

New Hampshire

State Plan on Aging



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

**October 1, 2015 to
September 30, 2019**



NEW HAMPSHIRE STATE PLAN ON AGING 2016-2019

Table of Contents

Verification of Intent	Page 3
State Plan Narrative	
Executive Summary.....	Page 4
Context.....	Page 7
Goals, Objectives, Outcomes & Strategies	Page 20
Outcomes and Performance Measures.....	Page 28
Quality Management.....	Page 29
Enclosed Attachments	
Attachment A Assurances.....	Page 31
Attachment B Information Requirements.....	Page 40
Attachment C Resource Allocation Plan.....	Page 44
Separate Attachments	
Attachment D Older Adults Focus Groups Summary	
Attachment E Tri-State Roundtable Final Report	



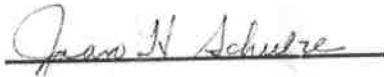
VERIFICATION OF INTENT

The State Plan on Aging is hereby submitted for the State of New Hampshire for the period October 1, 2015 through September 30, 2019. Included are all assurances and plans to be implemented by the New Hampshire Department of Health and Human Services, Bureau of Elderly and Adult Services (BEAS), under provisions of the Older Americans Act of 1965 as amended. BEAS has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the development of comprehensive and coordinated services for the older population of New Hampshire.

The State Plan on Aging for Federal Fiscal Years 2016 – 2019 hereby submitted has been developed in accordance with all federal statutory and regulatory requirements.


Nicholas A. Toumpas, Commissioner
New Hampshire Department of Health and Human Services

6/30/15
Date


Joan Schulze, Vice Chair
New Hampshire State Committee on Aging

6/30/15
Date



Executive Summary

The State of New Hampshire (NH) is designated by the Administration for Community Living (ACL) as a single planning and service area. The NH Bureau of Elderly and Adult Services (BEAS) is designated by the NH Legislature as the State's Aging Agency. Under these designations, BEAS is given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Older Americans Act. BEAS is responsible for the development of comprehensive and coordinated services for older adults, ages 60 and older, and adults with disabilities between the ages of 18-59.

BEAS Organization

BEAS operates under the umbrella of the NH Department of Health and Human services (DHHS). The mission of DHHS is *"To join communities and families in providing opportunities for citizens to achieve health and independence."* DHHS is the largest agency in NH state government, responsible for the health, safety and well-being of NH citizens. It is charged with administering, at the State level, numerous federally enacted health and social service programs. DHHS administers a wide variety of programs and services for individuals across the lifespan and accomplishes this through partnerships with individuals, families, service providers, community organizations, and state, local, and federal government partners.

Through a network of dedicated and committed service provider agencies, BEAS provides funding for a variety of community and long-term supports to adults ages 60 and older and to adults with disabilities between the ages of 18 and 59. BEAS administers Title III, Title XX, Medicaid and state general-funded services to eligible adults. BEAS also administers the Adult Protection Program (APS). The Office of the Long-Term Care Ombudsman (OLTCO) is administratively attached to BEAS.

Title III services are provided directly by BEAS or are purchased through contracts and vendor agreements between BEAS and service providers throughout the state. BEAS also administers Title XX and state general funded services. It is also responsible for medical eligibility determinations for individuals seeking Medicaid home and community-based care waiver services and nursing home services. BEAS is responsible for Medicaid nursing home rate setting and payments.

BEAS' Central Office is located in the state's capitol in Concord in the DHHS central administration building. The Central Office is responsible for administrative functions, program and policy development, contract development and monitoring, budget development and financial planning. BEAS' Adult Protection Program (APS) staff is located in DHHS' regional District Offices located throughout the state. APS staff is co-located with DHHS staff working with other populations in a variety of programs. The APS staff is responsible for conducting adult protection investigations and coordinating a variety of services for adult protection clients.



The Office of the Long-Term Care Ombudsman (OLTCO) is administratively attached to BEAS but is programmatically independent of it. The Program, mandated by both State law (RSA 161-F: 10-19) and Federal law (42 U.S.C. 3058g), is a single program serving the entire state.

State Committee on Aging

The NH state legislature created the State Committee on Aging (SCOA), an 18-person advisory group of senior advocates. The scope and responsibility of SCOA is mandated in NH RSA Chapter 161-F: 7. SCOA's role is to advise and provide information to BEAS regarding the needs and concerns of older adults. The Governor and Executive Council appoint fifteen members and the legislative leadership appoints three members to serve for specific term periods. The Committee appoints a Chair and other officers. Subcommittees are established to address specific issues and concerns of older adults as needed. In addition to its monthly meetings, members are active in community-based committees on aging, in monitoring and advocating for legislation, and participating in diverse local and statewide initiatives concerning older adults. SCOA is also involved in the development of the State Plan on Aging. SCOA also helps to coordinate the Joseph D. Vaughan Awards, an annual recognition of outstanding older volunteers representing each county. The awards ceremony takes place at the Governor's Office.

State Budget and Demographics

The biennial development of the State Budget remains increasingly challenging as the demand/cost for services increases. DHHS strives to preserve core and essential services for all populations that it serves. This is especially challenging for BEAS and service providers, as NH is now ranked as the third state with the fastest growing older population. According to the NH Center for Public Policy Studies, the largest impact on the aging state is anticipated to occur after 2020, when the estimated numbers of older adults will rise from 106,086 to 247,740, and NH's northern and rural counties are projected to experience the highest growth percentages. At a time when the State is projected to have a rapidly growing aging population, it is especially challenging to meet budgetary mandates to reduce costs and services. In each geographic area and statewide, a significant degree of collaboration takes place among service providers in order to meet the needs of older individuals and adults with disabilities. BEAS' service delivery system builds upon and supports these collaborative relationships.

In 2012, DHHS lost 500 positions and as of this writing, over 350 positions are currently vacant. In May 2014 the Governor instituted a hiring freeze and established a waiver process for state agencies to follow to request approval to fill critical vacant positions.

Streamlining of Core Functions

DHHS has undertaken a number of internal efforts to consolidate and streamline core operational, business and program functions to facilitate a "whole person" approach to service delivery and to more closely align similar functions. Recently BEAS' Long-Term Care medical eligibility functions merged into DHHS' Office of Client Services, which is responsible for Medicaid financial eligibility determinations. The merger



aligned financial and medical eligibility determinations within the same organizational unit. More recently BEAS' Business Systems staff merged into DHHS' Business Systems Unit. BEAS' current 1915(c) Medicaid Waiver is in process of being co-located with other DHHS waiver programs and a new 1115 Demonstration Waiver to support the comprehensive reform of the Medicaid Program.

The centralization of all DHHS contracting functions into a single office of Contracts and Procurement has facilitated more coordinated management of the requirements and tasks involved in the state's very complex and lengthy procurement process. BEAS recently readjusted its biannual contracting cycle to align with the federal fiscal year. Contracts will now be in effect from October 1 to September 30 instead of following the state fiscal year July 1 to June 30. It is anticipated that this change will reduce confusion among contract agencies about federal and state fiscal years and facilitate coordination between state and federal reporting requirements.

Progressive Initiatives

Despite an increasingly challenging fiscal climate, BEAS is engaged in a number of progressive initiatives to meet the growing and changing needs of NH's aging population. These initiatives share a common purpose and goal in establishing new, enhanced or evolving community based services and options to support individuals, families and caregivers as they age in the community and to promote a whole-person, consumer directed model. These collective efforts are intended to build and strengthen a long-term care system that addresses and responds to an individual's needs and desires and supports choice and control.

BEAS' major partner is the NH Aging and Disability Resource Center Network, known as the NH ServiceLink (SLRC) Network. SLRC sites are located in each county throughout the state and continue to build capacity to serve an increasing numbers of individuals, families and caregivers. SLRC is the known and trusted source for individuals and families seeking information and assistance with all matters relating to aging and disabilities. Since its inception, SLRC has been the platform for BEAS' long-term care systems transformation efforts. Individuals and families seeking services for any of BEAS' programs primarily access services through the SLRC network. SLRC collaborations and partnerships with other community providers are well established.

This State Plan on Aging will serve as a roadmap to address BEAS' continuing planning efforts and strategies to further develop and strengthen NH's system of community based long-term care services. The State Plan on Aging constitutes the State's application for federal funds appropriated under the Older Americans Act for the period beginning October 1, 2015 and ending on September 30, 2019. The Plan contains all assurances and plans to be implemented by BEAS under the provisions of the Older Americans Act of 1965, as amended. It describes BEAS' current initiatives and progress made in the State's long-term care reform efforts and services available under the State Plan.



