New Hampshire

State Plan on Aging



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

October 1, 2011 to
September 30, 2015

NEW HAMPSHIRE STATE PLAN ON AGING
2012-2015

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VERIFICATION OF INTENT

The State Plan on Aging is hereby submitted for the State of New Hampshire for the period October 1, 2011 through September 30, 2015. Included are all assurances and plans to be implemented by the New Hampshire Department of Health and Human Services, Bureau of Elderly and Adult Services (BEAS), under provisions of the Older Americans Act of 1965 as amended. BEAS has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the development of comprehensive and coordinated services for the older population of New Hampshire.

The State Plan on Aging for Federal Fiscal Years 2012 – 2015 hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.

Nicholas A. Toumpas, Commissioner — Date 8/3/11
New Hampshire Department of Health and Human Services

Nancy L. Rollins, Associate Commissioner — Date 8/3/11

Diane M. Langley, Acting Director — Date 8/2/11
Bureau of Elderly and Adult Services

Russell A. Armstrong, PhD, Chair — Date 8/1/2011
New Hampshire State Committee on Aging

I hereby approve this State Plan on Aging and submit it for approval to the Assistant Secretary for Aging, Administration on Aging, U. S. Department of Health and Human Services.

John H. Lynch — Date 8/4/11
Governor of New Hampshire

Relationship of AoA Federal Goals To The New Hampshire State Plan On Aging

A key federal requirement related to the State Plan on Aging is for the State to demonstrate how its State Plan relates to the four federal goals defined by the Administration on Aging. This section discusses the relationship between the program objectives of New Hampshire's State Plan to the AoA National Goals and defines the steps the State is currently taking or will take to implement them.

Goal 1: Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access, existing health and long-term care options

Relevance of Goal 1 to New Hampshire's State Plan on Aging: The right of people to make their own decisions about the long-term care services and supports they want to receive and how they will receive them was firmly implanted in New Hampshire's long-term care policy in 1998 when the State initiated the major restructuring of its long-term care system for the elderly and for adults with chronic conditions. Since that time, BEAS' work has emphasized the development of a long-term support system that is "person-centered, promoting the right and ability of individuals, families, and caregivers in need of supports to exercise choice and direction, thus maximizing the independence, dignity, and quality of life of the individual receiving care." In 2006 a group of stakeholders made up of older consumers, family members, providers, and advocates developed the following statement as part of the state's Systems Transformation Grant and this statement continues to guide the Bureau's work:

> *All New Hampshire citizens have access to the full array of long-term supports and services. This allows them to exercise personal choice and control, and affords them dignity and respect throughout their lives. To the greatest extent possible, each of us is able to make informed decisions about our aging, health, and care needs. . . .*

Further, the New Hampshire General Court incorporated these concepts into statute. Persons who are eligible for Medicaid nursing facility services have the right to choose nursing facility care or home and community based care in a less intensive setting. *(New Hampshire Revised Statutes Annotated Chapter 151-E: 4)* Individuals have the right to have their individual support plan developed through a person-centered planning process, regardless of their age, disability, or residential setting. The statute defines person-centered planning as "a planning process to develop an individual support plan that is directed by the person, his or her representative or both, and which identifies his or her preferences, strengths, capacities, needs, and desired outcomes or goals." *(RSA 151-E: 2)*

The State's Aging and Disabilities Resource Center network, known as ServiceLink, was established in 2000 to provide information and assisted referrals to anyone seeking help in accessing long-term care for elderly and for adults with chronic illness or conditions. The goal of ServiceLink parallels AoA Goal 1: to empower individuals to make informed decisions and to streamline access to long-term care services. The ServiceLink model supports the assumption that in order for people to make informed decisions about long-term care, they need timely and accurate information that is responsive to their needs. A core function of ServiceLink is to maintain timely and accurate information about available services and supports, which it accomplishes through a web-enabled resource database easily accessible to anyone.

New Hampshire's ServiceLink network is a fully functioning model. Each site has developed extensive and collaborative working relationships with local aging services providers, the medical community, faith-based organizations, local government and the business community.

ServiceLink assists consumers in navigating what is often a complex and bewildering process of applying for services in a time of crisis. ServiceLink is well established as the single point of entry for long-term care services and supports, including Medicaid nursing facility care and the Medicaid Waiver services. The model has clearly demonstrated that services and supports can be accessed more quickly, with the level of guidance and support tailored to meet the needs of each individual or family.

Each site employs a center manager, intake and referral specialists, long-term support counselors, caregiver specialists, State Health Insurance Program (SHIP) Medicare Counselors and staff assigned to the Senior Medicare Patrol Program (SMP). In addition, at each site DHHS Division of Family Assistance (DFA) staff members have established hours at the sites to assist individuals and their family members in applying for Medicaid and other state benefits. Also, several sites have developed positions for veterans' liaisons. The liaisons are staff members who may also be veterans and their role is to assist veterans in linking with Veterans' Administration (VA) benefits and to continue to develop ServiceLink's partnership with the VA.

ServiceLink's Center Managers oversee all aspects of the operation and are hands-on managers. Long-term Support Counselors work with individuals and families to identify needs and to assist them in fully exploring health care and long-term care options available in that community. Caregiver Specialists work with family caregivers and kinship caregivers to help identify needs and assist them in connecting to local supports. SHIP counselors work with individuals to help them explore the myriad of Medicare supplemental insurance plans and choose the plan that will work best for them. Counselors also actively assist consumers in resolving issues relating to Medicare coverage and bills for services.

Through a supported decision-making model, ServiceLink provides assistance to those individuals who need help in making decisions for themselves or for family

members about long-term care. ServiceLink referrals are not limited to Medicaid applicants and recipients. It is also the hub for linking people to Social Services Block Grant services, Older Americans Act services, privately funded services, and local services which are unique to a regional service area. ServiceLink works with all individuals and families regardless of income.

ServiceLink is also part of an overall strategy of the New Hampshire Department of Health and Human Services (DHHS) to promote greater access to services through information technology. ServiceLink staff process Medicaid long-term care medical eligibility determination applications using an on-line program that pre-populates data fields and uses an algorithm to determine eligibility. A significant development in the last year was the unification of the Medicaid financial and medical eligibility processes, developed by BEAS, ServiceLink and DFA. Instead of separate and cumbersome processes to determine each type of eligibility, there is now a single application process and the dates of financial and medical eligibility determination are the same.

An integral component of the DHHS strategy and support to quality of life for seniors and access to community supports if the State Committee on Aging (SCOA). SCOA is a statutory organization of volunteers whose duties are to advise and assist the Commissioner of Health and Human Services and BEAS in establishing policies and procedures that support the vitality of older adults in the social and economic fabric of the state. SCOA integrates views and recommendations of seniors, ServiceLink, senior centers, Area Committees on Aging, community providers and legislators to establish recommendations for DHHS' policies and programs.

As part of the planning activities related to the 2011-2015 *State Plan on Aging*, BEAS and SCOA conducted nine community listening sessions between April and June 2011 to give older people, their families, caregivers, advocates, providers, and other stakeholders the opportunity to speak about their needs and how the *State Plan on Aging* can address them. The most common concerns heard in the listening sessions related to the economy and meeting basic human needs while living on fixed incomes. In contrast to the listening sessions conducted for the last State Plan, when a number of people indicated a lack of knowledge or awareness about where to find available services, the majority of participants in the recent sessions indicated awareness of ServiceLink and its functions. Many had utilized its services or knew others who had utilized its services. Please refer to the attached Listening Sessions Summary and Listening Sessions Topic Summary for additional information.

Goal 2: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers

Relevance of Goal 2 to New Hampshire's State Plan on Aging: Since its establishment, BEAS has provided a range of home and community based services for older individuals

and for younger adults with disabilities and chronic conditions. This safety net of services continues to support individuals in their homes and helps to prevent or delay nursing facility placement.

The home and community based care programs administered by BEAS include Choices for Independence (the Medicaid HCBC-ECI Waiver Program), Title III community based services, Title XX Social Services Block Grant services, the New Hampshire Family Caregiver Support Program (Community Living Program) and Money Follows the Person Program (Community Passport Program). BEAS is also responsible for the administration of Medicaid funding to the state's nursing facilities and to assisted living and residential care facilities.

The State is facing unprecedented challenges in its ability to provide home and community based services and supports. The current infrastructure continues to lack the capacity to address the predicted growth in the older population that will require care in the public sector. State funding for rate increases has not been available for years for some services. Service providers statewide are experiencing significant losses in their additional funding streams - towns, cities, counties and other sources of local funds. The lack of state rate increases coupled with the loss of local funding is having a devastating effect on many agencies, forcing them to scale back their operations, discontinue providing certain services, or close down altogether.

Two state supported programs that offered elderly persons and adults with disabilities and chronic conditions community based alternatives to nursing facility care were not funded during the State Fiscal Year 2012-2013 state budget development process. These were the Congregate Housing Supportive Services Program and the Alzheimer's disease and Related Disorders Respite Care Program, which had functioned as a safety net for those individuals who need long term care services and supports but do not qualify for Medicaid. The loss of these programs is anticipated to result in an increased demand for other services as well as an increase in nursing facility admissions.

Although the shortages in the direct care workforce labor pool experienced by the State in 2008 are no longer the case, the long range projection for the numbers of direct care workers indicates that there will be severe shortages in this labor pool at a time when the population requiring long-term care services and supports is expected to increase dramatically.

Since it is recognized that the majority of long-term care is provided in the home by family caregivers, New Hampshire has made significant investments to develop and expand a coordinated infrastructure to support family caregivers, providing the ongoing support and tools needed by caregivers to continue their important role. The Family Caregiver Support Program has demonstrated that with minimal funding, this program is instrumental in sustaining family caregivers who might otherwise "burn out" and place their relatives in a nursing facility, often at public expense. While respite care and supplemental services are valuable components of caregiver support, the ability of

caregivers to connect with a caregiver support specialist for assistance and emotional support is also critical in sustaining family caregivers.

The Family Caregiver Support Program is nearing the end of its third Community Living Program grant. These three successive grants from the AoA and a private grant from the Weinberg Foundation to four of the ServiceLink sites have enabled BEAS to transition and embed caregiver supports in the communities throughout the state via the ServiceLink Resource Center network. The program is now a true consumer-directed model, giving family caregivers the flexibility to select, train, and supervise their respite care providers. Caregivers also have the option of deciding how they will spend their flexible funding allotment within program guidelines. Although the dollar amounts available to caregivers are very limited, caregivers report that the most critical value is the support that they receive from the Caregiver Specialists. Families have indicated that the assistance they have received is responsive to their needs and they are grateful for the flexibility these programs give them in designing service arrangements that meet their caregiving situation.

ServiceLink Resource Center staff and others involved in the Family Caregiver Support Program project, Transitions in Caregiving Project, funded by AoA's Community Living Program and the Weinberg Foundation, are able to be trained as master trainers and class leaders in the *Powerful Tools for Caregivers* Curriculum, an evidence-based training program that empowers and trains family caregivers. Relying on a train-the-trainer model, the program is establishing a cadre of trainers who deliver training throughout the State. Feedback from participants denotes a high level of satisfaction.

Goal 3: Empower older people to stay active and healthy through Older Americans Act Services and the new prevention benefits under Medicare

Relevance of Goal 3 to New Hampshire's State Plan on Aging: The State's senior centers are a central venue for helping seniors to stay healthy and active. Many of the state's centers have a long history of existence. The centers do not receive state funding and operate with varying funding structures. Some receive town, city and/or county funding and all engage in ongoing fundraising endeavors. Having few paid staff overall, the centers rely on a network of dedicated volunteers to provide a range of activities that enable members to stay active and healthy. While the Centers vary greatly in their physical structures, hours of operation and programs, they offer a variety of exercise and nutrition programs, health screenings, clinics, and health promotion activities, consumer education, and social activities. A number of centers also serve as community dining sites. Senior centers perform a pivotal role in helping older people to stay connected and engaged with their community, which helps to sustain good health and a sense of well being.

