2025 Annual Report

Subcommittee on Alzheimer's Disease and Other Related Dementia
RSA 126-A:15-a (HB 1572, Chapter 67:1, Laws of 2014)
November 2025

Subcommittee Membership
Senator Kevin Avard (Chair)
Representative Erica Layon (Vice Chair)
Wendi Aultman - Department of Health and Human Services
Sunny Shea - Attorney General, Designee
Kathy Harvard - Caregiver
Meghan Wentworth - Assisted Living Industry
Kim Mohan - NHNPA
Keliane Totten - Home Care, Hospice & Palliative Care Alliance of NH
Maureen Murtagh - NH Board of Nursing
Jennifer Horgan - Alzheimer's Association, MA/NH Chapter
Janessa Luke - A representative of the nursing facility industry.

Adjunct Members
Jay Gupta, Pharmacist
Peter Burke, St Joseph's Hospital-Senior Behavioral Health Unit

Duties of the Subcommittee
The subcommittee shall:

A. Review other states' plans for Alzheimer's disease.
B. Survey individuals with Alzheimer's disease to more accurately estimate the number of persons in the state with the disease.
C. Study existing services and resources, including but not limited to:
    a. The type, cost, and availability of dementia services.
    b. Dementia-specific training requirements for long-term care staff.
    c. Quality care measures across all care settings.
    d. Capacity of public safety, including law enforcement and emergency medical services, to respond to persons with Alzheimer's disease.
    e. Availability of home and community-based resources for persons with Alzheimer's disease and respite care to assist families and caregivers.
    f. Inventory of long-term care dementia care units and beds.
    g. Adequacy and appropriateness of geriatric-psychiatric units for persons with behavior disorders associated with Alzheimer's disease and related dementia.
    h. Assisted living residential options for persons with dementia.
    i. State support of Alzheimer's disease research through New Hampshire universities and other resources.
D. Determine state policies and responses that are necessary to provide clear and coordinated services and supports to persons, families, and caregivers living with Alzheimer's disease and develop strategies to address any identified gaps in service.
E. Establish a New Hampshire state plan for Alzheimer's disease and other related dementia as approved by the health and human services oversight committee.

Meeting Summaries
(Available PowerPoints presented to the Subcommittee are included in the attached minutes)

Note: The comments made by members of the Subcommittee represent their own views and not necessarily the views of their organization or agency.

November 20, 2024
The Subcommittee recognized new members and discussed the annual report. The annual report included a summary of the previous year's meetings and provided no recommendations at that time. A discussion then took place regarding potential presenters for the upcoming Subcommittee meetings. The Subcommittee discussed the impact housing has on the nursing field, the potential for the creation of a dementia care coordinator in the state, and resources that are currently available to individuals living with the disease, like the CFI waiver.

December 16, 2024
Wendi Aultman (DHHS) presented an overview of the programs, services, and policy efforts of the Bureau of Adult & Aging Services (BAAS). She reviewed the Alzheimer's and related dementias (ADRD) and Brain Health programs and services that BAAS provides including: Adult Protective Services, Older Americans Act Services, Aging and Disability Resource Centers (ADRCs), NH Family Caregiver Program, Choices for Independence Waiver, Nursing Facility Services, the Brain Health Media Campaign, ADRD Respite Program, NH Family Caregiver Program, and contracts with Division of Public Health for the Behavioral Risk Factor Surveillance System (BRFFS). Ms. Aultman also presented the DHHS Roadmap that helps the Department focus on priorities and initiatives they are working on in relation to the System of Care for Healthy Aging and the Commission on Aging's recent annual report.

The Subcommittee discussed the Brain Health Awareness Campaign that is about to launch in January and the strategy around dissemination and reporting.

The Subcommittee also discussed some of the challenges facing individuals across the state such as, awareness of available state programs, social isolation, a lack of access to primary care and specialty providers (i.e. geriatricians), and gaps in access to adult day centers.

February 10, 2025
Detective Sargent Littman and Detective Sargent Rowe (Major Crimes Unit, State Police) presented on the state's Missing Vulnerable Adult Alert Program. The Department sends out a missing persons report every month listing all the missing people in the state. Detective Sergeants Littman and Rowe walked the Subcommittee through the process for what happens when there is a missing vulnerable adult, including the determination of issuing an alert, dissemination of the alert, and coordination of services for the search and tips.

The Subcommittee discussed the awareness of programs by the public and local agencies surrounding the criteria for these alerts, as well as, the opportunity in some communities to enroll vulnerable adults in the MedicAlert program, so that a local agency would have information prior to someone going missing. There was further discussion surrounding the Lead Me Home Program that also can assist in these instances.

Colonel Kevin Jordan (Chief of Law Enforcement, NH Department of Fish and Game) presented the role Fish and Games plays as the key search team for any search and rescue of individuals off the highway. He noted that the instances of these searches have grown in NH, and he sees that it will only get worse as the state continues to age. He also explained that searching for a missing subject with dementia is challenging because these individuals tend not to follow traditional behaviors. He went on to note that there can be delays from local agencies when contacting the state for assistance in these alerts.

March 14, 2025
Wendi Aultman (BAAS) reviewed the waitlist surrounding the Alzheimer's Caregiver Respite Grant Program and the utilization of those funds by individuals to help those who want to stay in their home as long as

possible. The Subcommittee discussed the importance of this program and the significant impact it has on caregivers.

Peter Burke (St Joseph's Hospital-Senior Behavioral Health Unit) explained the St Joseph's Hospital-Senior Behavioral Health Unit is a 24 bed voluntary inpatient unit that serves individuals 65 and older. It is not exclusively for individuals living with Alzheimer's or dementia, but a good portion of their population has a form of dementia. Mr. Burke noted that they are as full as staffing allows, but there are not many state geriatric psych beds available in NH, and they receive quite a few referrals from across the state.

The Subcommittee went on to discuss the challenges of obtaining a public guardian, and how that can sometimes be a barrier to receiving appropriate care. Ms. Aultman noted that SB 127 will help to fill the shortages in those roles. She then walked the Subcommittee through how an individual becomes a public guardian. Ms. Aultman also noted that the Behavioral Risk Factor Surveillance System (BRFFS) that surveys people across the state added some caregiving/Alzheimer's and dementia related questions this year, and that data will be available this fall. There will also be results from the Brain Health Public Awareness Campaign, which ends in June.

The Subcommittee also discussed issues with the caregiver neglect statute, the lack of accessibility of transportation across the state, as well as, the challenges of social isolation for older adults and the ramifications of that on individuals' health.

September 9, 2025
The Subcommittee reviewed the passage of SB 202, which adds a member of the EMS community appointed by the Governor to the Subcommittee's membership, and charges the Subcommittee with reviewing the capacity of public safety in relation to emergency medical services, to respond to persons with Alzheimer's disease. The Subcommittee discussed available training for first responders around Alzheimer's and dementia.

The Subcommittee then reviewed the 2013-2014 and the 2015-2016 State Plans on Alzheimer's, and discussed a proposed timeline for the development of a new state plan. The Subcommittee decided to establish a Needs Assessment Work Group made up of Subcommittee members to develop a needs assessment survey and to pull together data for the foundation of the new state plan.

The Subcommittee also discussed the Brain Health Awareness Campaign and the efforts to raise awareness across the state regarding Alzheimer's and dementia. Discussion then took place regarding the continuing need to raise awareness following the completion of the campaign for the public and with health care providers.

October 21, 2025
Wendi Aultman (BAAS) reported on the results of the Brain Health Awareness Campaign. She noted that brain health matters because over 20,000 Granite Staters live with Alzheimer's, and most diagnoses occur in crisis. Early detection improves outcomes, reduces costs, and delays institutional care, and public health education can reduce stigma and increase screening. The Campaign had a dual approach with a provider campaign focused on customized and structured dementia screening and pathways for reimbursement for cognitive screening, and a public campaign focused on raising awareness, promoting risk reduction, and connecting people to resources.

Following the campaign, public interest in brain health screening increased to 84% (66% prior); Awareness of the importance of social engagement increased to 92% (up from 69%), awareness of the benefits of physical activity increased to 86% (up from 57%), awareness of the impact of depression increased to 88% (up from 54%), and embarrassment about the disease decreased to 16% (down from 39%). The Subcommittee discussed the need to continue to raise awareness and opportunities to include this information in other efforts across the state.

The Subcommittee also had an update from the Needs Assessment Work Group, who shared that they are in the final stages of developing the survey. Discussion around utilizing the networks of the Subcommittee members to distribute the survey also occurred.

November 7, 2025
The Subcommittee listened to a presentation from Ms. Keliane Totten (Home Care, Hospice & Palliative Care Alliance of NH) and Ms. Amy Dupont, DNP, APRN-BC (Cornerstone VNA) on palliative and hospice care for individuals living with Alzheimer's or dementia. This presentation highlighted the differences between palliative and hospice care and the need for increased awareness of the differences, as well as, the supports these kinds of care offer. Their presentation noted that palliative care is specialized medical care for people living with a serious illness and can be provided alongside curative treatments. Palliative care is focused on providing relief from the symptoms and stress of the illness. Hospice care is for patients nearing the end of life, it is comfort-focused symptom management that is covered by Medicare and is intended for a six month period.

The Subcommittee also voted on their annual report, including recommendations surrounding awareness of Alzheimer's and dementia for the public and healthcare providers.

Recommendations
The Subcommittee recommends that the state must continue to sustain brain health awareness messaging following the completion of the Brain Health Public Awareness Campaign that ended in June 2025. To do this, the Subcommittee recommends that the state engage in the following efforts:

- The state should integrate materials into the state's chronic disease prevention, aging, and public health outreach programs surrounding Alzheimer's and dementia to promote brain health and reduce risk of cognitive decline, as well as, to help Granite Staters understand the importance of early detection and the relationship between Alzheimer's disease, dementia, and other chronic health conditions.
- The state should also work to ensure systems alignment by embedding brain health and cognitive screening indicators into the State Health Improvement Plan (SHIP) and System of Care for Healthy Aging to establish Alzheimer's and dementia as an integral part of the state's overall public health efforts.
- The state should explore the importance of adding cognitive health measures to the Behavioral Risk Factor Surveillance System (BRFSS) to monitor long-term impact Alzheimer's and dementia has on the population, so that the needs of Granite Staters are appropriately considered in state planning.
- The state should work to maintain partnership with the Alzheimer's Association, State Commission on Aging, and the Alliance for Healthy Aging for ongoing public awareness and professional engagement to increase awareness regarding brain health awareness, early detection, and medical professional's awareness of available resources and tools.

***The available minutes from the full Subcommittee meetings, the Needs Assessment Work Group meetings and all available presentations/slidedecks can be found at the end of this report.**

Subcommittee on Alzheimer's and Related Dementia
Wednesday, November 20, 2024 at 11:00 a.m.
State House Room 100

Present: Senator Avard, Representative Layon, Maureen Murtagh, Sunny Mulligan Shea, Janessa Luke, Kathy Harvard, Meghan Wentworth, Jenny Horgan, Kate Kaplan (Alternate for DHHS)

Absent: Dax Volle, Kim Mohan, Keliane Totten, Laura Rocha, Maria Camerlengo

Note: The comments made by members of the Subcommittee represent their own views and not necessarily the views of their organization or agency.

Minutes

Senator Avard opened the meeting and provided introductions of new members to the Subcommittee.

Subcommittee members introduced themselves and their role on the Subcommittee.

Minutes from the May 29th, 2024 meeting were unanimously approved.

Representative Layon inquired about the Senate Deadlines for submitting new legislation.

Senator Avard noted that deadlines for the Senate have not been set yet. He discussed the prevalence of Alzheimer's and dementia, and the impact that has on the community. He shared that he sees members of his community who are isolated and need assistance. He offered to file legislation, and shared that he is going to talk to community members to see what can be done to assist them.

Subcommittee members unanimously approved the annual report.

Jenny Horgan mentioned that the Subcommittee will be presenting their annual report to the Health and Human Services Oversight Committee in January.

Senator Avard opened discussion regarding potential presenters to the Subcommittee and potential legislative ideas.

Sunny Mulligan Shea suggested Cynthia Cunningham who runs the Frisbee Memorial Geriatric Psych Unit.

Senator Avard agreed that the Subcommittee should invite Cynthia Cunningham to present.

Maureen Murtagh discussed the housing shortage, which is impacting the healthcare workforce shortage around the state. New nurses entering the field are not staying in New Hampshire because of the high cost of living. Suggested legislation to implement a 20% rebate on new nurses' rent in order to mitigate the high cost of living and retain more healthcare professionals.

Senator Avard acknowledged the various factors impacting our healthcare workforce shortage. Suggested considering a study to look at all the ways to tackle this issue holistically.

Kathy Harvard brought up the concept of a dementia care coordinator. She shared that the Alzheimer's Association recently had a conference with dementia care coordinators from across the country. She suggested that the Subcommittee have a dementia care coordinator from another state present and outline the work that they do.

Ms. Horgan explained that there are various different models for how a dementia care coordinator works. Often care and services are accessed in different silos. A dementia care coordinator would work across those silos to effectively meet the needs of individuals. She thinks that examining how this could be done the New Hampshire way could result in real benefits. Ms. Horgan expressed that the Association could reach out to see if a dementia care coordinator would be willing to present to the Subcommittee.

Kate Kaplan spoke about how there are some similarities between a dementia care coordinator and the closed loop referral process and ServiceLink. She shared how ServiceLink works to provide information, support, and referrals to individuals impacted by Alzheimer's or dementia.

Senator Avard asked if someone from the Department could provide the Subcommittee with an overview of all the services available to an individual living with Alzheimer's or dementia and the services available to their caregivers.

Ms. Harvard explained that a dementia care coordinator is a state agency level position that operates on a statewide level and would help to implement the state plan the Subcommittee is required to develop.

Representative Layon raised the idea that a lot of the coordination a dementia care coordinator could do, can be done in this Subcommittee. She suggested the Subcommittee look at how those issues could be taken on now. She discussed the idea of supporting individuals in a cohesive way that may allow them to stay in their home with younger family members. She pointed out that there are some barriers to supporting people staying in their homes. It is a balance between preventing abuse, but also making sure good actors are treated fairly.

Ms. Mulligan Shea stated that there are good programs available to support the renovation of homes or other grants that help people to remain in their homes. She brought up the Choices for Independence Program (CFI) and the challenges with qualifications that are required to access those resources. She explained that many people cannot afford to access the kind of care that they need.

Representative Layon suggested looking at a roommate model framework that would allow people to stay in their homes with unrelated individuals sharing a home space.

Ms. Mulligan Shea noted that Mount Washington Valley is looking into that concept, but they are encountering barriers to implementation. She also stated that the idea of home sharing was discussed at the Commission on Aging earlier this week. She pointed out that the CDC has identified isolation as a health crisis, and something like home sharing could help combat that, as long as the right safeguard were in place.

Ms. Kaplan explained that CFI has changed the resource limits that an individual must meet before they are able to access CFI funds. The resource limit has been increased from $2,500 to $7,500, and they have seen an increase in approvals. Aging and Disability Resource Centers (ADRCs) have been doing a good job explaining what the CFI program looks like and how people can apply.

Senator Avard asked if people are aware of the CFI program or other supports available at ADRCs.

Ms. Kaplan explained that they have been working on a video tutorial that goes through the process and the timeline of the program, and they are hoping to begin promoting that as well.

Ms. Horgan noted that the Department is also working on a public awareness campaign on Alzheimer's and dementia that was funded in the 2023 budget that will provide the public more information about the resources available to them.

Senator Avard offered to work with the Department to bring this up on his show to help raise awareness.