CONTEXT OF THE NEW HAMPSHIRE STATE PLAN ON AGING

Since 1998, BEAS has implemented a major restructuring of its long-term care system for older adults and adults with chronic conditions. NH's landmark long-term care policy, "Shaping Tomorrow's Choices" laid the framework for this work, and the tenets of this policy have continued to inform and drive the development of a long-term support system that is "person-centered, promoting the right and ability of individuals, families, and caregivers in need of supports to exercise choice and direction, thus maximizing the independence, dignity, and quality of life of the individual receiving care."

BEAS has embedded the concepts of person-centered planning and participant-directed services into all of its programs and services. BEAS' Title III and Title XX administrative rules and BEAS' contracts describe these requirements. BEAS' client assessment forms and applications incorporate questions and topic areas to guide in the development of a person-centered plan for each individual.

While NH's physical size and population are small, communities, service providers and the faith-based community work collaboratively to address issues and needs. Many of BEAS' key collaborating partner agencies have extensive experience in working with older adults and adults with disabilities and readily communicate feedback to BEAS as they seek to improve services. These agencies and their staff members are strong advocates for the programs and clients their agencies serve, and are well-known and respected throughout the service network.

NH's Changing Demographics

As previously stated, NH is now ranked as the third state with the fastest growing older population. In the NH Center for Public Policy Studies September 2014 edition of "What is NH", the beginning of a shift in NH's population towards the over-65 population will commence in 2020. By then, residents 65 years and older will account for nearly 20 percent of the state population, up from 13.5 percent in 2010. This will be due in large part to the aging of the "Baby Boom" generation – generally speaking, those people born between 1946 and 1964. The traditional workforce cohort (those aged 20 to 64 years) in NH is projected to decline between 2010 and 2040. These same projections suggest a doubling in the population over 65 over the same time span.

The NH Center for Public Policy Studies cites that one defining difference among NH's regions is population density. NH's population is distributed unevenly and there are significant differences between regions. In general, NH's population density increases the further south one travels. Population density ranges from 20 people per square mile in the northernmost Great North Woods region to almost 775 people per square mile in the urban Greater Nashua region. The report also cites a corresponding finding that overall, poverty rates increase the further north one travels in the state.

In its May 2015 report "NH's Foreign-Born Population" the NH Center for Public Policy Studies estimates that NH currently has approximately 75,000 foreign born residents out



of the state's 1.3 million residents. The report cites that according to the American Community Survey, 34 percent of NH's foreign-born residents were born in Asia, the highest percentage among the New England states. NH's foreign-born residents are concentrated in the Manchester and the Greater Nashua urban areas, with smaller numbers resettled in the more rural areas of the Lakes Region, North Country and Seacoast.

DHHS' Office of Minority Health and Refugee Affairs (OMHRA) helps ensure that all NH residents have access to DHHS services and improved health. The Office's major goal is to assist refugees who are DHHS clients across all program areas in achieving economic self-sufficiency and social adjustment. This aligns with the social determinants of health framework used by OMHRA to achieve its objectives of reducing disparities and promoting health equity.

In the DHHS District Offices that serve the largest numbers of clients who do not speak English as a first language, interpreters have regular office hours to assist individuals in applying for services. In addition, DHHS contracts for foreign language interpreters for oral interpretation and/or sign language interpretation. A BEAS staff member serves as DHHS' communication access coordinator to assist applicants and clients to access appropriate communication access modalities for interactions with DHHS. The coordinator also does trainings for DHHS staff, providers and communities to promote understanding and compliance regarding the provision of communication access services.

BEAS and DHHS have incorporated requirements in contracts that address service providers' requirements to provide culturally and linguistically appropriate services and access whenever serving a DHHS program participant.

Tri-State Regional Collaboration

In 2014, the NH Endowment for Health, the state's largest health foundation, commenced a five-year strategic focus and planning period to support aging in NH. BEAS has been a key partner and active member of the Endowment's Core Advisors Group. The Endowment's structure supports its ability to engage the business community and other diverse partners into conversations that these entities may never have participated in previously. To date, the Endowment has brought together the SLRC network, aging service providers, multiple sectors of the business community, faith-based groups, legislators, and key advocacy organizations to initiate conversations and actions around the collective experience of aging in NH. The Endowment convened a number of community listening sessions with older adults, providers and the business community (separately) to gain insight on the aging experience in NH.

BEAS participated in the listening sessions with older adults who were simply asked "What is working well for you?" and "What is not working so well for you?" The recurring comments centered around the intention to continue living at home despite coping with one or more limitations, and that the support most often needed is not medically oriented, but should include help with self-care and/or household tasks.



Further, in assessing the level of awareness of community resources available, the majority of participants in the sessions indicated awareness of SLRC and its functions; many had utilized its services or knew others who had utilized its services. A summary of the listening sessions is attached (Attachment D).

In November 2014, the Endowment, in conjunction with the Maine Council on Aging and the NH Core Advisors Group convened the Tri-State Roundtable on Aging, which brought together leaders from Maine, NH and Vermont in aging, business and advocacy to talk about the states' similarities and common concerns with rapidly aging populations, out-migrating of younger adults, and the challenges of service provision in largely rural areas. Federal partners and state legislative leaders were also in attendance. The Roundtable highlighted some innovative and progressive strategies at work in the three states. A summary report of the Roundtable is attached (Attachment E).

The next phase of collaboration between the three states is a Tri-State Learning Collaborative, which is being framed as of this writing. BEAS continues involvement in this work. One focus of the Collaborative will be to further explore opportunities to engage with the business community to support an aging workforce and identify flexible approaches to support working caregivers.

BEAS/DHHS has facilitated extensive public input in the development of the Medicaid Managed Care Program for community and facility-based long-term care services. Over the last two years, several rounds of community listening sessions have taken place all across the state. In combination, all of these initiatives elicited comments and feedback from hundreds of older adults and adults with disabilities, their caregivers, service providers, advocacy organizations and business leaders across the state.

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

Aging and Disability Resource Centers – NH ServiceLink

NH developed and implemented the statewide Aging and Disability Resource Center (ADRC) system, known as the ServiceLink Resource Center (SLRC) network, in 2003. This comprehensive network includes at least one SLRC program in each of NH's ten counties. Each SLRC is a fully-functioning ADRC. BEAS contracts with independent 501(c) (3) entities that act as fiscal agents for the SLRC sites to provide services. The SLRC network is the foundation of NH's Balancing Incentive No Wrong Door system of access to long term supports and services for all populations and payers.



Each SLRC site is directed by a Program Manager, who manages all operations and functions, and staff members have specific and progressive credentialing and/or competency-based training in information and referral, assessment and person-centered options counseling, Medicaid, Medicare (State Health Insurance Program and Senior Medicare Patrol), Veterans' services and benefits, family caregiver issues, Alzheimer's disease and Related Dementia, outreach and marketing, person-centered transitions support, and the state's Affordable Care Act Health Insurance Marketplace Assistance Program. Each SLRC site has a Quality Assurance and Continuous Quality Improvement Plan to ensure that services are available, are of high quality, meet individuals' needs, and adhere to the highest standards. The SLRC Network has comprehensive information technology and information systems management capacity to support all business functions and to enable the capture of specific, detailed information regarding consumer demographics, individual-level outcomes, impact of services and service utilization. In addition, SLRC has a comprehensive, searchable service database for the public to use. It has a solid partnership with NH's 211 system.

BEAS and the SLRC network's key and longstanding partner is the University of NH's Center on Aging and Community Living (CACL). CACL is an applied research center, and is a collaborative effort of two Institutes at the University of NH: The Institute for Health Policy and Practice (IPP) and the Institute on Disability (IOD). CACL engages partners within and outside the University in applied research that advances sustainable, person-centered options for aging and community living. The IPP also convenes the NH Accountable Care Project, which brings together health care systems across the state in a learning network to support Accountable Care Organization development.

Balancing Incentive Program – No Wrong Door/NH Care Path

DHHS is a current grantee of the Balancing Incentive Program (BIP), a discretionary grant awarded by CMS to assist the State in rebalancing the disparity between the amounts spent for Medicaid institutional long term care and community based long term care. BEAS contracts with UNH CACL, and the collaborative work is supporting strategies to further develop home and community based infrastructure changes, including conflict-free case management and standardized assessments. A key strategy is the development of the No Wrong Door Model, and the recent launch of NH Care Path. With the SLRC Network at its center, NH Care Path is supporting the expansion of information and guidance on supports and services to all populations, regardless of age or income.

Title III Programs

BEAS' programs funded through Title III include the SLRC network, nutrition programs, the NH Family Caregiver Support Program, transportation services, adult day services, homemaker and home health aide services and legal services. BEAS also provides Title IIID funding for evidence-based prevention programs (detailed below). All of these programs provide critical services and supports with the primary goal to help individuals to maintain independent living in the community. At this time, BEAS intends to continue its policy regarding voluntary donations for Title III services. Individuals may be asked



to donate and amounts may be suggested, but no one can be refused a service if he/she cannot or does not provide a donation.