The state's senior centers are a key venue for the deployment of the Stanford Chronic Disease Self-Management Program. DHHS' Division of Public Health and BEAS are collaborating on this AoA grant opportunity, which has helped to train additional class leaders and to provide the six-week Chronic Disease Self-Management workshops to older consumers statewide. In addition to Public Health and BEAS' project partners include the Dartmouth Center for Health and Aging, senior centers and the Southern and Northern Area Health Education Centers. A total of 300 consumers are targeted to complete the workshop series by the end of the project period in March 2012. Through the work of the project's Advisory Committee, which is comprised of diverse partners that include major health insurance companies, plans for sustaining the project post grant period are well underway.

BEAS staff participate in Public Health's Falls Prevention Task Force, a statewide coalition of service providers, the medical community and the Dartmouth Injury Prevention Center that promotes evidence-based practices to address falls prevention across every aspect of an older adult's life. BEAS also participates in the New Hampshire Public Health Association's policy committee.

BEAS and SCOA coordinate the annual statewide Conference on Aging, a prominent event for seniors, the public and providers, which presents educational sessions on a wide variety of health and aging-related topics. A number of corporate sponsors provide funding to support this event, and multiple community providers offer their time and expertise in the planning and execution of the conference. At the 2011 conference on May 26th, over 850 individuals attended from all corners of the State. To facilitate the attendance of seniors, coach bus transportation to and from the site was coordinated once again and seniors were able to reserve a seat on the bus closest to their homes.

Another venue for promoting health and well being is BEAS' publication of the *Aging Issues* newspaper three times a year. Targeted to a senior audience, *Aging Issues* is a longstanding and well-known resource for timely information about health-related topics, important benefits and useful resources. *Aging Issues* is widely distributed to consumers through the State's network of senior services providers, direct mailing, and it is posted on BEAS' website.

BEAS targets a portion of its Title IIID funding for the Referral Education and Assistance Program (REAP), a statewide substance abuse recognition and prevention program available to older adults in the community. Mental health clinicians, based throughout the State's community mental health centers, receive specific training in REAP's evidence-based protocols and work for a brief term with individuals age 60 and over who are experiencing substance abuse or misuse issues or mental health issues. REAP counselors also provide information and education on related topics to groups of seniors in senior housing buildings, senior centers and in other venues. In addition to the Title IIID funding, other funding partners for this unique program include the New Hampshire Housing Finance Authority and DHHS' Bureaus of Alcohol and Drug Abuse

Prevention and Behavioral Health. Each of the community mental health centers contributes to the program with in-kind contributions.

BEAS promotes the availability of Medicare prevention services and other Medicare benefits through the ServiceLink Resource Center Network, which houses the State Health Insurance Program (SHIP) staff. Each ServiceLink site has a Medicare Learning Center, which offers Medicare publications that explain the various screening procedures and tests that are covered by Medicare. The SHIP Counselors perform community outreach and education activities for beneficiaries and professional partners who serve beneficiaries. At these sessions, SHIP Counselors distribute and promote the CMS Preventive Services Guide, the New Hampshire Health Record that helps consumers record their routine screening services, and information about MyMedicare.gov, a personal on-line database that maintains an individual beneficiary's claim history and tracks the beneficiary's preventive services.

The SHIP Counselors are also responsible for the Senior Medicare Patrol Project, educating and assisting older adults receiving Medicare benefits in strategies to prevent, detect and report instances of health care fraud.

The SHIP Counselors also conduct New-to-Medicare beneficiary educational counseling to explain Medicare benefits, including the Welcome to Medicare physical and other important preventive services.

Goal 4: Ensure the rights of older people and prevent their abuse, neglect, and exploitation.

Relevance of Goal 4 to New Hampshire's State Plan on Aging: New Hampshire 's comprehensive elder justice system consists of the Long-term Care Ombudsman Program, the Adult Protective Services Program, the State Legal Assistance Developer, legal services providers, and a number of multi-disciplinary task forces and community programs whose activities are directly related to this goal.

The Office of the Long-term Care Ombudsman is administratively attached to the Bureau of Elderly and Adult Services but is programmatically independent of it. The Long-term Care Ombudsman receives, services, investigates, and resolves complaints or problems involving residents of nursing facilities and long-term care facilities, including abuse, neglect, or exploitation. The Program also provides advocacy services to long-term care facility residents and testifies or otherwise provides comments on existing or proposed legislation, regulations, and policies affecting the health, safety, welfare, and rights of long-term care facility residents. It also provides education to residents, their families, and facility staff concerning the legal rights of people residing in long-term care facilities. A network of certified Long-term Care Ombudsman volunteers regularly visits the State's long-term care facilities to identify and resolve issues before they become complaints or serious problems.

New Hampshire's Adult Protective Services Program is targeted to individuals who are age 60 and older and to incapacitated adults who are age 18 and older. State legislation establishing the program mandates all adults to report alleged instances of abuse, neglect, or exploitation involving the target population. BEAS is the agency charged with investigating these reports, and the staff that investigate reports are located in the DHHS District Offices. These staff members investigate reports involving persons who live in their own homes or with others. BEAS provides a variety of services and supports to victims of adult abuse and neglect with the objective of helping them remain in the community, and a number of these services are funded through the Older Americans Act.

Two important changes have been instituted in the Adult Protection Program over the last two years. The first involves the establishment of a central intake unit for receiving reports. Previously, anyone wanting to report the alleged abuse or neglect of an adult was directed to contact the local District Office. Since the responsibility for investigating adult protective reports is shared among the District Offices, the Long-term Care Ombudsman, and BEAS State Office staff, depending on where the alleged victim resides, it was confusing for reporters to sort out which office to call. In an effort to streamline the intake process, BEAS established a statewide toll-free number that connects a caller to the BEAS central intake unit, which then routes the report to the appropriate investigative unit.

In 2008 BEAS implemented the Structured Decision Making® System (SDM®) in its Adult Protective Services Program, making New Hampshire the first state in the country to do so. Based on a national model of best practices, SDM® promotes the safety of incapacitated adults, identifies and addresses their needs, decrease the incidence of self-neglect and maltreatment, enhances service delivery, and provides data for program administration. Only the Adult Protection Program uses the system, and all staff is trained in the model. Staff has conducted presentations to providers to facilitate their understanding of the processes and procedures used in Adult Protection investigations. BEAS continues to refine its SDM® model. The program has been nominated for 2011 Council of State Governments Innovations Award.

In July 2007 BEAS implemented a statewide registry of founded reports of adult neglect, abuse and exploitation involving a paid or volunteer caregiver. State law mandates that all employers of programs that are licensed, certified, or funded by the New Hampshire DHHS to provide services submit the names of prospective employees who may have client contact for review against the names on the registry. Any individual hiring a caregiver directly or through an authorized representative or fiscal intermediary may submit the prospective employee's name to the registry for review. In July 2009 the statewide registry was expanded to include founded reports involving guardians and agents acting under the authority of a power of attorney.

The BEAS Legal Services Developer works closely with providers of legal services for the elderly and with the State's elder bar as well as with other elder advocates. The Legal Services Developer actively monitors State and federal legislation impacting New Hampshire's older citizens.

New Hampshire Legal Assistance has been providing assistance to the State's elderly on a variety of legal issues through its Senior Citizens Law Project. Funded through BEAS, the Project has operated a statewide Senior Legal Assistance Advice Line. During the period from July 2010-June 2011 the Project handled 1034 cases involving housing, health, family, employment and consumer issues. New Hampshire Legal Assistance has been awarded a cooperative agreement from the AoA for its Consumer Law Project for Seniors to improve and expand the delivery of legal services to seniors victimized by consumer-related abuses and financial exploitation. The project trains service providers, police and judges, conducts outreach to minority and rural elderly and educates legislators. It has also established a pilot consumer law clinic and self-help office as well as recruited and trained private attorneys to handle *pro bono* and reduced fee consumer cases.

Despite these programmatic successes, the recently adopted state budget is anticipated to have a deleterious effect upon the ability of New Hampshire Legal Assistance to provide services to some of the state's most vulnerable residents, many of whom are elderly. Individuals seeking help are also being referred to the New Hampshire Bar Association's Reduced Fee Program or to the full fee Lawyer Referral Service Program.

BEAS had been operating The Money Management Program in partnership with the AARP Foundation. Unfortunately, this program ceased operation in 2009 due to lack of funding and resources from both BEAS and the AARP Foundation. The Program was designed to help older adults and adults with disabilities at risk of losing their independence because of the inability to manage their finances. Trained volunteers in the program assisted program participants with organizing their bills and checkbooks, setting up a monthly budget, and ensuring that bills were paid correctly and on time. The program operated in four areas of the State. It provided a less intrusive intervention than guardianship for individuals with cognitive impairments or other conditions that made it difficult for them to manage their financial affairs. Approximately thirty volunteers were trained in the program and approximately twenty-four individuals were served over the life of the program. An implementation challenge to the program was matching trained volunteers with eligible individuals in the same geographic area.

The Elder Abuse Advisory Council was established to improve the protection of New Hampshire seniors from abuse, neglect, and exploitation by increasing public education and awareness, developing resources, supports, and services, improving community relations, and reviewing and recommending legislation. The Council played a significant role in guiding the development of the central intake unit, the decision to

adopt the SDM protocols, and in the development of the statewide registry. Currently, it is not meeting on a regular basis.

State Plan Focus Areas

Consistent with the focus on long-term care modernization, AoA has requested the States to address the following five focus areas and to identify those activities they will undertake to implement each focus area in their State Plan:

Focus Area 1: Title VI/III Coordination

In this focus area, the State must demonstrate how it will coordinate its Title III services with those funded under Title VI of the Older Americans Act, Services to Native Americans and Alaskans. The Older Americans Act mandates that these services must be coordinated in order to assure that older Native Americans have maximum access to the long-term care services and supports they need to maintain their independence.

New Hampshire has no federally recognized Indian tribes and therefore receives no Title VI funding. However, statewide Intertribal Council and small tribal councils play a large role in maintaining cultural traditions and the welfare of their members, especially elders. ServiceLink representatives regularly meet with representatives from the Intertribal Council.

In November 2010 BEAS, as part of its involvement with Public Health's Vulnerable Populations Working Group, participated in a meeting with representatives of New Hampshire's Intertribal Council and indigenous tribes. In addition, a significant piece of legislation was passed in the State's 2010 legislative session, establishing the New Hampshire Commission on Native American Affairs. The purpose of the Commission is to recognize the historic and cultural contributions of Native Americans to New Hampshire, to promote and strengthen Native American heritage and to further the needs of New Hampshire's Native American community through state policy and programs. The initial meeting of the appointed Commission members was convened in January 2011 and the Commission is still in the process of organizing its work and developing working committees. It is anticipated that DHHS/BEAS will have a future role in the work of the Commission.

Focus Area 2: Title VII Vulnerable Elder Rights Protection Activities

The New Hampshire Office of the Long-Term Care Ombudsman (OLTCO) is a program mandated by both State (RSA 161-F: 10-19) and Federal law (42 U.S.C. 3058g)

that receives, investigates and resolves complaints and problems experienced by elder residents of long-term care facilities. The OLTCO is an administratively attached agency to the New Hampshire Department of Health and Human Services under RSA 21-G: 10. The OLTCO is responsible for receiving, identifying, investigating, and resolving complaints or problems made by, or on behalf of, residents of long-term care facilities that relate to the health, safety, welfare, and rights of residents aged sixty and older.

The OLTCO Program has identified four significant problems and barriers and has identified resolutions that have been or are currently being implemented:

1. Protecting the right of residents to make their own healthcare decisions.

A new power of attorney for healthcare statute, Written Directives for Medical Decision Making for Adults Without Capacity to Make Health Care Decisions, was passed into law several years ago in New Hampshire. The Office of the Long-term Care Ombudsman participated in the development of this statute. However, varying interpretations of this statute have resulted in residents and family members receiving conflicting information related to the rights of a person who is the subject of a power of attorney for healthcare.

Resolution: A clause was added to the bill before it became a statute that allows someone to forfeit their right to make their own healthcare decisions when they complete their health care decisions document. The OLTCO continues a public education campaign to assist long-term care residents, and potential long-term care residents, to elect not to forfeit that decision-making authority over their health care. Residents who retain capacity are advised that they can undo their appointment of a power of attorney for healthcare and/or change the decisions they have previously made by developing a new power of attorney document.