Ms. Murtagh suggested a public service announcement.

Senator Avard and Representative Layon noted how public access TV may be a more effective way to reach individuals who are aging and need to know about these services.

The Subcommittee discussed next meeting dates, and agreed to meet in December.

Senator Avard noted that there is an opportunity to bring forward legislation if there are gaps in the system that can be addressed.

The meeting was adjourned

Subcommittee on Alzheimer's and Related Dementia
Monday, December 16, 2024 at 3:00 p.m.
State House Room 100

Present: Senator Avard, Representative Layon, Maureen Murtagh, Jay Gupta, Sunny Mulligan Shea, Kathy Harvard, Wendi Aultman, Meghan Wentworth, Jenny Horgan

Absent: Dax Volle, Kim Mohan, Keliane Totten, Laura Rocha, Maria Camerlengo, Janessa Luke

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Minutes

Senator Avard opened the meeting at 3:01pm.

Minutes from the November 20, 2024 meeting were unanimously approved.

Senator Avard and Wendi Aultman discussed the possibility of Ms. Aultman coming on Senator Avard's show to raise awareness of state run services that are available.

Ms. Aultman began a presentation overviewing the programs, services, and policy efforts of the Bureau of Adult & Aging Services (BAAS).

Ms. Aultman explained that BAAS resides under the Division of Long Term Supports & Services within the Department of Health and Human Services.

BAAS' mission is "To ensure NH's aging services and supports system has the capacity and flexibility to meet the needs of individuals ages 60 and over as well as adults with disabilities ages 18-59."

Ms. Aultman reviewed the ADRD and Brain Health programs and services that BAAS provides including: Adult Protective Services, Older Americans Act Services, Aging and Disability Resource Centers (ADRCsc), NH Family Caregiver Program, Choices for Independence Waiver, Nursing Facility Services, Brain Health Media Campaign, ADRD Respite Program, NH Family Caregiver Program, Contract with Division of Public Health for the Behavioral Risk Factor Surveillance System. She also reviewed the staffing numbers for each area.

Senator Avard asked if BAAS engages with guardians at all.

Ms. Aultman answered that they have formal contracts with the Office of Public Guardians.

Ms. Aultman explained that the respite support programs for family caregivers is funded federally, and the ADRD respite program is funded with general funds. There are also four Medicaid waivers through the Choices for Independence (CFI) Waiver. BAAs also oversees the Brain Health Awareness Campaign.

Senator Avard asked how their budget is looking this year.

Ms. Aultman answered that they are seeing the number of individuals and reports growing, as well as cases becoming more complex relating to technology. BAAS has nine staff managing the Older Americans Act Program and the respite program.

Ms. Aultman reviewed the updated brochure BAAS has developed that has been recently rolled out, covering the services and programs they have.

Ms. Sunny Mulligan Shea asked if the home care based programs have financial limits attached to them.

Ms. Aultman answered that for ADRD respite and OAA there is no written restriction on income limits, but they do evaluate individuals for potential eligibility for other services.

Ms. Maureen Murtagh asked how long it takes for someone to receive a respite grant.

Ms. Aultman stated that they currently administer the program through Aging and Disability Resource Centers (ADRCs), and that process can take up to a month or just a couple of weeks. It is a very person centered process. A person can use these funds to hire a loved one or a neighbor to do the respite work, which is then paid out through a contract agency.

Ms. Aultman explained that at the ADRCs there is usually at least one staff member in each office that is trained on family caregiving support. They will review supports available, support groups, respite grants, etc with an individual. There are also Medicare certified counselors who do benefits counseling and connect individuals to the Medicare program and can help with open enrollment. NH has seven contracts for ADRCs, and there is at least one in each county.

Senator Avard asked about the utilization of the ADRCs.

Ms. Aultman answered that it depends on the office. Some of the offices in more populated areas get between 5,000-6,000 contacts a month depending on the time of year. Hillsborough, Rockingham, and Merrimack are the busiest. The Department is planning on developing a public dashboard that will track the volume of engagement, and requests for home visits and other services, in order to evaluate what people are looking for and what they need.

Representative Layon asked about Rockingham county.

Ms. Aultman answered that there is a physical office in Stratham and there is a virtual/traveling office that goes to community locations like libraries and adult day centers during certain times.

Representative Layon raised the idea of a Derry location.

Ms. Aultman noted that there is crossover from other counties to offices depending on their locations. They also often hear from people who live in other states, but that have a loved one in NH.

Ms. Kathy Harvard asked how people in the community are made aware of these services.

Ms. Aultman answered that on the local level, each of the contracted agencies do outreach and education. The state also has materials they provide.

Ms. Harvard asked if a primary care provider would notify a patient of these resources.

Ms. Aultman noted that many of the local officers provide brochures/a card to local providers. The Brain Health Awareness Campaign will also have this information in their materials, and the website will have a listing.

Senator Avard asked how much funding was provided for the Brain Health Awareness Campaign.

Ms. Aultman responded that in HB 2, $500,000 of general funds was appropriated for the campaign. This campaign will wrap up at the end of this fiscal year. BAAS' website also has electronic links with locations of ADRCs and the ability to email someone at a local office. ADRCs also connect folks with person centered counseling, discharge planning, and transition support and guidance. ADRCs are there to help people no matter their income or resources. Some of the programs they connect people with do have eligibility criteria, but the counseling and the person centered support is available to everyone.

Ms. Aultman reviewed some of the printed materials that are being created for the Brain Health Campaign.

Senator Avard questioned how the campaign will be distributed.

Ms. Aultman explained that they have digital 10 second commercial spots in English and Spanish targeted for the public and for medical professionals that will be placed in traditional media and social media.

Senator Avard asked about materials for the Asian community.

Ms. Aultman stated that the material can be converted to other languages upon request. They will have a media footprint through bus signs, television, NHPR, newspapers, and more. The campaign will connect people with a screening tool they can utilize. The vendor and the Department are finalizing what the website and landing page will look like. There will also be targeted emails to medical providers, as well as statewide displays targeting healthcare professionals. Anticipates the campaign to start launching in mid-January to February.

Senator Avard asked who they will determine the campaign's effectiveness.

Ms. Aultman answered that they will be looking at the overall success of the campaign and its engagement. They did a behavioral assessment on knowledge already, and they will conduct another assessment after the campaign's completion.

Ms. Murtagh asked when the final report on the campaign will be complete.

Ms. Aultman responded that the vendor is contracted through the end of June, so they expect to have a report towards the end of that month. They expect more people to utilize the screening tool and then reach out to their provider/ADRCs.

Ms. Harvard raised the concern that this campaign will increase demand on the practitioner side, including a need to provide education to and tools for healthcare professionals. Asked how we energize the healthcare community around this.

Ms. Aultman stated that they have developed a toolkit for medical professionals for when someone is asking to be assessed or when a medical professional sees early signs. The campaign will help get the word out regarding supports and services, and information about who to contact.

Ms. Jenny Horgan noted the lack of geriatricians in the state and that there is no training requirement for physicians in the state regarding Alzheimer's and dementia.

Ms. Aultman stated that this campaign is to kick off awareness around the disease, and the grant opportunities for both training, education, outreach, and support. The campaign will also reach senior centers, libraries, local agencies, assisted living facilities, and more.

Ms. Aultman ran the subcommittee through the DHHS Roadmap that helps the Department focus on priorities and initiatives they are working on in relation to the System of Care for Healthy Aging. The Commission on Aging also recently released their annual report that reviewed a lot of progress that has been made and provided a vision for priorities for the next year. One of the keys is to get people the information they need before they are in a crisis situation, as it is often more costly for a person who has to make a decision when they are already in the crisis situation.

Senator Avard asked about the energy assistance program.

Ms. Aultman explained that BAAS and DHHS supports this work, but they do not do it alone.

Representative Layon had to leave for another commitment. (3:49pm)

Ms. Aultman noted the Department has made changes and enhancements to the ADRD respite program, which now allow individuals to utilize funds for assistance with wandering, types of alert systems, assistive technology, and more. They

also help caregivers access virtual groups for training on things like telehealth. The changes to the telehealth statute have also been very beneficial for caregivers who are unable to leave the home for their appointments.

Senator Avard asked about the Choices for Independence (CFI) program.

Ms. Aultman explained that the CFI program is very connected to the system of care work, where they have tried to focus on the workforce and ensuring rates are competitive. With the rate increases for FY24-FY25 they have seen an improvement. There have been a lot of policy changes on the federal level they have to keep up with. There have been at least three federal regulations that touch the Older Adult Act population.

Senator Avard asked if those changes have been helpful.

Ms. Aultman stated that she thinks some of the regulations that have been put forward have been on rights and service delivery, making it a more person centered model. Every state is different in terms of Medicaid, and some are close to being compliant, while others have a long way to go. NH is assessing where we are already compliant and where there is work that needs to be done to be compliant.

Ms. Harvard stated that she has heard from caregivers about the gap when it comes to adult day centers, and asked if the Department is working on adult day centers at all.

Ms. Aultman responded that BAAS does not have the authority to license adult day centers, but they partner with health facilities. She is aware that there are people who do not have geographic access to adult day centers due to lack of facilities or an inability to drive. She is aware that county government has received ARPA funds for a pilot program on public transportation to get individuals to adult day facilities. She knows of families that could pay for the program, but could not physically get to the facilities. These individuals are working full time and are not Medicaid eligible. The Department is also working on getting the word out about adult day programs regarding what they provide.

Ms. Aultman also noted that the System of Care submitted a waiver to CMS for presumptive eligibility for individuals so that they are able to receive access to some CFI services before completing the full eligibility process. CMS is reviewing that application, and they will be following up with them in 2025.

Senator Avard noted the need to expand awareness regarding the services that are available to people who may not see traditional outreach. Suggested the Department look at other ideas, such as open forums or a symposium.

Ms. Aultman explained that the Department looks at ideas to expand awareness through piggybacking on things already in place. They have not talked about bringing back a conference on aging, which would prove to be a capacity challenge. The Department does look at doing tables at existing conferences and presentations where possible.

Senator Avard encouraged the Department to examine other opportunities for engagement with people who they are currently not reaching. There are people that are falling through the cracks.

Ms. Harvard noted that there are opportunities to partner with groups in the state like AARP and the Alzheimer's Association to expand outreach through events.

Ms. Mulligan Shea suggested that staff from the ADRCs could go to local community centers one day a month to try and reach those people.

Ms. Murtaugh suggested that the community colleges could provide space to hold conferences on aging.

Mr. Gupta explained that the older population is desperate for engagement and looking for socialization, especially post COVID.

Ms. Harvard raised the need to have engagement from the healthcare community. She noted that the nursing schools have a vested interest that could be capitalized on in terms of finding new ways for engagement and bigger partnerships.

Ms. Aultman concluded her presentation by reviewing BAAS' newsletter that goes out monthly that links new policies, procedures, partner agencies, and more.

The Subcommittee discussed possible presentations for the next meeting.

Senator Avard closed the meeting at 4:22pm.

DHHS Presentation:
Bureau of Adult and Aging Services

December 16, 2024

Sub-Committee on Alzheimer's and Related Dementia

Introductions

Wendi Aultman, Bureau Chief

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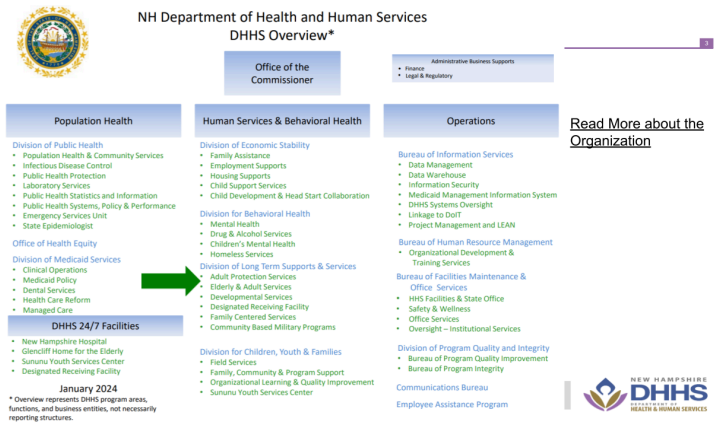
NH Department of Health and Human Services
DHHS Overview*



Read More about the Organization

Mission Statement – Bureau of Elderly and Adult Services

Vision

Advancing the state's efforts in understanding, serving, supporting and celebrating aging across the state.



Mission

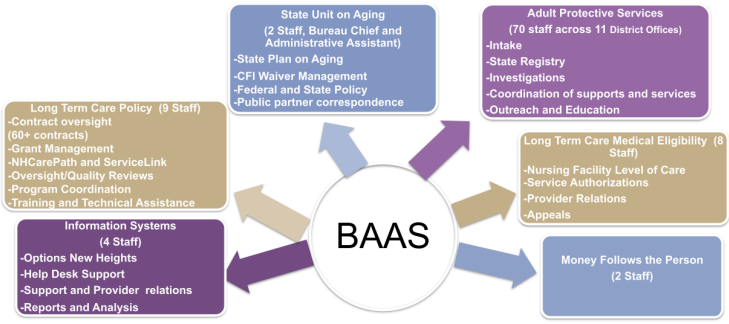
To ensure NH's aging services and supports system has the capacity and flexibility to meet the needs of individuals ages 60 and over as well as adults with disabilities ages 18-59.

NEW HAMPSHIRE DHHS
DEPARTMENT OF HEALTH & HUMAN SERVICES

ADRD and Brain Health Supportive Programs and Activities

- Adult Protective Services
- Older Americans Act Services
- Aging and Disability Resource Centers
- NH Family Caregiver Program
- Choices for Independence Waiver
- Nursing Facility Services
- Brain Health Media Campaign
- ADRD Respite Program
- NH Family Caregiver Program
- Contract with Division of Public Health for the Behavioral Risk Factor Surveillance System

Bureau of Adult and Aging Operations



What Are My Rights?

You have the right to:

- Apply for assistance;
- Be treated fairly;
- Receive written notice of the decision on your case including telling you if there is no eligibility;
- Evaluations and access to treatment and other services;
- Meaningful and understandable information regarding rights of participants who have been adjudicated incapacitated, including guardians or legal representatives
- File a grievance;
- File an administrative appeal if you are not satisfied with DHHS's decision about your case, and to bring a friend or an attorney to your appeal hearing; and
- Have your case record be kept confidential.

Ask Questions

If you are not satisfied with the information, you receive or the decisions of DHHS, please ask questions. If you still are not satisfied or do not understand, ask to speak to a supervisor. Help and assistance can be found in your DHHS district office. Call, write, visit our website, or go to the office to ask questions and learn about the program rules.

Administrative Appeals

You have the right to request an administrative appeal if you disagree with any decision taken in your case. At the administrative appeal, you can explain to the appeals officer why you disagree with an action being taken.

Discrimination

DHHS decides each case based on the facts. If you feel you have been discriminated against because of age, sex (including gender identity and sexual orientation), race, creed, color, marital status, familial status, disability (physical or mental), religion, national origin, political affiliation or belief, contact the Ombudsman of the NH DHHS, 129 Pleasant Street, Concord, NH, 03301-3857; telephone 1-800-852-3345, ext. 16941. There can be no retaliation against you for having made this contact.

How To File A Grievance

You have the right to file a grievance with BAAS if you are dissatisfied. Grievances can be reported by any individual on behalf of a Choices For Independence (CFI) participant.