Nutrition – Congregate and Home-Delivered Meals

Congregate and home-delivered meals provide vital nutrition services to older adults and adults with chronic illnesses or disabilities. Through a statewide network, thousands of meals are delivered and served on a weekly basis. Despite the obstacles of winter weather and distances between client homes in rural areas, the nutrition agencies manage the very challenging task of delivering thousands of home-delivered meals. The brief daily check-in by the driver provides a basic but vital human contact for many individuals who might not see another person all day. Most of BEAS' meals providers are also transportation providers. Also, some of the larger agencies provide additional and important services to older adults and adults with chronic illnesses or disabilities.

Title III E NH Family Caregiver Support Program, State-General Funded Alzheimer's Disease and Related Disorders Respite Program and Veterans' Directed Home and Community-Based Services

The NH Family Caregiver Support Program (NHFCSP) and Alzheimer's disease and Related Disorders Program (ADRD) are both embedded in the SLRC network. Since it is recognized that the majority of long-term care in the home is provided by family caregivers, NH has made significant investments to develop and expand a coordinated infrastructure to support family caregivers, providing the ongoing information and tools needed by caregivers to continue in their important role. As described above, SLRC staff members attain specific training and competencies in order to support family caregivers.

In addition to the counseling and support provided, caregivers may also receive small grants to support their access to respite care and supplemental services. However, the ability of caregivers to connect with a caregiver support specialist for assistance and emotional support is cited by many caregivers as the most critical benefit of the program.

The strongest asset of the Program is the flexibility in designing individual service plans as caregivers decide what they need most in their caregiving situation. BEAS contracts with Gateways Community Services (a Developmental Services Area Agency) to perform human services and financial management services functions, as employer of record, for caregivers hiring their own caregivers. Gateways also pays the bills for approved respite and supplemental services and issues monthly statements to caregivers and to the SLRC's to aid in the tracking of caregiver spending.

A recently launched BEAS/SLRC initiative is focused on intensifying outreach to relative caregivers through three of the state's school districts. The initial outreach was done with a large school district and included the district superintendent, school nurses, school counselors and social workers, and the inclusion of information about caregiver/grandparent caregiver information in the district's spring newsletter. Information was gathered from school district staff about the needs of



grandparent/relative caregivers to determine the next steps. Two additional outreach presentations have been completed and BEAS and SLRC are identifying next steps.

While not funded under Title III-E, the ADRD Respite Program is an integral part of the caregiver support services structure in NH. The ADRD Respite Program is a longstanding, legislatively-mandated and state general-funded program for caregivers of individuals with ADRD. By embedding the two Caregiver Programs in the SLRC network, caregivers have access to the same counseling and support services. However, when respite funds are needed, the SLRC's authorize utilize the funding stream that is appropriate to the caregiver's situation.

In the 2014 session, the NH Legislature established a permanent subcommittee on ADRD through House Bill 1572. BEAS is the DHHS designee/member of the subcommittee. BEAS has had a longstanding partnership with the Alzheimer's Association, and this legislation provides the opportunity for additional and unique collaborations, including the development of ADRD training for law enforcement and first responders and the development of a state plan for ADRD. The subcommittee held its first organizational meeting in May 2015.

An additional and integral component of the Caregiver Program is the Veteran-Directed Home and Community-Based Services Program (VDHCBS). While this program is not funded under Title III-E, it is another important component of the caregiver program. Collaborating partners are BEAS, SLRC, the NH and Vermont Veterans' Administration Health Centers and Gateways Community Services, which provides financial management services for participating veterans. The Veterans' Administration determines eligibility for the program and a monthly budget for services and supports. SLRC assists the veteran in identifying and securing supports and services. This program is operating statewide, and is currently serving 75+ veterans. It is anticipated that the program will expand pending the release of ongoing earmarked Veterans' Administration funds to support the program.

The VDHCBS is part of an overall statewide emphasis to improve outreach and access to veterans' services. DHHS has a Bureau of Community Based Military Programs, which has developed multiple initiatives to serve the state's veterans in conjunction with BEAS, the SLRC's, NH and Vermont Veterans' Administration Health Centers and organized veterans groups throughout the state. Approximately 115,000 veterans live in NH. It is estimated that only 30,000 of these 115,000 utilize the VA Medical Center, which is why partnering with the civilian sector is key in serving NH's veterans. The Bureau's mission is to collaborate, coordinate, and communicate with military and civilian provider groups in the delivery of health care services to NH veterans, service members, and their families.

A newly launched initiative through NH Care Path is the "Ask the Question: Have You Ever Served in the Military?" campaign. The campaign is to raise awareness among all community service providers to ask the question of all applicants for services so that



veterans are identified and may be connected to Veterans' Administration services and supports. In June 2015, DHHS hosted the first statewide Justice Involved Veterans' Conference. The conference focused on ways that military and civilian providers can help veterans who come into contact with the criminal justice system. Many justice-involved veterans are affected by post-traumatic stress syndrome (PTSD), which often occurs as the result of combat experiences.

Adult Day Programs are licensed by DHHS and offer day-time services and supports in a community site to adults who have an illness or disability who are living at home. Services include supervision in a protected environment, personal care, dietary services, nursing and recreational activities. The newest Adult Day Center to open is located in central NH and it is offering culturally appropriate services to a population of older and/or disabled Nepali refugees.

Transportation is provided for eligible individuals living in the community for the purpose of accessing other Title III services, medical appointments, shopping for food and other basic needs and to access community based services and programs that promote independent living. Trips are provided on an on-demand and/or fixed-route basis. Many of BEAS' nutrition providers also provide transportation. Vehicle, licensing and operational standards are established by the NH Department of Safety and federal Department of Transportation regulations. BEAS' transportation providers are members of the NH Community Transportation Regional Coordinating Council (RCC), which is comprised of local transportation providers, human service agencies, funding agencies and organizations, consumers, and regional planning commission staff. The RCC's develop information that is helpful to transportation service users, identify opportunities for coordination between service providers, and advise the State Transportation Coordinating Council as to the state of coordination in the region.

Legal Services are a vital component of the state's elder justice system and are further detailed in Focus Area (D).

Home Health Services are provided to eligible individuals living in the community through a network of home health agencies across the state. Services provided by home health agencies are a critical component to supporting individuals in their homes. Services include nursing services, personal care, assistance with homemaking and preparation of meals. Services are provided by home health agencies or other providers licensed or certified by DHHS.

Prevention and Wellness Programs and Related Initiatives:

BEAS has been working to ensure compliance with ACL's mandate that all Title IIID-funded programs meet the highest tier of evidence based criteria as of October 1, 2016. As of this writing, with the possible exception of dental services, all of BEAS' Title IIID programs meet the highest level of evidence-based criteria.



Title IIID funding is contracted for several evidence-based programs intended to support the ability of older adults to sustain independent living. Programs include: substance abuse/misuse education and intervention, falls prevention, Chronic Disease Self-Management Program (CDSMP), Powerful Tools for Caregivers (PTC), and dental services. Each program involves collaborations with multiple public health, health care, social services and SLRC partners.

The Referral, Assistance and Prevention Program (REAP) is a longstanding and unique evidence-based service model involving BEAS, the NH Housing Finance Authority, DHHS' Bureaus of Behavioral Health and Drug and Alcohol Prevention Centers and NH's ten community mental health centers. Licensed mental health clinicians are trained as REAP Counselors to provide educational programs and short-term individual counseling sessions with older adults at risk of substance abuse/misuse.

BEAS participates in DHHS' Division of Public Health Services (DPHS) Falls Risk/Injury Reduction Task Force, which collaborates with the Dartmouth Center for Injury Prevention, hospital community health programs and senior centers to support a variety of evidence-based falls prevention programs focused on balance, strength training and awareness. A current ACL grant supports this coordinating work through the NH Foundation for Healthy Communities.

The Chronic Disease Self-Management Program and Powerful Tools for Caregivers Evidence-Based Programs are coordinated through a partnership between BEAS, ServiceLink, DPHS, Northern and Southern Area Health Education Centers, Master trainers and leaders, Dartmouth, Senior Centers and hospital community health programs. This evidence based program partnership supports the training of new leaders for both programs, stipends to support sites to offer the programs, and participant recruitment support and ongoing participant data collection and analysis of patient activation measures. As of this writing, the Southern AHEC has submitted a proposal to ACL/AoA for a new chronic disease self-management program funding opportunity. If awarded, the grant funding would support efforts to more fully engage the medical community in promoting and supporting the benefits of CDSMP.

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



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

Titles III and VI Coordination

NH has no federally recognized Native American tribes and therefore receives no Title VI funding. In 2010 the NH Legislature established the NH Commission on Native American Affairs. The mission of the Commission is to recognize the historic and cultural contributions of Native Americans to NH. Administratively attached to the NH Department of Cultural Resources, the Commission recognizes the historic and cultural contributions of Native Americans to NH, promotes and strengthens Native American heritage and furthers the needs of NH's Native American community through state policy and programs. The Commission was slated to sunset in July 2015 but recently enacted legislation has extended the sunset date to July 2020 to enable the Commission to continue its work.