Recently, at the request of the OLTCO, a joint training on the rights of individuals within both a guardianship and within a power of attorney was provided to both the staff members of the OLTCO and the adult protective social workers and supervisors from across the state to assure that both parties were clear on what rights are retained by individuals within a guardianship or who the subject of a power of attorney for healthcare.

2. LTC facility staff members were deferring to family members for health care decisions, rather than discussing health care requests with the resident. The existing state statute, though clear, had been misread and residents in long-term care settings were routinely denied an opportunity to participate in their health care planning or to refuse care.

Resolution: The OLTCO implemented a significant education plan to bring about a change to this institutionalized practice and advocated on an individual basis for residents requesting assistance. At present, this inappropriate practice is greatly corrected,

but there are still violations of residents' rights concerning planning or refusing care that are reported to the OLTCO. While significant improvement has been reported in the certified nursing facilities, some violations are still occurring and the OLTCO is addressing these on an ongoing basis.

In particular, attention has been focused on the assisted living facilities through the organization of statewide education seminars for the industry, training provided at various assisted living facilities and consultations with individual facilities. Also, the DHHS Bureau of Health Facilities Administration (the state survey agency) has a heightened awareness of this matter. It is surmised that the incentive to avoid a deficiency has prompted greater adherence to the statute and better understanding of residents' rights related to determining their own care.

3. In some facilities, staff persons were limiting resident autonomy at the direction of family members, powers of attorney and guardians. A misapplication of the existing statutes had resulted in facility staff members allowing powers of attorney and family members to limit mail and telephone access, access to visitors for long-term care residents, and to limit residents' participation in activities or to have them placed in secured units or in long-term care facilities against their will.

Resolution: The OLTCO addressed the improper practice of allowing family members and powers of attorney to admit or discharge people to and from long-term care facilities against their will, to limit these residents access to other family members, friends and even attorneys for visits, and to restrict the residents from receiving mail or phone calls. As described above, the OLTCO developed and delivered an educational campaign, which addressed residents' rights to determine their own care. Most long-term care nursing facility staff members now recognize that it is a violation of residents' rights to limit access to visitors, mail, telephones and to limit a resident's ability have autonomy to travel into the community. With assisted living facilities in the state, there has been considerable improvement in staff members' understanding relating to the limitations on the scope and authority of the power of attorney for healthcare.

4. The OLTCO identified a need for a method to better access the position of residents related to proposed legislative bills and an effective methodology for transmitting other information of value to nursing facility residents and receiving feedback from the residents. This is a particular concern for the OLTCO, which is charged with representing the perspective of long-term care residents when offering testimony at legislative and regulatory hearings.

There are logistical barriers that make getting information to the nursing facility residents and receiving their timely feedback, including moving residents to a central location in the facilities where issues can be discussed and positions determined.

Resolution: The New Hampshire Health Care Association coordinated with the facilities to have the various nursing facility resident councils participate in monthly

teleconferences with OLTCO. In addition, through an e-mail system developed by the New Hampshire Health Care Association, legislative bills and proposed regulatory policies are shared with the resident councils in advance of the teleconference. The OLTCO can now offer the residents' perspectives on matters with greater accuracy than ever before.

Focus Area 3: Disaster Preparedness

Under DHHS, BEAS is required to file a Continuity of Operations Plan that addresses a variety of disasters and emergencies. The Plan defines how BEAS will deliver core services, including those provided directly by its network of District Offices and those delivered by its contract providers, during power outages, epidemics, floods, and a variety of natural and man-made disasters. The objectives of the Continuity of Operations Plan serve as a blueprint for maintaining essential staffing and business processes during times when normal methods of communication may not be available.

At a statewide level, BEAS works with the DHHS Emergency Management Program and the New Hampshire Department of Safety's Division of Homeland Security and Emergency Management to assure that the state's Disaster Preparedness Plan adequately addresses the needs of frail elderly and disabled residents.

As a result of regular coordination with statewide Emergency Preparedness Councils, BEAS works closely with communities to ensure that the delivery of services and supports to vulnerable people is not disrupted in public emergency conditions. The Continuity of Operations Plan fulfills a statewide scope. The Adult Protection social workers and CFI case managers are proactive about contacting vulnerable clients in advance of adverse conditions, when predicted, to ensure that individuals have the means to safely shelter in place or a viable plan to relocate.

Focus Area 4: Faith Based Initiatives

Faith-based communities have always been an important part of the human service delivery system in New Hampshire. Long-term care for the frail elderly and for adults with disabilities is an area that has greatly benefited from the support of faith-based communities and coalitions. Religious groups operate nursing facilities, hospitals, assisted living facilities, homeless shelters, emergency services, food pantries, health care, and case management services, many of which have been part of the State's human services system for years. Volunteers from faith-based programs, many of whom are themselves elderly, provide transportation, respite care, friendly visiting, chore and home maintenance services, meals, food, rental and security deposits to frail elderly individuals and their families. Faith-based volunteers also play an active role in the State's emergency management programs at the local level.

Faith-based services comprise a critical part of the safety net for individuals who desperately need services but who do not meet the eligibility requirements for public programs. They also provide the type of assistance that BEAS Adult Protective Services Social Workers and CFI nurses, and CFI case managers frequently call on that are in many instances unavailable from the public sector.

The recent economic recession has taken a toll on the ability of faith-based initiatives and programs in New Hampshire. Charitable giving, which supports many community assistance programs, has been declining. Elderly volunteer drivers who transport individuals to medical treatment and other services are finding it difficult to afford the cost of gas and other expenses, and some have reluctantly terminated their involvement in these programs. The recent State budget development process for the 2012-2013 biennium raised the ongoing public discussion in New Hampshire about what the role of government should be in providing services to its citizens.

Concerned about the State's fiscal deficit and diminishing revenue, more conservative legislators questioned why government should be funding services and argued that this historically been the purview of religious groups in America. Consequently, initial budget proposals included deep cuts to services for persons with disabilities and mental illness, frail elderly, chronically ill children, children in need of supervision, substance abusers, and individuals with catastrophic illnesses who lacked health care coverage. Testimony supporting these cuts assumed that churches and local charities would assist these needy individuals.

Testimony opposing the budget cuts documented that the State's faith-based programs would not be capable of absorbing this impact were the legislature to shift this responsibility to the faith-based community. Religious leaders, program directors, and others testified that the existing capacity of faith-based programs is not enough to support the current demand for assistance, let alone deal with the dramatic increase in requests for help that these budget cuts would bring. Municipal officials testified that these cuts would shift costs to the local level, increasing the burden on taxpayers even further.

Although the approved 2012-2013 State budget restored many of the service funding decreases that were originally proposed, it still retained enough of them to concern State and local leaders, members of faith-based communities, advocates, and others about the ability of both public and private programs to assist persons in need. Their concern signals the need for greater collaboration between faith-based programs and public programs as both sectors struggle to balance a growing service need against a decreasing resource base.

One faith-based initiative that continues to demonstrate an effective public-private collaboration is the UShare New Hampshire network. Established in 2007 by two leaders in the faith-based community, UShare is a database that facilitates resource sharing among State, community, and faith-based organizations. It utilizes information technology to connect people with similar service missions but who may not otherwise

work together. Individuals register in one or more service areas that include military, seniors, family assistance, foster care and adoption, health and human services, volunteers, and community and faith-based connections. When a registered individual makes a specific service request, UShare triggers an action alert to members who are within both the geographic and category criteria stored in their registration profiles. Members can then respond to the contact information in the action alert, and the individual making the request is responsible for screening and offers of assistance and choosing an appropriate solution on behalf of the client.

The ServiceLink Network and many community agencies that partner with BEAS utilize the UShare New Hampshire Program.

Focus Area 5: Health Care Systems Coordination

DHHS is planning for the implementation of a Medicaid managed care system, with a target implementation date of July 2012. The system will include all 165,000 clients receiving Medicaid services in the state, including BEAS' long-term care clients. This major initiative will require extensive collaboration and coordination across multiple DHHS program areas as well as extensive work to coordinate different service authorization and provider billing and payment systems and processes. DHHS' leaders have discussed challenges and best practices with officials in other states in order to begin to develop a quality managed care program that will serve New Hampshire Medicaid clients and providers well. Advisory teams are being established to include community providers and advocates to ensure a broadly based approach to managed care.

STATE PLAN CONTENT

Executive Summary

The State of New Hampshire is designated by the Administration on Aging (AoA) as a single planning and service area. The New Hampshire Bureau of Elderly and Adult Services (BEAS), in the New Hampshire Department of Health and Human Services' Division of Community Based Care Services, is designated by the New Hampshire legislature as the State's Aging Agency. Under these designations, BEAS is given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Older Americans Act and is responsible for the development of comprehensive and coordinated services for the older population of New Hampshire.

In collaboration and cooperation with aging services providers, BEAS provides a variety of community and long-term supports to adults age 60 and older and to adults between the ages of 18 and 60 who have a chronic illness or disability. BEAS administers Medicaid long- term care services for the elderly and for adults with disabilities or chronic illnesses. These services and supports include a variety of services delivered in the home as well as assisted living, residential care and nursing facility care. BEAS is also responsible for coordinating community-based services for seniors and adults with disabilities and chronic illnesses who meet certain eligibility criteria. BEAS' central office, located in the state's capitol, Concord, is responsible for administration functions, program and policy development and financial planning. All services and supports are intended to assist people to live as independently as possible in safety and with dignity. A continuing and critical component of the BEAS statewide delivery system is its vision to strengthen the autonomy of local communities and to direct resources to where they are most needed.

The New Hampshire State Plan on Aging constitutes the State's application for federal funds appropriated under the Older Americans Act for the period beginning October 1, 2011 and ending on September 30, 2015. The Plan contains all assurances and plans to be implemented by BEAS under the provisions of the Older Americans Act of 1965, as amended. It describes BEAS' current initiatives and progress made in the State's long-term care reform efforts, and the services available under the State Plan and how to access them.

The Department has eleven district offices located throughout the state through which individuals of all ages access public assistance programs. BEAS staff working in District Offices is responsible for conducting adult protection investigations and coordinating a variety of services for adult protection clients. As part of the reductions mandated in the 2012-2013 state budget, District Office operations will be consolidated

down to seven offices. The work on this consolidation is just beginning. It is anticipated that these office closures will result in savings of administrative costs. A telework pilot will be implemented, and it is anticipated that some of the staff in the affected offices will be able to have embedded hours within another service agency, and that the use of technology will enable more staff mobility in terms of being able to go out to the clients. BEAS staff are included in the consolidation planning to ensure that its target populations continue to have access to the services they now receive.

Under RSA Chapter 161-F:7 the state legislature created the State Committee on Aging (SCOA), an 18-person advisory group of senior advocates, to advise and provide information to BEAS regarding the needs and concerns of seniors. The Governor and Executive Council appoint fifteen members and the legislative leadership appoints three members. Members serve for specified terms. Members appoint a Chair and they develop and serve on numerous planning and advocacy committees both within DHHS and within local communities. In addition to its monthly meetings with BEAS, members are active on local area committees on aging, in the planning and orchestration of the Conference on Aging, and in conducting an annual memorial volunteer event with the Governor to recognize outstanding senior volunteers across the state. Members are actively engaged in developing position papers to call attention to key issues of concern to New Hampshire's seniors. Most recently, position papers have been drafted on Social Security, Medicare, long term care and housing. SCOA is also actively involved in the development of each State Plan on Aging, and in coordinating and facilitating community listening sessions.

As described previously, the New Hampshire legislature has just concluded the most difficult and challenging budget session in its history, resulting in the significant reduction or elimination of state general funds for many program areas. The budget implications are ongoing and they are serious. The Department is focused on the challenge of preserving core and essential services that it provides. In addition, DHHS is continuing its internal efforts to consolidate core operations and program functions. While serving an increasing number of individuals in need, DHHS is also undertaking steps to streamline its business operations, lower administrative costs, and identify any and all potential areas where further efficiencies may be achieved.

As a result of significant grant funding from several federal programs, BEAS is engaged in a number of progressive initiatives, both established and more recently implemented, to meet the growing and changing needs of New Hampshire's aging population. These initiatives share a common purpose and goal in establishing new, enhanced or evolving community based services and options to support individuals and their caregivers as they age in the community and to promote consumer choice and control. These efforts, still in progress, are intended to establish a long-term care system in New Hampshire that addresses and responds to every aspect of an individual's needs and desires and that supports choice and control.