Grievance can be reported by submitting BAAS Form 3123 *Grievance Reporting*, by writing a statement, or by a verbal submission such as a phone call. Grievances can be reported and submitted to BAAS by:

- Email- Attach BAAS Form 3123, a written statement or providing a statement in the email, to BAASQualityManagement@dhhs.nh.gov ;
- Mailing the grievance through U.S.P.S. using BAAS Form 3123 or providing a written statement to:
  Bureau of Adult and Aging Services
  Attn: Quality Coordinator
  105 Pleasant Street, Concord, NH 03301;
- Verbalizing the grievance by telephone to **603-271-4240**; or
  By faxing the grievance using BAAS Form 3123 or a written statement to **603-271-4643**, Attn: Quality Coordinator.

Reporting Abuse

To report suspected abuse, neglect, self-neglect or exploitation (including financial exploitation) of a vulnerable adult or want to report a grievance on Adult Protection:

Contact BAAS Adult Protection Central Intake Unit:
1-800-949-0470 or 603-271-7014
Email: APSCentralIntake@dhhs.nh.gov

If you have a question or concern regarding a resident of a licensed long-term care facility or what to report a grievance:

Contact the Long-Term Care Ombudsman:
1-800-442-5640 or 603-271-4375
Email: OLTCO@dhhs.nh.gov

If You Have Any Questions... Please contact 1-844-ASK-DHHS (1-844-275-3447) or your local DHHS District Office below.

DEPARTMENT OF HEALTH AND HUMAN SERVICES DISTRICT OFFICES

BERLIN 650 Main St. Ste. 200 Berlin, NH 03570 603-752-7800 or 800-972-6111 Berlin.dos@dhhs.nh.gov	**LITTLETON** 80 North Littleton Rd. Littleton, NH 03561 603-444-6786 or 800-552-8959 Littleton.dos@dhhs.nh.gov
CLAREMONT **Physical:** 404 Washington St. Claremont, NH 03743 **Mailing:** 136 Maple Avenue, Suite 100, Claremont, NH 03743 603-542-9544 or 800-982-1001 Claremont.dos@dhhs.nh.gov	**MAIN** Centralized Scanning Unit PO Box 181 Concord NH 03301 844-275-3447 or 603-271-9700 Maindo.dos .@dhhs.nh.gov
CONCORD 40 Terrill Park Dr. Concord, NH 03301 603-271-6200 800-322-9191 Concord.dos@dhhs.nh.gov	**MANCHESTER** 1050 Perimeter Rd. Ste 501 Manchester, NH 03103 603-668-2330 or 800-852-7493 Manchester.dos@dhhs.nh.gov
CONWAY 71 Hobbs St. Conway, NH 03818 603-447-3841 or 800-552-4628 Conway.dos@dhhs.nh.gov	**ROCHESTER** 150 Wakefield St. Ste 22 Rochester, NH 03867 603-332-9120 or 800-862-5300 Rochester.dos@dhhs.nh.gov
KEENE 111 Key Rd. Keene, NH 03431 603-357-3510 or 800-624-9700 Keene.dos@dhhs.nh.gov	**SEACOAST** 19 Rye St. Portsmouth, NH 03801 603-433-8300 800-821-0326 Seacoast.dos@dhhs.nh.gov
LACONIA 65 Beacon St. West Laconia, NH 03246 603-524-4485 or 800-322-2121 Laconia.dos@dhhs.nh.gov	**SOUTHERN** 26 Whipple St. Nashua, NH 03060 603-883-7726 or 800-852-0632 Southern.dos@dhhs.nh.gov

TDD Access:
Relay NH 1-800-735-2964 or 711

BAAS Form 3200
Rev 11/24
PR 24-21

Bureau of Adult and Aging Services (BAAS)

How BAAS Can Help You And What Are Your Rights ?

Department of Health and Human Services
State Office Park South
Main Building,
105 Pleasant Street
Concord, New Hampshire 03301

www.dhhs.nh.gov

This institution in an equal opportunity provider.

What Is The Bureau of Adult and Aging Services (BAAS)?

The Bureau of Adult and Aging Services (BAAS) is part of New Hampshire's Department of Health and Human Services (DHHS), Division of Long Term Supports and Services (DLTSS).

BAAS is designated by the U.S. Administration on Aging as the state agency on aging, and provides a variety of services and programs for:

- Adults ages 60 or older;
- Adults between the ages of 18 and 60 who are experiencing a chronic illness or physical disability; or
- A family caregiver.

BAAS is committed to providing services and programs that help people live as independently as possible, in safety and with dignity, and to exercise personal choice and direction.



What Are *Some* Of The Programs and Supports Offered Through BAAS ?

- Choices For Independence (CFI)
- Long Term Care (LTC)
- Money Follows the Person (MFP)
- Adult Protection Services (APS)
- Home and Community Based Services (HCBS)
- Family Caregiver Support Program (FCSP)
- Aging and Disability Resource Centers (ADRC) previously known as *ServiceLink*.

Choices For Independence (CFI)

Choices for Independence (CFI) is a home and community-based 1915(c) waiver, funded by Medicaid, that provides a wide range of services designed to enable participants to remain in their homes and stay active in their communities.

Long Term Care (LTC)

Long Term Care (LTC) can be provided in a community setting, such as a residential care facility, or in a nursing facility. This type of care is available for adults who are aging and also for adults with chronic illnesses and/or physical disabilities who meet both financial and clinical requirements. determined by BAAS.

Money Follows the Person (MFP)

The Money Follows the Person program can assist adults who are aging and adults with chronic illnesses or physical disabilities living in long-term care settings to transition into community-based living settings that meet their needs. Individuals must meet program, financial and clinical requirements. In addition to transition assistance, MFP program services can include Home and Community Based Services (HCBS) such as home delivered meals, adult day and homemaker services.

Adult Protective Services (APS)

Adult Protective Services (APS) is administered by BAAS in accordance with State law (RSA 161-F:42-57). Adult Protective Service Workers (APSW) are responsible for receiving and investigating reports of abuse, neglect, exploitation and/or self-neglect of vulnerable adults. APSW's also assist in providing or arranging for protective services, when needed.

Home and Community Based Services (HCBS)

Home and Community Based Services (HCBS) help people to remain healthy and independent at home. Services require an application, and some require an eligibility determination. Examples of HCBS services include, but are not limited to: home delivered meals, congregate meals, adult day and homemaker services.

Family Caregiver Support Program (FCSP)

The Family Caregiver Support Program (FCSP) provides information, assistance and support to assist family caregivers who meet certain eligibility requirements and are caring for a loved one at home.

Grant funds may be available for eligible caregivers to provide short- term breaks from caregiving.



Aging and Disability Resource Centers (ADRC)

Free information, referral and assistance services are provided by ADRCs (ServiceLink), which are administered by BAAS in conjunction with other community partners.

ADRCs helps adults who are aging, adults with chronic illnesses or disabilities, and caregivers to connect with the resources they need. Medicare information and counseling is available at no cost at all ADRC sites.

ADRC representatives can provide information on Medicare benefits and services including prescription drug coverage. ADRC sites are in all 10 counties.

Department of HEALTH & HUMAN SERVICES

How Do I Apply

It's easy to apply! You can apply by:

- Contacting your local DHHS District Office;
- Contacting your local ADRC site;
- Going to https://nheasy.nh.gov, and completing an application online; or

Print an application from www.dhhs.nh.gov/apply-assistance , complete it and mail it in to the address indicated on it.

Can I Get Other Help?

You may also qualify for other DHHS programs such as Medical Assistance, help paying Medicare premiums, Financial Assistance or SNAP benefits. We can talk to you about other programs and assist you in applying for them.

How Can I get More Information ?

This pamphlet was designed to give you general information about BAAS. Please contact your local DHHS District Office for more information (see back for contact information).

You can also contact ADRC (*ServiceLink*) for more information about BAAS services and programs at:

Contact NH ADRC at:
1-866-634-9412 or
www.servicelink.nh.gov

By calling this number, you will be connected to an ADRC site in your area.

Supporting the Wellbeing of Vulnerable Adults – Be A Good Neighbor!

Prevent Help Report

YOU MUST REPORT ADULT ABUSE

800-949-0470 or 603-271-7014

Fax: 603-271-4743 Email: apsintake@dhhs.state.nh.us

All calls and contacts are completely confidential.

We have a collective responsibility to make sure that vulnerable adults are safe – especially during challenging times.

We encourage you to check in with vulnerable adults regularly to ask how they are doing and what they need.

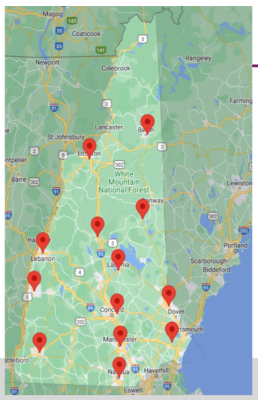
Lending an ear and helping vulnerable adults access supports and services can go a long way to keeping them well.

New Hampshire
Aging and Disability Resource Centers

NH CarePath
Connections to better living

Aging and Disability Resource Centers (ADRCs) and No Wrong Door Systems of Access (NWD) for Long Term Services and Supports

- Are a collaborative effort of the Administration on Community Living, the Centers for Medicare & Medicaid Services (CMS), and the Veterans Health Administration
- In New Hampshire ADRC are also knon as ServiceLink and our NWD System of Access as NHCarePath
- Multiple statewide partners collaborate as part of NHCarePath, including NH DHHS, ServiceLink, Area Agencies for Developmental Disabilities, and Community Mental Health Centers
- State's Vision is to: Support NHCarePath as a "high performing" No Wrong Door System (NWD System) that can enhance consumer choice and control and can help create more consumer-driven, more efficient, and more cost-effective LTSS systems of access.



ADRC Toll-Free Number
1-866-634-9412

Carroll County: Tamworth
Strafford County: Rochester
Rockingham County: Stratham
Hillsborough County: Manchester & Nashua
Grafton County: Lebanon & Littleton
Belknap County: Laconia
Cheshire County (Monadnock Region): Keene
Merrimack County: Concord
Sullivan County: Claremont
Coos County: Berlin

New Hampshire
Aging and Disability Resource Centers

Aging and Disability Resource Centers (ADRC) *also known as ServiceLink*

ADRC is a program of the NH Department of Health and Human Services. Through contracts with local agencies around the state, ADRC helps individuals:

- Access guidance, support, and choice related to long term services and supports (LTSS) for all populations and payers
- Person Centered Counseling
- Access family caregiver information and supports
- Explore options and understand and access Medicare/Medicaid
- Serves as the States Local Contact Agency for Nursing Home Minimum Data Set Section Q referrals (all payers)

New Hampshire
Aging and Disability Resource Centers

Person-Centered Counseling Program

HB2 created a new person-centered counseling program in each contracted ADRC to provide support and assistance to people living at home or in short or long-term institutional settings, including hospitals, to transition to community-based settings.

- **Referrals and support to access**, at a minimum, but not limited to:
  - Assistance with completing Medicaid applications;
  - Discharge planning;
  - Older Americans Act (Title III) and Social Services Block Grant (Title XX) services and programs; and
  - Referrals and access to community-based services, housing, and other supports and services to meet the needs of the individual and their family.
- Education on available community-based resources for long-term services and supports.
- Assist with and support navigating hospital discharge protocols.

NEW HAMPSHIRE DHHS DEPARTMENT OF HEALTH & HUMAN SERVICES

Aging and Disability Resource Centers

Person Centered Counseling

- Person-Centered Practices
- Unbiased Support for Personalized Decision Making
- Office and Home Visits
- Support to attain goals

NEW HAMPSHIRE DHHS DEPARTMENT OF HEALTH & HUMAN SERVICES

Aging and Disability Resource Centers

Long-Term Services and Supports Eligibility Determination

Medicaid Coordinated Services

- MEDICAID FORM 800 APPLICATION PROCESS
- ASSESSING NEEDS FOR HOME AND COMMUNITY BASED SERVICES
- REVIEW REQUIRED VERIFICATIONS
- MONITOR AND RELAY INFORMATION
- ACCESSING HOME AND COMMUNITY BASED SERVICES
- SUPPORT TRANSITION OF CARE/ DISCHARGE PLANNING**

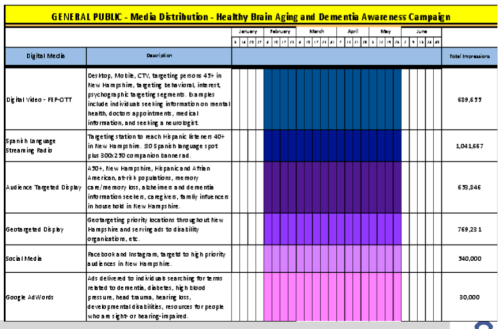
NEW HAMPSHIRE DHHS DEPARTMENT OF HEALTH & HUMAN SERVICES

Print Communications Materials

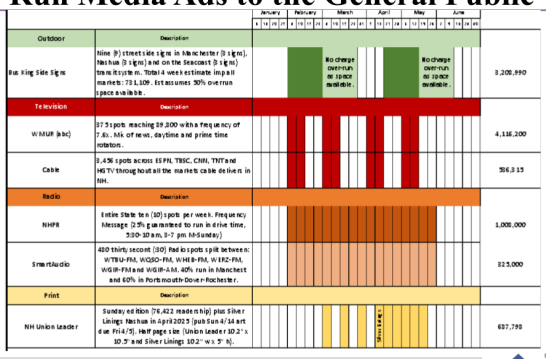


NEW HAMPSHIRE DHHS DEPARTMENT OF HEALTH & HUMAN SERVICES

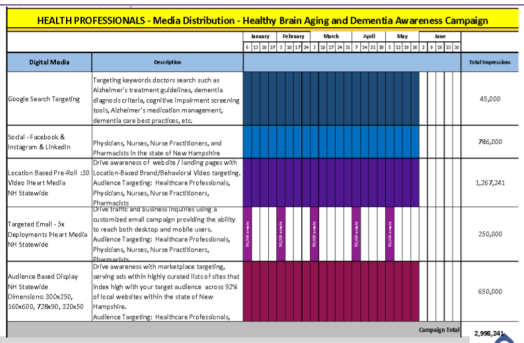
Run Media Ads to the General Public



Run Media Ads to the General Public



Run Media Ads to Health Professionals



Community Outreach

- Create and disseminate toolkit for strategic partners
- Plan for reaching senior centers, libraries, area agencies, assisted living facilities, medical facilities and others.

Campaign Reporting

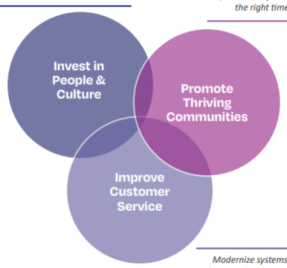
- Final report on media, partner and outreach achievements
- Post-campaign survey to measure change in knowledge, awareness and intent to talk to doctor about early screening



2024-2025 Commitments

Drive engagement and satisfaction to enhance the DHHS employee experience by fostering a culture of belonging and safety. Focus and promote efforts in the areas of recruitment, retention, and professional development for all staff.

Strengthen core systems, with an emphasis on prevention and equity, to help residents get the right services at the right time and place.



Modernize systems to streamline administrative processes for the people we serve and maximize the quality and integrity of all of DHHS' work.

Read more about the DHHS Roadmap 2024-2025.

A Vision for a System of Care For Healthy Aging

People:
Each of us ages differently, needing different services and intensity of care at different stages. Navigation is a challenge even for the most experienced.

- Individuals
- Family Members
- Caregivers
- Discharge Planners
- Social Workers
- Case Managers

Places:
Environments where LTSS are coordinated and/or provided.



Values:

- Person-centered options for people living in communities
- Culturally and linguistically responsive
- All older adults in New Hampshire have the opportunity to thrive and be valued.

