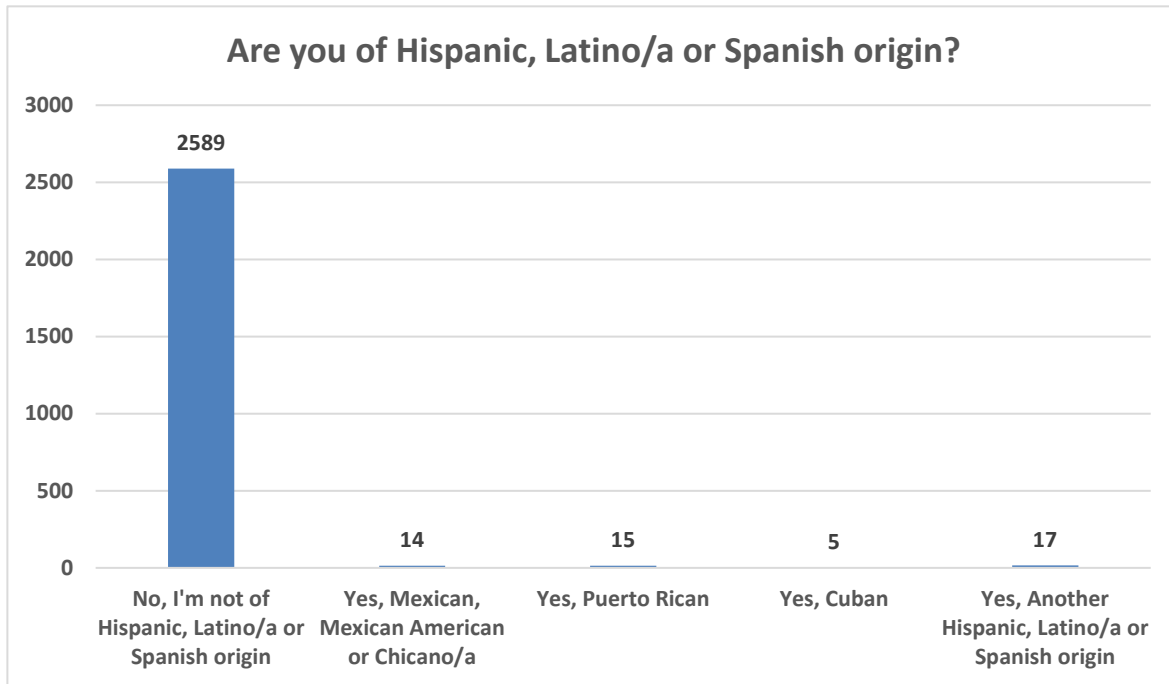


Figure 27. Question 23: Are you of Hispanic, Latino/a or Spanish origin?

Question 24: What is your race? Check off all that apply.

Of the 2,699 people who answered this question, 2,666 (98.7%) indicated they were white. American Indian or Alaskan Native was the second most indicated race, with 45 people (1.45%). For display purposes the answer choice “white” was removed from Figure 28.

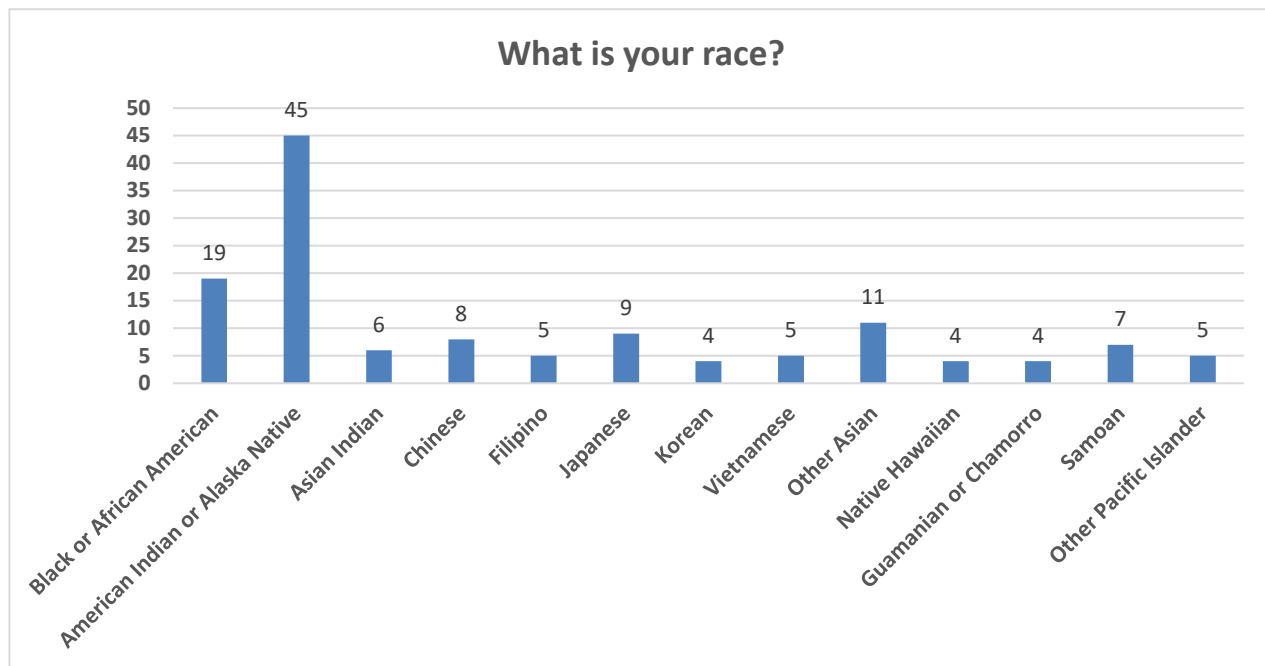


Figure 28. Question 24: What is your race?

Question 25: How well do you speak English?



Most survey respondents indicate they speak English very well (95.9%). 3.28% indicate they speak English well, 0.8% said they do not speak English well and 0.22% said they do not speak English at all (Figure 29).