BEAS has made its resources available to the Commission; however, the Commission's work has focused on the culture and preservation of NH Native American artifacts, landmarks and burial grounds. DHHS and BEAS remain available to the Commission to provide information, technical assistance and/or support that may be needed.

Title XX Programs (Social Services Block Grant)

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

Key Statewide Partnerships

NH Senior Center Network

While not funded through BEAS (with the exception of sites that provide congregate meals or BEAS supported evidence-based programs), the NH Association of Senior



Centers and its membership throughout the state are important, longstanding community Centers partners with BEAS, the SLRC network and aging services providers. Senior Centers perform a critical function in helping older adults to stay connected and engaged in their communities, which helps to sustain good health and well-being. Centers operate under a variety of auspices, and have a long history of partnership and collaboration with BEAS, SLRC and the aging services network.

BEAS currently partners with the Senior Centers for CDSMP, falls prevention programs and oral health screenings for older adults. The Centers also support greater DHHS initiatives by hosting town hall meetings and community listening sessions. The NH Association of Senior Centers coordinates an annual statewide meeting and ongoing regional member meetings, which focus on developing organizational and financial sustainability. The Association has strong ties to and support from the NH business community.

Faith-Based Services

Faith-based communities comprise a critical part of the safety net and have always been an important piece of NH's human service delivery system. Faith-based communities provide core services at the local level to individuals in need, and work in collaboration with senior centers, the SLRC Network and other contracted providers. Volunteers from faith-based programs provide transportation, respite care, visiting, chore and home maintenance services, meals, food, rental and security deposits to older adults and adults with disabilities who have urgent or unexpected needs.

Emergency Planning/Preparedness

BEAS is actively involved in larger DHHS-related activities around emergency/disaster planning and response. Over the last two years, BEAS staff has participated in the development of advanced protocols for planning for and managing chronic conditions, functional needs and communication access needs in emergency shelters. The DHHS Office of Public Health Emergency Planning coordinates with the NH Division of Homeland Security and Emergency Management, which is responsible for disaster planning, preparation and response statewide.

DHHS also requires each of its divisions and bureaus to develop and update a Continuity of Operations Plan, which is focused on how each area's core operations, functions and staffing will be managed during an emergency or disaster.

BEAS participates in DHHS emergency response efforts. Three years ago, staff were activated and assisted in an emergency phone bank when a large number of people were exposed to Hepatitis C.

Long-Term Care Medicaid Waiver Program and Medicaid Managed Care

The Choices for Independence (CFI) Program is BEAS' long term care 1115 Medicaid Waiver Program. The Program serves individuals who meet medical and financial eligibility requirements for nursing home care, but choose to live in the community. This



program currently supports individuals living in the community and individuals who have returned to the community from a facility. CFI services are also available to individuals living in assisted living and residential care facilities and adult family care homes. The waiver includes an option for consumer-directed services, which enables program participants to hire, fire, and manage staff members who work with them in their homes.

In 2011 the Legislature passed Senate Bill 147, directing DHHS to implement a managed care model for the Medicaid Program. The model has been implemented in phases in conjunction with two Medicaid Managed Care organizations (MCO's). DHHS and BEAS are currently working on the imminent implementation of the long-term care model. BEAS' Medicaid waiver participants will transition into the model in late 2015, and Medicaid nursing facility residents will transition in 2016. The structure of the model has been and continues to be informed through an extensive public comment process, which has included successive rounds of consumer, provider and legislative listening sessions. Key comments have urged the inclusion of non-medical services and supports in the design in order to more holistically meet individuals' needs. As a result, the target implementation dates have been extended several times in order to give ample consideration to the design.

The planned design of the Medicaid Managed Care Program incorporates DHHS' whole person approach with an emphasis on the individual and family and integration of medical, behavioral and long term services and supports and the social determinants of health. Services and supports will be driven by person centered planning processes and principles. Care will be coordinated across medical, behavioral health, psychosocial and long term supports and services domains. A critical component will be on improved quality with emphasis on improved experience of care and improved health of NH's population. Additionally, it is anticipated that the Program will demonstrate improved cost effectiveness through reducing and better managing the costs of health care to ensure sustainability and to meet the future needs of program participants.

Medicaid Nursing Home Rate Setting

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

Increasing Business Acumen

Within the current climate of continuous fiscal challenges, BEAS, service providers and partners are actively seeking ways to consolidate and reconfigure without causing a negative impact on clients. BEAS convenes regularly scheduled meetings with SLRC network partners and with Titles III and XX service providers to discuss service provision issues, current and anticipated landscape, funding and budgetary planning.



BEAS' service providers leverage funding from local and county governments, donors, and private foundations, as well as client donations, goods and services through partnerships with local businesses. These efforts are ongoing and require sustained efforts. As with state government funding, local and county funding levels are similarly impacted and providers have experienced reduced levels of funding support and increasing competition for local/regional sources of funding.

There is an increasing recognition of opportunities for public/private and innovative partnerships. A current example is collaboration between a Boys and Girls Club and a BEAS contracted nutrition provider (Community Action Agency) that operates several senior center sites. One senior center lost its longstanding site late last year, causing a significant disruption because it served a large number of participants from several rural towns. Simultaneously, the Boys and Girls Club sought to establish a new site in the same town. The Boys and Girls Club and the Community Action Agency collaborated and secured grant funding, other funding and donations, and a brand new intergenerational facility is soon to be built.

Integration of Health Care and Social Services Systems

BEAS has formed strong and integrated partnerships that address health care, prevention and wellness. Specifically and as previously stated, BEAS collaborates with DHHS' Division of Public Health Services on several key programs addressing the needs of older adults and adults with disabilities. BEAS collaborates with DHHS' Behavioral Health and Substance Abuse Prevention Program and the state's ten community mental health centers to deliver the REAP Program. BEAS also works with area health education centers, community health centers and the state's network of home health agencies on a variety of programs and initiatives.

The University of NH's Center on Aging and Community Living (CACL) is one of ten networks of community-based aging and disability organizations selected to participate in ACL's learning collaborative to receive targeted technical assistance related to business acumen. CACL is partnering with the SLRC Network and Granite State Independent Living (GSIL), the statewide independent living center. While there has been a significant amount of integration activity within the medical model of care, the link to community-based services and supports has not been as strong. The ACL learning collaborative is providing technical assistance to assist the partners in developing necessary business plans, structure, packaging, sales and negotiating infrastructure in order to integrate community-based services into health care delivery system reforms.

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



BEAS' Medical Director, Dr. Stephen Bartels, is Director of the Dartmouth Centers for Health and Aging. The Centers seek to improve care delivery to older adults, contribute to the body of research on the care of aging adults, develop collaborations and partnerships to share information and expand educational opportunities.

BEAS/DHHS has a longstanding history of collaboration with the Center, as have northern New England's universities, home health agencies, hospitals, nursing homes, policy makers and community based organizations.

State Innovations Model

The State Innovations Model (SIM) is another CMS discretionary grant. It is providing resources to assist DHHS in the development of a managed care model for long term services and supports and the implementation planning of the model.

Money Follows the Person Program/Community Passport Program

Known as the NH Community Passport (CPP), this nursing home transition program and rebalancing initiative was established in 2007 through funding from CMS. BEAS has contracted with the UNH CACL to implement and operate the program. It is staffed by a program director and a transition specialist. CACL contracts with Granite State Independent Living, the statewide independent living center, to work with transitioning individuals on all of the logistics involved in finding and securing housing. Lack of affordable, accessible and safe housing has been the most significant barrier to transition for individuals desiring to receive their supports and services in the community verses a nursing home. CPP assists qualifying residents who choose to transition back to a community living arrangement, such as a home and community based care waiver program. Eligible individuals are Medicaid clients who may be served through the developmental disabilities waiver, the acquired brain disorder waiver, BEAS' elderly and chronically ill waiver, state funded mental health services and Children's' In Home Support Waiver.

The program provides extensive supports to assist residents with the decisions and tasks necessary to transition back into independent living. The program is designed and implemented to reflect a person-centered approach to service planning and delivery and providing greater opportunities for individuals to direct their own care to the extent that they choose.

Currently the CPP program is operating statewide to identify and assist individuals with transition activities so that they may move out of nursing homes and back to receiving long term care services and supports in the community of their choice. The program will continue to operate and transition individuals through the end of December, 2017 which is the last CMS allowable date. Once the grant ends, the state plans to continue this work. The contracts to incorporate long term care services and supports within the Medicaid managed care organizations are still in development and the details for incorporation of CPP are not yet known.