Read More about SOC:
1. SFY 2024 SOC Progress Report
2. Commission on Aging 2024 Annual Report

Progress from October 2023 – October 2024

Commitment 2 – Promote Thriving Communities

Completed:

- CFI rate study
- October 2023 & January 2024 Choices for Independence (CFI) rate increases
- CFI financial eligibility changes
- Aging and Disability Resource Center (ADRC) contract amendments
- Person-centered counseling programs in ADRCs
- System of Care for Healthy Aging Planning & Reporting consultant
- CFI waiver request for presumptive eligibility
- Phase 1: Bureau of Aging and Adult Services name Change

In progress:

- Information Technology enhancements including online portal
- Public facing dashboard
- Rule updates
- Stakeholder engagement and trainings

System of Care Next Steps

The Department continues to invest in establishing, strengthening, and sustaining a System of Care for Healthy Aging that meets the unique needs of New Hampshire's adult population.

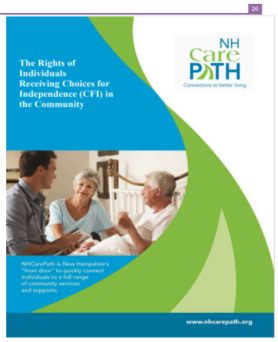
- Finalize the System of Care Plan
- Submit a State Plan Amendment for Medicaid Administrative Claiming for Aging and Disability Resource Center activities
- Complete Information Technology Enhancements
- Submit a Choices for Independence waiver amendment
- SFY 26\27 Budget: Monitor and provide education on Agency and Prioritized Needs requests

Links

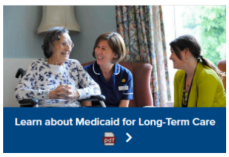
- Bureau of Adult & Aging Services
- NHCarePath Partner Resources – Consumer Booklets
- Rights Booklet
- Home and Community Based Care
- Quick Guide to Long Term Care
- Forms



Learn more about CFI on the training page:
Choices for Independence (CFI) Training Modules | New Hampshire Department of Health and Human Services



Partner Tools and Resources





Consumer Medicaid Booklets
- Medicaid Community Mental Health Services & Supports

Outreach/Partner Logos
- Materials, Partner Newsletters, Document Library

Tools
- Level One Screen, Referral Form, LTSS Resources and tools, FAQ

Training
- Medicaid Long term Care, Substance Use Concerns, Centers for Independent Living, DD System, Mental Illness, Children and Families, Veterans, Military and their families.

Adult and Aging Services Website Resources
https://www.dhhs.nh.gov/programs-services/adult-aging-care

Information and Links

The Bureau of Elderly & Adult Services (BEAS) is now the Bureau of Adult & Aging Services (BAAS)

BAAS Newsletter: https://public.govdelivery.com/accounts/NHDHHS/subscriber/new

Website: Adult & Aging Care | New Hampshire Department of Health and Human Services



Subcommittee on Alzheimer's and Related Dementia
Monday, February 10, 2025 at 2:00 p.m.
State House Room 100

Present: Senator Avard, Maureen Murtagh, Jay Gupta, Sunny Mulligan Shea, Kathy Harvard, Meghan Wentworth, Keliane Totten, Jenny Horgan

Absent: Representative Layon, Wendi Aultman, Brian Rosen, Kim Mohan, Laura Rocha, Maria Camerlengo, Janessa Luke

Note: The comments made by members of the Subcommittee represent their own views and not necessarily the views of their organization or agency.

Minutes

Senator Avard opened the meeting at 2:08pm.

The minutes from the February 10, 2025 meeting were approved.

Detective Sargent Littman and Detective Sargent Rowe (Major Crimes Unit, State Police) presented on the Missing Vulnerable Adult Alert Program

- Det Sgt Littman serves as the missing persons clearing house coordinator.
- Det Sgt Littman and Det Sgt Rose serve as a part of the sworn division that provides a central location for resources to identify missing persons in the state and assist state and local efforts in locating a missing person.
- The Department sends out a missing persons report every month listing all the missing people in the state.
- This is part of the NCIC database.
- Jenny Horgan asked how long it takes for someone to be added to the list.
    - A person is added to the list if the report comes out while the person is actively missing.
- Maureen Murtagh asked what NCIC stands for.
    - NCIC stands for National Crime Information Center, which is a federal database that has information on missing persons and more. The database holds information like name, DOB, license plate number, etc that the Department inputs. This assists in situations when looking for a missing person, especially in cases when they are in a vehicle.
- Ms. Murtagh asked if Amber Alerts are included in this.
    - No, but an offender would be put in the database
- Shared what the press release for a missing vulnerable adult looks like. It is then distributed to the media including WMUR, State Police socials, and other various outlets.
- Senator Avard asked if the state pays a fee to boost these alerts on socials
    - Does not believe they pay any fee for this.
- The statute overseeing this work is RSA 106-J
- RSA 106-J:3 defines "Caregiver" as any individual duly designated as a caregiver for a person who needs care assistance as a vulnerable adult. A caregiver includes, but is not limited to, a relative, paid caregiving professional, partner, friend, or neighbor who has a significant relationship with the person.
- RSA 106-J:3 identifies the Department of Safety as the department responsible for this program.
- RSA 106-J:3 defines a "Missing vulnerable adult" as including, but is not limited to, a missing adult who: Is 18 years or older; Whose whereabouts are unknown; Whose last known whereabouts at the time he or she is reported missing is in New Hampshire; and Whose disappearance poses a credible threat to the safety and health of the person, as determined by a local law enforcement agency; and Who has a mental or cognitive disability,

such as dementia; Who has an intellectual or developmental disability; Who has a brain injury; or Who has another physical, mental, or emotional disability.

- RSA 106-J:4 outlines the process that when a family member reports a loved one missing to a local agency, that agency needs to collect information about that missing person to determine if they are a vulnerable adult.
- In order for DOS to issue an alert, the local agency has to contact State Police headquarters, who will then make a decision about issuing an alert.
- There are three officers from the Major Crimes Unit that rotate to be on call for the issuance of these alert requests.
- State Police Headquarters pages the on-duty officer, who then reviews the criteria; the local agency gets an event sheet and speaks with the State Police officer; they then review the criteria, gather the necessary information from the local agency, get an okay from the local agency, and then issue the press release/alert.
- DOS' Public Information Officer does review the press release and then is the person that distributes it to social media and media contacts.
- Tips get directed back to a local agency.
- Senator Avard asked who do people usually call when someone goes missing.
    - Sometimes they call 911 or local police. When they do call 911, it gets routed to the local agency, or the State Police if the State Police cover that municipality.
- The local agency must let DOS know immediately if someone is found.
- RSA 106-J:5 gives DOS rulemaking authority for the program. The rules are currently still in process. There is a framework that was reviewed internally. They held a public session, and are now at the final stage for approval, which should take place at the end of February.
- Senator Avard asked how the statute is working.
    - The statute is working. It has taken a little time, but the system seems to be working and gaining public awareness. One challenge is ensuring that local law enforcement knows what the criteria is and when to call DOS. The sooner the local agency contacts DOS, the sooner they can start searching, which is important in these situations.
- Kathy Harvard raised that some communities encourage people to put information about their loved ones who may be likely to wander into a database.
    - The Department does link to the MedicAlert program, which allows you to enroll your loved one with this kind of information that local law enforcement can then access.
- Ms. Harvard asked if families are aware of these kinds of programs.
    - The information is out there, and there are local agencies that have packets of information for people. Manchester and Goffstown have started those types of programs. DOS also has a link to show a sample packet of information that would be helpful in a wandering situation. Anything a family member can do to save time is important.
- Meghan Wentworth explained that she worked with Durham in 2019 on the Lead Me Home program. This program had a voluntary database where people could put in information about their loved one who is vulnerable. This included more than just basic information. It also would include information about how a vulnerable adult is likely to follow the path in the direction of their dominant hand. They looked to implement this in Durham, Lee, and Madbury, but COVID knocked it off its course.
- Senator Avard asked if people can currently register their loved ones.
    - The caregiver could provide information to the local law enforcement.
- Senator Avard raised the concern of sharing personal information.
    - That specific information would be held by the department.
- In 2024 the DOS had 26 requests for alerts and 9 activations.
- In 2023 they had 21 requests and 11 activations.
- In 2022 they had 37 requests and 25 activations.

- An alert may be requested but not activated because the request didn't meet the criteria or the person was located before the press release went out.
- In 2025, as of today, there have already been 4 requests and 3 alerts.
- They are not sure what causes an increase in numbers.
- For these alerts, State Police have resources they can activate including: helicopters/drones, canine units, SERT, investigative assistance, cellular analysis, digital forensics, crime scene analysis, and creating a timeline.
- Senator Avard asked about the costs associated with these alerts.
    - There are costs associated with the resources, overtime, equipment, etc.
- Senator Avard noted that there are Hike Safe cards for hikers, and asked if the Department has considered something similar that would be voluntary for someone with Alzheimer's.
    - This is dealing with individuals with diminished capacity, while hikers make a conscious decision to go hiking. The DOS would not charge these vulnerable individuals for the search.
- Senator Avard asked if they would consider coming on his show to raise awareness.
    - They will run it through the Department's public information officer.
- Ms. Murtagh asked if they would share the powerpoint.
    - Will double check with the Department, and if possible send it out as a PDF.

Colonel Kevin Jordan (Chief of Law Enforcement, NH Department of Fish and Game)

- Noted that there is a lack of knowledge by some local agencies regarding people living with Alzheimer's or dementia, and it is concerning.
- Fish and Game is charged by law with the search and rescue of any individuals off the highway.
- Shared that he has some personal experience with dementia in his family.
- The things that can often lead to someone becoming lost include Autism/intellectual disabilities, dementia, despondent individuals, children, and substance intoxication.
- The instances of these searches have grown in NH and he sees that it will only get worse as the state continues to age.
- Older adults who wander can be more vulnerable physically and are more vulnerable to the weather.
- Searching for a missing subject with dementia is challenging because these individuals tend not to follow traditional behaviors of other types of missing or overdue subjects
- Fish and Games has 190 missions a year on average.
- We want to keep people in their homes when possible, but that can be a challenge when people are likely to wander.
- Knows that the Franklin VNA provides people with a packet of information about what individuals should do when they receive a dementia diagnosis, but in that moment families are trying to balance so much and may not take the time to fill out the packets
- Local agencies will receive a call if someone is missing and will do what they can locally to try and locate a person before contacting the state for an alert. This means the clock is ticking and if a search goes beyond 24hrs the chance of survival drops dramatically.
- They encourage local agencies to not wait and get the resources involved immediately.
- Relayed a story of a Milton man who was despondent and missing. The local agency tried to address it in the evening and did not call the state until the morning. At that point, the state brought in a canine and located the man who had taken his own life. By waiting to contact the state, their ability to find someone was delayed.
- Fish and Game works well with State Police in these instances, and there are a lot of resources at hand between them– they are very good at finding people.
- Ms.Horgan asked why local agencies delay in contacting the state.
    - They try to deal with it locally first, and may not have enough knowledge of the program. It is helpful when the call comes in quickly and they are able to take advantage of the information at hand. Noted that

people with dementia who wander will have tunnel vision, don't travel backwards, and seem to gravitate towards water, which makes the timing even more critical.

- Any information from the family is crucial, including information about what stage of the disease the vulnerable adult is in, what they did for a living, where they used to live, or if they may be looking for certain things like their children.
- When a call comes in they assign an officer immediately and automatically search the property even if it has been done multiple times before.
- After that they deploy teams to look at easy places to clear or drainage areas. Officers and canines will be deployed to those areas.
- The final step is to do a line search.
- These searches can be frightening for the individual who is lost. Vulnerable adults can be frightened by things like the headlamps.
- Individuals living with the disease who wander will simply keep moving forward until they can't, even in the thickest terrain.
- People can travel significant distances even if they have mobility challenges when wandering.
- The hallmark behaviors of someone who has wandered are: they will go until they become stuck, they are non-responsive to searchers, they orient to past areas, they are highly likely to cross the road rather than follow it, their initial direction of travel is a good predictor of where they will be found.
- Survival rates for people found in less than 24 hours is 95%, while those found after 96 hours is 46%.
- The process is referred to as a Managing the Lost Person Incident (MLPI). This includes griding areas to search a specific area, GPS/Mapping, search techniques, and deployment of resources and volunteers
- They have found some people utilizing tracking devices, which can be incredibly helpful in these situations.
- This includes GPS trackers (AngelSense, Theora Connect Watch, SmartSole) or Bluetooth trackers (Tile Mate or Apple AirTag)
- The considerations for these trackers include range, features, battery life, comfort, discreetness, and cost.
- The Department would not bill an individual or family for this because it is not a choice.
- There is a cost associated with these searches, and it can run into a good deal of money
- Does not think there is a great understanding by local law enforcement about when to make the call for an alert.
- Senator Avard asked if GPS is the best option.
    - They are helpful, but they do hear that the vulnerable individual may take the device off. Time is of the essence in these situations with the potential to be exposed to extreme weather.
- Senator Avard noted that some people have cameras inside their houses and ring cameras outside with alerts. Asked if the Colonel would consider coming on his show to raise awareness in the community.
    - Agreed that raising awareness is important for this.
- Jay Gupta asked how we can increase awareness for this.
    - They have done a lot on the Department's television show to try and get that information out there. Thinks that more could be done to raise awareness with local law enforcement.
- Ms. Murtaugh asked how we could increase awareness.
- Ms. Horgan noted that there is a brain health public awareness campaign run by the Department going on that could help raise awareness.
- Ms. Harvard noted that GPS is not ubiquitous throughout the state. Explained that her husband wandered off in an area where there was no signal.
    - They can track cellphones in life or death situations.
- Ms. Horgan asked if there are certain areas of the state where people are more likely to wander.
    - It is spread throughout the state, and it doesn't seem to matter if it is a rural area or an urban area.

Subcommittee Discussion

- Senator Avard asked the group to identify gaps that we have in the system in taking care of individuals within subcommittee members' areas of expertise, and to bring those points to the next meeting.
- Ms. Murtaugh noted that transportation is an issue across the state. People are having difficulty getting to medical appointments or accessing services because they cannot get there.
- Sunny Mulligan Shea noted that the Commission on Aging is doing a study on all of this session's transportation bills. Raised the idea that guardians could be given some of the lost vulnerable adult information when they are given their duties or BAAS could hand out a card from State Police.
- Ms. Harvard stated that there may be a need for more training for law enforcement and their professional counterparts within the community.
- The Committee discussed meeting again in March.

Senator Avard closed the meeting at 3:28pm.

Subcommittee on Alzheimer's and Related Dementia
Friday, March 14, 2025 at 2:00 p.m.
State House Room 100

Present: Senator Avard, Representative Layon, Keliane Totten, Wendi Aultman, Janessa Luke, Jenny Horgan

Absent: Dax Volle, Kim Mohan, Jay Gupta, Sunny Mulligan Shea, Kathy Harvard, Meghan Wentworth, Laura Rocha, Maria Camerlengo, Maureen Murtagh,

Note: The comments made by members of the Subcommittee represent their own views and not necessarily the views of their organization or agency.

Minutes

Senator Avard opened the meeting at 2:10 pm.

The minutes from the February 10, 2025 meeting were approved.

Senator Avard raised the idea about gaps in the system and where we can improve. He shared a story of his neighbor who struggles to access care and support. He also raised the Alzheimer's Respite Caregiver Grant Program and the need for an increase in funding.