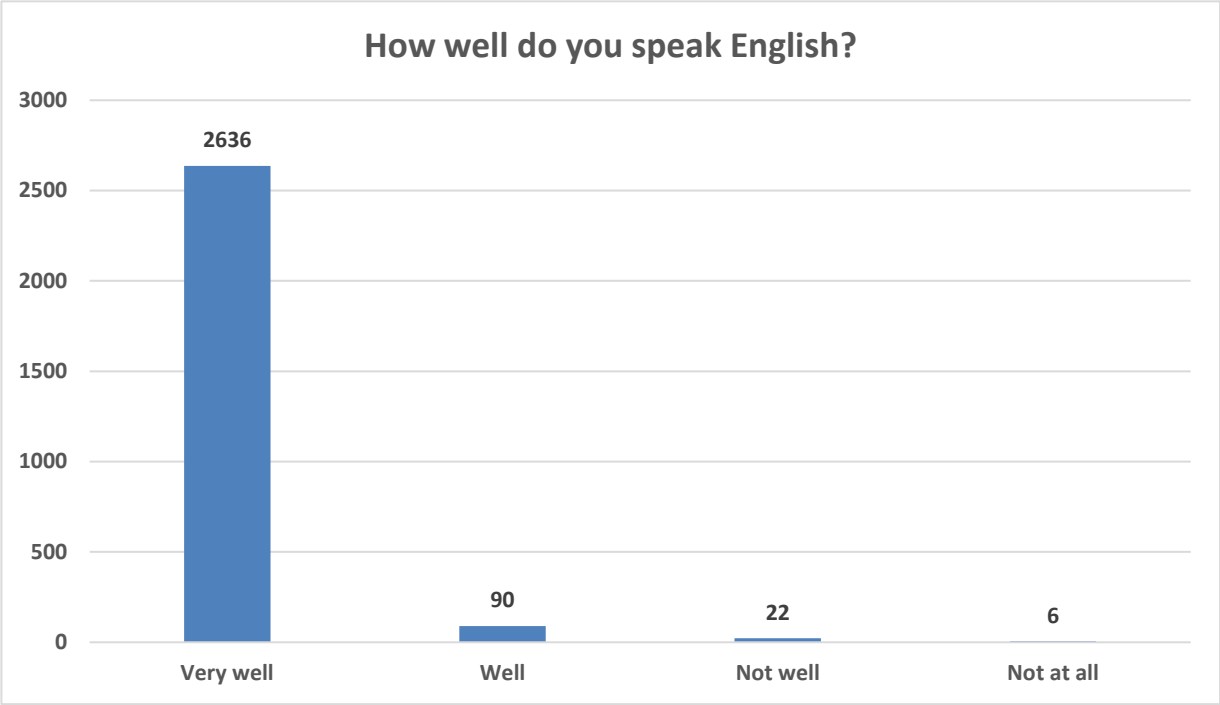


Figure 29. Question 25: How well do you speak English?

Question 26: Do you think of yourself as:

For this question survey respondents had the options to choose from bisexual, lesbian or gay, straight/heterosexual, something else or not sure. Most respondents are straight/heterosexual (93.1%). 2.7% chose lesbian/gay, 2% chose bisexual, 1.5% chose not sure and 1% chose not sure. (Figure 30)

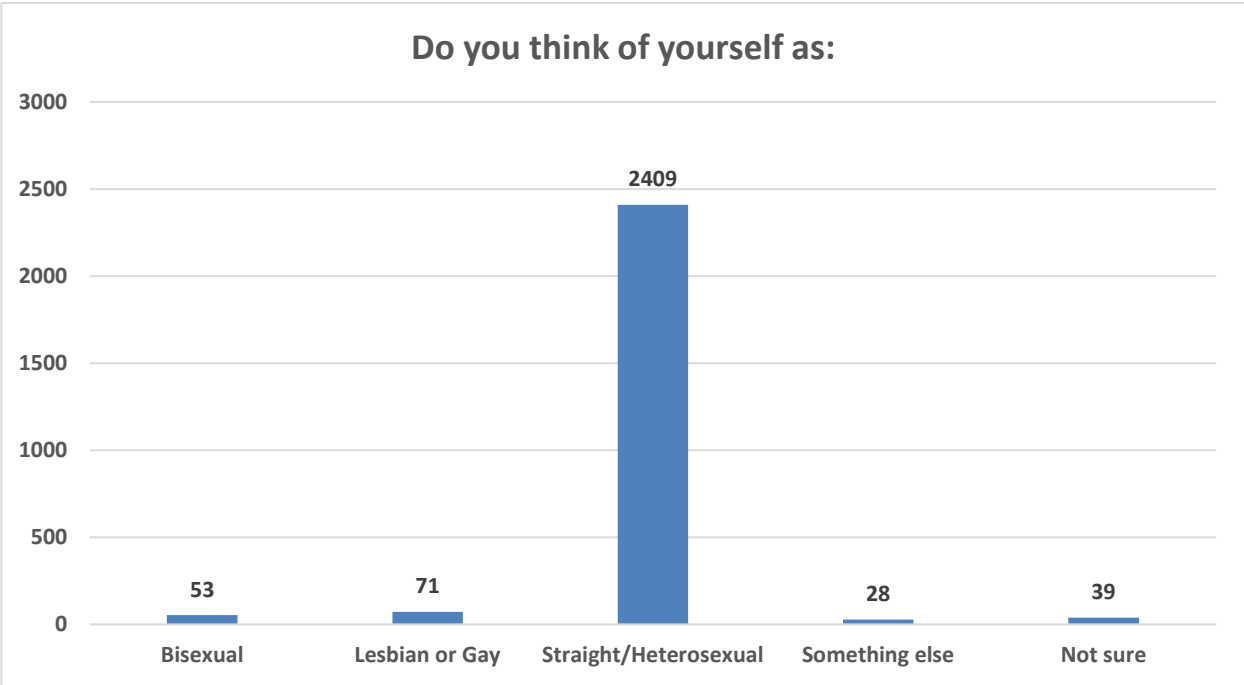


Figure 30. Question 26: Do you think of yourself as:

Question 27: What is your current gender identity?



Of the 2,699 people who answered this question, 73.2% of them were female and 27% were male (Figure 31).

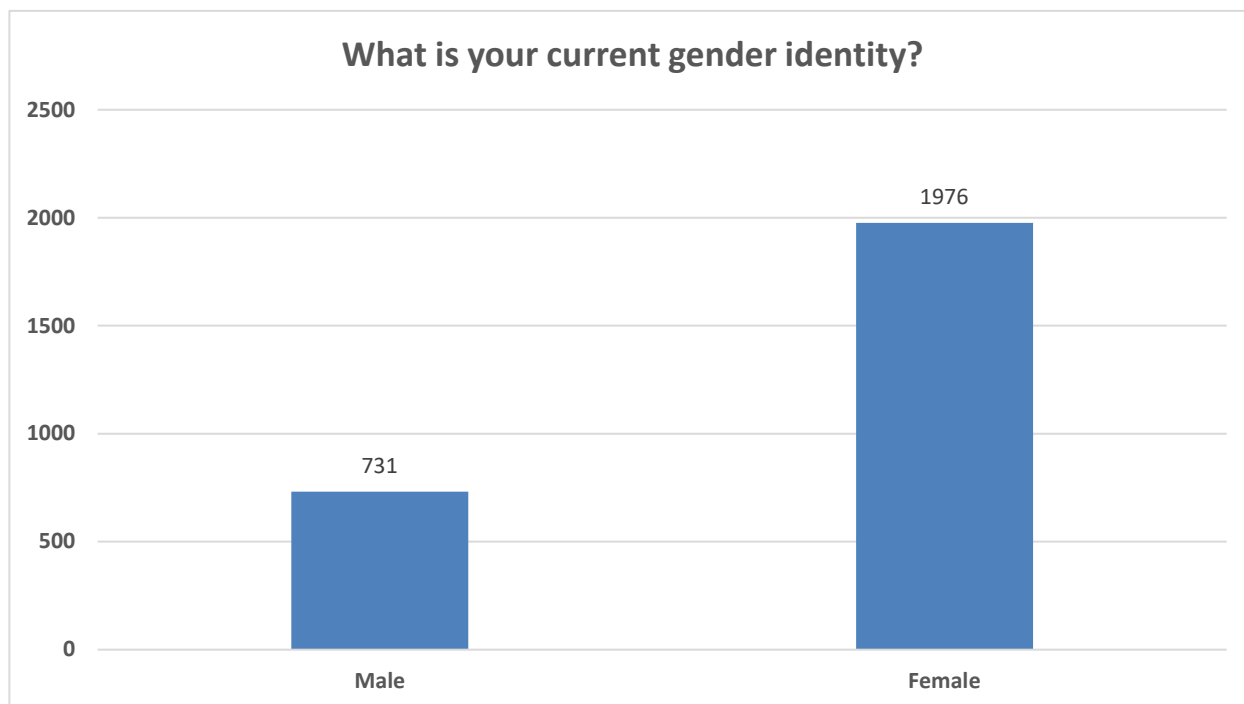


Figure 31. Question 27: What is your current gender identity?