STATE PLAN Goals, Objectives and Strategies

Relationship of ACL Focus Areas to the New Hampshire State Plan On Aging

This section outlines the ACL Focus Areas, goals and objectives for each Focus Area, and strategies that are in process or are planned to be implemented to attain each goal.

ACL Focus Area A: Coordinate Title III services (Supportive Services, Nutrition, Disease Prevention/Health Promotion and Caregiver programs, VI (Native American Programs, and VII (Elder Rights Programs), and serve as the foundation of the national aging services network. Describe plans to: coordinate Title III programs with Title VI Native American programs; strengthen or expand Titles III and IV services; increase the business acumen of aging network partners; work toward the integration of health care and social services systems; and integrate core programs with ACL programs addressed in Focus Area B.

State Goal 1. Ensure that the NH long-term services and supports system has the capacity and flexibility to meet the needs of older NH residents, their families and caregivers.

Objective: Provide administration and oversight of programs funded through the Older Americans Act, Title XX funds, state general funds and other federal funds to ensure coordinated and consistent service delivery.

Strategies: BEAS will implement the following strategies:

BEAS will serve as an effective steward of federal and state funds through financial, contract and program accountability, oversight and technical assistance. Target completion date: September 30, 2019.

BEAS will collaborate with service agencies and partners to assess evolving aging demographics and evolving needs of older adults. Target completion date: September 30, 2019.

BEAS will support and guide the SLRC Network through its transition into a No Wrong Door Model. Target completion date: September 30, 2019.

BEAS will support and guide the expanding capacity of the SLRC Network to provide person-centered transitions support between services and settings. Target completion date: September 30, 2019.



BEAS will support and guide Title III E Family Caregiver Support Services and state general-funded ADRD respite services as the demographics and population of older adults, caregivers and individuals with ADRD continues to change. Target completion date: September 30, 2019.

BEAS will evaluate its initial Caregiver Programs outreach work with SLRC and three school districts to determine efficacy and next steps. Target completion date: September 30, 2016.

BEAS will continue its role and status as a member of the newly formed legislative subcommittee on ADRD to help guide and inform the work of the subcommittee. Target completion date: September 30, 2019.

BEAS will continue collaboration with DHHS' Division of Public Health Services to support current evidence-based programs and identify new opportunities to establish additional evidence-based programs. Target completion date: September 30, 2019.

BEAS will collaborate with service providers and partners to inform and support opportunities to expand knowledge and implement new business acumen strategies. Target completion date: September 30, 2019.

ACL Focus Area B: ACL Discretionary Grants – for the following ACL Discretionary Grant programs received by your state, (Senior Medicare Patrol) develop measurable objectives that include integration of these programs with OAA core programs above.

BEAS receives discretionary grants from the centers for Medicare and Medicaid (CMS) for the provision of the NH State Health Insurance Assistance Program (SHIP) and the Senior Medicare Patrol (SMP) Program. Both of these critical programs are delivered through the SLRC network and are guided and monitored by BEAS. SLRC staff members functioning as SHIP/SMP counselors receive extensive and ongoing training. They provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage. Key Medicare topics are: Medicare coverage, prescription drug benefit, supplement plans, and long term care insurance. The SHIP is operated in accordance with the SHIP Standard Operating Guidance developed and approved by CMS.

The SMP fosters program visibility and consistency to enhance the capability to identify and refer instances of potential health care fraud through collaborations with service providers. The SMP conducts timely reporting to the SMART FACTS database that meets the requirements of the Office of the Inspector general that monitors the program's inquiries, outreach and educational activities, volunteer management and resolution of complex issues. A key component of the program is volunteer participation. Each SLRC



recruits, trains and supports volunteers who assist consumers in navigating Medicare payment and billing issues.

State Goal 2: The SMP will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to individuals with Medicare.

Objective: Partner with the SLRC Network to ensure that individuals with Medicare have information and understanding as to how to protect themselves and their information.

Strategies:

Implement the SMP Resource Center's Volunteer Risk Management Program as developed by ACL. Target completion date: September 30, 2016.

BEAS will support SMP Counselors in increasing outreach efforts by conducting Medicare "mini seminars" across the state. Target completion date: September 30, 2019.

BEAS will support SMP Counselors to recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and the process for reporting questionable Medicare billing situations. Target completion date: September 30, 2019.

BEAS will support SMP in reaching a targeted increase in the number of trained, active volunteers by 20% each year. Target completion date: September 30, 2019.

Focus Area C: Participant-Directed/Person Centered Planning – describe your planned efforts (measurable objectives) to support participant-directed/person-centered planning for older adults and their caregivers across the spectrum of long term care services, including home, community and institutional settings.

BEAS has embedded person-centered planning and supports in its contracts, and Title III and Title XX administrative rules. For certain services, contract agencies are required to develop person-centered service plans with individuals.

As previously stated, NH's key policy, "Shaping Tomorrow's Choices" laid the framework for the development of a long-term support system that is "person-centered, promoting the right and ability of individuals, families, and caregivers in need of supports to exercise choice and direction, thus maximizing the independence, dignity, and quality of life of the individual receiving care." BEAS, the SLRC Network, key partners and service providers have embedded this approach to service planning and delivery. Administrative rules He-E 502 (Title III) and He-E 501 (Title XX), adopted by BEAS contain specific requirements for person centered service planning.



BEAS' contracts with service providers incorporate the requirement of person-centered planning. During on-site agency reviews and through ongoing communication, BEAS provides guidance and technical assistance to service providers to inform and support their incorporation of a person-centered philosophy and approach to service provision. Person-centered planning is also incorporated into the Medical Eligibility Assessment instrument that is used in determining medical eligibility for Medicaid Long-Term Care Services.

Office of the Long-Term Care Ombudsman

The OLTCO promotes person-centered and person-directed care through its ongoing participation and collaboration with the NH Culture Change Coalition. The Coalition provides mentorship and resources to all stakeholders associated with Long Term Care, Assisted Living and Independent Living communities in NH who desire to improve the quality of life, quality of care and empowerment of people within those communities. The NH Culture Change Coalition provides this support through education, recognition and resources. With previous work being focused primarily on nursing homes, the Coalition is working to adapt existing resources and materials to assist assisted living environments with obtaining or maintaining a more “home-like” setting, OLTCO is in compliance with the 2014 federal Home and Community Based Services rule that mandates that assistance be provided to assisted living facilities with respect to obtaining or maintaining a more home-like environment.

SLRC Network

Part A Enhanced Options Counseling Grant

UNH CACL is also contracted with BEAS to provide technical assistance on the Administration for Community Living Aging and Disability Resource Center Part A: Enhanced Options Counseling grant. CACL is working in partnership with BEAS and the SLRC Network to create national certification of Person-Centered Options Counseling, identify required staff skills, and coordinate trainings for staff at the SLRCs for both certification and ongoing professional development.

The SLRC Network is required to provide person-centered transitions support, to assist individuals from being placed unnecessarily in a nursing home or other institution. The SLRCs serve as local contact agencies to provide transition services for individuals in facilities who have indicated their wish to return to the community.

The University of NH's CACL regularly offers “Methods, Models & Tools”, an intensive five-day course designed to help aging and disability service providers develop the competencies needed to facilitate consumer and family-directed life planning.

Person-centered transitions support is embedded in the SLRC Network in order to support individuals as they transition from one service setting to another or from one payer to another. Transition pathways include transitions to/from the community to a



hospital or nursing home or other setting, and these pathways are recognized as critical junctures where decisions are made – often in a time of crisis.

State Goal 3: Promote an individual, person-centered approach for all individuals seeking and/or receiving services and supports.

Objective: Ensure that all services and supports contracted by BEAS are provided with a person-centered focus.

Strategies:

BEAS will monitor and provide technical assistance during on-site agency reviews to ensure that individuals' service plans are indicative that person-centered planning is ongoing. Target completion date: September 30, 2019.

BEAS will monitor client surveys and feedback to ensure that person-centered planning is consistent. Target completion date: September 30, 2019.

BEAS will continue collaborating with UNH CACL and the SLRC Network to further develop person-centered transitions support and to inform the development of national certification standards for person-centered options counseling. Target completion date: September 30, 2019.

OLTCO will work with the Local Area Network for Excellence (LANE), which was established through the national Advancing Excellence campaign, to offer quarterly meetings that will focus on national quality benchmarks related to performance, and/or medical goals that can be obtained through individualized, person centered and person directed approaches. Target completion date: September 30, 2019.

Focus Area D: Elder Justice – Describe activities to prevent, detect, assess, intervene, and/or investigate elder abuse, neglect, and financial exploitation. Described planned efforts (with measurable objectives) to support and enhance multi-disciplinary responses to elder abuse, neglect and exploitation involving adult protective services, LTC ombudsman programs, legal assistance programs, law enforcement, health care professionals, financial institutions, and other essential partners across the state.