Ms. Wendi Aultman shared some information regarding the Respite Caregiver Grant Program. There is currently a waitlist of 43 people. These funds are accessed through applications at local ADRCs. The ADRCs also provide caregiver counseling. The funds from the grant program can be utilized at a variety of locations such as adult day programs, homecare agencies, nursing facilities, or payments for in-home care by a family member not living in the home.

Ms. Keliane Totten shared that she has met with families that could not afford care but do not qualify for Medicaid, and this program was hugely valuable. There is a significant need to avoid caregiver burnout.

Ms. Aultman reiterated that it is essential that caregivers take care of themselves. These individuals provide extensive care and they need the time and ability to go to their own appointments and do things for themselves.

Mr. Peter Burke (St Joseph's Hospital-Senior Behavioral Health Hospital) explained the St Joseph's Hospital-Senior Behavioral Health Unit is a 24 bed inpatient unit that serves individuals 65 and older. It is not exclusively for individuals living with Alzheimer's or dementia, but a good portion of their population has a form of dementia. They also care for individuals living with situations of extreme depression, anxiety, bi-polar and more. The unit is not intended for long term care, and the average length of stay is 10-12 days. This is a voluntary unit that is run without direct state or federal grants, but they do participate in Medicaid and Medicare, as well as, VA insurance. St. Joseph's Board took it upon themselves to establish this unit.

Senator Avard asked about staffing of the unit.

Mr. Burke responded that the unit is as full as staffing will permit. Dr. Raymond Suarez is the medical director of the unit. There are 24 beds, and the hospital wants the numbers to be around 15; today they were at 14. The nursing staff level is challenging and the hospital is looking for a second provider for the unit. The staff is made up of LNAs, a program director, nursing staff, and some occupational therapy support from other sections of the hospital. They also have a social worker and nurse case manager working with the families from the moment they walk through the door.

Senator Avard asked about the hospital's needs.

Mr. Burke explained that although they want the unit full and busy, there are not many state geriatric psych beds in the state. They receive quite a few referrals from across the state. There is a need for more beds in general for the state's population and for an increase in education of the public regarding available resources.

Senator Avard asked him to come on his TV show to provide awareness and share information.

Senator Avard asked about the current public awareness campaign.

Ms. Jenny Horgan answered that the campaign is ongoing and is working to share information regarding the disease and resources available at the state.

Ms. Aultman shared that she would be happy to share printed materials from the campaign with the Subcommittee.

Ms. Aultman noted that obtaining a public guardian is sometimes a barrier to receiving appropriate care. SB 127 will help with filling those roles. For people that fit into the category and are at the hospital, it is going to help them get guardianship sooner. This can be especially helpful if someone has dementia and does not have the capacity to find documents or know who to contact when they need assistance.

Ms. Janessa Luke reiterated that it can sometimes be a struggle to find guardians for those in long-term care.

Ms. Aultman responded that part of the purpose of the bill is to help in different areas with a prioritized need for what public guardians are paid and to ensure there are other ways people can access a guardian.

Senator Avard asked how someone becomes a public guardian.

Ms. Aultman replied that the Office of Public Guardian has a process for training and onboarding individuals. Often try to find a family member or a friend to act as the guardian before seeking out a professional. Raised that this is something that could be looked at as part of a State Plan on Alzheimer's that would help the Subcommittee focus our energy on areas of improvement.

Ms. Horgan discussed the previous state plans, and how the Subcommittee could begin looking at gaps in the system to start building that plan.

Ms. Aultman shared that the Behavioral Risk Factor Surveillance System that surveys people across the state added some caregiving/Alzheimer's and dementia related questions this year, and that data will be available this fall. There will also be results from the brain health public awareness campaign, which ends in June. This data will help to give the Subcommittee a sense of what we want to focus on.

Via email and shared by Ms. Horgan, Ms. Sunny Mulligan-Shea shared that there could be opportunities for improvement in the caregiver neglect statutes. Currently, neglect only comes into play when it involves long, protracted harm, which is very limited. Offered to look at the statues in other states and report back to the committee. Someone had also suggested to her that it would be helpful if there were emergency beds in every county.

Ms. Aultman responded that emergency beds had come up in the Department in regards to adult protective services, CFI providers, and care managers, as there just isn't a place to keep someone safe.

Senator Avard noted that if the state mandates something like that then the state has to fund it.

Ms. Totten brought up the issue of transportation. When patients lose their ability to drive it can make it harder to access services and exacerbate social isolation, which is a big problem for a person living with the disease and their caregivers. Seeing an increase in access to transportation in lower income and rural areas would be helpful across the board.

Senator Avard asked how we could address that.

Ms. Totten responded that it could be addressed by keeping or enhancing the transportation services in areas across the state. There used to be a van in Pittsfield that went to Concord.

Ms. Aultman noted that another gap is the ADRD Respite Grant Program and the coupling of that with the availability of Older Americans Act (OAA) funds. The ADRD Respite Grant Program does not have the same flexibility as the OAA.

The Family Caregiver OAA funds can be used for medical equipment, heat, basic needs, etc that can be provided on an emergency basis, transportation etc.

Senator Avard noted that some of these issues like transportation and social isolation could be addressed by other organizations like 501(c)(3)s who are funded through charitable gaming. Legislation could be considered to waive that year requirement to get a license and speed up that process. The budget is tight and every branch is tightening their belts.

Ms. Totten pointed out the importance of continuing to support the CFI waiver and organizations like Meals on Wheels. Often individuals who volunteer with Meals on Wheels are the only people seeing those people in a day. There is also a need to engage in coordination of care to ensure proper support.

Ms. Horgan highlighted the importance of keeping people socially active as a matter of brain health and preventive care.

Ms. Aultman noted that another gap or need to consider is regarding other professions or informal helpers, who may not have the training they need to provide care, and who may benefit from training. This could either be done through regulation requirements or some form of encouragement or increased availability/access.

Ms. Luke raised that increasing care coordination is important, as it would be really beneficial to have people start to have those conversations earlier on and look at long-term care in the future.

Senator Avard suggested that the Subcommittee develop an outline to bounce ideas off of, along with a stronger understanding of the previous state plans.

Ms. Horgan offered to pull together the ideas discussed and walk the Subcommittee through the previous state plans at the next meeting.

The Subcommittee agreed to meet again in April.

The meeting was adjourned at 2:58 pm.

Subcommittee on Alzheimer's and Related Dementia
Tuesday, September 9, 2025 at 10:30 a.m.
State House Room 100

Present: Senator Avard, Representative Layon, Sunny Mulligan Shea, Kathy Harvard, Wendi Aultman, Peter Burke, Maureen Murtagh, Jenny Horgan

Absent: Dax Volle, Kim Mohan, Jay Gupta, Keliane Totten, Meghan Wentworth, Laura Rocha, Maria Camerlengo, Janessa Luke

Note: The comments made by members of the Subcommittee represent their own views and not necessarily the views of their organization or agency.

Minutes

Senator Avard opened the meeting at 10:35 am.

The minutes from the March 14, 2025 meeting were approved.

Ms. Jenny Horgan explained that Mr. Peter Burke (St Joseph's Hospital-Senior Behavioral Health Hospital) was interested in becoming an adjunct member of the Subcommittee.

Representative Layon moved to add Mr. Burke as an adjunct member, and Ms. Maureen Murtagh seconded the motion. Mr. Burke was approved to be added as an adjunct member.

The Subcommittee discussed the passage of SB 202, which adds a member of the EMS community appointed by the Governor to the Subcommittee's membership. Ms. Horgan offered to reach out to Bureau Chief Justin Romanello (Division of Fire Standards and Training & EMS) on behalf of the Subcommittee to see if he would have any suggestions for people to nominate. Senator Avard approved Ms. Horgan's outreach effort.

Ms. Murtaugh shared that the state is running an Older Adult Fire & Fall Prevention Training on the 24th for fire service, EMS, public health, injury prevention, older adult services, and social service professionals. She further explained that they have also presented before the Board of Nursing.

Ms. Kathy Harvard noted that the Alzheimer's Association also provides training for first responders on how to care for individuals living with Alzheimer's or dementia, which is done virtually. She suggested there could be ways to encourage more EMS professionals to engage in trainings.

Ms. Sunny Mulligan Shea stated that the Alzheimer's Association also provides in person training at the Police Academy for all new cadets.

The Subcommittee discussed how EMS professionals engage with Silver Alerts and how Fish and Game officers are also included in those searches.

Ms. Horgan walked the Subcommittee through the 2013-2014 and the 2015-2016 State Plans on Alzheimer's.

Senator Avard asked if palliative and hospice care information is included in care planning.
Ms. Horgan responded that it can be.
Representative Layon asked if advance directives can also be included in care planning.
Ms. Horgan answered yes.

The Subcommittee discussed a proposed timeline for the development of a new State Plan. Ms. Horgan suggested that a plausible next step would be to create a Need Assessment work group that would review the previous State Plans in detail and solicit public input on the needs of those living with Alzheimer's/dementia, their families, caregivers, and professionals.

Ms. Harvard raised concerns about the tight timeframe, and suggested that the Subcommittee look at allowing the work group to have a Zoom option to facilitate participation.

Ms. Horgan stated that if permissible under state law, the work group could look at meeting at a noticed time in a public location, but still offer the option for a Zoom. Ms. Horgan offered to look into that possibility.

Ms. Murtaugh, Ms. Harvard, Ms. Aultman, and Ms. Horgan all offered to participate in the work group.

Ms. Aultman noted that the Department of Health and Human Services could support the public comment process through a potential survey that could also be shared through the Subcommittee's member's network, which would help facilitate the collection of data.

Representative Layon noted that she may be able to participate in some of the work group meetings, but agrees that a survey could be a good way to contact people and gather information. She also suggested that members could engage in data collection from their own networks that could then be presented to the Subcommittee.

Ms. Horgan suggested that the work group meet in September to develop a strategy for the collection of public input, and then submit their proposal to the Subcommittee at the October meeting for review.

The Subcommittee agreed to take these next steps and Ms. Horgan indicated that she would put all of the work group information in an email to the whole Subcommittee in case any members not present wanted to participate.

Senator Avard reviewed the gaps and considerations that were raised at the March meeting.

Representative Layon noted that the Needs Assessment will be helpful in also identifying challenges for those living with the disease. She further noted that on some of these issues we need to ensure we are cautious when reviewing issues, as they can be complicated in their nature, such as the neglect statute.

Ms. Murtaugh noted that one of the challenges identified is the lack of beds in the state to provide care, but a big part of that is the fact that there are not enough health care professionals to staff those beds.

Senator Avard stated that education costs and salaries can be a barrier to some of these roles, like LNAs. Suggested that LNA work experience could be utilized as part of community college credit that could then be used to get a RN degree. Asked if there is a downside to offering credits through work experience.

Ms. Murtaugh explained that the curriculum can be more prescriptive at the community colleges and four year colleges. Suggested that a LPN program in the high school could be helpful, that would give high school students some credits that they could then take to do one more year in post-secondary in order to become an RN.

Representative Layon noted that she is aware of people who want to pursue a nursing path, but they are finding that religious and medical exemptions are not being considered. Suggested that there needs to be a way to reduce those barriers, and not turn people away from a nursing career. Explained that in a San Diego facility she is familiar with, they have a commendation on the wall for getting a 70% provider vaccination rate, and even though they were not at 100%, they were still able to operate due to the need for care

Ms. Murtaugh stated that she agrees, but noted that she has seen people be able to get exemptions and still be able to pursue a path in nursing.

Representative Layon explained that they have been tightening up the ability to give exemptions because of the general conversation in the country.

Ms. Murtaugh noted that they had a number of students who had come from Haiti who already had a healthcare background, but they did not have documentation of the vaccine records due to the records being destroyed through fires or floods. They were still able to get all 16 students through the program, but eventually ended up losing the grant for the program.

Ms. Aultman asked what section of the caregiver neglect statute had been raised in the March meeting that may need to be looked at.

Ms. Sunny Mulligan Shea responded that she believes it is RSA 63-E, which is where neglect is considered a felony. Right now the statute requires 'long protracted harm' to the victim and that can be a high barrier to meet. She noted that some people develop sores as quickly as in a day and are lying in their own feces, and therefore very quickly become sick and die.

Representative Layon explained that her mother in law died from that kind of neglect, and she would be happy to work on some language to address that.

Ms. Aultman stated that the outcomes from the brain health awareness campaign could help to identify potential gaps.

Senator Avard asked if the campaign was successful.

Ms. Aultman responded that it was and that she will present the report at the next Subcommittee meeting.

Senator Avard asked if the Department is going to run the campaign again.

Ms. Aultman answered that she would love to infuse the materials and information into other public health campaigns the Department does or when doing presentations on things like caregiver respite. The materials from the campaign are still relevant and can continue to be used, such as videos, printed materials and the language.

Senator Avard asked if there are other groups in the state involved in awareness prevention.

Ms. Horgan replied that the Alzheimer's Association does provide awareness and educational efforts. The Association also partnered with the Department on the campaign along with the NH Medical Society and others.

Ms. Harvard raised the need to encourage and support education for primary care doctors. She explained that with new technology there is an opportunity for the state to work in tandem with efforts on the federal level by supporting more education for providers.. The federally proposed AADAPT Act provides grant funding for virtual education of primary care doctors on Alzheimer's and dementia. Training programs like the ECHO program use virtual education to give doctors knowledge through virtual education on things like blood based biomarkers, cognitive decline, etc.

Representative Layon raised concerns about legislating the licensure of doctors. Suggested the Subcommittee look at other ways to get the outreach in the occupation.

Ms. Murtaugh raised the suggestion of high school courses being used toward college credits.

Senator Avard suggested that the cost of living is a barrier and suggested that health care facilities could look into some type of incentive program.

Representative Layon noted that allowing some hours worked as LNA to qualify as part of the requirements of moving along a medical track to a higher nursing level could be something that could be looked at. The Subcommittee could look at legislation to allow OPLC to apply work experience to licensure.

Ms. Burke pointed out that St. Joseph's Hospital has a LNA track and with some incentive programs to waive some of the cost of the LNA program if the graduate works at the Hospital for a number of years.

Ms. Horgan suggested that at the next meeting the Subcommittee review possible options for recommendations to go into the Annual Report.

The Subcommittee discussed potential dates for the October meeting to review the public awareness campaign report, hear from the Needs Assessment Work Group regarding a public input strategy, and to discuss potential recommendations.

Meeting adjourned 11:38 am

Subcommittee on Alzheimer's and Related Dementia
Tuesday, October 21, 2025 at 10:00 a.m.
State House Room 100

Present: Senator Avard, Dr. Brian Rose, Keliane Totten, Kathy Harvard, Wendi Aultman, Jenny Horgan

Absent: Representative Layon, Kim Mohan, Jay Gupta, Meghan Wentworth, Laura Rocha, Maria Camerlengo, Janessa Luke, Sunny Mulligan Shea, Peter Burke, Maureen Murtagh

Note: The comments made by members of the Subcommittee represent their own views and not necessarily the views of their organization or agency.

Minutes

Senator Avard opened the meeting at 10:02am

Ms. Jenny Horgan made a motion to adopt the minutes; Ms. Wendi Aultman seconded. The minutes were approved.

Ms. Aultman provided a presentation reporting on the results of the Brain Health Awareness Campaign. The Department was awarded $500,000 by the legislature to conduct a brain health awareness campaign. A formal legislative report will be presented to the Health and Human Services Oversight Committee.

Ms. Aultman provided a slide deck that outlined the report.