Question 28: Please Check off all that apply to you:

679 people answered this question. Almost half the survey respondents indicated they have serious difficulty walking or climbing stairs (49.9%), followed by those who are deaf or have serious difficulty hearing (39.6%). (Figure 32)

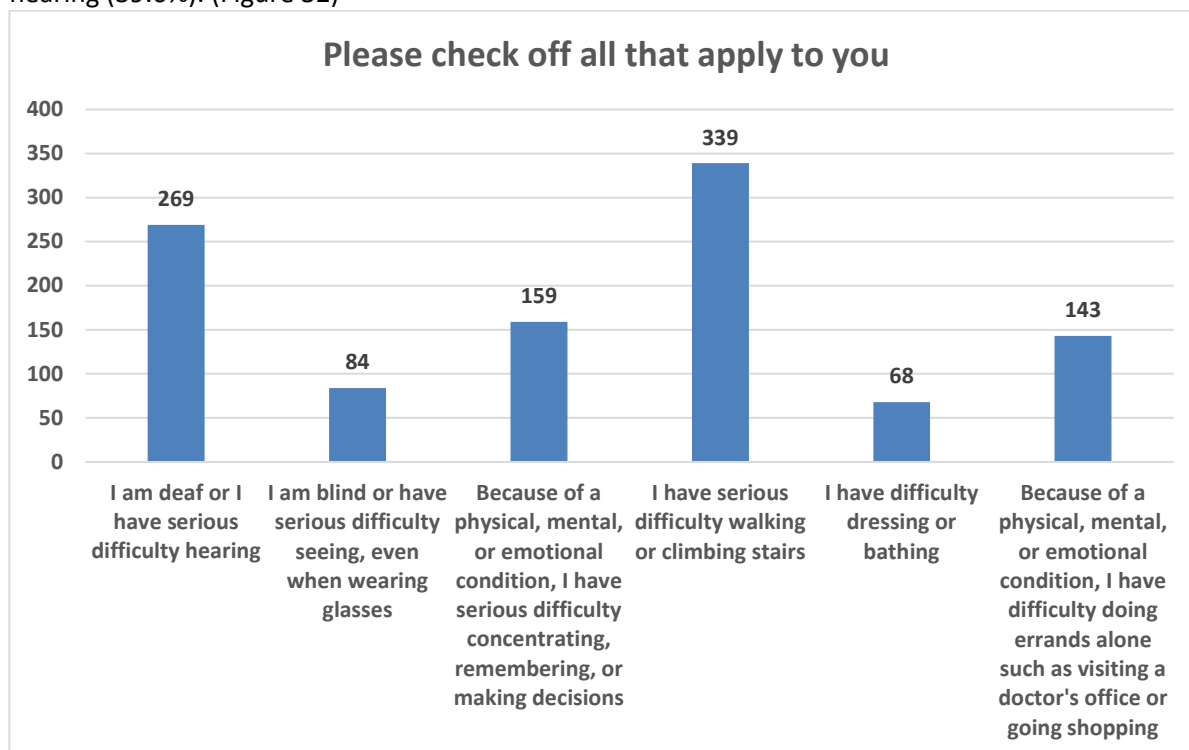
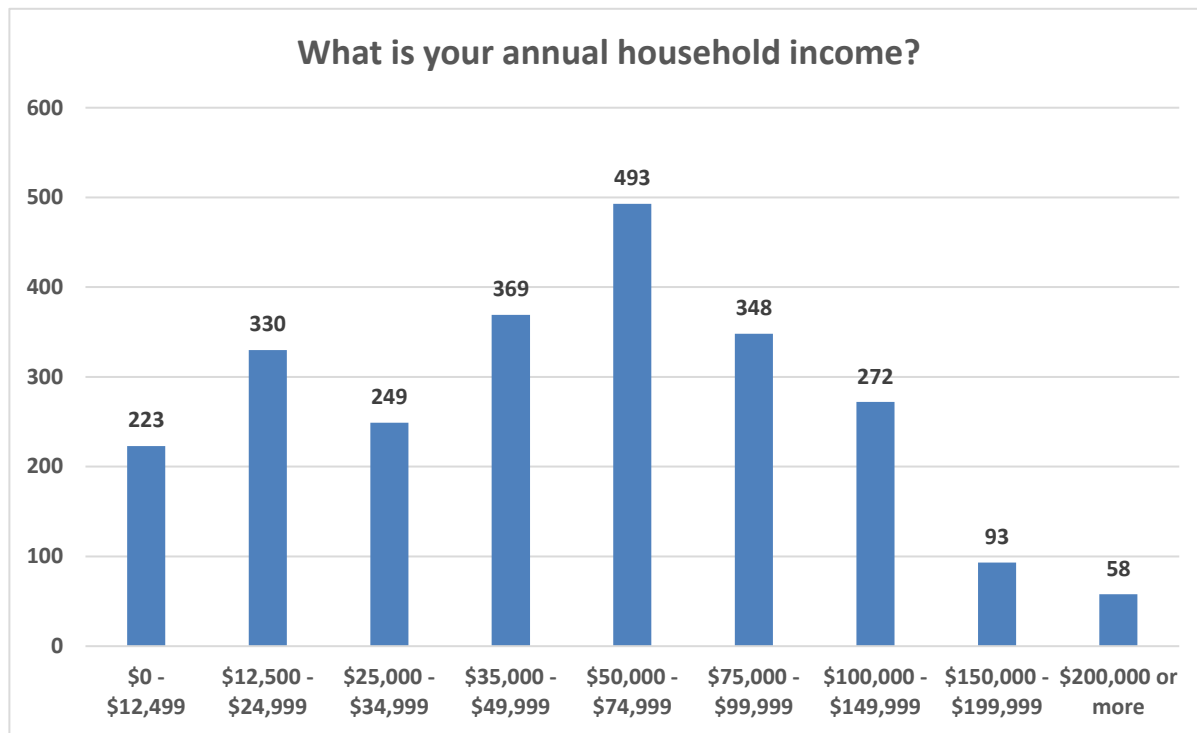


Figure 32. Question 28: Please check off all that apply to you

Question 29: What is your annual household income?

2,425 people answered this question. (20.3%) have an annual household income of \$50,000 – \$74,999, 15.2% have an annual household income of \$35,000-\$49,999, 14.3% have an annual household income of \$75,000-\$99,999, 13.6% have an annual household income of \$12,500-\$34,999, and 11.2% have an annual household income of \$100,000-\$149,999. The results are shown on Figure 33.



State Plan on Aging Listening Session Summary

*Prepared by: Institute on Disability and Center on Aging and
Community Living, University of New Hampshire*

As part of the development of the State plan on Aging 2019-2023, the Bureau of Elderly and Adult Services (BEAS), NH Department of Health and Human Services (DHHS), in partnership with the NH State Plan on Aging (SPOA) Planning Committee and the NH Legislative State Committee on Aging (SCOA) held 15 community listening sessions, as outlined below, to hear what older adults think about what is working and what is not working in the community as it relates to aging. The listening sessions were held to compliment a 29-question survey distributed statewide that solicited 2,927 responses.