BEAS contracts with agencies to provide a variety of supportive services in the community that are funded by Titles III and XX and state general funds. Additionally, BEAS has responsibility for medical eligibility determinations for the home and community-based care waiver program (known as Choices for Independence) and the Medicaid Nursing Facility Program. BEAS is also responsible for nursing facility and assisted living rate setting and Medicaid facility payments.

BEAS implemented New Hampshire's Aging and Disability Resource Centers, known as the New Hampshire ServiceLink network, which are located in core and satellite sites throughout the state. The Centers continue to develop and increase capacity to serve an increasing numbers of individuals, families and caregivers. Collaboration and partnerships with other community providers are well established. Throughout the state, the ServiceLink network is the known and trusted source for individuals and families seeking information and assistance with all matters relating to aging. BEAS has utilized the ServiceLink Program as a platform for its long-term care systems transformation efforts.

Because New Hampshire is a small state, the number of aging community service providers is not large. The southern portions of the state hold the largest concentration of the state's population, while the northern half is largely mountainous and rural with relatively few population centers. A significant degree of collaboration takes place among service providers in order to meet the needs of the older population in each geographic area of the state. In addition, aging services providers readily provide support and mentoring to their colleagues in other areas of the state. BEAS' initiatives rely on, build upon and support these collaborative relationships. BEAS also has strong partnerships with key aging organizations that do not receive state or federal funding, such as the New Hampshire Association of Senior Centers. Throughout the state, while core services are available in each geographic area, each area has also developed unique collaborations to work together to meet the needs of its specific populations.

Currently in New Hampshire, individuals seeking community based supportive services through Titles III and XX and state general funded programs can access services through the ServiceLink network, directly with contracted agencies, or through BEAS' District Offices. Individuals seeking services from Medicaid entitlement programs can access these programs at the ServiceLink sites. At the ServiceLink sites, an on-site Division of Family Assistance staff member determines financial eligibility for entitlement programs. For individuals needing help in exploring community based or facility based care, a Long-term Support counselor provides assistance and guidance to help individuals and families to assess options and navigate next steps. A Caregiver Resource Specialist works with family caregivers to identify needs, explore options and develop an action plan with the goal to help the caregiver to sustain caregiving. Medicare Counselors offer assistance and guidance to Medicare beneficiaries in understanding their benefits and in selecting a Medicare plan. It is important to note that the ServiceLink staff work closely together as they serve individuals and families.

Context

As previously stated, the State has just concluded its most challenging budget session in its history, mandating not only the reduction or elimination of programs and services across all state departments, but also the requirement of reductions and consolidations of state government and provider administrative functions. For DHHS, this involves the aggressive reduction/consolidation of contracts, the elimination of funding for five-hundred staff positions, further restriction of eligibility requirements for certain programs, elimination of general fund reimbursement to acute care hospitals for uncompensated care, and the elimination of specific programs that impact every population. In BEAS, twenty-six positions have been permanently abolished. State general funds for the Catastrophic Illness Program have been eliminated. The Congregate Housing Services Program, Alzheimer's disease and Related Disorders Respite Program and the Retired and Senior Program have been defunded for the biennium, effectively eliminating state funding support of these programs. BEAS' Adult Protection staff and the ServiceLink Resource Center staff are working diligently with these programs and the participants affected to develop alternative plans of support.

In the context of this very challenging fiscal environment, opportunities exist for DHHS, BEAS and its service partners to pull resources more closely together and to strengthen partnerships and networks. This presents opportunities for BEAS and its service providers to collaborate more closely and deliberately, strengthening an already solid foundation. For example, planning has begun to consolidate the ServiceLink network by redefining geographic service areas in a way that makes sense to consumers and the public and maintains the high level of responsiveness that ServiceLink has established.

Coupled with the fiscal climate described above, New Hampshire will continue to grapple with the rapid aging of its population. In the 2010 US Census data, New Hampshire is the fourth oldest state in terms of its median age. Of great significance is that all of the New England states rank in the top 10 of all states in terms of oldest median age. This is a very interesting demographic and may present opportunities for the Administration on Aging and the New England states to collaborate on a broader level to address the needs of this rapidly expanding population on a large regional basis. Please refer to the attached US Census information that provides detail about the median ages in the New England states. Also attached are presentations created by the New Hampshire Center for Public Policy Studies between December 2010 and May 2011 which provide detailed information and analysis from the 2010 US Census regarding New Hampshire's aging population.

In New Hampshire the counties with the highest numbers of aging individuals continue to be Belknap, Carroll, Cheshire, Coos, Grafton, and Sullivan. These are the most rural in the State and to a large degree lack the economic and service-oriented infrastructure that exists in the State's more populated counties. The lack of transportation options, a more industrialized tax base, population centers, and a more

developed road system continue to present significant barriers for rural communities dealing with a troubled economy.

Over the past several years, DHHS has been engaged in a massive effort to improve the state's transportation service delivery system for all populations. In 2007, under RSA: 239-B, the State Transportation Coordinating Council was established. From the State Council, Regional Coordinating Councils have been established that include DHHS' Transportation Administrator, human services agencies, public and private transit providers, senior programs, town and city officials, regional planning commissions, the faith-based community and philanthropic organizations. This convergence of both human resources and funding streams is paving the way for locally based, responsive transportation options to serve all citizens. In November 2010 BEAS staff members participated in the 2010 Community Transportation Summit. With ongoing technical assistance from the DHHS Transportation Administrator, BEAS has ensured that its transportation service providers are all members of the Regional Coordinating Councils and are poised to move into the new integrated service delivery system once it becomes operational.

Recent announcements of available funding from the Federal Transit Administration (FTA) will present New Hampshire's transportation stakeholders with significant opportunities to work together to secure grant dollars for transportation resources. During the effective period of the 2012-2015 State Plan on Aging, BEAS will focus on ways to collaborate with other groups and advocates to secure this funding.

In preparation for the development of this State Plan on Aging, BEAS conducted a series of nine community listening sessions to hear from older individuals, their families, providers and the public experience about their needs and concerns regarding aging in New Hampshire. BEAS also solicited feedback on its website through an on-line survey and from attendees at the 2011 Conference on Aging. A recurring theme throughout the sessions, regardless of geographic area, was concern about the ability to pay for simple and basic needs – food, fuel (home heating and gasoline) and property taxes. Please refer to the attached Listening Sessions Summary and Listening Sessions Topics Summary for the full description of the comments from the public comment period.

The role of BEAS in Long-term Care

Since its 2005 Systems Transformation Grant, which was utilized as an organizing framework, BEAS has focused on transforming its long-term care system of support for older adults into a system that places older adults and their families at the center of the planning and service delivery process. BEAS continues to develop a person-centered system that brings focus on the individual, their assets, and their network of family and community supports in developing a flexible and cost effective plan to allow maximum choice and control over the supports needed to live in the community. BEAS and its network of service providers are committed to the provision of services and

supports that respect and respond to individual needs, goals and values. In this person-centered system, individuals and providers work in full partnership to guarantee that each person's values, experiences and knowledge drive the creation of an individualized plan as well as the delivery of services.

The clear preference of many older individuals is that they be able to remain in their homes and communities as long as possible. However, New Hampshire's nursing facilities, assisted living and residential care facilities are and will continue to be crucial partners in the delivery of long-term care services to the many individuals who need the intensity of support and care that the facilities provide.

A brief description of BEAS' key initiatives follows.

ServiceLink Resource Center Network. The cornerstone of New Hampshire's systems change efforts has been the development and implementation of the statewide ServiceLink network. ServiceLink is New Hampshire's Aging and Disability Resource Center model, the single entry point for older adults and adults with disabilities and their families to receive information and assistance in navigating the spectrum of long-term care supports. New Hampshire's system is recognized nationally as a leading model for Aging and Disability Resource Centers and the network is well known throughout the state as the key place for individuals to receive information, explore options and be connected to supports. Each of the ten centers located throughout the state has a long-term support counselor and a caregiver resource specialist who work together and with multiple community partners to help consumers to coordinate information and services to make decisions about their care. In addition, each ServiceLink works with a staff member assigned from the Division of Family Assistance (DFA), who determines financial eligibility for Medicaid and a long-term care nurse who determines medical eligibility for services. These staff work together to help the individual and their family to identify current and future needs, explore options, and develop a long-term care plan.

Last year, New Hampshire was awarded funding under all four areas of the Implementing the Affordable Care Act initiative. In each of these four areas, the ServiceLink network provides the infrastructure for implementation in the following ways:

Part A - Medicare Improvement for Patients and Providers (MIPPA):
The enhanced outreach and beneficiary assistance funded in this grant will be available at the ServiceLink regional offices.

Part B – Options Counseling:
The ServiceLink staff, in collaboration with the University of New Hampshire, is working in conjunction with AoA on developing national standards and implementation materials related to options counseling. This work builds upon the New Hampshire Long Term Care Options Competencies previously developed.

Part C – Money Follows the Person:

This grant establishes ServiceLink and Granite State Independent Living, the state's single independent living agency, as local contact agencies for nursing facilities to utilize for information about community resources as a part of discharge planning. ServiceLink will also serve as the locus for training nursing facility staff on the requirements of implementing Section Q of the required Minimum Data Sets (MDS).

Part D – Aging and Disability Resource Center Evidence-Based Care Transitions:

ServiceLink is actively partnering with three hospitals to implement an evidence-based, person centered discharge planning model for frail elderly individuals, utilizing the expertise of ServiceLink 's long term support counselors and facility social work staff as well as granting the hospitals' discharge planners access to ServiceLink's automated resource data base.

The implementation of this project and the lessons learned as a result will have a significant impact on the state's frail elderly population. Effective discharge planning will become more critical as the state's hospitals must deal with substantial decreases in Medicaid reimbursement as a result of the recent state budget process. It is anticipated that older people will be discharged more quickly and the home and community based infrastructure must be prepared to deal with an increased demand.

Home and Community Based Care Waiver (Choices for Independence). BEAS' Choices for Independence (CFI) program is a longstanding community-based alternative to nursing facility placement for individuals who meet nursing facility level of care criteria. This program currently supports individuals who have either relocated from an institution to the community or have received the necessary supports to remain in their homes and communities. The waiver includes an option for consumer-directed services, which allows for personal care services providers to be hired through "Other Qualified Agencies" as an alternative to traditional home care agencies. These services are provided under an "Agency with Choice" model enabling service recipients to hire, fire, and manage staff members who work with them in their homes.

The New Hampshire Legislature mandates that Medicaid expenditures in the CFI program are not to exceed specific and pre-determined cost caps. On average, CFI services provided in an individual's own home cannot exceed 50 percent of the average cost of Medicaid nursing facility care. CFI services provided in an assisted living facility, congregate housing, or a residential care facility cannot exceed, on average, 60 percent of the average cost of Medicaid nursing facility care.

Long-Term Care Services. In addition to the Medicaid waiver program, BEAS is responsible for medical eligibility determinations for individuals seeking nursing facility placement or those in facilities who are approaching spend-down to Medicaid. A business process improvement benchmark identified is to reduce the amount of time it takes for BEAS nurses to complete medical eligibility determinations for these individuals. BEAS worked with nursing facilities to address this issue. As a result, in

January 2009, BEAS developed and implemented a training program to teach facility nurses how to complete the clinical information portion of the Medical Eligibility Determination instrument. The goal of the change was to significantly decrease the waiting time for eligibility determination made by the CFI Program's nurses. For the first 6 months of SFY 2009, the average number of monthly "carry over" applications to be processed averaged 243. Since implementation of the new process, the average "carry over" is 84. This improved process is assisting stakeholders with prompt eligibility determination for individuals and timely payment for services. This eligibility determination for long-term care services is in effect for 364 days and can also be utilized for expediting discharge planning from nursing facilities to community based services.

Nursing Facility and Mid-Level Care Services. BEAS provides funding for eligible individuals to receive care in licensed nursing facilities, assisted living and residential care facilities. In addition, BEAS' rate setting unit provides program compliance oversight of nursing facilities and other Medicaid providers and calculates acuity-based rates twice per year using data from Medicaid Cost Reports filed by the facilities and acuity data provided for each nursing facility resident.