- Brain health matters because over 20,000 Granite Staters live with Alzheimer's, a number which is expected to rise by nearly 40% in 2025. Most diagnoses occur in crisis. Early detection improves outcomes, reduces costs, and delays institutional care. Public health education can reduce stigma and increase screening.
- The campaign ran from Jan 2025-June 2025 with the slogans: *Know Early, Live Better/Brain Health, Let's Talk about it*
- It was a dual approach campaign with a provider campaign focused on customized and structured dementia screening and pathways for reimbursement for cognitive screening.
- The public campaign focused on raising awareness, promoting risk reduction, and connecting people to resources.
- Campaign Activities activities included multi channel outreach with TV, radio, digital, social media, bus wraps, community events, and more; web tools for the public including information on resources and lived experiences of Granite Staters, which is still in existence on the webpage; guidance for providers, which encourages the use of the cognitive assessment and guidance for the billing pathway; and a quiz on early detection that encourages people make an appointment based off of their results.
- There are opportunities to weave these materials into other work on awareness and partnership.
- The Department contracted with a company called Pinnacle to run the campaign, and partnered with the Alzheimer's Association, the NH Medical Society, New Futures, and Easterseals NH on the development of the campaign.
- Reach Highlights
    - Total impressions: 16.6 million+ statewide
    - Provider Campaign: 6.2 million+ impressions (4x the expected reach)
    - Public Campaign: 2.5 million+ over delivery, reaching every NH community.
    - Ms. Horgan asked about geo-targeting the ads
        - This involved targeting provider rich areas where this information would have a high impact, as well as, other areas of high need.
- Pre-and Post behavior
    - Public interest in brain health screening: 84% increase (66% prior)

- Knowledge gained on protective factors for brain health
    - Social engagement: 92% (up from 69%)
    - Physical Activity: 86% (up from 57%)
    - Depression: 88% (up from 54%)
    - Embarrassment: 16% (down from 39%)
- Senator Avard asked how this information was collected
    - Pinnacle sent out surveys before and after the campaign to collect the responses.
- Dr. Brian Rosen spoke about how one of the biggest barriers to people getting a diagnosis is due to not wanting to be assessed
    - Mr. Peter Burke noted that the overall stigma plays a significant role.
    - Senator Avard noted the potential loss of independence that comes with a diagnosis.
    - Ms. Aultman explained how the individuals that shared their stories in the campaign impacted a lot of the stigma and impression around the disease.
    - Ms. Horgan shared how important it is to get a diagnosis early on in the disease in order to improve outcomes, especially with the FDA approved treatments that work best in the early stages of the disease. New studies about prevention and brain health could also have a meaningful impact on people's health and the healthcare economy as a whole.
    - Ms. Aultman noted the significant impact of the campaign and explained that there are opportunities for what could be focused on down the road with some of the policy work.
    - Senator Avard asked how campaigns like this could potentially save the state money.
        - Ms. Horgan noted that early detection improves outcomes for individuals and can delay costly or institutional care- ultimately reducing the burden on the healthcare and long-term care systems in the state that are already facing strains. Furthermore, with the healthy brain health habits from the US POINTER Study we know that we can also work to improve brain function with preventative measures that can reduce the risk for developing cognitive decline and possibly dementia, ultimately reducing the burden on individuals and the state even further.
- Senator Avard noted that NH's population is still aging, so this should not just be one and done.
- There needs to be enhanced provider engagement, an effort to sustain awareness (keep the momentum and keep the work going).
- There could be policy alignment to help codify this and continue the work building from what has been achieved and learned from this campaign.
- Lessons learned
    - Awareness increased but screening follow-through is still low
    - Fewer providers reported initiating dementia conversations
        - Senator Avard asked if there is a cost to these screenings.
            - Ms. Aultman responded that there is a path for reimbursement that is highlighted on the provider page.
    - More residents reported not being screened post campaign.
    - This indicates persistent barriers in access, provider workflows, and follow-up
    - Will provide a side-by-side outlining the reach for the provider campaign and the public campaign.

Senator Avard asked if Ms. Aultman would do anything differently.

- Funding and sustainability for this campaign are key issues. The work cost roughly $470,000 of general funds. Having some funding for the materials and a point person in the Department to manage this would be helpful and have an impact on public awareness and provider work.
- Ms. Horgan noted that there are states that have dementia services coordinators that help to manage efforts like this. Also, the federal BOLD grant is a program used to strengthen public health infrastructure for Alzheimer's, which the state can apply for and then utilize for initiatives such as this.

Senator Avard asked if physician assistants do cognitive assessments.

- Ms. Kathy Harvard responded that PAs provide the Medicare wellness check. The campaign is meant to mobilize people to move this issue into the area of public health and prevention.
- Dr. Rosen explained that a lot of providers that trained in these assessments believe that after a diagnosis there is not much you can do. It takes time for perspectives to change and it can take five years for that to trickle down. There is not enough continuing medical education around this.
- Ms. Keliane Totten noted that there is such a difference in home care. There may be instances when home care identifies issues. For in-home care and nursing there is required dementia training, which includes four hours annually and six initial hours of training. This could be an interesting topic and delivered across all levels of care.
- Dr. Rosen noted that these conversations with patients take time and longitudinal follow up. It is challenging to do that when you only have 30 minutes with the entire appointment.
- Ms. Aultman stated that there are a lot of things we could be thinking about doing that could be low cost and low effort to continue this work, such as layering it into other initiatives to get information in front of people with low cost. The state could look at the State Health Improvement Plan and other efforts to see how we can weave it in and tag it on to some of those other awareness campaigns.

Senator Avard asked if the Walk to End Alzheimer's is a vehicle that provides this kind of work.

- Ms. Aultman noted that any effort to weave public awareness information into the world is going to help public health. There are other instances where this work could be weaved into like the State Plan on Aging and other initiatives.
- Ms. Horgan noted that the Alzheimer's Association provides information and materials in our educational campaigns, as well as, at Walks and other public events. Partnered closely with the Department on the campaign.
- Ms. Harvard explained that through her work she uses the posters from the campaign and the brain health messaging. The Walk and other initiatives are all vehicles to get the messaging out there.

Ms. Horgan provided an update regarding the Needs Assessment Work Group. The Work Group is in the process of developing a needs assessment survey with the intention of getting it out through the networks of the Subcommittee. The survey is close to being drafted and the Work Group is looking to present soon regarding the proposal.

Ms. Horgan also noted that the Subcommittee has an annual report due to the Health and Human Services Oversight Committee on November 1st. Offered to contact Chairman Pearson to get an extension in order to allow for the Subcommittee to finalize the report. Offered to draft up a summary of meetings to utilize in the report and then the Subcommittee could discuss recommendations.

- Senator Avard agreed to this plan.

The Subcommittee discussed meeting on November 7th and Senator Avard requested a presentation on palliative care.

Senator Avard closed the meeting at 10:59am.



Know Early|Live Better

New Hampshire Brain Health Campaign

Subcommittee on Alzheimer's and Other Related Dementia
October 21,2025

Department of HEALTH & HUMAN SERVICES



Purpose

Wendi Aultman, Bureau Chief
Bureau of Adult and Aging Services
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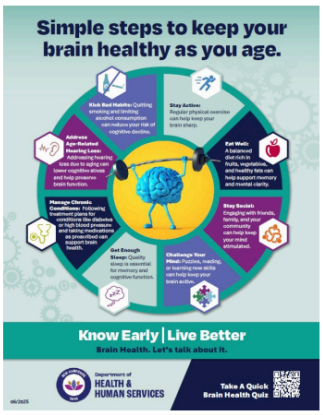
(603) 271-9068
(603) 724-7983

Department of HEALTH & HUMAN SERVICES | Division of Long Term Supports and Services

Share outcomes, partnerships, impact, and next steps from the 2025 public awareness initiative

Why Brain Health Matters

- 20,000+ Granite Staters live with Alzheimer's — expected to rise nearly 40% by 2025.
- Most diagnoses occur in crisis, not early stages.
- Early detection improves outcomes, reduces costs, and delays institutional care.
- Public health education can reduce stigma and increase screening.



Campaign Overview

Timeline

- January 2025 through June 2025

Brand

- "Know Early | Live Better"
- Tagline:

Brain Health. Let's talk about it"

Dual Approach

- Provider Campaign: Encourage dementia screening conversations
- Public Campaign:
  - Raise awareness
  - Promote risk reduction
  - Connect to resources

Campaign Activities



Multi-channel outreach: TV, radio, print, digital, social, bus ads, targeted emails, and community events



Web tools, downloadable resources, and videos featuring lived experiences ("Kerry's Story," "Leah's Story," "Joe's Story")



Brain Health

Guidance for Health Providers

Guidance for health care providers to help patients with brain health



Protect Your Brain Health: Take Our Quick Quiz

Early detection of dementia can make a big difference. Find out if you're at risk with a quick quiz and learn what steps you can take to protect your brain health.

Start the Quiz Now

Partnerships & Collaboration

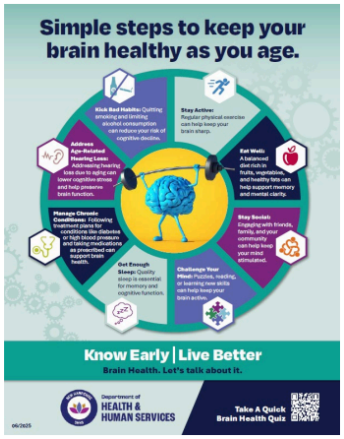
Partner networks extended reach through newsletters, advocacy alerts, and events.

THANK YOU

- Alzheimer's Association (MA/NH Chapter)NH
- Medical Society
- New Futures
- Dartmouth Health
- Easter Seals NH
- NHDHHS Academic Detailing team

Reach and Highlights

- **Total Impressions:** 16.6 million+ statewide
- Provider campaign: 6.2 million+ impressions (4× expected reach).
- Public campaign: 2.5 million+ over delivery, reaching every NH community.
- Diverse media: Outdoor, radio, streaming, social media, print, search, and geotargeted ads.



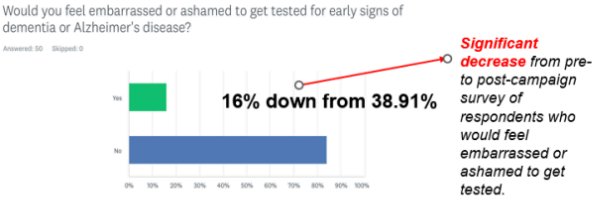
Survey Results
Pre- vs. Post-Campaign Highlights

- Public interest in brain health screening ↑ to 84% (~66% pre-campaign).
- Knowledge gains on protective factors:
- Social engagement: 92% (↑ from 69%)
- Physical activity: 86% (↑ from 57%)
- Depression: 88% (↑ from 54%)Final
- ↓: Embarrassment about screening dropped from 39% to 16%.

NH Department of Health & Human Services

Reach and Engagement Highlights

Significant **reduction in feelings of embarrassment or shame about testing:** The percentage of respondents who said they would feel embarrassed or ashamed to get tested for brain health dropped from **38.91%** pre-campaign to **16%** post-campaign—demonstrating a meaningful shift in attitudes and a reduction in stigma surrounding dementia screening.



***Significant decrease** from pre- to post-campaign survey of respondents who would feel embarrassed or ashamed to get tested.*

NH Department of Health & Human Services

Next Steps and Opportunities

1	2	3	4
Enhanced Provider Engagement	Sustain Awareness	Close the Gap	Policy Alignment

NH Department of Health & Human Services

Gaps and Lessons Learned

- Awareness ↑ but screening follow-through still low.
- Fewer providers reported initiating dementia conversations.
- More residents reported *not* being screened post-campaign.
- Indicates persistent barriers in **access, provider workflows, and follow-up**

NH Department of Health & Human Services

DRAFT Subcommittee on Alzheimer's and Related Dementia
Friday, November 7, 2025 at 11:00 a.m.
State House Room 100

Present: Senator Avard, Dr. Brian Rose, Keliane Totten, Kathy Harvard, Wendi Aultman, Jenny Horgan, Meghan Wentworth, Maureen Murtagh, Peter Burke

Absent: Representative Layon, Kim Mohan, Jay Gupta, Laura Rocha, Maria Camerlengo, Janessa Luke, Sunny Mulligan Shea,

Note: The comments made by members of the Subcommittee represent their own views and not necessarily the views of their organization or agency.

Minutes

Senator Avard opened the meeting at 11:03am.

Ms. Wendi Aultman moved to approve the minutes; Ms. Kathy Harvard seconded the motion. The minutes were approved.

Ms. Keliane Totten (Home Care, Hospice & Palliative Care Alliance of NH) and Ms. Amy Dupont, DNP, APRN-BC provided a presentation on palliative and hospice care for individuals living with Alzheimer's or dementia.

- Ms. Totten explained that there can be confusion regarding the differences between palliative and hospice care.
- Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve the quality of life for both the patient and the family. It can be provided alongside curative treatments.
- Palliative care can be provided in the home, in assisted living communities, or through an outpatient setting through telehealth.
- Hospice care is for patients nearing the end of life. It is provided for six months.
- Hospice care is provided by an interdisciplinary team of professionals trained to address the patient's medical, physical, spiritual, and psychosocial needs.
- Hospice care can be provided at home or in a nursing home or community living arrangement. Primarily it occurs where an individual lives.
- Hospice and palliative care both share a person centered approach.
- Palliative and hospice clinicians receive training in:
    - Symptom assessment without verbal cues (pain, agitation, trouble breathing).
    - Communication with cognitively impaired patients and family caregivers.
    - Behavioral and psychological symptom management without overreliance on sedating medications. The proper medication can have a huge impact on the wellbeing of a patient.
    - Ethical and goal-of-care discussions as cognition declines. This is important in reviewing advanced directives and having discussions with the patient and their family. Often advanced directives have not been developed and this can be problematic to then work through during a crisis.
    - Cultural sensitivity and family dynamics in caregiving, which can come up when children disagree with the wishes of the parent or one another.
    - Training is interdisciplinary: nurses, physicians, social workers, chaplains, and CNAs all learn coordinated approaches to dementia support. Different hospitals have different set ups.
- Many hospice and palliative care agencies invest significant time and resources in educating staff.
    - There are certifications available: Advanced Certified Hospice and Palliative Nurse and Hospice Medical Director Certification Board

    - Agencies have ongoing orientation programs for new hires
    - 4-hours of continuing education is mandated by NH DHHS about Alzheimer's/dementia.
    - Provided at no added cost for Alliance of NH members
    - Continuing education is available through national resources (National Alliance for Care at Home, CAPC, ECHO programs).
    - The Alliance also puts on a statewide conference annually on hospice and palliative care. This year it is November 20th and it is a mix of varying topics.
- Both palliative care and hospice care look to improve a patient's quality of life, but the difference is when they enter a patient's life
    - Palliative care is not prognosis based, it is needs based, and is appropriate at any age.
    - Medicare provides strict guidelines on when hospice care is utilized.
- How palliative care supports the needs of those living with Alzheimer's or dementia
    - Early involvement can help manage agitation, nutrition, infections, and medication decisions and is appropriate at any stage in any point in a trajectory of a diagnosis.
        - This includes assisting in things such as medication decisions and how they are administered. This is important especially in instances when a patient may no longer remember how to swallow.
    - Supports advance care planning before crisis moments. The end of life is not the time to be making these decisions about end of life care.
        - Someone that has the durable power of attorney can override a patient's wishes.
        - There are also portable DNR forms that people have on their fridges to make their wishes known.
        - Portable Orders for Life-Sustaining Treatment (POLST) forms provide an outline of what someone's advanced directive says, including what type of treatment they want should they be administered, for things like artificial nutrition.
    - Caregiver training/education takes place.
- Ms. Totten provided a case study reviewing how palliative and hospice care were utilized to ensure a patient's final days are peaceful and dignified.
- Senator Avard raised the idea that some people associate this with assisted suicide.
    - Ms. Totten responded that some patients misconstrue what hospice care is, and those providing the care explain they are not here to hasten death, but to assist in the process that is otherwise natural.
- Senator Avard asked what happens when someone in hospice care outlives the six allotted months.
    - Ms. Totten answered that this happens all the time. Once the six month mark is reached, provided the patient has not shown dramatic improvement they can be recertified. There are instances where people graduate from hospice where they stabilize out and there is no further decline. Those people may go back into palliative care. It is very easy to go back and forth.
- Senator Avard asked about the cost of the care.
    - Ms. Totten responded that hospice care is covered by Medicare, but if a hospice patient goes to the emergency department, hospice is revoked. This is because under hospice the idea is you are only seeking comfort measures. A person can be re-admitted after leaving the emergency room. This can happen when a family member panics or if a patient has a laceration that needs stitches. When hospice is involved, hospice becomes the patient's 911.
- Ms. Kathy Harvard shared her experience with her husband's hospice care. She stated that those last six weeks were the most amazing during his Alzheimer's journey, and she has nothing but compliments for those who cared for her husband during that time. They did struggle to get into hospice care, and had to ask hard questions to get connected with hospice care. Asked how we get information to caregivers and families about these services and supports.
    - Ms. Totten says they are working on active community outreach. There is confusion in the medical profession and the public about the differences between palliative and hospice care. More awareness and education surrounding this for the public and health care providers is important.