Location	Date	Number of Attendees
Berlin	October 25, 2018	55
Keene	November 2, 2018	35
Meredith	November 7, 2018	49
Nashua	November 14, 2018	35
Rochester	November 15, 2018	24
Lebanon	November 19, 2018	45
Concord	November 28, 2018	72
Derry	November 28, 2018	30
Littleton	November 29, 2018	40
Manchester	November 30, 2018	56
Newport	December 6, 2018	21
Brentwood	December 7, 2018	42
Portsmouth (LGBTQ community)	December 13, 2018	25
North Conway	December 20, 2018	38
Manchester (LGBTQ community)	January 3, 2019	12

To increase access to the listening sessions, efforts were made to hold sessions across all regions of NH and in local settings where older adults already congregate. Listening 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. All fifteen sessions included a total of 579 citizens.

Jo Moncher, State Facilitator of the SPOA Planning Committee, Division of Long Term Supports and Services (DLTSS), DHHS, facilitated the discussions for 12 (of the 15) listening sessions. Key BEAS/DLTSS program management staff and local District Office staff attended each session to answer questions and assist consumers experiencing problems in accessing needed services. Wendi Aultman, Bureau Chief of BEAS attended the majority of all sessions; Ken Berlin, Chair of SCOA attended all 15 listening sessions.

The discussion and feedback from these sessions focused around five major questions. Throughout the sessions several recurrent successes and concerns were shared as summarized below.



Question 1: What is working well in your community as it relates to aging?

- Senior centers – support from the senior centers in programming and services provided was shared across all sessions.
- ServiceLink – the connection to ServiceLink as a resource to support older adults in the community was identified as working well for NH.
- Transportation – many participants shared that transportation for older adults as well as the public in general worked well.
- Meals – positive comments related to Meals on Wheels, church group support, food pantries and congregate meal opportunities. The social connection as well as affordability makes this area a success.
- Housing – many listening sessions identified senior housing and assisted living opportunities as positive ways to remain living in the community.
- Libraries – local libraries and their resources and programs were mentioned often. Older adults find this central community resource as a place to connect with other older adults as well as their neighbors across the life span.
- Community support/volunteers – the spirit of NH was highlighted in these comments with neighbors helping neighbors, the RSVP program, senior companion/visitor programs and other area specific comments. Many older adults feel supported in their communities.
- LGBTQ-centric organizations – SAGE, PFLAG

Question 2: What is not working well in your community as it relates to aging?

Interestingly, many of the things that were identified as working well were also cited as not working well. Many respondents also expressed that areas of concern are multiplied in rural parts of our state.

- Work force – the work force that is paid to support older adults in the community is a major concern. Issues related to the low rate of pay for direct support, inability to recruit and hire staff were frequent areas of concern. The rates established through Medicaid do not provide a livable wage – “People make more money at fast food restaurants”. Programs and agencies do not have the resources to find and train support staff.
- Housing – there were many concerns about access to senior housing. While some acknowledge the value of housing for the older adult population there is concern that there is not enough to meet the need. The option of assisted living facilities (ALF) is supported but for many they are not affordable. Middle class citizens can’t afford the more expensive options and don’t qualify for the Medicaid funded homes. In addition, for those who still live in their own homes, inability to maintain the home (shoveling, handy man) either physically or financially is forcing them out of their homes.
- Property taxes – according to USA Today (1) the State of NH has the 2nd highest property tax per capita in the country. Many participants shared the concern about high property taxes and lack of support from the state to address these concerns. While there is a state discount program for low income seniors and some towns have discounts, the high property taxes remain a concern that needs to be addressed for people to remain in their homes.
- Transportation – while mentioned as working well above, transportation in many areas of the state including most rural areas has limited or no hours/routes, services may only include transportation to medical appointments and not grocery shopping or social events. Many older adults are faced with giving up their driver’s licenses or cannot afford to maintain a car. This limits their ability to meet their needs in the community.
- Healthcare – the timely and affordable access to care, spans everything from routine medical appointments and pharmacy needs to specialized needs in the community. Older adults who require transition support from a medical hospital to a rehabilitation setting to home share concerns about



lack of coordination and resources forcing them into nursing homes. There is also a need for telemedicine options with trained professionals.

- Services – there were a wide range of comments that focused on the need for more home-based services; not medical models. Other comments shared the need for increased options for Alzheimer’s/dementia care in the community and a need for LGBTQ friendly care.
- Caregiver support – this topic was mentioned frequently with the need for support of caregivers as a major concern. Providing respite resources for those who care for older adults in the community, especially those with dementia, would support continued community living.
- Information/resources – a number of respondents discussed that they were not sure how to find information when needed on services and supports. One person said, “Don’t assume that everyone has a computer!” The need for better communication and outreach was mentioned frequently.
- Meals – some comments related to food insecurity – not knowing where the next meal will come from. While programs such as Meals on Wheels and other community efforts helps address this issue there are those, especially in rural areas, who don’t have access to the needed programs.
- Communication – “Don’t call me elderly” shared one participant. Some participants shared that the perception of aging depends on the person and how we talk about aging matters. People need different things at different times. Many felt that more communication between age groups would strengthen our communities. Conversations and workforce training to address the stigma of being an older person who identifies as LGBTQ were also identified as needs.

Question 3: how can NH better serve and support its aging population today and in the future?

Many of the responses in this section mirrored the concerns listed above.

- Property taxes – this remains a concern for many with the need for tax credits for older home owners.
- Housing – this remains a significant issue with remarks such as this: “not just low-income or more assisted living, but housing available to those that need to move as they age”. Many also felt that more coordination is needed to allow people to stay in their homes as they age.
- Services and supports – comments spanned a wide range including the need for affordable dental care for older adults, services that are “not assisted-living style but services to bridge gaps in needs”, recommendation to establish a paid neighborhood watch, suggestion to review Title XX funding allocation and programs, concerns that “when there are cuts the elderly are first”, a recommendation to pursue telehealth/telemedicine, identified need for primary care doctors and their staff need to be educated about the needs of older adults – not just medical issues, the ongoing need for more caregiver respite was cited several times, access to home modifications are needed to allow older adults to remain in their homes, and comments about the need for more and improved transportation options.
- Accessibility – a number of participants identified the need for increased accessibility for older adults including walkable communities, increased handicapped access, and an assurance that businesses are ADA compliant.
- Communication – several participants commented on ways to improve communication with others including ways to “take affirmative public positions on pro-aging issues”, the need to increase generational respect, need to reframe aging, address the “stigma of being an older adult”, and recommending increased use of public TV.
- Information/resources – the need to streamline information and resources was discussed, “it may be there but don’t know how to find it”.
- Exploitation – concerns were raised about the increase in financial exploitation and that APS reports are on the rise. Safety is a concern.
- Collaboration – it was shared that cities/towns, counties, state programs work in silos and that there is a need for coordination and collaboration (services and funding). In addition, “politicians don’t recognize the efforts and contributions to the state economy [by older adults] and they need to”. Suggestions to



continue to “use AHA (*Alliance for Healthy Aging) and Tri-State Learning Collaborative to work together” would help. From an advocacy perspective, the “state government leadership to acknowledge and lead the importance of supports and services for our aging state”. It would be helpful to ensure that city/town planning includes aging issues.

- Work force – as cited above, the need for more and better trained people to support older adults at home remains an issue.
- Employment – some older adults want to work and “need more options for employment as we get older”.
- Future – There were some general comments about the future of older adults including that we “need to know that NH is a place to grow older”, that there is “life beyond the Notch, don’t forget us”, and “instead of buying a computer for your parent, buy a village”.