Money Follows the Person Program. The Money Follows the Person Program, known as the New Hampshire Community Passport Program (New Hampshire CPP) was established in 2007 through funding from CMS. It is a nursing facility transition initiative for individuals who have been receiving care in a nursing facility for a minimum of three months, receive Medicaid assistance for at least one day, and choose to transition back to a qualified community living arrangement, such as the home and community based care waiver program. To ensure service quality and continuity post-discharge, important safeguards are in place, including the assessment of an Adult Protection Social Worker, the provision of transitional case management services, a Risk and Barrier assessment to ensure safe discharge plans and use of the Informed Decision-Making tool. As of December 2010, 72 individuals have transitioned back to the community setting of their choice.

Adult Family Care. Adult Family Care (AFC) is a service option implemented within the CFI Program to expand the options available for persons who wish to remain in the community. Adult Family Care matches individuals on the CFI waiver with certified providers in private homes. BEAS works with designated oversight agencies in the community to secure home providers and administer the program. The program continues to be small. Cumbersome requirements for licensure of homes impeded development of the program and as of March 2011 the licensing requirement was replaced by a certification requirement that more accurately reflects the environment of a private home. It is anticipated that this change will draw more interest among potential home providers.

New Hampshire Family Caregiver Support Program. BEAS administers the New Hampshire Family Caregiver Support Program (NHFCSP), funded by the AoA, and the state general funded Alzheimer's disease and Related Disorders (ADRD) respite grant

program for caregivers. Both programs work with persons who are not Medicaid eligible to provide timely intervention and supports to caregivers so that they can continue in their caregiving roles and avoid spend down and placement of the care recipient. The NHFCSP utilizes a consumer-directed cash and counseling model that allows family caregivers choice and control over their respite care and other supplemental services. With the receipt of three major AoA grants through Community Living Program Cooperative Agreements, individuals are being served more efficiently and comprehensively now that the service authorization process has been streamlined and decentralized at the community level through the ServiceLink. In addition, the new model has implemented a systematic attempt to combine these funds with other community and personal resources. In 2010, the Program was recognized with an Innovations Award from the Council of State Governments.

The ServiceLink staff have received professional training on "Methods, Models and Tools: Facilitation in Person Centered Planning" through the University of New Hampshire giving the participants a variety of new and practical tools in working with family caregivers. The "Powerful Tools for Caregivers" evidenced-based class leader training was brought to New Hampshire in 2008 under the project and was the first training offered in New England. To date, thirty individuals in New Hampshire have become certified class leaders in the curriculum and three individuals have been trained as master trainers.

Further growth and development is occurring within the Kinship caregiver components of the program. BEAS, in partnership with DHHS' Division of Children, Youth and Families, the University of New Hampshire's Cooperative Extension Program, other community agencies, and grandparent and relative caregivers have established the New Hampshire Relatives as Parents Program (RAPP). In 2007 and 2008, New Hampshire RAPP held two conferences in New Hampshire specifically for grandparent and relative caregivers. Last year, in an effort to combine resources and reduce costs, the New Hampshire RAPP collaborated with the Vermont Kin as Parents Program and a joint state conference for grandparent and relative caregivers was held in October 2010 in a New Hampshire town bordering Vermont. A national expert on issues and challenges facing grandparent and relative caregivers was the keynote speaker.

Alzheimer's disease Supportive Services Program. BEAS was awarded a two-year Alzheimer's disease Supportive Services Program grant from AoA in 2009. The grant is assisting the state in developing and implementing a strategic plan to enhance the existing network of community supports to better identify and address the planning and service needs of individuals in the early states of Alzheimer's disease and Related Disorders. Key partners include the New Hampshire Alzheimer's Association, Dartmouth Centers for Health and Aging, the University of New Hampshire Institute on Disability and the ServiceLink network. Initiatives developed and being deployed include the six-week "Taking Control of Early Alzheimer's disease" workshops for couples, "Going for Guardianship" trainings for professionals and others who assist families in seeking guardianship for individuals with dementia, and the "Creating a

Dementia-Friendly Home" for families and professionals to help in assessing the home environment and learning how to make simple changes to facilitate greater independence and safety of the individual with ADRD, and reciprocal benefits for the family caregiver. Each of these initiatives has produced a wealth of materials.

The Dartmouth Center for Health and Aging is coordinating Grand Rounds presentations and "Lunch and Learn" sessions in hospitals and medical practices to assess how clinicians are currently doing dementia screening and then will develop protocols for screening guidelines in a "Dementia Quality Improvement Toolkit for Primary Care".

Alzheimer's disease and Related Disorders (ADRD) Respite Program. BEAS completed the transition of the state general funded Alzheimer's disease and related Disorders respite program to the ServiceLink network last year. Unfortunately, as stated earlier the program was a casualty of the recent budget session and these respite service dollars are no longer available. Fortunately, because of the transition of the program to ServiceLink, caregivers are still able to access the services and supports of the family caregiver specialist, and to access Family Caregiver Support program respite funds. It is anticipated that the impact of the funding cut will become evident as the year progresses and the sole source of caregiver respite funds is drawn down more quickly as more caregivers access this support.

Veterans-Directed Home and Community Based Care Services Program. BEAS received funds from the AoA to implement this initiative. Through its partnership with the Veterans' Administration Medical Center in New Hampshire and the Belknap County ServiceLink, BEAS is poised to begin serving veterans through this program. However, the administrative complexities of serving veterans through this consumer-directed model have stalled its implementation, and BEAS is awaiting the release of funds from the VA. BEAS is hopeful that with the continued commitment and investment of all partners in the project, it will come to fruition in the near future.

Chronic Disease Self-Management Program. BEAS is currently partnering with Public Health on AoA's Chronic Disease Self-Management evidence-based prevention initiative. This exciting project has brought together and firmly cemented partnerships between aging services providers and the vast community health/medical community networks. BEAS and aging services providers now have connections to Public Health and many of its partners, and Public Health now has access to the aging network. It is a very dynamic collaboration, which has already led to other opportunities for collaboration. An advisory committee comprised of diverse members representing aging services, hospitals, insurance companies and community public health entities is providing support to the project.

BEAS will continue to collaborate with the Public Health Oral Health Program if it receives next-phase funding from the National Association of Chronic Disease Directors for a Senior Oral Health Project. In the initial phase, several senior centers collected data on the oral health needs of their participants. The second phase, if New

Hampshire's proposal is selected, will provide screening services and will develop referral protocols to link seniors in need of further dental care to local dentists and to negotiate rates with dentists to provide this care and treatment.

Recovery, Education, Assistance and Prevention Program (REAP). BEAS, in conjunction with the Seacoast Mental Health Center, community mental health centers statewide, other DHHS partners and the statewide housing agency, New Hampshire Housing Finance Authority, administers a statewide counseling program for older adults who are experiencing or are at risk of substance abuse or misuse, or depression. Originally focused only on older adults living in subsidized housing sites, the program has expanded to include other venues. The REAP Program is recognized as a national model using evidence-based practices. The program operates with a blend of Title III funds, state general funds and federal funds from other DHHS program areas and funds from the New Hampshire Housing Finance Authority. Mental health clinicians who are trained in the REAP model provide educational sessions on substance use/misuse and depression awareness in a non-intrusive manner in senior centers, clubs, public housing sites and other venues. In addition, short-term individual counseling sessions with REAP counselors are provided to individuals seeking assistance. The goal of this program is to prevent loss of independence and functioning and to positively impact the ability of at-risk individuals to avoid unnecessary decline and institutional placement.

The DHHS Bureau of Alcohol and Drug Prevention Services lost its state general funding that supported the program but has identified other one-time funding to continue its level of support for the present time.

Elder Wrap Teams. BEAS' Adult Protection social workers and ServiceLink staff are key participants in these community-based teams. Elder Wrap Teams operate throughout geographic areas of the state and are coordinated by mental health clinicians in the state's ten community mental health agencies. In addition to staff from BEAS' District Offices, teams are comprised of a wide variety of area community service agency representatives that serve older adults. "Elder Wrap Around" is a process that is used to foster collaborations with the public and private sector serving older adults. It supports a person-centered approach for the older adult who has multiple unmet needs who often "falls through the cracks." The teams discuss and brainstorm options, resources and solutions to meet the needs of shared clients in difficult situations and work together in a collaborative and creative mode to support individuals in the community.

Goals and Objectives; Outcomes and Performance Measures

New Hampshire's 2012-2015 State Plan on Aging is aligned with the four AoA Strategic Goals, as well as with the sustainability plan for the ADRC network. This section identifies specific objectives for the State to focus its resources on to achieve these goals, as well as to coordinate its efforts with the five focus areas identified by AoA for State Plans. These goals and objectives are the basis for outcomes and performance measures (OPMs), which are briefly defined following each objective.

Goal 1: Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access existing health and long-term care options.

The following objectives will outline the approaches BEAS will take to ensure that more New Hampshire families will know about available options and will be in a better position to make informed decisions about those options. While ServiceLink can provide a recognizable and trusted platform from which to organize outreach and education, the growing demand for services, contrasted with shrinking public resources, clearly signals the need for all stakeholders to work together, both at the State and the local levels, to achieve Goal 1.

Objective 1: **To continue the operation of the ServiceLink Resource Center Network, consolidating operations to redefine geographic areas; continue to enhance the ability of individuals to make informed decisions about their health and long-term care options and to enhance their access to these services.**

Outcomes: The ability of individuals to make informed decisions about their health and long term care options will be enhanced; access to services will be streamlined; greater standardization of operations; more efficient use of scarce program resources.

Objective 2: **To work with the AoA to finalize national standards for options counseling and to implement the standards and related training materials statewide.**

Outcomes: Consistency across the State in the provision of options counseling; development of competencies for long-term support counselors.

Objective 3: **To enhance access to long-term care services and supports by continuing to work with the Division of Family Assistance on the integration of the financial and medical eligibility processes for Medicaid-funded long term care.**

Outcomes: More timely access to long-term care services and supports; simplification and standardization of complex eligibility processes; fewer instances of missing documentation.

Objective 4: To collaborate with the Veterans Administration and State veterans' agencies and groups to identify veterans and their caregivers in need of long-term supports in order to make them aware of their options and to provide assistance that will empower these individuals to make informed decisions about their care; expand the Veterans Directed Home and Community Based Care initiative to three other regions in the State.

Outcomes: Greater access by veterans and their caregivers to community supports; increased availability for consumer direction by veterans and their families; opportunities for increased collaboration between the VA system and New Hampshire's aging network, resulting in improved access to services offered to consumers from both.

Objective 5: To support the work of the newly established New Hampshire Commission on Native American Affairs; assist in identifying Native Americans in need of long-term supports and their caregivers in order to make them aware of their options and to provide assistance that will empower these individuals to make informed decisions about their care.

Outcomes: Improved access to services by older Native Americans and their families; provision of services and supports delivered in a culturally competent manner.

Objective 6: To continue collaborating with DHHS management and senior advocacy groups with the intent of facilitating implementation of the Affordable Care Act.

Outcomes: Development of a managed care model for Medicaid long term care that includes home and community based services consistent with State and federal emphasis on consumer dignity, independence, and autonomy; coordinated access to Medicare and Medicaid services by dually eligible beneficiaries; development of a responsive care transitions model across care settings for the long term care population.

Objective 7: To continue to support DHHS efforts to create a new statewide transportation system while representing the needs of frail elderly persons and their caregivers by utilizing funding opportunities offered by the Federal Transportation Administration and to explore the use of ServiceLink sites as mobility centers.

Outcomes: Increase in transportation infrastructure and provider capacity, resulting in improved consumer access to transportation resources.

Objective 8: To continue to support the work of SCOA by providing current information on BEAS and DHHS programs, services and policy issues.

Outcomes: SCOA-produced policy briefs and position papers on issues impacting New Hampshire seniors; increase in capacity for advocacy on senior issues and needs through legislative testimony, op-ed pieces and other vehicles for influencing public awareness of the needs of older people.