- Ms. Maureen Murtaugh highlighted how clear the definitions are and asked where they were developed.
    - Ms. Totten explained that those definitions come from the Center to Advance Palliative Care.
- Ms. Aultman shared her experience of this kind of care with a grandmother who is 96 in assisted living. When hospice was mentioned to the family members who are helping to make decisions, they were fearful of the words and what they may mean. She reinforced how awareness and education on this are important.
- Dr. Brian Rosen echoed that it is never too early for palliative care, but it is often too late. In his work, he runs into a concept with families who believe that if you integrate palliative care that means giving up.
    - Ms. Amy Dupont stated that she has had the privilege to see people move out of palliative care. Shared how she has seen patients in cancer treatment and unable to swallow, but once the treatment was completed they recovered. Palliative care does not mean you are going to die, it is about supporting someone journeying through active aggressive treatment and then part ways when it turns out well or when they transition to something like hospice.
- Senator Avard asked about the timeline for hospice.
    - Ms. Dupont responded that in palliative care the admission guidelines are a lot looser. Hospice care has strict guidelines. It is getting hard to qualify for hospice with dementia or Alzheimer's. When someone doesn't meet those guidelines, palliative care becomes an option. When someone is admitted to hospice and lives beyond the six months they can be re-admitted. Has had a patient be readmitted 4-7 times in a year because they continue to meet the guidelines. Palliative care does not mean you are going to die, and hospice does not mean you are dying today.
- Senator Avard questioned if we depend on medical professionals to make the decisions on the different levels of care.
    - Ms. Dupont stated that medical professionals need to adhere to those guidelines for hospice and you cannot veer from that. The guidelines on palliative care are much easier to qualify for.
    - Ms. Totten noted that there often are co-morbidities in play for someone living with Alzheimer's or dementia. Someone who is in hospice, their primary hospice diagnosis may be heart failure even if they have Alzheimer's or dementia.
- Ms. Maureen Murtaugh asked if someone in hospice can receive antibiotics.
    - Ms. Dupont answered that they can be used judiciously in hospice. This is because if it is a mild infection that is causing a lot of pain, antibiotics can be used for comfort. Some people do elect to not use them at all in instances of hospice care though.
- Ms. Aultman noted that this helps to reinforce the need for something in our state plan on Alzheimer's for continuous and different ways to educate providers, agencies, caregivers, and the public surrounding things like palliative and hospice care.
    - Ms. Dupont noted that they do have things like caregiver support groups at Cornerstone and education nights at long term care facilities. There are instances where people hear about it and then go ask their provider for a referral.
- Nationally, cancer and Alzheimer's are consistently the top two diseases for hospice care.
- In 2023, roughly 2.5 million Medicare Beneficiaries died. 52% of those Medicare decedents (Medicare beneficiaries that have died) used hospice care.
- In NH, 53% of Medicare Decedents used hospice services.
- Service location of hospice care across all hospice claims – patient's residence 52%, Assisted Living Facility 22%, Long Term Care Facility/Nursing Home 14.6%, Skilled Nursing Facility 5.1%, Inpatient Hospital 1.8%.
- In NH, 56% of hospice claims are with the patient's residence as the service location.
- They work with facilities to ensure hospice services are available, coordination of care efforts occur, and opportunities to improve are examined.
- NH does have relevant Medical and/or Nursing CE Requirements for palliative care on topics like palliative care, geriatrics, pain management, dementia/Alzheimer's, end of life.

- The Center to Advance Palliative Care (CAPC) data reports that 100% of NH hospitals with more than 50 beds report having a palliative care program or unit, but this can look different at every location in terms of what they offer.
- The CAPC scorecard gives NH 3 out of 5 stars. This is partially because NH does not have a dedicated coalition specifically for palliative care. The Alliance is working on standing this up.
- It is really important to increase awareness and discussions in the community regarding palliative care, hospice care, and end of life planning.
- People are uncomfortable having conversations around death and dying. It would be a disservice to not talk about hospice early especially for people who have Alzheimer's or dementia and who want to have their wishes known.
- Ms. Meghan Wentworth noted all of the other things the Alliance does for those in long term care. They do one-on-one care, but also come in on Veterans Day to do pinnings and a lot of other things to support those living in long term care and their loved ones.

The Subcommittee reviewed the drafted meeting summaries for the Annual Report.

- Ms. Murtaugh moved that the language drafted be included in the report, along with the minutes from today's presentation and a summary of that. Ms. Aultman seconded the motion. The motion was adopted.

The Subcommittee discussed potential recommendations for the Annual Report.

- Ms. Horgan suggested that the Subcommittee recommend that the state continue to include Alzheimer's and dementia awareness in their public health efforts and through their engagement with providers.
- Mr. Tom Prasol suggested the Subcommittee include all of the recommendations from DHHS' final report on the public health awareness campaign.
    - Sustain Brain Health Messaging:
        - Integrate materials into DHHS chronic disease prevention, aging, and public health outreach programs.
        - Systems Alignment: Embed brain health and cognitive screening indicators into the State Health Improvement Plan (SHIP) and System of Care for Healthy Aging.
        - Evaluation and Tracking: Explore adding cognitive health measures to the Behavioral Risk Factor Surveillance System (BRFSS) to monitor long-term impact.
        - Continuing Cross-Agency Collaboration: Maintain partnership with the Alzheimer's Association and State Commission on Aging, and the Alliance for Healthy Aging for ongoing public awareness and professional engagement.
- Ms. Aultman made the motion to adopt those recommendations and finalize the report; Ms. Horgan seconded. The recommendations and report were adopted.

Ms. Horgan noted that the Subcommittee will be presenting the Annual Report to the Health and Human Services Oversight Committee on November 21st.

Ms. Horgan explained that the Needs Assessment Work Group is continuing to develop their needs assessment survey and hopes to present a plan to the Subcommittee after the New Year.

Senator Avard closed the meeting at 12:02pm.



Amy Dumont, DNP, APRN-BC
Cornerstone VNA

Keliane Totten
Home Care, Hospice & Palliative Care
Alliance of NH

PALLIATIVE CARE AND/OR HOSPICE CARE FOR PEOPLE WITH ALZHEIMER'S OR DEMENTIA

Baseline of Understanding: Palliative Care

Palliative Care, as defined by the Center to Advance Palliative Care:
Palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of the illness. The goal is to improve the quality of life for both the patient and the family.



Palliative care is provided by a specially-trained team of doctors, nurses, social workers, chaplains, and other specialists who work together with a patient's other doctors to provide an extra layer of support. Palliative care is based on the needs of the patient, not on the patient's prognosis. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment. Palliative care is treated in the same way as other medical services (e.g., cardiology), where the physician or advanced practice provider bills insurance for the services they provide. Most insurance plans, including Medicare and Medicaid, cover all or part of palliative care.

In addition, some palliative care programs contract with health plans for alternative payment arrangements, and this provides flexibility to deploy the interprofessional team members as needed to match needs. Palliative care is provided in hospitals, outpatient clinics, and in patients' homes.

Baseline of Understanding: Hospice Care

Hospice Care, care, as defined by the Hospice Foundation of America:
Hospice is medical care for people who are expected to live six months or less. It is provided primarily where a person lives — at home or in a nursing home or community living arrangement — so the patient can be near family, friends, pets, and valued possessions.

Hospice care is provided by an interdisciplinary team of professionals trained to address the patient's medical, physical, spiritual, and psychosocial needs. The team focuses on the person, not the illness, as they coordinate patient care, clarify the goals of care, and foster communication. Members of the hospice team visit the patient periodically. Hospice providers are available around the clock to respond to patient or caregiver concerns. The team also supports family members and other close caregivers. Hospice provides bereavement care for the patient's family and caregivers during the illness and for more than a year after their loved one's death.

Importantly, hospice care is a covered benefit for anyone enrolled in Medicare or Medicare Advantage. This specialty care is covered at varying levels by most healthcare insurers and, in NH, by Medicaid.

Unique Aspects of Caring for Alzheimer's & Dementia in Palliative and Hospice Care

Palliative and hospice clinicians receive training in:

- Symptom assessment without verbal cues (pain, agitation, dyspnea).
- Communication with cognitively impaired patients and family caregivers.
- Behavioral and psychological symptom management without overreliance on sedating medications.
- Ethical and goal-of-care discussions as cognition declines.
- Cultural sensitivity and family dynamics in caregiving.
- Training is interdisciplinary: nurses, physicians, social workers, chaplains, and CNAs all learn coordinated approaches to dementia support.

Many hospice and palliative care agencies invest significant time and expense in staff education:

- Ongoing orientation programs for new hires (e.g., symptom management, dementia behaviors, communication).
- 4-hours of continuing education mandated by NH DHHS about Alzheimer's Dementia.
- Provided at no added cost for Alliance of NH members
- Continuing education through national resources (National Alliance for Care at Home, CAPC, ECHO programs).

Certification opportunities:
Advanced Certified Hospice and Palliative Nurse (ACHPN)
Hospice Medical Director Certification Board (HMDCB)

Unique Aspects of Caring for Alzheimer's & Dementia in Palliative and Hospice Care

How palliative care supports these needs:

- Early involvement can help manage agitation, nutrition, infections, and medication decisions.
- Supports advance care planning before crisis moments.
- Caregiver training/education takes place.

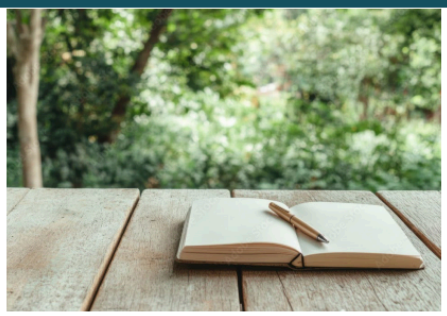
How hospice supports later-stage dementia:

- Comfort-focused symptom management.
- Prevents unnecessary ER visits and hospitalizations.
- Provides 24/7 nurse access, home visits, medications, and equipment.
- If needed, coordinate the patient's transition from home hospice to hospice at a hospice house, hospice at a nursing home facility, etc.
- Caregiver training/education takes place.
- Interdisciplinary Plan of Care: Social Work, Spiritual Care, Nurse, Physician or Advanced Medical Practitioner, LNA, Volunteer Support
- Bereavement support for family/caregiver provided up to a year following their loved one's passing.

HOME CARE, HOSPICE & PALLIATIVE CARE ALLIANCE OF NEW HAMPSHIRE

GRANITE STATE HOME HEALTH & HOSPICE ASSOCIATION

Case Review



HOME CARE, HOSPICE & PALLIATIVE CARE ALLIANCE OF NEW HAMPSHIRE

GRANITE STATE HOME HEALTH & HOSPICE ASSOCIATION

Hospice National Data Snapshot

Exhibit 9b. Percentage (within a year) of Beneficiaries by Principal Diagnosis Category for FYs 2020-2024

Principal Diagnosis Category	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Alzheimer's, Dementia, or Parkinson's	23.7%	23.2%	23.8%	24.1%	21.6%
Cancers	23.8%	22.9%	22.6%	22.6%	22.1%
Cardiac (e.g., Congestive Heart Failure (CHF))	18.3%	18.0%	18.3%	18.9%	19.2%
Respiratory (e.g., Chronic Obstructive Pulmonary Disease (COPD))	10.4%	10.2%	10.1%	10.1%	9.9%
Cerebral Vascular Accident (CVA)/Stroke	10.0%	10.1%	10.3%	10.5%	10.7%
Chronic Kidney Disease (CKD)/End-Stage Renal Disease (ESRD)	2.2%	2.2%	2.2%	2.1%	2.0%
Other	11.6%	13.4%	12.7%	11.8%	14.5%

Source: Analyses of Medicare FFS hospice claims (Accessed from CCW VRDC on January 13, 2025)

HOME CARE, HOSPICE & PALLIATIVE CARE ALLIANCE OF NEW HAMPSHIRE

GRANITE STATE HOME HEALTH & HOSPICE ASSOCIATION

Data Snapshot

Hospice National/NH:

- In 2023, roughly 2.5 million Medicare Beneficiaries died. 52% of those Medicare decedents used hospice care.
  - In NH, 53% of Medicare Decedents used hospice services.

- Service location of hospice care across all hospice claims – patient's residence 52%, Assisted Living Facility 22%, Long Term Care Facility/Nursing Home 14.6%, Skilled Nursing Facility 5.1%, Inpatient Hospital 1.8%.
  - In NH, 56% of hospice claims are with the patient's residence as the service location.

Palliative Care NH:

- Center to Advance Palliative Care (CAPC) cites that NH does have relevant Medical and/or Nursing CE Requirements. Topics included are: Palliative care, geriatrics, pain management, dementia/Alzheimer's, end of life.
- CAPC data reports that 100% of NH hospitals with more than 50 beds report having a palliative care program or unit.

HOME CARE, HOSPICE & PALLIATIVE CARE ALLIANCE OF NEW HAMPSHIRE

GRANITE STATE HOME HEALTH & HOSPICE ASSOCIATION

Wrap-up

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HOME CARE, HOSPICE & PALLIATIVE CARE ALLIANCE OF NEW HAMPSHIRE

GRANITE STATE HOME HEALTH & HOSPICE ASSOCIATION

Subcommittee on Alzheimer's and Related Dementia
Tuesday, October 7, 2025 at 12:00 p.m.
State House Room 100

Present: Wendi Aultman, Peter Burke, Meghan Wentworth, Keliane Totten, Jenny Horgan

Note: The comments made by members of the Subcommittee represent their own views and not necessarily the views of their organization or agency.

Minutes

The Work Group discussed the overarching work planned including reviewing prior state plans, developing a needs assessment survey, data collection from existing sources, and potential opportunities for distribution.

Ms. Jenny Horgan proposed a list of potential questions for the needs assessment survey for the Work Group to build out from.

Ms. Wendi Aultman stated that the state has run the caregiver and cognitive decline modules during the BRFFSurvey in recent years. That data could be utilized by the Work Group to inform the state plan and to ensure the survey does not have overlapping questions.