NH's comprehensive elder justice system is comprised of BEAS' Adult Protection Program, BEAS' Legal Coordinator, the Office of the Long-Term Care Ombudsman, legal services providers, and multi-disciplinary task forces and community programs whose activities are directly related to this focus area.

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



The Adult Protection Program has a central intake unit for receiving reports. The responsibility for investigating adult protective reports is shared among the District Offices. Callers are connected to the central intake unit through a statewide toll-free number and the report is routed to the appropriate District Office.

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

APS staff work collaboratively and on an ongoing basis with the Attorney General's Office, state and local law enforcement, financial institutions and service providers during investigations. In addition, staff provides training and technical assistance to law enforcement, financial institutions and service providers to assist in the recognition of abuse, exploitation and neglect to facilitate their understanding of the processes and procedures used in APS investigations.

In 2008, BEAS incorporated the Structured Decision Making® System (SDM®) in its APS Program. Based on a national model of best practices, the SDM® System promotes the safety of incapacitated adults, identifies and addresses their needs, decreases the incidence of self-neglect and maltreatment, enhances service delivery, and provides data for program administration.

Since 2007 BEAS has utilized a statewide registry of founded reports of adult neglect, abuse and exploitation involving a paid or volunteer caregiver. State law RSA 169-F: 49 mandates that all employers of programs that are licensed, certified, or funded by DHHS to provide services submit the names of prospective employees who may have client contact for review against the names on the registry. Any individual hiring a caregiver directly or through an authorized representative or fiscal intermediary may submit the prospective employee's name to the registry for review. In July 2009 the statewide registry was expanded to include founded reports involving guardians and agents acting under the authority of a power of attorney.

BEAS' Legal Coordinator works closely with NH Legal Assistance and legal services providers serving older adults. The Coordinator drafts legislation, actively monitors State and federal legislation, and prepares information and testimony for proposed legislation impacting NH's older citizens. The Coordinator works closely with BEAS staff and provides guidance and direction in resolving issues related to eligibility decisions and service provision. The Developer also works closely with program and finance staff in the development of service contracts and vendor agreements.

In January 2015, an important new section was added to the NH Criminal Code. RSA-631:9 defines criminal financial exploitation of elderly, disabled or impaired adults. The



addition of this new provision further supports APS' work and provides new tools for law enforcement in cases involving financial exploitation.

NH Legal Assistance (NHLA) is a statewide nonprofit law firm that represents low-income and elderly clients in civil cases that impact their basic needs. BEAS provides funding for the Senior Law Project (SLP) to assist adults ages 60 and older, and works closely with NHLA on an ongoing basis. Services are targeted toward the most economically and socially disadvantaged older adults. The SLP assists consumers with concerns that include: consumer protection/debt collection, public and private housing, family problems, food stamps and other public assistance benefits, and utility shut-offs. It also assists with civil nursing home and assisted living/residential care facility problems. Legal services include legal advice, brief services and extended representation by attorneys and paralegals. The Project has the capacity to serve individuals who are housebound and/or isolated. The SLP engages in outreach to increase awareness of the legal rights of older adults and to ensure that the community is aware of its services by means of presentations and written materials.

APS has a leadership team role in the multidisciplinary Coalition Against Later Life Abuse (CALLA). APS participates in educating team members and in developing and presenting professional education to faith communities, law enforcement, financial institutions and health care providers. As of this writing, the Coalition has applied for funds from the NH Endowment for Health to convene a statewide leadership summit, to be followed by regional meetings. APS staff will assist in the planning phase, recruitment of work group facilitators and participate in the summit and regional meetings.

Office of the Long-Term Care Ombudsman

The OLTCO recruits, trains, certifies and provides ongoing support and training to program volunteers who support the work of the professional OLTCO staff in identifying and resolving complaints or problems experienced by long-term care residents in nursing homes, assisted living facilities and residential hospice care facilities.

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

Complaints are received from various sources and information about the complainant (reporter) is only released with the resident's or complainant's permission. Complaints received by OLTCO are sometimes referred to other agencies for resolution. For example, a report that, in addition to care complaints and rights complaints, also contains allegations of abuse, neglect, self-neglect and financial exploitation is referred to BEAS' Adult Protection Program. Depending on individual client circumstances, referrals may



also be made to Medicaid Client Services, the NH Board of Nursing, SLRC, and to DHHS' Bureau of Health Facilities Administration. Referrals may also include NH Legal Assistance, the Disability Rights Center and law enforcement.

State Goal 4: Continue to strengthen statewide adult protection efforts in conjunction with the elder justice system and law enforcement.

Objective: Collaborate with the elder justice system and law enforcement as the new law concerning criminal financial exploitation of elderly, disabled or impaired adults is implemented.

Strategy:

APS will act as subject matter experts to guide and inform as the elder justice system and law enforcement develop procedures and protocols to be put into place to investigate and prosecute individuals suspected of criminal financial exploitation. Target completion date: September 30, 2019.

State Goal 5: Serve as an effective advocate to uphold and ensure the rights, quality of life and quality of care for nursing home, assisted living and residential hospice care facility residents.

Objective: Provide a system of long-term care ombudsmen that investigates and resolves complaints and connects long-term care residents with benefits, services and supports.

Strategies:

The Office of the Long Term Care Ombudsman will promulgate administrative rules for the effective operation of the program. Target completion date: October 31, 2015.

The Office of the Long Term Care Ombudsman will provide education and support to the certified long-term care ombudsman volunteers and volunteer candidates, including on-going education on relevant topics such as person-centered and person-directed care. Target completion date: September 30, 2019.

The Office of the Long Term Care Ombudsman will provide education and consultation to long-term care staff members, residents, resident's family members and other individuals on issues affecting residents in long-term care facilities. Target completion date: September 30, 2019.

The Office of the Long Term Care Ombudsman will support resident empowerment and family support through assisting in the development and technical support of resident and family councils. Target completion date: September 30, 2019.



Outcomes and Performance Measures

State Goal 1. Ensure that the NH long-term services and supports system has the capacity and flexibility to meet the needs of older NH residents, their families and caregivers.

Outcome: Develop a more integrated health care and social services system and continue to support and inform the development of business acumen across all service sectors.

Measure: BEAS will continue its work with the SLRC Network, CACL and all service providers in established integration initiatives and will seek additional opportunities to further this work.

State Goal 2. The SMP will increase community awareness of and prevention of health care fraud and abuse through education, counseling, assistance and outreach to individuals with Medicare.

Outcome: SMP Counselors will recruit, train, and maintain volunteers to assist health care consumers to be more informed about how to protect their personal health information, detect payment errors, and the process for reporting questionable Medicare billing situations.

Measure: SMP will reach a targeted increase in the number of trained, active volunteers by 20% each year.

State Goal 3. Promote an individual, person-centered approach for all individuals seeking and/or receiving services and supports.

Outcome: Individuals, caregivers and families will experience person-centered planning regardless of where they access the service system.

Measure: BEAS agency site reviews, participant surveys and feedback will indicate that they have experienced person-centered interactions and service provision.

State Goal 4. Continue to strengthen statewide adult protection efforts in conjunction with the elder justice system and law enforcement.

Outcome: The new addition of criminal financial exploitation to the NH Criminal Code highlights awareness of financial exploitation.

Measure: APS will continue to refer to and partner with law enforcement when appropriate.



State Goal 5. Serve as an effective advocate to uphold and ensure the rights, quality of life and quality of care for nursing home, assisted living and residential hospice care facility residents.

Outcome: Trained OLTCO volunteer ombudsmen will advocate for residents and reduce the adverse effects of isolation, abuse, neglect and exploitation.

Measure: The number of trainings provided for OLTCO volunteers will be maintained or increased as necessary.

Quality Management

BEAS

BEAS conducts on-site monitoring of contract agencies, and desk reviews of data and reports received from contract agencies. For Titles III and XX service providers, extensive and detailed quarterly reports are submitted to BEAS. Reporting elements include client data, service expenses and revenues, and client satisfaction survey elements. Contractors also maintain systems for tracking, resolving and reporting client complaints/concerns, and must ensure equal access to quality services by providing culturally and linguistically appropriate services as needed.

SLRC Network

The SLRC network utilizes the Refer 7 System to capture extensive information and data about contacts and individuals served. Refer 7 is used as the centralized resource database and assists in locating service resources statewide. The System allows the tracking of client records and generates a variety of reporting data.

Each SLRC has a Quality Assurance and Continuous Improvement Plan that ensures that specific tracking elements are captured, that services are available, are of high quality and meet individuals' needs, and that a formal process is in place to get input and feedback from individuals and families. The Plan must also include measurable performance goals and indicators related to the SLRC's responsiveness, efficiency and effectiveness.