Question 4: What do you need to continue living in your home as you get older?

Many of the responses mirrored the concerns and comments above.

- Housing – additional options, access to handy-man program for maintenance, funding for home modifications, and explore co-housing as an option.
- Transportation - need for more and improved transportation options.
- Services and supports – increased access to meals, expand senior companion program, affordable home visiting for medical support, help with setting up medication schedules, “less talking and more doing”, LGBTQ friendly services.
- Community – welcoming communities, veterinarians that understand older adult needs for pets and financial support, engage with young people to support the future.
- Planning – training and support for advanced directives etc. Difficult for “orphaned older adults”.
- Work force – as cited above, the need for more and better trained people to support older adults at home remains an issue.
- Caregiver support – the ongoing need for more caregiver respite and support was a continued theme in comments.
- Information/resources – the need to provide easy access to information and resources was included in the comments.
- Property taxes – continues to be a concern for older adults living on a fixed income.

Question 5: What can we do to reduce isolation for older adults in NH?

This question was added after the first community listening session. Therefore, this summary only includes comments from 14 of the 15 events.

- Community – comments included access to local resources, participation at libraries and faith-based organizations, create a buddy system, engage youth more – inter-generational activities, and reduce stigma related to identifying as an LGBTQ older person.
- Transportation – there is a need for 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. Loneliness is an ongoing issue for some.
- Services and supports – comments included the need to increase the Senior Companion Program, increase access to vision and hearing devices and supports, and access to adult day care.
- Increase outreach – in general it is important to get to know your neighbors, encourage volunteerism, and ask community members to check on older adult neighbors – especially in the winter.



General summary

Several themes occurred at almost all the listening sessions, including; the importance of and need for building a stronger workforce to support older adults living in communities, the need for caregiver supports, and a need to create new and expanded transportation options that will allow older adults greater access to the community. In response to what is working well in communities, ServiceLink was noted as a valuable resource at almost every listening session.

Two of the fifteen sessions were held specifically with a focus on hearing from older adults who identify as LGBTQ. Responses in these sessions were not unlike the other sessions in identifying themes for what is not working, that included; transportation, difficulty knowing where to go for services, affordable and timely health care, the need for more diverse housing options, accessibility in the home and community and a need for a strong, well trained workforce to provide support to older adults. As in many of the other sessions, ServiceLink was also identified in these sessions as a resource that is working. These responses are incorporated above.

Unique concerns expressed in the LGBTQ sessions included; the need for LGBTQ competency training for caregivers and work force in general (including medical professionals), a need for more LGBTQ specific resources such as care guides and listing of resources, a lack of LGBTQ specific social events, and concerns related to stigma and consequences of identifying as LGBTQ including “orphaned elders” and lack of informal supports. Unique aspects of what is working included references to specific LGBTQ organizations, including PFLAG and SAGE as well as inclusive churches and religious organizations.

One listening session participant asked, “Are we meeting the goals of the existing state plan on aging?” Compared to the community listening sessions conducted in 2008 and report issued in 2009, many of the issues raised (a decade ago) continue to be concerns today. This summary, combined with the survey results and summary, may help in determining where we are today and what opportunities exist to make positive changes.

References

1 <https://www.usatoday.com/story/money/taxes/2018/04/06/states-highest-and-lowest-taxes-3-6/482944002/>

This summary was based on the notes gathered at each of the community listening sessions and organized through support of the Institute on Disability and Center on Aging and Community Living (CACL), University of NH. Design of the listening session process and questions was developed by the NH Department of Health and Human Services in conjunction with the State Plan on Aging Planning Committee.



The Survey and Listening Session Media Campaign

90-Day Media and Communication Highlights

Date	Communication Type	Article Title	Link
10.12.18	Dept. of Health and Human Services	<i>NH DHHS Announces Listening Sessions for State Plan on Aging</i>	Article not Included
10.15.18	Southwest Region Planning Commission	<i>NH State Plan on Aging Listening Session</i>	http://www.swrpc.org/highlights/october_2018/
10.15.18	The Laconia Daily Sun	<i>NH Department of Health to Hold Listening Session in Meredith</i>	https://www.laconiadailysun.com/community/announcements/nh-dept-of-health-to-hold-listening-session-in-meredith/article_fc6ee7b0-d0e6-11e8-bb95-4b7ae9798ac4.html
10.15.18	NH Public Radio	<i>DHHS Holds Listening Sessions Before N.H.'s Next "Plan on Aging"</i>	https://www.nhpr.org/post/dhhs-holds-listening-sessions-nhs-next-plan-aging
10.16.18	Sentinel Source.com	<i>State Seeks Input as it Crafts Plan on Aging</i>	https://www.sentinelsource.com/news/local/state-seeks-input-as-it-crafts-plan-on-aging/article_63703862-3637-5ef9-9564-25588add9313.html
10.16.18	Concord Monitor	<i>State to Hold Senior Listening Sessions Ahead of New Aging Plan</i>	https://www.concordmonitor.com/New-Hampshire-listening-sessions-state-aging-plan-20908999
10.16.18	Eagle Times	<i>NH DHHS Announces Listening Session for State Plan on Aging</i>	https://www.eagletimes.com/news/nh-dhhs-announces-listening-sessions-for-state-plan-on-aging/article_ab38f56e-d0a7-11e8-ae8-976f084d50a2.html
10.17.18	The Conway Daily Sun	<i>State Announces Listening Sessions on Aging</i>	https://www.conwaydailysun.com/community/health/state-announces-listening-sessions-on-aging/article_9ce1a0d4-d155-11e8-bbc1-e7fab4f7785f.html
10.19.18	Carriage Towne News	<i>Listening Sessions for Plan on Aging</i>	https://www.carriagetownenews.com/news/local_news/listening-sessions-for-plan-on-aging/article_536c66ea-b289-58d9-84e2-54f8a4c6105c.html
10.20.18	The Forum	<i>Listening Session for State Plan on Aging</i>	http://forumhome.org/listening-sessions-for-state-plan-on-aging-p30152-1.htm
10.25.18	Cheshire Medical Center Facebook Ad	<i>Listening Session for State Plan on Aging</i>	Article not Included
10.25.18	Town of Chester Website	<i>Chester & State Plan on Aging – Online Survey</i>	https://www.chesternh.org/planning-department/pages/chester-state-plan-aging-online-survey
10.25.18	Town of Derry Website	<i>Listening Session for State Plan on Aging</i>	https://www.derrynh.org/home/news/listening-session-state-plan-aging