The Work Group discussed potential platforms to utilize for the survey, including survey monkey and Google Forms.

Ms. Aultman indicated that the Department would be able to distribute the survey through their newsletter and on social media. She also suggested other groups would be willing to distribute it in their newsletters, like the Alliance on Healthy Aging.

Ms. Keliane Totten noted that many people who are caring for a loved one living with Alzheimer's or dementia often do not identify as a caregiver because they are not doing it professionally. Suggested that prior to the first question on caregiving in the survey, there be a definition as to what a caregiver is.

Ms. Aultman noted that the *Do I Care* initiative likely has an appropriate definition that could be utilized for this.

The Work Group went through the proposed questions making suggestions and amendments to the language.

Ms. Meghan Wentworth suggested that in terms of accessing in-home support care, we should be sure to include whether there were challenges in access, affordability, or a lack of support network from friends and family to provide assistance.

Ms. Totten suggested that when talking about accessing home care, we include what some of those programs are in order to ensure people understand what home care means in this context.

Ms. Aultman suggested that we should determine whether people know where to go for help if their needs change- someone in the early stages of the disease may not need a lot of support, but as it progresses, do people know where to turn?

Ms. Peter Burke indicated the need to ensure the language is not overly clinical in these survey questions, as many people may be confused by some of the terminology.

Ms. Totten agreed and suggested that in parentheses after *Alzheimer's/dementia*, we include something like *memory challenges*

The Work Group agreed to make a number of changes to the survey and revisit it once those updates have been made.

Ms. Aultman walked the Work Group through the Cognitive Decline module questions from the BRFFS, which ran in 2024. She offered to provide the questions to the Work Group, as everyone felt it would be helpful data to have.

Ms. Horgan suggested that this survey could be distributed electronically through the full Subcommittee's network, but questioned how to reach those who are less electronically savvy.

Ms. Totten suggested that we have fliers with a QR code that could be sent to places like senior centers and the VA has caregiver cafes.

Ms. Aultman noted that that is what was done in another commission survey. Suggested that it also be sent to adult day centers and the places like the Seacoast Dementia HUB.

Mr. Burke suggested ways to get it to caregiver programs. He noted that St. Joseph's Hospital does have a senior resource center where it could be distributed. He also suggested distributing it to the Behavioral Health Summit.

Ms. Aultman said she would look into other Department initiatives that may have data on Alzheimer's/dementia and caregiving to see what could be helpful in informing the state plan. There also may be initiatives that have not gotten across the finish line yet that could be important to include in the state plan.

The Work Group discussed the need to look at the previous state plans and determine where the state is on those goals. Members agreed to meet again on October 21st prior to the full Subcommittee meeting in order to review the updated survey questions and continue to develop a strategic plan.

Needs Assessment Work Group
Subcommittee on Alzheimer's and Related Dementia
Tuesday, October 21, 2025 at 9:00 a.m.
State House Room 100

Present: Wendi Aultman, Kathy Harvard, Keliane Totten, Jenny Horgan

Note: The comments made by members of the Subcommittee represent their own views and not necessarily the views of their organization or agency.

Minutes

The Work Group reviewed the minutes from the October 7th meeting. An update was made to the date on the minutes and the minutes were approved by all members present.

The Work Group members began to review the updated draft survey.

Ms. Kathy Harvard suggested that the question regarding pressing needs be updated to include the top three needs of individuals.

Ms. Wendi Aultman suggested that the Work Group look to see if those needs could be weighted.

Ms. Keliane Totten proposed changing the questions regarding an individual's relationship to Alzheimer's to lead with the language *I am a…*

Ms. Jenny Horgan raised the idea that was discussed at the previous meeting regarding including the definition of a caregiver.

Ms. Harvard agreed that this is a challenge as some people do not identify themselves as a caregiver once their loved one is in long term care.

The Work Group discussed rewording that question to include *helping to provide unpaid care* and adding language regarding wherever that care may take place.

The Work Group also discussed moving the question regarding where an individual's loved one resides to right underneath that question.

Ms. Harvard suggested adding a question regarding how easy it was for individuals to find the tools they utilize and the resources they need.

Ms. Aultman raised the idea of using logic skip in the survey, so that only caregivers would need to go through certain questions.

Ms. Totten stated that she would look at her subscription on Survey Monkey to see if it was possible to use logic skip.

Ms. Horgan said she would look into whether that is an option with Google Forms.

Ms. Aultman suggested amending a question to include information about where individuals got their information.

The Work Group discussed amending the second to last question in order to reflect that, as well as adding *Your Doctor's Office* and *The Internet* as options.

Ms. Aultman proposed adding a question about how caregivers care for themselves and what their top needs as a caregiver are- services for your loved, respite (rest, reprieve) services, health and wellness for yourself.

Ms. Totten suggested adding a question about how supported caregivers feel- very supported, somewhat, supported, rarely supported, not supported at all.

Ms. Horgan noted that the survey is getting quite long and it may be necessary to cut down on some of the questions. Asked if there are any questions we feel are not as essential.

Ms. Aultman stated that in general practice a survey should take 5-10minutes at the most. Noted that with a previous state plan, they tested the length by plugging it in and seeing how long it takes to complete.

Ms. Totten noted that we do not want to go any higher in the number of questions than we have currently. She explained that multiple choice and check box questions are helpful in making a survey easier to complete.

The Work Group discussed possible questions to remove in the context of how the information collected would be utilized.

Ms. Totten suggested that the insurance questions could be combined, and that skip logic from the *I am* question could dramatically reduce the number of questions per individual.

The Work Group agreed to review all of the questions as a whole when it is updated.

The Work Group discussed meeting on October 28, 2025.

The meeting ended at 10:55 am.

Needs Assessment Work Group
Subcommittee on Alzheimer's and Related Dementia
Tuesday, October 28, 2025 at 9:30 a.m.
State House Room 103

Present: Kathy Harvard, Peter Burke, Jenny Horgan, Wendi Aultman

Note: The comments made by members of the Subcommittee represent their own views and not necessarily the views of their organization or agency.

Minutes

The meeting opened at 9:40am.

Ms. Kathy Harvard asked about the distribution plan for the survey.

- Ms. Jenny Horgan explained that the intention is to have it distributed through the networks of the Subcommittee members. This includes social media posting by the Department of Health and Human Services, the Alzheimer's Association's network, members of the subcommittee's networks, adult day programs, etc.

Ms. Harvard suggested that the Work Group develop some language to explain the survey so that members would have something to send out when distributing the survey in their networks.

- Mr. Peter Burke agreed that consistent language would be helpful in disseminating the survey and getting participation.
- Ms. Harvard suggested that the language explains why taking the survey is important, what the information will be utilized for, and for the language to not be overly technical.
- Ms. Horgan agreed to draft something up for the Work Group to review at the next meeting.

The Work Group further discussed the language of the overview to include information about the state plan and how that will inform what we do in the next few years. Further the language should highlight that we need this input to know what the priorities should be. The Work Group decided to include an introductory paragraph to give context to the impact of Alzheimer's and dementia on the state.

Ms. Harvard noted that a gap in the survey is business/employer awareness. She explained that this is an issue that could be highlighted to promote businesses to be more understanding of the needs of caregivers and increase awareness of the potential need for accommodations.

- Mr. Burke noted that there has been support for the Recovery Friendly Workforce Program, and suggested something similar could be done for caregivers.
    - Ms. Harvard stated that a lot of HR manuals now talk about directing people to get help rather than just firing them. We could look at adding cognitive awareness so people could potentially be early alerters and more aware of the needs of individuals with cognitive issues or caregiving responsibilities.

The Work Group discussed what the question could potentially look like.

> *Have you experienced any challenges or changes in your employment as a result of living with Alzheimer's or dementia or due to caregiving for a loved one living with Alzheimer's or dementia? Yes or No- Yes answer challenges- flexibility and time off, supportive workplace environment.*

The Work Group discussed whether there should be information provided in the survey about where to access resources like the Alzheimer's Association or Aging and Disability Resources.

Ms. Harvard suggested adding "wearables" to tools utilized in Question 14.

Ms. Horgan noted that by using Google Forms, they are able to use logic skip. This means that depending on how someone answers the question, *Do you help to provide unpaid care (managing finances, providing transportation, or supporting other daily activities) for someone living with Alzheimer's/dementia in their home, wherever that may be?,* they will then be directed to either the caregiver questions first or just jump to the final section that starts with Question 22. This streamlines a number of the questions and the survey overall for anyone who is not a caregiver.

The Work Group discussed the language for the options on Questions 23 and 24 to provide clarity.

Ms. Harvard asked if there is a more common name for Aging and Disability Resource Centers.

Ms. Aultman explained that there is not a more common or specific name for those centers. Suggested that maybe there would be a way to hyperlink them to provide people with more information on them.

Ms. Horgan said she would look into whether hyperlinks could be included in the survey.

The Work Group discussed the language of Question 27 (*When you are in need of information related to care and resources for Alzheimer's or dementia, where would you go to find that information?*) and Question 28 (*Where did you learn about the services, support, and tools that you utilize?*). The Work Group decided that Question 28 was repetitive and amended the language in Question 27 for clarity.

The Work Group discussed adding another option to Question 26 (*What services do you feel would best support you if you are living with Alzheimer's or dementia or caring for someone living with Alzheimer's or dementia to remain in the home?*) to include recognition of individuals in short term hospital stays.

Ms. Harvard asked about the other data sources the Subcommittee will pull from to develop the state plan.

- Ms. Horgan noted that the BRFFS has run the cognitive and caregiver modules for a number of years that could provide data. The Subcommittee could also look to the Commission on Aging, other state Departments, AARP, and other organizations to pull from their data.
- Ms. Aultman noted that the public awareness campaign compiled a lot of data around awareness that could be utilized.

The Work Group discussed working with libraries around the state to promote the survey including through a flier. The Group went on to discuss a potential timeline.

Ms. Aultman noted that in the past surveys have gotten a lot of responses over the holidays, and generally surveys run about two months.

The Work Group discussed the challenges of following up with the survey respondents and determined that Question 29 (*Would you welcome more information about tools and strategies available?*) should be removed. The Group also discussed whether any support could be offered for those having problems filling out the survey. It was determined that directing someone to a resource to help fill out the survey would not be possible, but certainly there would be individuals like friends, family, library staff, etc that would be able to assist those filling out the survey.

Mr. Burke suggested that the NH Behavioral Health Summit could be a good location to disseminate the survey, as a lot of people in the field will be there.

The Work Group approved the minutes, and discussed meeting the morning of the 7th prior to the Subcommittee meeting. The meeting ended at 10:58am.

DRAFT Needs Assessment Work Group
Subcommittee on Alzheimer's and Related Dementia
Friday, November 7, 2025 at 10:00 a.m.
State House Room 100

Present: Kathy Harvard, Peter Burke, Jenny Horgan, Keliane Totten, Meghan Wentworth, Maureen Murtaugh

Note: The comments made by members of the Subcommittee represent their own views and not necessarily the views of their organization or agency.

Minutes

The meeting opened at 10:03am.

The Work Group reviewed the minutes from the October 21st meeting, and the minutes were approved by all members present.

The Subcommittee reviewed the proposed language for intro-ing the survey to subcommittee members and to those the survey is distributed to.

- Mr. Peter Burke noted that the shorter version may be more effective given people's shorter attention spans.
- Ms. Kathy Harvard suggested including language that clarifies what the results of this survey will impact. This would include things like healthcare, housing, aging in place, and other systems.
- Ms. Jenny Horgan asked if there is any language that could be removed from the paragraph.
    - Ms. Harvard acknowledged that shorter is better, and suggested compressing the gravity of the impact by adding just a sentence or two.
- Ms. Meghan Wentworth explained that the shorter paragraph would be most effective in trying to get individuals engaged with the survey.
- Ms. Keliane Totten recommended adding a hook to the beginning and end of the paragraph to encourage people to complete it. Something like *we need you help supporting…*
- The Work Group agreed to go with the shorter paragraph with the suggested additional language.

The Work Group reviewed the running lists for distribution of the survey.

- Ms. Harvard suggested adding the Elder Forum in the Upper Valley, Dartmouth Health and Community Nurse Connect.
- Mr. Burke suggested the Seacoast Senior Health Professionals.
- Ms. Horgan posed the question of whether we are looking to have this survey focused more on professional caregivers, non-professional caregivers, or those living with the disease.
    - Ms. Keliane Totten stated that a good focus would be on unpaid caregivers and those living with the disease to get an idea of how this impacts them.
    - Ms. Maureen Murtaugh agreed that the focus should be unpaid caregivers. She acknowledged that although there are training requirements, that does not mean that healthcare professionals in these settings do not need more training because they do. She noted that this profession needs more resources to address gaps like that. Stressed the challenges of finding and retaining professional caregivers in the state.
    - Ms. Harvard noted that if we are looking for input regarding professional caregivers and how they would want more training but are not getting paid enough or have the resources to get that training that may be a barrier to care we need to examine. We may want to ensure we have data on that.
- Ms. Murtaugh suggested Rockingham Assistance and state support programs for electrical and heating.

The Subcommittee discussed ways to adjust the intro language and ensure it makes sense and is appropriate when distributing to professional agencies in order to encourage them to have those in their care fill out the survey and not just staff.

- Ms. Totten said that we could ask agencies to post the survey on their website and distribute it to their care recipients. She noted that there are some Medicare regulations around patient populations, but this survey should not be impacted by those.

Ms. Harvard asked if there needs to be confidentiality language included.

- Ms. Horgan suggested including language like *All responses are confidential and only used to generate a collective report of findings to guide the Subcommittee in the development of the State Plan on Alzheimer's.*

Ms. Wentworth raised the idea of including an option in the *I am…* question for someone who is filling out the survey on behalf of someone else, such as an individual who needs assistance in completing the survey due to cognitive impairment.

- Ms. Horgan noted that there are family member options available, and that it is likely that caregivers will be assisting those living with the disease to fill out the survey.
- Ms. Wentworth noted that there are different stages in the disease and someone may be able to answer the questions verbally, but they are not able to complete the survey online. Questioned if that should be an option included.
- Ms. Totten suggested adding an option of *helping a family member complete the survey.*
- Ms. Harvard asked if we were to do that, should there be language included to encourage that person to take the survey again from their own perspective.
- Ms. Horgan raised concerns about having that option explicitly in the survey and the impact it could have on the results.

The Work Group discussed including language in the intro paragraph encouraging people to help those who may need assistance to complete the survey.

The Work Group discussed the question *Do you or have you provided unpaid care (managing finances, providing transportation, or supporting other daily activities) for someone living with Alzheimer's/dementia in their home, wherever that may be?*

- Ms. Totten indicated the importance of including those who were caregivers but have lost their loved one.
- Ms. Harvard acknowledged that that population is going to be very motivated to complete the survey.

The Work Group decided to add the language *(currently or in the past)* to the unpaid caregiver answers in that question.

Ms. Harvard raised the question of having people fill out the survey on paper and how that could be collected.

- Ms. Horgan responded that that could be challenging given the challenges and costs involved with collecting paper surveys.

The Work Group discussed pulling questions in order to shorten the length of the survey and decided to pull question 30 regarding asking individuals to share their diagnosis story.

The challenges of filling out questions 23 and 24 due to their structure was also raised by the Work Group.

- Ms. Horgan agreed to look into ways to restructure those questions to make them less confusing to fill out, whether that be through scales rather than top three or highest to lowest.

The Work Group also discussed how long to leave the survey open for input, including the idea of having it open for a couple of months.

Finally, the Work Group discussed having a contact option on the survey for anyone who has questions regarding it.

The meeting ended at 10:59am.