Goal 2: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

The following objectives outline the approach BEAS will take to achieve the AoA goal of enabling seniors to remain at home for as long as possible and support family caregivers:

Objective 1: To provide the following home and community based services to older people through the Older Americans Act to enable them to maintain their independence in the community for as long as possible: adult group day services, community dining and home delivered meals, community elder support, communications access and assistance, nursing, health screening, low-vision, respite care, guardianship, transportation, adult in-home care, home health aide services, homemaker services, family caregiver support services, health promotion, information and assistance; develop performance measures for each service and conduct yearly performance and site reviews of each provider.

Outcomes: The establishment of a quality monitoring system for Title III services.

Objective 2: Increase the number of participants who choose a consumer-directed option in the Choices for Independence Program through which program participants or their authorized representatives can manage a portion of their service plan budget through a Financial Management Services model.

Outcomes: Enhanced ability of the long-term care system to be more person-centered and responsive to consumer preferences and needs.

Objective 3: To actively assist in transitioning nursing facility residents to approved community settings by supporting the ServiceLink network and Granite State Independent Living in their roles as designated local community organizations through training and data support; to collaborate with the University of New Hampshire's Institute on Health Policy and Practice in developing and implementing training for nursing facility personnel on how to access state specific resources to comply with the provisions of Section Q of the MDS and to maintain a data base of the individuals and facilities receiving training.

Outcomes: A rebalanced long term care system that is more reliant on home and community based care; enhanced opportunities for nursing home residents to choose home and community based care at any stage of their nursing home tenure; greater integration between institutional and home and community based care sectors.

Objective 4: To finalize the implementation of the evidence-based hospital discharge planning models currently being piloted in three areas of the state; evaluate the project's findings and plan for statewide implementation.

Outcomes: Standardization of hospital discharge protocols based on evidence; reduction in the fragmentation of services for consumers and families; smoother transitions across care settings for consumers; decrease in the reliance on hospital readmissions when the discharge plan is disrupted.

Objective 5: To support the ServiceLink network's project funded through the Weinberg Foundation to create community based infrastructure to support family caregivers in four areas of the state by collaborating with the network, the University of New Hampshire Institute on Disability, and the Weinberg Foundation on a sustainability plan to be implemented after the termination of the Weinberg Foundation grant.

Outcomes: Increases in the home and community based infrastructure serving caregiving families; development of a replicable, statewide model for developing community resources for caregivers.

Objective 6: To continue to work collaboratively with the ServiceLink network, the University of New Hampshire Institute on Disability, the Dartmouth Medical School Community Education Program and the Alzheimer's Association in implementing the components of the state's Alzheimer's disease Supportive Services Program Innovations Grant to implement statewide the physicians' education program, overview of the legal guardianship process for New Hampshire families, training for families and others regarding early state dementia and providing a safe home environment for individuals with dementia.

Outcomes: Development of a statewide network of medical, legal, and environmental supports for families caring for members with dementia.

Objective 7: To collaborate with the Alzheimer's Association local chapters to maximize outreach and supports to families caring for a member with Alzheimer's disease and related disorders.

Outcomes: Integration of public-private outreach and advocacy strategies targeted to caregiving families of individuals with dementia; enhanced access to caregiver support services through Title III-E.

Objective 8: To collaborate with the New Hampshire Coalition for the Direct Care Workforce in implementing the Department of Labor grant to promote training and job development for the direct care workforce.

Outcomes: Enhanced awareness by State policy makers of the increasing demand for long term care workers; establishment of a statewide recruitment and development program for the State's long term care workforce.

Objective 9: To continue working relationships established with State and community disaster preparedness groups to ensure the safety and well-being of older adults and adults with chronic conditions during emergencies and to work with them to identify older people who would be at risk in the event of a disaster and their locations so that disaster relief efforts can be quickly directed to them, as defined in the Statewide Disaster Plan.

Outcomes: All frail elders and adults with chronic conditions will be identified for purposes of disaster relief, and a contingency plan will be developed for each in the event their services are disrupted as a result of a disaster or natural emergency.

Goal 3: Empower older people to stay active and healthy through Older Americans Act Services and the new prevention benefits under Medicare.

The following objectives outline the approach BEAS will take to achieve the AoA goal of empowering older people to stay active and healthy through Older Americans Act services and the new Medicare prevention benefits:

Objective 1: Continue the development and deployment of the Stanford Chronic Disease Self-Management Program to adults age 60 and over statewide.

Outcomes: Increase in opportunities and resources for older people to stay healthy and active through physical activity, nutrition, and health promotion programs offered in community settings.

Objective 2: To strengthen the capacity of the REAP Program to service older people, especially those who are socially isolated.

Outcomes: The provision of alcohol and substance abuse prevention services and mental health services to older adults, particularly in those areas where these services were not funded in the State's 2012-2013 biennium.

Objective 3: Provide ongoing training to SHIP Counselors to enable them to educate Medicare beneficiaries about Medicare prevention benefits by working with health care providers to identify new beneficiaries and to recruit new venues for

outreach; coordinate outreach and training with the SMP to educate beneficiaries about health care fraud and ways to become more informed health care consumers.

Outcomes: Increase in the numbers of volunteers and resources for outreach; increase in the number of new beneficiaries receiving an orientation about Medicare services as well as health care fraud; greater integration between SHIP and SMP.

Objective 4: To expand the number of participants in the low-income subsidy program and to assist them in accessing their benefits at the ServiceLink resource Centers by implementing the MIPPA grant award.

Outcomes: Increase in the number of persons applying for LIS programs; increase in access to health care by low-income elderly.

Objective 5: To continue to sponsor the annual conference on aging, showcasing best practices in health promotion and disease prevention, and to make the contents of the conference workshops available to the public in a variety of media.

Outcomes: Increase in the number of persons attending the conference and accessing information presented; expansion in the variety of health-related topics presented.

Objective 6: To continue to publish *Aging Issues* as a primary way of disseminating health-related information to the State's older citizens.

Outcomes: Increase in the readership through on-line publication in addition to print.

Goal 4: Ensure the rights of older people and prevent their abuse, neglect and exploitation

The following objectives outline the approach BEAS will take to achieve the AoA goal of ensuring the rights of older people and preventing their abuse, neglect, and exploitation:

Objective 1: To continue to provide prevention, intervention, and advocacy on behalf of the State's long-term care facility residents and to expand the capacity of the Certified Volunteer Ombudsman Program to reach facilities throughout the State by recruiting and retaining volunteers.

Outcomes: The rights of all long-term care facility residents are safeguarded; each licensed long-term care facility in the State will have a Certified Volunteer Ombudsman assigned to regularly visit the residents.

Objective 2: To continue to work with the National Institute on Justice to refine the Structured Decision Making and Risk Assessment tools for Adult Protection social workers.

Outcomes: Standardized, data-driven risk and safety assessments that will result in service plans that are more responsive to an individual's strengths and needs; more efficiency in program operations because of the ability to generate and utilize workload management reports.

Objective 3: To provide older adults a range of legal assistance related to guardianship, Medicare/Medicaid appeals, housing, nursing facility care, Social Security benefits, and referrals to providers of legal services.

Outcomes: The State's elderly population will have access to legal services.

Objective 4: To assist seniors and others to secure legal advice and assistance from the local pro bono legal associations through the referral capacity of ServiceLink.

Outcomes: Greater reliance on local legal assistance resources will offset State budget cuts to New Hampshire Legal Assistance.

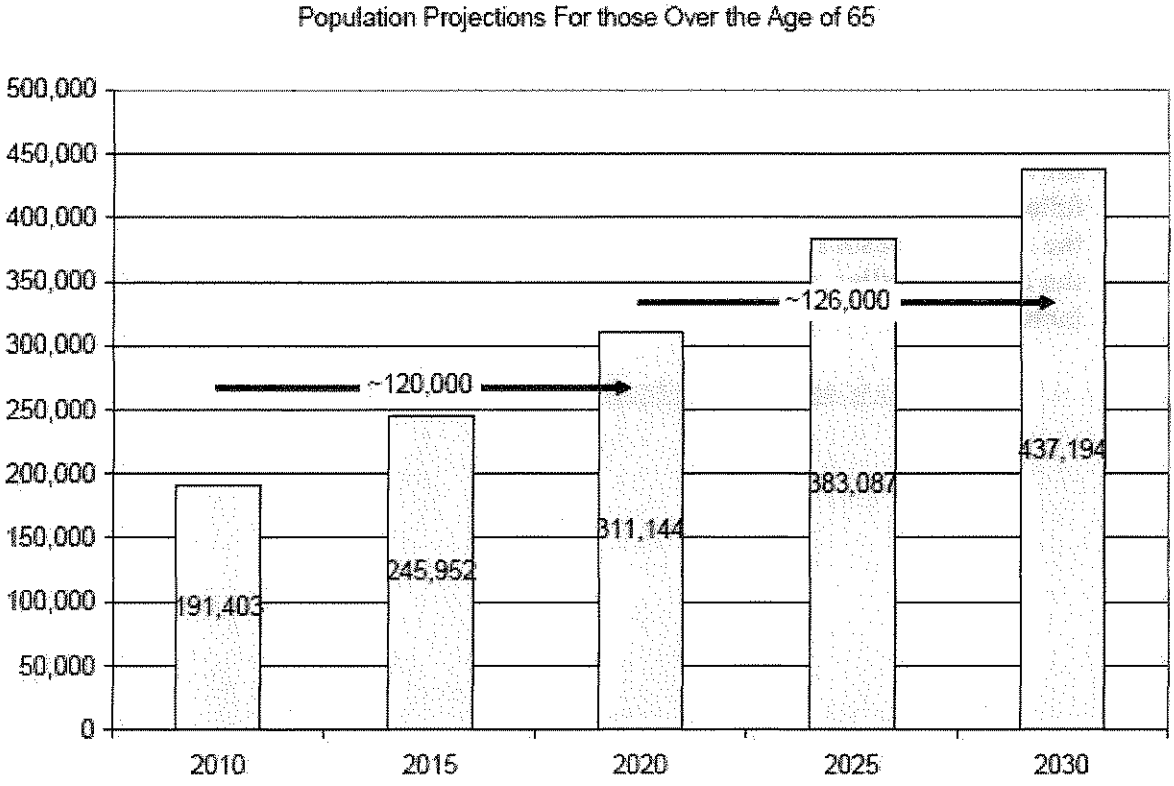
Attachments

The following presentations were created by the New Hampshire Center for Public Policy Studies and give an overview of the changes in the state's population patterns. The link below is to a presentation that was delivered by Dennis Delay at the June 2011 New Hampshire Office of Energy and Planning conference. The following three charts are from a presentation by Steve Norton in December 2010 at the AARP-sponsored Service Solution Forum. The fourth depicts the ten states with the highest median ages and is notable because all of the New England states are included.

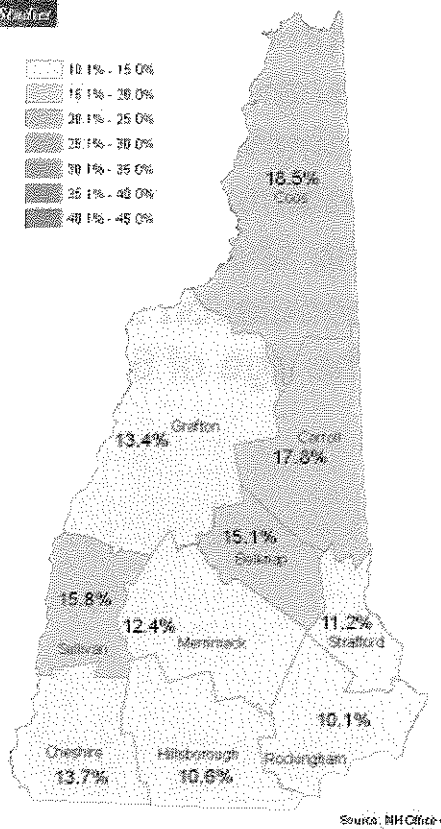
http://www.nhpolicy.org/report.php?report=283

New Hampshire Center for PUBLIC POLICY Studies

Are we old? Not yet, but getting there ...