10.29.18	NH Public Radio: The Exchange	<i>The State Plan on Aging</i>	https://www.nhpr.org/post/state-plan-aging
11.02.18	NH Public Radio	<i>State Holds Listening Session in Keene for N.H.'s 'Next Plan on Aging'</i>	https://www.nhpr.org/post/state-holds-listening-session-keene-nh-s-next-plan-aging
11.05.18	The Dartmouth Institute for Health Policy & Clinical Practice	<i>NH DHHS Listening Session for State Plan on Aging</i>	http://www.hprcd.org/events/2018/11/5/nh-dhhs-listening-session-for-state-plan-on-aging
11.05.18	Keene Housing Website	<i>New Hampshire State Plan on Aging</i>	https://keenehousing.org/2018/11/05/new-hampshire-state-plan-aging-survey/
11.15.18	Frisbie Memorial Hospital	<i>NH State Plan on Aging Listening Session</i>	https://www.frisbiehospital.com/events/nh-state-plan-on-aging-listening-session/
11.15.18	The Telegraph	<i>Donchess Visits Senior Center</i>	http://www.nashuatelegraph.com/news/local-news/2018/11/15/donchess-visits-senior-center/
11.17.18	NH State Representative Jan Schmidt	<i>Please Help the State of NH Understand our Needs</i>	http://schmidt4rep.com/aging/please-help-the-state-of-nh-understand-our-needs/
11.27.18	Pharmacy Choice	<i>Plan on Aging</i>	https://www.pharmacychoice.com/news/article.cfm?Article
11.28.18	Goodlife Senior Center	<i>YOUR VOICE MATTERS! DHHS Listening Session</i>	https://www.goodlifenh.org/activity/voice-matters-dhhs-listening-session/
11.30.18	WMUR – TV 9	<i>NH Plans for Increasingly Older Population</i>	https://www.wmur.com/article/nh-plans-for-increasingly-older-population/25363653
11.30.18	Concord Monitor	<i>Words of Wisdom: Seniors Weigh in on State's Four-Year Aging Plan</i>	https://www.concordmonitor.com/State-aging-committees-hoping-listening-sessions-will-inform-four-year-plan-21856733
12.04.18	Tamworth Community Nurse Association	<i>NH State Plan on Aging Survey</i>	https://www.tamworthnurses.org/single-post/2018/12/04/New-Hampshire-State-Plan-on-Aging-SURVEY
12.04.18	Union Leader	<i>Concerns Voiced in State Plan on Aging Listening Sessions</i>	https://www.unionleader.com/news/silver_linings/concerns-voiced-in-state-plan-on-aging-listening-sessions/article_b878e16b-7194-5297-88f7-c4a3dcbfe03c.html
12.06.18	Foster.com	<i>Residents Needed to Voice Opinions in State Aging Survey</i>	https://www.fosters.com/news/20181206/residents-needed-to-voice-opinions-in-state-aging-survey



12.07.18	Public News Service	<i>Last Chances to Weigh in on New State Aging Plan</i>	https://www.publicnewsservice.org/2018-12-07/senior-issues/last-chances-to-weigh-in-on-new-state-aging-plan/a64830-1
12.11.18	AARP Facebook Ad	<i>NH State Plan on Aging Survey</i>	Article not Included
12.21.18	New Hampshire Council of Churches	<i>DHHS Survey on Aging</i>	http://nhchurches.org/jan-15-dhhs-survey-on-aging/
01.03.19	Eventa	<i>Aging LGBTQ Listening Session</i>	Article not Included
01.03.19	Seacoastonline	<i>Seniors Speak up at Council on Aging Listening Sessions</i>	https://www.seacoastonline.com/news/20190103/seniors-speak-up-at-council-on-aging-listening-sessions
01.15.19	City of Portsmouth	<i>NH DHHS Announces Listening Sessions for State Plan on Aging; survey open until January 15th</i>	https://www.cityofportsmouth.com/recreation/senior/press-releases/nh-dhhs-announces-listening-sessions-state-plan-aging-survey-open
Unknown	More Options for Seniors A Moore Center Program	<i>Take the NH State Plan on Aging Survey</i>	http://mooreoptionsforseniors.org/take-the-nh-state-plan-on-aging-survey/
Unknown	Town of Goffstown	<i>Public Notice - 2019 – 2023 NH State Plan on Aging</i>	http://www.goffstown.com/community/public-notice/1056-public-notice-2019-2023-nh-state-plan-on-aging
Unknown	Merrion Gerrish Community Center	<i>NH State Plan on Aging Survey</i>	http://www.mgccderrynh.org/2018/12/07/derry-age-friendly-survey/



No Wrong Door (NWD) System Business Case Grant – Overview

For nearly two decades, NH DHHS has partnered with the Administration for Community Living, Centers for Medicare and Medicaid Services, and the Veterans Health Administration to create an efficient and person-centered service delivery system through streamlined access to services in the community for all populations. The ServiceLink ADRC has been recognized as a sustainable, high functioning statewide model for nearly a decade. The national Long-Term Services and Supports (LTSS) Scorecard (www.longtermcorecard.org/databystate/state?state=NH) ranks the State of New Hampshire second in the nation for ADRC/No Wrong Door (NWD) functions. The NWD System of Access for LTSS in NH 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. The NWD System Business Case grant will leverage the shared experience of NH'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:

- Develop outcome measures of the ServiceLink and NWD system.
- Use the outcome measures developed to quantify how these programs save money by preventing costlier interventions. Studies show, when individuals understand all their options, they choose less costly care.
- Enhance care transitions programs, Veterans Health Administration partnerships, and certification of person-centered options counselors, which assist people to stay at home, for as long as they can.

Key Partners:

- 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 for 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 the person being more able to access more appropriate and effective services, including 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 outcome measurements of this grant are embedded in the service delivery system for LTSS.



No Wrong Door (NWD) System Business Case Grant – Work Plan

HHS-2018-ACL-CIP-NWBC-0285

YEAR 1

Revised April 2019

Goal 1: Support federal partners and the NHCarePath system partners in the development of a business case (ROI) for NWD systems.

Objectives	Activities	Lead Entity	Timeline											
			O	N	D	J	F	M	A	M	J	J	A	S
1a. Assess state's current status on building a business case for the NWD system (NHCarePath)	1a.1 Meet with key stakeholders to review current capacity of data collection and management information systems and develop common understanding across stakeholders	IHPP				X	X	X	X	X				
	1a.2 Identify gaps across management information systems, applications, assessment tools and client tracking capabilities	IHPP					X	X	X	X	X			
1b. Convene with federal and other grantee partners	1b.1 Participate in Grantee Workgroup- series of calls/webinars to discuss existing efforts in business case development and to identify preliminary data elements for ROI calculation	BEAS/ IHPP	X	X	X	X	X	X	X	X	X	X	X	X
	1b.2 Identify and develop methodology to calculate ROI with ACL and other grantees	BEAS/ IHPP					X	X	X	X	X	X	X	X
1c. Pilot collection and reporting procedures in New Hampshire for data needed for ROI calculation	1c.1 Implement collection and report procedures with each of the evidence informed practices	IHPP					X	X	X	X	X			



Goal 2: Enhance existing evidence-informed care transitions from hospital models

Objectives	Activities	Lead Entity	Timeline											
			O	N	D	J	F	M	A	M	J	J	A	S
2a. Assess current evidence-informed care transitions from hospital models and establish common goals for data collection	2a.1. Establish “Data Team” for each region comprised of key staff from hospitals, ADRC, IDN and other NHCarePath network partners	BEAS/IHPP							X	X				
	2a.2. Produce a document showing status of data collection for each partner	IHPP								X	X			
	2a.3. Hold monthly regional data team meetings	IHPP	X	X	X	X	X	X	X	X	X	X	X	X
	2a.4. Facilitate each regional Data Team to establish common goals for data collection	IHPP			X	X	X	X	X	X	X	X		
	2a.5. Hold statewide meetings of data teams as needed—quarterly during initial phase but may need more frequent	IHPP						X			X			X
	2a.6 Document identified challenges and solutions from each meeting; review at subsequent meetings	IHPP								X				X
2b. Establish subcontracts with two ServiceLink ADRC to support infrastructure development and data collection abilities	2b.1. Subcontracts developed and approved	IHPP/Regions								X	X			
2c. Provide technical assistance to two communities implementing care transitions from hospital models to ensure data collection goals are met	2c.1. Develop and implement work plan for shared data collection	IHPP						X	X	X	X	X	X	X