Testing Experience and Functional Tools (TEFT) Grant

In April 2014, DHHS was one of nine states awarded a four-year TEFT grant by CMS. The grant provides an opportunity to field test an experience of care survey designed for multiple populations served by DHHS, and includes a sampling of BEAS' CFI waiver program participants. CMS contracted with Truven Health Analytics to complete the survey and Truven contracted with the University of NH's Survey Center to implement the survey of NH participants in conjunction with DHHS/BEAS.

The goals of the initial survey were to complete 20% of the surveys by telephone and 80% in person. A second survey is planned in 2017.

Continuous Improvement Activities



BEAS' program, finance, APS, and legal staff provide technical assistance on an ongoing basis as initiatives progress, and as challenges and concerns are raised. Technical assistance is provided through regular meetings with contract agency groups and with individual agencies as requested. Technical assistance also includes trainings for contract agencies. For important communications regarding new or amended policies, BEAS has an established process for the formal release of policies and time-sensitive announcements. BEAS' contractors have accounts with NH E-Studio, the information system through which policies and other important information is disseminated throughout the provider network.

Office of the Long-Term Care Ombudsman

OLTCO conducts data collection through OmbudsManager, a web-based case management software system that is in compliance with the National Ombudsman Reporting System and ACL requirements. The system generates data reports, tracks consultations, facility visits and education and training activities.

As previously stated, OLTCO will work with the Local Area Network for Excellence (LANE) to focus on national quality benchmarks related to performance and medical goals that can be obtained through individualized, person centered and person directed approaches.



ATTACHMENT A

STATE PLAN ASSURANCES, REQUIRED ACTIVITIES AND INFORMATION REQUIREMENTS

Older Americans Act, As Amended in 2006

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

ASSURANCES

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

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

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

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

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

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

Sec. 306(a), AREA PLANS

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



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

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

(C) legal assistance;

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

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

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

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

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

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

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

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural

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

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

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

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

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

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

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



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



be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and

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

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

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

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

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

Sec. 307, STATE PLANS

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

(7)(B) The plan shall provide assurances that--

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

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

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

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

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

(11)(A) The plan shall provide assurances that area agencies on aging will:



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

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

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

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

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

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

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

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

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

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

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

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

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



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

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

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

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

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

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

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

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

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

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

(21) The plan shall

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

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by



the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds



that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

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

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

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

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

(ii) receipt of reports of elder abuse;

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

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

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

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

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

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

(iii) upon court order

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

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

(B) The State plan is based on such area plans.

(2) The State agency:

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

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII,



including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:

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

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

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

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

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

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

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

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


Signature and Title of Authorized Official


Date



ATTACHMENT B INFORMATION REQUIREMENTS

Section 305(a)(2)(E)

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

Throughout NH, BEAS' service providers target service delivery to individuals in greatest economic and social need. Targeted individuals include those who are low income, living in rural areas, are in frail physical or mental health, and are at risk of institutionalization without the services. To ensure that targeting criteria is met, home delivered meals and services provided in the home are limited to individuals who, through an assessment process, are determined to need assistance with activities of daily living and instrumental activities of daily living. BEAS further monitors targeting compliance by the conduction of both on-site agency reviews and desk reviews.

Section 306(a)(17)

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

BEAS is extensively involved in DHHS and Public Health Emergency Preparedness Planning and statewide emergency planning. BEAS has recently assisted in the development of emergency shelter protocols that address the needs of individuals with chronic conditions. State, regional and local emergency plans include information about BEAS' programs and services and service providers. Through Ready NH, the NH Division of Homeland Security and Emergency Management produces flyers, which BEAS distributes to service providers and senior centers, to help individuals plan in advance for potential extended emergency situations. BEAS and DHHS staff members are also able to train to perform specific functions in advance of emergencies/disaster response. For example, three years ago, BEAS staff members responded to telephone calls in the DHHS emergency call center as an extensive Hepatitis C outbreak was evolving.

BEAS' APS staff have procedures in place to check-in with all Adult Protection clients in advance of anticipated major events and assist clients in developing emergency plans to shelter in place or evacuate to a shelter.

BEAS also has a Continuity of Operations Plan which describes processes and procedures as to how the core operational functions of BEAS will continue during an emergency or disaster.

Section 307(a)(2)

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



(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (*Note: those categories are access, in-home, and legal assistance*). Provide specific minimum proportion determined for each category of service. NH's total minimum proportion is:

Access and Assistance Services - 0 % (Title IIIB funds): \$0

In-home Services - 49 % (Title IIIB funds): \$849,498.00

Legal Assistance - 8 % (Title IIIB funds): \$139,295.00

Section (307(a)(3)

The plan shall:

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

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

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

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

BEAS will spend, for each fiscal year of the Plan, not less than the amount expended for such services for fiscal year 2000. BEAS' contracts may be amended to enable the transition of units for some services from one service provider to another, when initial projections for usage are higher or lower than anticipated.

Section 307(a)(10)

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

In BEAS' current home-delivered meals contracts, a new methodology has been implemented to reallocate service dollars to help address the additional costs of delivering home delivered meals in rural areas. Providers serving rural participants receive an additional allocation per meal to support the higher costs associated with rural delivery.

Section 307(a)(14)

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

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

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

The NH Center for Public Policy Studies' May 2015 Report "NH's Foreign-Born Population" cites that a little more than one fifth of NH's estimated 75,000 foreign-born residents are in households with incomes between 100 percent and 200 percent of the federal poverty level guidelines, compared to 14 percent for the native born population.



In DHHS' southern District Offices, foreign language interpreters assist individuals who are accessing services. In addition, the DHHS Office of Minority Health and Refugee Affairs coordinates the translation of DHHS program information and disseminates it to DHHS' service providers.

BEAS' contracts require that service providers provide culturally and linguistically appropriate services to low-income minority older individuals and minority older individuals with limited English proficiency.

Section 307(a)(21)

The plan shall:

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

As previously stated, NH has no federally recognized Native American tribes. Service providers are required to provide culturally and linguistically appropriate services to all older and disabled adults.

Section 307(a)(29)

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

As previously outlined, BEAS is extensively involved in DHHS, Public Health and statewide emergency planning. Planning occurs at all levels between the State, local, municipal and county governments and service providers.

Section 307(a)(30)

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

As previously outlined, BEAS is involved in these ongoing planning efforts.

Section 705(a)(7)

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

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6). (Note: Paragraphs (1) of through (6) of this section are listed below)



- (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
- (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
- (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
- (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
- (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);
- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--
 - (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:
 - (i) public education to identify and prevent elder abuse;
 - (ii) receipt of reports of elder abuse;
 - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
 - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
 - (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
 - (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
 - (i) if all parties to such complaint consent in writing to the release of such information;
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
 - (iii) upon court order.

BEAS assures that its programs and services are in accordance with these assurances.


Signature and Title of Authorized Official

6/30/15
Date



ATTACHMENT C INTRASTATE FUNDING FORMULA

Resource Allocation Plan

As a designated Single Planning and Service Area, NH does not utilize an intrastate funding formula for its Older Americans Act-related funding. The attached budget sheets show actual expenditures for services provided through Older Americans Act funding for State Fiscal Years 2012, 2013 and 2014 and projected funding for 2015 and 2016.



SFY 2013 Actual Dollars Expended						
Service	General	Fed Other	III	VII	XX	Totals
Adult Community Services						
Adult Group Day Care	281,776		131,612		167,895	581,283
Congregate Housing						-
Congregate Meals	782,379		1,063,725			1,846,104
Misc Services (Note 1)	118,320		145,836			264,156
Respite Care	846		7,585		768	9,199
Transportation	537,560		730,868			1,268,428
Total Adult Community Services	1,720,880	-	2,079,627	-	168,663	3,969,170
In-Home Support						
Adult In-Home Care	1,522,026		91,547		1,320,379	2,933,952
Adult In-Home Care-APS	353,779				321,114	674,893
Chore	-					-
Emergency Support	-					-
Home-Delivered Meals	2,828,739		1,930,128		1,279,008	6,037,875
Home-Delivered Meals-APS	69,310				62,911	132,221
Home Health Aide	87,928		119,548			207,476
Homemaker	1,061,989		116,806		885,954	2,064,749
Total In-Home Support	5,923,771	-	2,258,029	-	3,869,366	12,051,167
Family Support						
Alzheimer's Disease Support Program						-
ADRD Demonstration Grant						-
NH Family Caregiver Support Program	-		677,767			677,767
Senior Comp Program	28,733					28,733
Total Family Support	28,733	-	677,767	-	-	706,500
Aging Information Resource System						
NH ServiceLink Network 400 407 431	1,241,436	706,326				1,947,762
Health Insurance Counseling(SHIP) MIPPA		308,577				308,577
Senior Medicare Patrol Project		148,253				148,253
ADRC						-
Transformation Grant						-
Health Promotion			34,076			34,076
NH Helpline						-
Total Aging Information Resource	1,241,436	1,163,155	34,076	-	-	2,438,667
Adult Projection Services						
Long Term Care Ombudsman (NORS RPT)	192,695			256,235		448,930
Legal Services	62,990		85,641			148,631
Total APS	255,685	-	85,641	256,235	-	597,561
Grand Totals	9,170,505	1,163,155	5,135,139	256,235	4,038,030	19,763,065
Note 1: Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Energy Assistance and Guardianship.						