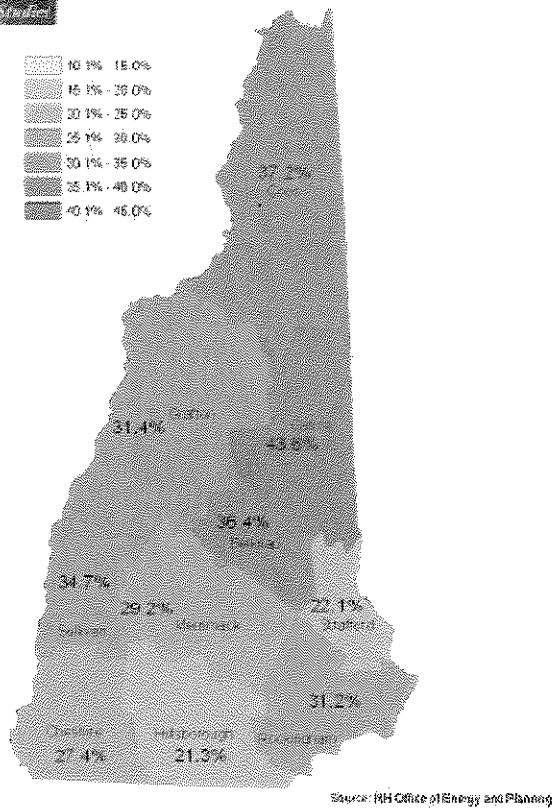


Percent of Population Age 65 and Older By County, 2000



Source: NH Office of Energy and Planning

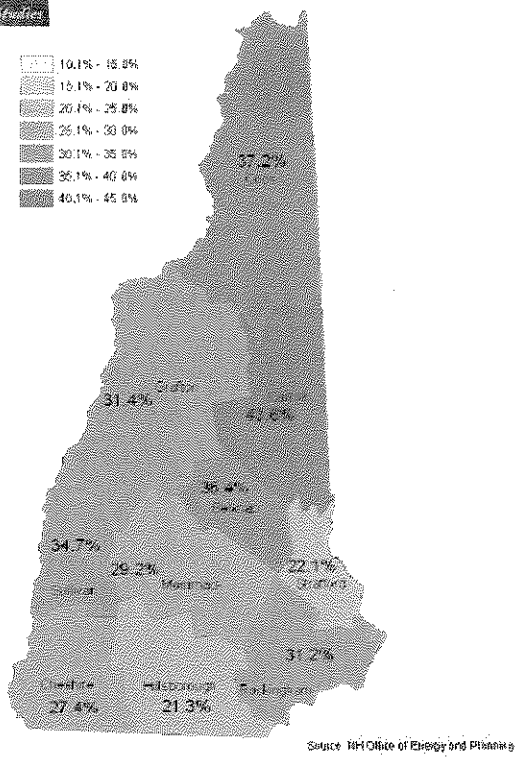
Percent of Population Age 65 and Older By County, 2030



Source: NH Office of Energy and Planning

PUBLIC POLICY Studies

Percent of Population Age 65 and Older By County, 2030



Source: NH Office of Energy and Planning

Significant variation from community to community in the share of the population over the age of 65

8

Top 10 Highest Median Ages in 2010

2009	2010		State	2009	2010
42.2	42.7	1	Maine	42.2	42.7
41.2	41.5	2	Vermont	41.2	41.5
40.5	41.3	3	West Virginia	40.5	41.3
40.4	41.1	4	New Hampshire	40.4	41.1
40	40.7	5	Florida	40	40.7
39.9	40.1	6	Pennsylvania	39.9	40.1
39.5	40	7	Connecticut	39.5	40
39.2	39.4	8	Montana	39	39.8
39	39.8	9	Rhode Island	39.2	39.4
39	39.1	10	Massachusetts	39	39.1

Source:http://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf

INTRASTATE FUNDING FORMULA

Resource Allocation Plan

As a designated Single Planning and Service Area, New Hampshire does not utilize an intrastate funding formula for its Older Americans Act-related funding. The attached budget sheets show actual expenditures for services provided through Older Americans Act funding for State Fiscal Years 2010 and 2011 and projected funding for 2012-2013.

Service	SFY 2009 Actual Dollars Expended					
	General	Fed Other	III	VII	XX	Totals
Adult Community Services						
Adult Group Day Care	289,355		151,881		176,191	617,427
Congregate Housing	701,462					701,462
Congregate Meals	645,887		1,297,914			1,943,801
Misc Services (Note 1)	220,898		384,634		24,879	630,411
Transportation	475,758		956,090			1,431,848
Total Adult Community Services	2,333,359	0	2,790,519	0	201,070	5,324,948
In-Home Support						
Adult In-Home Care	1,733,013				1,428,843	3,161,856
Adult In-Home Care-APS	297,332		133,312		190,395	621,039
Chore					75,460	75,460
Emergency Support					144,835	144,835
Home-Delivered Meals	2,580,398		2,141,411		1,235,028	5,956,837
Home-Delivered Meals-APS	42,100				34,711	76,812
Home Health Aide	58,862		118,167			177,030
Homemaker	1,292,738		123,443		1,015,144	2,431,325
Total In-Home Support	6,004,444	0	2,516,333	0	4,124,416	12,645,193
Family Support						
Alzheimer's Disease Support Program	205,497					205,497
ADRD Demonstration Grant						0
NH Family Caregiver Support Program			729,950			729,950
Total Family Support	205,497	0	729,950	0	0	935,447
Aging Information Resource System						
NH ServiceLink Network	1,448,600	866,641				2,315,241
Health Insurance Counseling	32,294	298,545				330,839
Senior Medicare Patrol Project	19,014	163,181				182,195
Transformation Grant		400,797				400,797
Health Promotion			115,889			115,889
NH Helpline					152,845	152,845
Total Aging Information Resource	1,499,908	1,729,165	115,889	0	152,845	3,497,807
Adult Projection Services						
Long Term Care Ombudsman				85,216		85,216
Legal Services				0		0
Total APS	0	0	0	85,216	0	85,216
Grand Totals	10,043,208	1,729,165	6,152,691	85,216	4,478,331	22,488,611

Note 1: Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Legal, Respite and Guardianship.

Service	SFY 2010 Actual Dollars Expended					
	General	Fed Other	III	VII	XX	Totals
Adult Community Services						
Adult Group Day Care	327,540		153,021		214,899	695,460
Congregate Housing	763,356					763,356
Congregate Meals	794,636		1,080,523			1,875,159
Misc Services (Note 1)	185,950		211,175		29,568	426,693
Transportation	673,372		915,624			1,588,996
Total Adult Community Services	2,744,853	0	2,360,343	0	244,467	5,349,663
In-Home Support						
Adult In-Home Care	1,967,821				1,766,117	3,733,938
Adult In-Home Care-APS	365,072		91,716		276,546	733,334
Chore					61,180	61,180
Emergency Support					151,959	151,959
Home-Delivered Meals	2,926,236		1,972,136		1,345,599	6,243,971
Home-Delivered Meals-APS	52,931				49,193	102,124
Home Health Aide	100,488		136,512			237,000
Homemaker	1,147,453		109,931		991,218	2,248,602
Total In-Home Support	6,560,001	0	2,310,295	0	4,641,813	13,512,109
Family Support						
Alzheimer's Disease Support Program	302,267					302,267
ADRD Demonstration Grant						0
NH Family Caregiver Support Program			734,295			734,295
Total Family Support	302,267	0	734,295	0	0	1,036,562
Aging Information Resource System						
NH ServiceLink Network	1,416,087	855,087				2,271,174
Health Insurance Counseling	51,519	213,695				265,213
Senior Medicare Patrol Project	1,081	168,895				169,976
Transformation Grant	14,681	723,349				738,030
Health Promotion			65,388			65,388
NH Helpline	74,041				68,813	142,854
Total Aging Information Resource	1,557,408	1,961,026	65,388	0	68,813	3,652,635
Adult Projection Services						
Long Term Care Ombudsman				47,549		47,549
Legal Services						0
Total APS	0	0	0	47,549	0	47,549
Grand Totals	11,164,529	1,961,026	5,470,321	47,549	4,955,093	23,598,519

Note 1: Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Legal, Respite and Guardianship.

Service	SFY 2011 Actual Dollars Expended					
	General	Fed Other	III	VII	XX	Totals
Adult Community Services						
Adult Group Day Care	316,045		141,404		196,988	654,437
Congregate Housing	595,621					595,621
Congregate Meals	794,245		1,080,137			1,874,382
Misc Services (Note 1)	189,005		216,548		32,770	438,323
Transportation	631,900		859,339			1,491,238
Total Adult Community Services	2,526,816	0	2,297,427	0	229,758	5,054,001
In-Home Support						
Adult In-Home Care	1,545,595				1,436,452	2,982,046
Adult In-Home Care-APS	320,950		76,195		247,088	644,232
Chore					60,220	60,220
Emergency Support					157,168	157,168
Home-Delivered Meals	2,911,677		1,986,032		1,339,380	6,237,090
Home-Delivered Meals-APS	42,878				39,850	82,727
Home Health Aide	85,620		116,314			201,933
Homemaker	1,143,576		117,265		982,597	2,243,438
Total In-Home Support	6,050,294	0	2,295,805	0	4,262,755	12,608,855
Family Support						
Alzheimer's Disease Support Program	128,937					128,937
ADRD Demonstration Grant						0
NH Family Caregiver Support Program			648,524			648,524
Total Family Support	128,937	0	648,524	0	0	777,461
Aging Information Resource System						
NH ServiceLink Network	1,455,145	863,876				2,319,022
Health Insurance Counseling	37,098	326,531				363,629
Senior Medicare Patrol Project		234,768				234,768
Transformation Grant	11,257	372,225				383,482
Health Promotion			72,735			72,735
NH Helpline	74,041				68,813	142,854
Total Aging Information Resource	1,577,542	1,797,400	72,735	0	68,813	3,516,489
Adult Projection Services						
Long Term Care Ombudsman	109,561			157,482		267,043
Legal Services						0
Total APS	109,561	0	0	157,482	0	267,043
Grand Totals	10,393,150	1,797,400	5,314,492	157,482	4,561,326	22,223,849

Note 1: Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Legal, Respite and Guardianship.

Service	SFY 2012 Total Projected Budget					
	General	Fed Other	III	VII	XX	Totals
Adult Community Services						
Adult Group Day Care			324,912		560,196	885,108
Congregate Housing	0					0
Congregate Meals			1,992,585			1,992,585
Misc Services (Note 1)	28,733	120552	401,859		63,450	614,594
Transportation			1,949,090			1,949,090
Total Adult Community Services	28,733	120,552	4,668,446	0	623,646	5,441,377
In-Home Support						
Adult In-Home Care					3,788,521	3,788,521
Adult In-Home Care-APS			324,912		727,357	1,052,269
Chore					146,755	146,755
Emergency Support					200,000	200,000
Home-Delivered Meals			3,890,781		2,766,742	6,657,523
Home-Delivered Meals-APS			0		91,253	91,253
Home Health Aide			250,522			250,522
Homemaker			212,498		2,244,516	2,457,014
Total In-Home Support	0	0	4,678,713	0	9,965,144	14,643,857
Family Support						
Alzheimer's Disease Support Program	0					0
ADRD Demonstration Grant		33,354				33,354
NH Family Caregiver Support Program			1,555,252			1,555,252
Total Family Support	0	33354	1555252	0	0	1,588,606
Aging Information Resource System						
NH ServiceLink Network	532,000	1,818,824				2,350,824
Health Insurance Counseling		325,054				325,054
Senior Medicare Patrol Project		268,750				268,750
Transformation Grant		0				0
Health Promotion			226,064			226,064
NH Helpline					143,248	143,248
Total Aging Information Resource	532,000	2,412,628	226,064	0	143,248	3,313,940
Adult Projection Services						
Long Term Care Ombudsman				83,321		83,321
Legal Services				25,000	0	25,000
Total APS	0	0	0	108,321	0	108,321
Grand Totals	560,733	2,566,534	11,128,475	108,321	10,732,038	25,096,101

Note 1: Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Legal, Respite and Guardianship.