Goal 3: Enhance the State Veterans Directed Care Model

Objectives	Activities	Lead Entity	Timeline											
			O	N	D	J	F	M	A	M	J	J	A	S
3a. Review formal partnership and identify points where enhancement around data collection can occur	3a.1 Obtain letter of support with Manchester Veterans Administration and White River Junction Veterans Administration	BEAS				X	X	X	X					
	3a.2. Obtain approval from VA administrators of work plan to address enhanced data collection opportunities	BEAS/IHPP							X	X				
3b. Assess current data collection system and establish common goals for data collection	3b.1. Establish "Data Team" for Veteran Directed Care comprised of key staff from VA, ADRC, FMS, and BEAS	IHPP				X	X	X						
	3b.2 Produce a document showing status of assessment	IHPP							X	X				
	3b.3 Facilitate Data Team to establish common goals for data collection	IHPP			X	X	X	X	X	X				
	3b.4. Hold monthly data team meetings	IHPP					X	X	X	X	X	X	X	X
3c. Provide technical assistance to the data team to ensure data collection goals are met	3c.1. Develop and implement work plan for shared data collection	IHPP						X	X	X	X	X	X	X



Goal 4: Ensure a quality Person-Centered Options Counseling (PCOC) workforce.

Objectives	Activities	Lead Entity	Timeline											
			O	N	D	J	F	M	A	M	J	J	A	S
4a. Fully implement a CQI process as outlined in NH's Person-Centered Options Counseling Certification plan	4a.1 Perform initial assessment of current data collected and systems utilized	IHPP												X
	4a.2 Analyze data collected by the ServiceLink ADRCs around standardized PCOC initial assessment by region.								X	X				
	4a.3. Identify areas to target for improvement.	IHPP												X
	4a.4. Develop a CQI process and support each ServiceLink in piloting this process around one function.	IHPP												X
	4a.5. Facilitate ServiceLink selecting another function to review.	IHPP												X
4b. Support New Hampshire's Person-Centered Options Counseling Certification process and assessment	4b.1 Introduce PCOC to NH CarePath community at statewide meeting in February	IHPP					X		X					
	4b.2 Implement statewide quarterly meetings for Person Centered Options Counseling as a venue for training, peer education and mentoring.	IHPP												X
	4b.3 Deliver 2 person-centered trainings for certification to meet the needs of the state NWD system	IHPP									X			
	4b.4 Consider methods to measure retention of trained PCOCs, including job satisfaction and perceived effectiveness	IHPP					X	X	X	X	X	X	X	X



YEAR 2

Goal 1: Support federal partners and the NHCarePath system partners in the development of a business case (ROI) for NWD systems.

Objectives	Activities	Lead Entity	Timeline											
			O	N	D	J	F	M	A	M	J	J	A	S
1a. Convene with federal and other grantee partners	1a.1. Participate in Grantee Workgroup- series of calls/webinars to discuss existing efforts in business case development and to identify preliminary data elements for ROI calculation	BEAS/IHPP	X	X	X	X	X	X	X	X	X	X	X	X
1b. Pilot collection and reporting procedures in New Hampshire for data needed for ROI calculation	1b.1. Build and test ROI calculator	IHPP	X	X	X	X	X	X	X	X	X	X	X	X
	1b.2 Calculate ROI on person-centered counseling and evidence-informed interventions identified by each grantee	IHPP				X	X	X	X	X	X	X	X	X
	1b.3. Draft and finalize Business Case and potential ROI toolkit for NWD systems	IHPP						X	X	X	X	X	X	X

Goal 2: Enhance existing evidence-informed care transitions from hospital models

Objectives	Activities	Lead Entity	Timeline											
			O	N	D	J	F	M	A	M	J	J	A	S
2a. Continue to implement common goals for data collection for evidence-informed care transitions from hospital models	2a.1. Hold monthly regional data team meetings	BEAS/IHPP	X	X	X	X	X	X	X	X	X	X	X	X
	2a.2. Hold statewide meetings of data teams as needed— at least quarterly	IHPP	X			X			X			X		
	2a.3 Document identified challenges and solutions from each meeting; review at subsequent meetings	IHPP				X			X			X		



Objectives	Activities	Lead Entity	Timeline											
			O	N	D	J	F	M	A	M	J	J	A	S
2b. Provide technical assistance to two communities implementing care transitions from hospital models around data collection and other issues	2b.1. In conjunction with stakeholders, reassess status of implementation of model as compared first year	IHPP	X	X										
	2b.2. Update work plan with reassessment results and continue implementation	IHPP		X	X	X	X	X	X	X	X	X	X	X
2c. Consider options for sustainability based on ROI and business case	2c.1. Develop plan to pursue options for sustainability	IHPP			X	X	X							
	2c.2. Implement sustainability plan	IHPP					X	X	X	X	X	X	X	X
	2c.3. Identify mechanism to ensure fidelity to the models	IHPP		X	X	X	X	X						

Goal 3: Enhance the State VD-HCBS Model

Objectives	Activities	Lead Entity	Timeline											
			O	N	D	J	F	M	A	M	J	J	A	S
3a. Continue to refine data collection methods and sharing	3a.1. Continue monthly data team meetings	IHPP	X	X	X	X	X	X	X	X	X	X	X	X
	3a.2. In conjunction with Data Team and stakeholders, reassess status of implementation of model	IHPP		X	X									
	3a.3 Update work plan with reassessment results and continue implementation	IHPP				X	X							
3b. Consider options for sustainability based on ROI and business case	3b.1. Develop plan to pursue options for sustainability	IHPP			X	X	X							
	3b.2. Implement sustainability plan	IHPP					X	X	X	X	X	X	X	X
	3b.3. Identify mechanism to ensure fidelity to the model	IHPP		X	X	X	X	X						



Goal 4: Ensure a quality Person-Centered Options Counseling (PCOC) workforce.

Objectives	Activities	Lead Entity	Timeline											
			O	N	D	J	F	M	A	M	J	J	A	S
4a. Fully implement a CQI process as outlined in NH's Person Centered Options Counseling Certification plan.	4a.1 Support ServiceLinks to sustain CQI activities	IHPP	X	X	X	X	X	X	X	X	X	X	X	X
	4a.2. Identify areas and gaps around implementation: target for improvement	IHPP	X	X	X	X								
4b. Support New Hampshire's Person-Centered Options Counseling Certification process and assessment	4b.1 Continue statewide quarterly meetings for Person Centered Options Counseling as a venue for training, peer education and mentoring	IHPP	X			X			X			X		
	4b.2 Deliver 2 person-centered trainings for certification to meet the needs of the state NWD system	IHPP				X					X			
	4b.3 Consider methods to measure retention of trained PCOCs, including job satisfaction and perceived effectiveness	IHPP	X	X	X	X	X	X	X	X	X	X	X	X
4c. Consider options for sustainability based on ROI and business case	4c.1. Develop plan to pursue options for sustainability	IHPP			X	X	X							
	4c.2. Implement sustainability plan	IHPP					X	X	X	X	X	X	X	X