SFY 2014 Actual Dollars Expended							
Service	General	Fed Other	III	VII	XX	Totals	
Adult Community Services							
Adult Group Day Care	239,913		121,414		137,036	498,363	
Congregate Housing						-	
Congregate Meals	586,335		975,976			1,562,311	
Misc Services (Note 1)	66,817		119,614			186,430	
Respite Care	583				465	1,048	
Transportation	409,587		733,234			1,142,821	
Total Adult Community Services	1,303,236	-	1,950,237	-	137,501	3,390,974	
In-Home Support							
Adult In-Home Care	1,264,958		77,806		972,676	2,315,440	
Adult In-Home Care-APS	259,240				206,433	465,673	
Chore	30,188				24,038	54,226	
Emergency Support	85,702				68,245	153,947	
Home-Delivered Meals	2,513,845		1,839,404		1,121,818	5,475,067	
Home-Delivered Meals-APS	61,802				49,213	111,015	
Home Health Aide	50,012		89,531			139,544	
Homemaker	1,009,386		104,002		757,512	1,870,901	
Total In-Home Support	5,275,134	-	2,110,744	-	3,199,936	10,585,813	
Family Support							
Alzheimer's Disease Support Program						-	
ADRD Demonstration Grant	48,886					48,886	
NH Family Caregiver Support Program			589,762			589,762	
Senior Comp Program	28,733					28,733	
Total Family Support	77,619	-	589,762	-	-	667,380	
Aging Information Resource System							
NH ServiceLink Network 400 407 431	1,049,174	589,866				1,639,040	
Health Insurance Counseling(SHIP) MIPPA		237,679				237,679	
Senior Medicare Patrol Project		185,872				185,872	
ADRC		186,496				186,496	
Transformation Grant						-	
Health Promotion						-	
NH Helpline						-	
Total Aging Information Resource	1,049,174	1,199,913	-	-	-	2,249,087	
Adult Projection Services							
Long Term Care Ombudsman (NORS RPT)	192,695	256,235				448,930	
Legal Services	47,546		85,115			132,661	
Total APS	240,241	256,235	85,115	-	-	581,591	
Grand Totals	7,945,404	1,456,148	4,735,858	-	3,337,436	17,474,846	
Note 1: Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Energy Assistance and Guardianship.							



SFY 2015 Projection based on contracts						
Service	General	Fed Other	III	VII	XX	Totals
Adult Community Services						
Adult Group Day Care	384,060		64,550		195,512	644,121
Congregate Housing						-
Congregate Meals	855,142		1,282,713			2,137,856
Misc Services (Note 1)	8,850		3,768			12,618
Respite Care	543				457	1,000
Transportation	897,487		693,802			1,591,289
Total Adult Community Services	2,146,082	-	2,044,833	-	195,969	4,386,883
In-Home Support						
Adult In-Home Care	3,615,439		126,658		2,790,859	6,532,956
Adult In-Home Care-APS						-
Chore	19,010				15,990	35,000
Emergency Support	57,030				47,970	105,000
Home-Delivered Meals	3,327,879		1,907,376		1,194,850	6,430,105
Home-Delivered Meals-APS						-
Home Health Aide	147,841		62,939			210,780
Homemaker						-
Total In-Home Support	7,167,199	-	2,096,973	-	4,049,669	13,313,841
Family Support						
Alzheimer's Disease Support Program						-
ADRD Demonstration Grant	321,000					321,000
NH Family Caregiver Support Program	240,111		720,333			960,444
Senior Companion Program	30,000					30,000
Total Family Support	591,111	-	720,333	-	-	1,311,444
Aging Information Resource System						
NH ServiceLink Network 400 407 431	1,252,322	705,211				1,957,533
Health Insurance Counseling(SHIP) MIPPA		352,301				352,301
Senior Medicare Patrol Project	44,835	191,140				235,975
ADRC		372,215				372,215
Transformation Grant						-
Health Promotion						-
NH Helpline						-
Total Aging Information Resource	1,297,157	1,620,867	-	-	-	2,918,024
Adult Projection Services						
Long Term Care Ombudsman (NORS RPT)						-
Legal Services	97,702		41,593			139,295
Total APS						139,295
Grand Totals	11,201,549	1,620,867	4,862,139	-	4,245,638	22,069,488
Note 1: Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Energy Assistance and Guardianship.						



SFY 2016 Projection based on contracts						
Service	General	Fed Other	III	VII	XX	Totals
Adult Community Services						
Adult Group Day Care	384,060		64,550		195,512	644,121
Congregate Housing						-
Congregate Meals	855,142		1,282,713			2,137,856
Misc Services (Note 1)	8,850		3,768			12,618
Respite Care	543				457	1,000
Transportation	897,487		693,802			1,591,289
Total Adult Community Services	2,146,082	-	2,044,833	-	195,969	4,386,883
In-Home Support						
Adult In-Home Care	3,615,439		126,658		2,790,859	6,532,956
Adult In-Home Care-APS						-
Chore	19,010				15,990	35,000
Emergency Support	57,030				47,970	105,000
Home-Delivered Meals	3,327,879		1,907,376		1,194,850	6,430,105
Home-Delivered Meals-APS						-
Home Health Aide	147,841		62,939			210,780
Homemaker						-
Total In-Home Support	7,167,199	-	2,096,973	-	4,049,669	13,313,841
Family Support						
Alzheimer's Disease Support Program						-
ADRD Demonstration Grant	321,000					321,000
NH Family Caregiver Support Program	240,111		720,333			960,444
Senior Companion Program	30,000					30,000
Total Family Support	591,111	-	720,333	-	-	1,311,444
Aging Information Resource System						
NH ServiceLink Network 400 407 431	1,252,322	705,211				1,957,533
Health Insurance Counseling(SHIP) MIPPA		352,301				352,301
Senior Medicare Patrol Project	44,835	191,140				235,975
ADRC		372,215				372,215
Transformation Grant						-
Health Promotion						-
NH Helpline						-
Total Aging Information Resource	1,297,157	1,620,867	-	-	-	2,918,024
Adult Projection Services						
Long Term Care Ombudsman (NORS RPT)						-
Legal Services	97,702		41,593			139,295
Total APS						139,295
Grand Totals	11,201,549	1,620,867	4,862,139	-	4,245,638	22,069,488
Note 1: Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Energy Assistance and Guardianship.						



SFY 2017 Projection based on SFY16						
Service	General	Fed Other	III	VII	XX	Totals
Adult Community Services						
Adult Group Day Care	384,060		64,550		195,512	644,121
Congregate Housing						-
Congregate Meals	855,142		1,282,713			2,137,856
Misc Services (Note 1)	8,850		3,768			12,618
Respite Care	543				457	1,000
Transportation	897,487		693,802			1,591,289
Total Adult Community Services	2,146,082	-	2,044,833	-	195,969	4,386,883
In-Home Support						
Adult In-Home Care	3,615,439		126,658		2,790,859	6,532,956
Adult In-Home Care-APS						
Chore	19,010				15,990	35,000
Emergency Support	57,030				47,970	105,000
Home-Delivered Meals	3,327,879		1,907,376		1,194,850	6,430,105
Home-Delivered Meals-APS						-
Home Health Aide	147,841		62,939			210,780
Homemaker						-
Total In-Home Support	7,167,199	-	2,096,973	-	4,049,669	13,313,841
Family Support						
Alzheimer's Disease Support Program						-
ADRD Demonstration Grant	321,000					321,000
NH Family Caregiver Support Program	240,111		720,333			960,444
Senior Companion Program	30,000					30,000
Total Family Support	591,111	-	720,333	-	-	1,311,444
Aging Information Resource System						
NH ServiceLink Network 400 407 431	1,252,322	705,211				1,957,533
Health Insurance Counseling(SHIP) MIPPA		352,301				352,301
Senior Medicare Patrol Project	44,835	191,140				235,975
ADRC		372,215				372,215
Transformation Grant						-
Health Promotion						-
NH Helpline						-
Total Aging Information Resource	1,297,157	1,620,867	-	-	-	2,918,024
Adult Projection Services						
Long Term Care Ombudsman (NORS RPT)						-
Legal Services	97,702		41,593			139,295
Total APS						139,295
Grand Totals	11,201,549	1,620,867	4,862,139	-	4,245,638	22,069,488
Note 1: Miscellaneous Services include: Community Elder Support, Nursing, Health Screening, Vision, Energy Assistance and Guardianship.						