Service	SFY 2013 Total Projected Budget					
	General	Fed Other	III	VII	XX	Totals
Adult Community Services						
Adult Group Day Care			324,912		559,785	884,697
Congregate Housing	0					0
Congregate Meals			1,992,588			1,992,588
Misc Services (Note 1)	28,733		402,077		63,450	494,260
Transportation			1,949,090			1,949,090
Total Adult Community Services	28,733	0	4,668,667	0	623,235	5,320,635
In-Home Support						
Adult In-Home Care					3,789,354	3,789,354
Adult In-Home Care-APS			324,912		727,357	1,052,269
Chore					147,396	147,396
Emergency Support					200,000	200,000
Home-Delivered Meals			3,238,355		2,767,179	6,005,534
Home-Delivered Meals-APS			0		91,253	91,253
Home Health Aide			250,522			250,522
Homemaker			212,498		2,289,406	2,501,904
Total In-Home Support	0	0	4,026,287	0	10,011,945	14,038,232
Family Support						
Alzheimer's Disease Support Program	0					0
ADRD Demonstration Grant		0				0
NH Family Caregiver Support Program			1,586,357			1,586,357
Total Family Support	0	0	1,586,357	0	0	1,586,357
Aging Information Resource System						
NH ServiceLink Network	532,000	1,818,824				2,350,824
Health Insurance Counseling		325,054				325,054
Senior Medicare Patrol Project		268,750				268,750
Transformation Grant		0				0
Health Promotion			230,691			230,691
NH Helpline					143,248	143,248
Total Aging Information Resource	532,000	2,412,628	230,691	0	143,248	3,318,567
Adult Projection Services						
Long Term Care Ombudsman				90,696		90,696
Legal Services				25,000	0	25,000
Total APS	0	0	0	115,696	0	115,696
Grand Totals	560,733	2,412,628	10,512,002	115,696	10,778,428	24,379,486

Note 1: Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Legal, Respite and Guardianship.

Service	SFY 2014 Total Projected Budget					
	General	Fed Other	III	VII	XX	Totals
Adult Community Services						
Adult Group Day Care			331,410		570,981	902,391
Congregate Housing	0					0
Congregate Meals			2,032,440			2,032,440
Misc Services (Note 1)	29,307		403,490		64,719	497,517
Transportation			1,988,072			1,988,072
Total Adult Community Services	29,307	0	4,755,412	0	635,700	5,420,419
In-Home Support						
Adult In-Home Care					3,789,354	3,789,354
Adult In-Home Care-APS			324,912		727,357	1,052,269
Chore					147,396	147,396
Emergency Support					200,000	200,000
Home-Delivered Meals			3,198,503		2,767,179	5,965,682
Home-Delivered Meals-APS			0		91,253	91,253
Home Health Aide			250,522			250,522
Homemaker			212,498		2,289,406	2,501,904
Total In-Home Support	0	0	3,986,435	0	10,011,945	13,998,380
Family Support						
Alzheimer's Disease Support Program	0					0
ADRD Demonstration Grant		0				0
NH Family Caregiver Support Program			1,618,084			1,618,084
Total Family Support	0	0	1,618,084	0	0	1,618,084
Aging Information Resource System						
NH ServiceLink Network	542,640	1,855,200				2,397,840
Health Insurance Counseling		331,555				331,555
Senior Medicare Patrol Project		274,125				274,125
Transformation Grant		0				0
Health Promotion			235,305			235,305
NH Helpline					146,113	146,113
Total Aging Information Resource	542,640	2,460,881	235,305	0	146,113	3,384,938
Adult Projection Services						
Long Term Care Ombudsman				92,000		92,000
Legal Services				25,500	0	25,500
Total APS	0	0	0	117,500	0	117,500
Grand Totals	571,947	2,460,881	10,595,236	117,500	10,793,758	24,539,321

Note 1: Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Legal, Respite and Guardianship.

New Hampshire Bureau of Elderly and Adult Services
Community Listening Sessions and Public Comments Summary
State Plan on Aging 2012-2015

The Bureau of Elderly and Adult Services (BEAS) convened nine community listening sessions from April-June 2011 to solicit comments to be incorporated into the upcoming State Plan on Aging. The ServiceLink Resource Centers and the State Committee on Aging publicized the sessions through press releases generated by the Department's Public Information Office, communication with BEAS' provider network, and active outreach. The sessions were held in Berlin, Concord, Exeter, Littleton, Manchester, Plymouth, Salem, Suncook, and Tamworth. Five of the sessions were held in senior centers, one in a community college, one in DHHS' administrative office, one in a ServiceLink site, and one in a church hall. In addition, individuals were able to comment via online and paper survey formats and at the New Hampshire State Conference on Aging on May 26th.

BEAS District Office staff, ServiceLink staff and State Committee on Aging members were instrumental in coordinating the logistics for all of the listening session sites and leveraged donations of refreshments for participants in seven of the sites. A total of 262 individuals were recorded as participating in the sessions or responding in an alternative format. The largest audience of 54 people attended the session at the Suncook Senior Center. Participants were asked to contemplate the following four questions:

- Do you know where to go in your community to get information, services, or help with any kind of problem or issue?
- In order for you (or people you may know) to keep going at home, do you think that the services and supports that exist today are helpful?
- If you know of people who are struggling, what is making them struggle? Why is it difficult for them to get help?
- What do you think is working?

While the discussions differed among the geographic locations, common central issues concerned universal and basic human needs, including: making ends meet with fixed incomes and increasing costs of living, coordinating transportation, coping with fuel and heating costs, paying property taxes, and concerns for those who are isolated.

A key difference from the time of the last State Plan listening sessions to the present is that many more people are aware of ServiceLink and its resources, even those who have not used its services. While awareness of ServiceLink is greater, participants expressed that there is still a significant lack of knowledge or awareness of other valuable community resources. Despite efforts by service providers to communicate and publicize their services through the multiple modes now available, a number of people stated that "word of mouth" continues to be the most effective tool for sharing information. There was also confirmation from consumers and providers that many individuals do not seek information about available services and resources until they need to acquire them.

New Hampshire Bureau of Elderly and Adult Services
Public Comment Detail by Major Categories
State Plan on Aging 2012-2015

Financial Comments:

- Fuel prices for home and transportation needs very difficult to manage
- Property taxes continue to rise; cities and towns differ in abatements available for seniors
- Funding cuts from the state are affecting senior services and other services
- People on fixed incomes having greater difficulty with meeting everyday expenses
- There were many questions about how certain programs are funded

Comments regarding available services and outreach:

- Some seniors still unaware of the services available
- Advertising gets tricky for this generation because word of mouth is most successful; they need someone to explain to them the services available
- What about the voices of those who were unable or unaware of the listening sessions being held?
- Senior Centers in general are good resource to educate targeted population.
- Seniors often do not plan very much, they acquire services as they need them, in a crisis
- The "old system" places Band-Aids on problems, need to use limited services differently
- Town welfare offices are not open in convenient time frames
- Fear of going to ask or apply for a service and not knowing anyone, or unsure of the details of the service, people are afraid or too proud to ask for help - negative stigma with aging
- ServiceLink and other agencies use websites and newspapers to promote services
- Brochures in senior centers are a good advertising method. ¾ of people in Berlin are unaware of services
- Churches, church pantries, meals and companion programs are working
- Medicare should pay for more in-home services
- Seniors with hearing and vision issues have additional challenges

Service Link:

- Everyone knows about ServiceLink even if they haven't used it yet
- People are well aware of Service Link, and know to call for information
- Continues to add to its resources
- Helpful with navigating through insurance

Caregivers:

- Assumption that families will care for their elderly family members
- Many older parents are caring for their disabled adult children
- Adult day care is a huge relief for many
- Many elderly are lonely and need visitors on a regular basis; socialization is a large contributor to successfulness with living at home
- Many need small amount of help like home repairs and medication reminders

Transportation Comments:

- Lack of public transportation that meets seniors' needs within cities and in rural areas
- Lack of public transportation for people who do not have families to drive them
- Lack of last minute transportation availability for seniors who plan to drive to an outing but change their minds last minute do to health challenges
- Drivers and dispatch centers need to be as flexible and patient as possible
- Volunteer drivers for programs dropping out due to high cost of gas
- Available transportation connected to areas of major hospitals or other facilities

STATE PLAN ASSURANCES, REQUIRED ACTIVITIES AND INFORMATION REQUIREMENTS

Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances, required activities and information requirements as stipulated in the Older Americans Act, as amended in 2006.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service 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.

(a)(2)(B) The State agency shall 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.

(a)(2)(E) The State agency shall 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;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall 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 older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies 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.

States must assure 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

(2) Each area agency on aging shall 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 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 subclause (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
(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--
(I) identify the number of low-income minority older individuals and older individuals residing in rural areas 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 (a)(4)(A)(i).
(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--
(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
(4)(C) Each area agency on agency shall provide 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) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.
(6)(F) Each area agency will:
in coordination with the State agency and with the State agency responsible for mental 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;
(9) Each area agency on aging shall 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) Each area agency on aging shall 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)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.
(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will 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.
(13)(C) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or such commercial relationships.
(13)(D) Each area agency on aging shall provide assurances that the area agency will 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 non-governmental contracts or commercial relationships.
(13)(E) Each area agency on aging shall provide assurances that the area agency will, 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) Each area agency on aging 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 area agency on aging to carry out 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

(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.

(7)(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)(A) The plan shall provide 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 (A) 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.
(11)(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.
(11)(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;
(11)(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, 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--
(A) public education to identify and prevent abuse of older individuals;
(B) receipt of reports of abuse of older individuals;
(C) 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
(D) 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.
(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—
(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and
(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.
(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—
(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.
(16) The plan shall provide assurances that the State agency will require outreach efforts that will—
(A) identify individuals eligible for assistance under this Act, with special emphasis on—
(i) older individuals residing in rural areas;
(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
(iv) older individuals with severe disabilities;
(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.
(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.
(19) The plan shall include the assurances and description required by section 705(a).
(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.
(21) The plan shall
(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.
(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).
(23) The plan shall provide assurances that demonstrable efforts will be made--
(A) to coordinate services provided under this Act with other State services that benefit older individuals; and
(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.
(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services

associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.
(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.
(26) The plan shall provide assurances that 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 (b)(3)(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)
(1) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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

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REQUIRED ACTIVITIES
Sec. 307(a) STATE PLANS
(1)(A)The State Agency requires 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) The State plan is 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 State agency:

(A) evaluates, 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) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) 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 State agency:

(A) affords an opportunity for a public 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) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords 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 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) No supportive services, nutrition services, or in-home services are 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.

INFORMATION REQUIREMENTS

Section 102(19)(G) – (required only if the State funds in-home services not already defined in Sec. 102(19))

The term "in-home services" includes other in-home services as defined by the State agency in the State plan submitted in accordance with Sec. 307.

Section 305(a)(2)(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;

Section 306(a)(17)

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.

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).*

Section (307(a)(3)

The plan shall:

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning distribution of funds); *(Note: the "statement and demonstration" are the numerical statement of the intrastate funding formula, and a demonstration of the allocation of funds to each planning and service area)*

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

(i) provide assurances the State agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.
(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such
services (including the cost of providing access to such services).
(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.

Section 307(a)(8)) (Include in plan if applicable)

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

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.

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 *(title III),* if applicable, and specify the ways in which the State agency intends to implement the activities .

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 services.

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.

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.

Section 705(a)(7)

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;
(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.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Assistant Secretary
Administration on Aging

Washington D.C. 20201

SEP 27 2011

The Honorable John H. Lynch
Governor, State of New Hampshire
State House
107 North Main Street
Concord, NH 03301

Dear Governor Lynch:

I am pleased to inform you that the Administration on Aging (AoA) has approved the New Hampshire State Plan on Aging. The official Plan period is now FY 2012-2015 with a start date of October 1, 2011 and an end date of September 30, 2015.

We are especially pleased with the overall goal in the New Hampshire State Plan to establish a long-term care system that addresses and responds to every aspect of an individual's needs and desires and that supports choice and control.

AoA recognizes and applauds the efforts of your staff and partners in working together in the development of this State Plan and we look forward to working with you and your staff in the implementation of the New Hampshire State Plan on Aging.

Should you have any questions and/or concerns, please do not hesitate to contact us. Your dedication and commitment towards improving the lives of New Hampshire's older adults and caregivers is appreciated.

Sincerely,

Kathy Greenlee
Assistant Secretary for Aging

c.c.: Nancy Rollins
Christine Lavers