Links to Resources and Tools Supported in the State Plan

- (a) [2019 Alzheimer's Disease Facts and Figures, Alzheimer's Association](https://www.alz.org/media/Documents/alzheimers-facts-and-figures-infographic-2019.pdf)
<https://www.alz.org/media/Documents/alzheimers-facts-and-figures-infographic-2019.pdf>
- (b) [2018 Across the States Profiles of Long Term Services and Supports, AARP](https://www.aarp.org/content/dam/aarp/ppi/2018/08/across-the-states-profiles-of-long-term-services-and-supports-full-report.pdf)
<https://www.aarp.org/content/dam/aarp/ppi/2018/08/across-the-states-profiles-of-long-term-services-and-supports-full-report.pdf>
- (c) [2017 – 2018 Annual Report: State Coordinating Council for Community Transportation, NH Department of Transportation](https://www.nh.gov/dot/programs/scc/documents/scc_annual_report_2018.pdf)
https://www.nh.gov/dot/programs/scc/documents/scc_annual_report_2018.pdf
- (d) [2016 NH Statewide Coordination of Community Transportation Services Plan, 2017](https://www.nh.gov/dot/programs/scc/documents/nh_final_20170131.pdf)
https://www.nh.gov/dot/programs/scc/documents/nh_final_20170131.pdf
- (e) [Acronyms Used Within NH Department of Health and Human Services, 2019](https://www.dhhs.nh.gov/about/documents/dhhs-acronyms.pdf)
<https://www.dhhs.nh.gov/about/documents/dhhs-acronyms.pdf>
- (f) [Aging in America, National Association of States United for Aging and Disabilities, 2015](http://www.nasuad.org/sites/nasuad/files/NASUAD-AgingInAmerica%20brochure.pdf)
<http://www.nasuad.org/sites/nasuad/files/NASUAD-AgingInAmerica%20brochure.pdf>
- (g) [Ask the Question Campaign, Division of Community Based Military Programs, Department of Military Affairs and Veterans Services, 2019](https://www.dhhs.nh.gov/veterans/)
<https://www.dhhs.nh.gov/veterans/>
- (h) [Capacity Building Toolkit for Including Aging & Disability Networks in Emergency Planning, US DHHS, Office of the Assistant Secretary for Preparedness and Response, \(110 pages\), 2018](https://www.naccho.org/uploads/downloadable-resources/Capacity-Building-Toolkit-for-Aging-and-Disability-Networks-2-5-19.pdf)
<https://www.naccho.org/uploads/downloadable-resources/Capacity-Building-Toolkit-for-Aging-and-Disability-Networks-2-5-19.pdf>
- (i) [Center on Community Living](https://chhs.unh.edu/center-aging-community-living)
<https://chhs.unh.edu/center-aging-community-living>
- (j) [Chronic Disease and Self-Management Program, Area Health Education Center, 2018](http://www.snhahcec.org/Fall%202018%20CDSMP%20Report.pdf)
<http://www.snhahcec.org/Fall%202018%20CDSMP%20Report.pdf>
- (k) [Collaborating to Create Elder Friendly Communities in NH: A Scan of the Current Landscape, Institute on Disability, 2015](https://scholars.unh.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1022&context=iod_chhs)
https://scholars.unh.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1022&context=iod_chhs
- (l) [Commission on Aging, House Bill 621](http://gencourt.state.nh.us/bill_status/billText.aspx?sy=2019&id=673&txtFormat=pdf&v=current)
http://gencourt.state.nh.us/bill_status/billText.aspx?sy=2019&id=673&txtFormat=pdf&v=current
- (m) [Developing a Foundation for Integrated Care Coordination, Institute on Disability, UNH, Centers on Aging and Community Living, NH Alliance for Healthy Aging, 2018](https://chhs.unh.edu/sites/default/files/media/2018/12/care_coordination_part_1.pdf)
https://chhs.unh.edu/sites/default/files/media/2018/12/care_coordination_part_1.pdf



- (n) [Future In Sight](https://futureinsight.org/)
<https://futureinsight.org/>
- (o) [Medicaid Home and Community-Based Care Service Delivery Limited by Workforce Challenges](http://nhfpi.org/research/health-policy/medicaid-home-and-community-based-care-service-delivery-limited-by-workforce-challenges.html#_edn5)
http://nhfpi.org/research/health-policy/medicaid-home-and-community-based-care-service-delivery-limited-by-workforce-challenges.html#_edn5
- (p) [New Hampshire 10 – Year Mental Health Plan, 2019](https://www.dhhs.nh.gov/dcbcs/bbh/documents/10-year-mh-plan.pdf)
<https://www.dhhs.nh.gov/dcbcs/bbh/documents/10-year-mh-plan.pdf>
- (q) [New Hampshire Alliance for Healthy Aging, Opportunities Ahead: Advocacy Priorities 2018-2023](http://www.endowmentforhealth.org/uploads/resources/id138/Final%20aha%20priorities.pdf)
<http://www.endowmentforhealth.org/uploads/resources/id138/Final%20aha%20priorities.pdf>
- (r) [New Hampshire Alzheimer’s Statistics, Alzheimer’s Impact Movement, Alzheimer’s Association, 2017](https://www.alz.org/getmedia/b95e2e28-200e-4151-9c24-70d73353077d/newhampshire-alzheimers-facts-figures-2019)
<https://www.alz.org/getmedia/b95e2e28-200e-4151-9c24-70d73353077d/newhampshire-alzheimers-facts-figures-2019>
- (s) [New Hampshire Association of Counties, NH Long Term Services and Supports: An Assessment of the Current System and Implications for Reform, 2018](https://docs.wixstatic.com/ugd/2d2e8b_8dff5d59e3e0430f8f3ecb17c1817f7d.pdf)
https://docs.wixstatic.com/ugd/2d2e8b_8dff5d59e3e0430f8f3ecb17c1817f7d.pdf
- (t) [New Hampshire Healthy Aging Data Report, 2019](https://healthyagingdatareports.org/new-hampshire-healthy-aging-data-report/)
<https://healthyagingdatareports.org/new-hampshire-healthy-aging-data-report/>
- (u) [New Hampshire Should Improve Funding for Long-Term Care](https://www.unionleader.com/opinion/columnists/your-turn-nh-todd-c-fahey----nh/article_ea5f0929-0529-5596-9667-12ac6bd4480e.html)
https://www.unionleader.com/opinion/columnists/your-turn-nh-todd-c-fahey----nh/article_ea5f0929-0529-5596-9667-12ac6bd4480e.html
- (v) [New Hampshire Suicide Prevention Plan, 2017-2020](https://www.dhhs.nh.gov/dphs/bchs/spc/documents/2016-suicide-prevention-plan.pdf)
<https://www.dhhs.nh.gov/dphs/bchs/spc/documents/2016-suicide-prevention-plan.pdf>
- (w) [Northeast Deaf & Hard of Hearing Services](https://www.ndhhs.org/)
<https://www.ndhhs.org/>
- (x) [Strengthen Your State and Local Aging Plan, LGBT](https://lgbtagingcenter.org/resources/pdfs/Sage_StrengtheningGuidebook2017.pdf)
https://lgbtagingcenter.org/resources/pdfs/Sage_StrengtheningGuidebook2017.pdf
- (y) [Tri-State Learning Collaborative on Aging](https://agefriendly.community/)
<https://agefriendly.community/>





For more information, call 1-800-351-1888 or visit our website at:

<https://www.dhhs.nh.gov/dcbcs/beas/>

NH Bureau of Elderly and Adult Services

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*Thank you for your support to the State Plan on Aging
and to older adults in New Hampshire!*