



State of New Hampshire Commission on Aging

ANNUAL REPORT

November 1, 2021 – September 30, 2022

DATE: November 1, 2022

TO: Honorable Chris Sununu, Governor
Honorable Sherman Packard, Speaker of the House
Honorable Chuck Morse, President of the Senate
Honorable Karen Umberger, Chair of House Finance Committee,
Chair of Fiscal Committee
Honorable Mark Pearson, Chair of Health, Human Service and
Elderly Affairs Committee
Honorable Gary Daniels, Chair of Senate Finance Committee
Honorable Jeb Bradley, Chair of Senate Health & Human Services
Committee
Honorable Paul Smith, House Clerk
Honorable Tammy Wright, Senate Clerk

FROM: Honorable Polly Campion, Chair, Commission on Aging

SUBJECT: 2022 Annual Report of the State Commission on Aging
RSA 19-P (HB 621, Chapter 152:2, Laws of 2019)

Pursuant to RSA 19-P:1 (HB 621, Chapter 152:2, Laws of 2019), enclosed please find the 2022 Annual Report of the State Commission on Aging.

If you have any questions or comments regarding this report, please do not hesitate to contact me.

I would like to thank the members of the Commission for their efforts to date and willingness to continue to engage in the important work of addressing issues and opportunities facing older NH residents. I would also like to express appreciation to all those who assisted the Commission in its duties.

Enclosures

cc: Members of the Commission

2022 Annual Report
The NH State Commission on Aging
RSA 19-P (Source 2019, 152:2, effect. July 1, 2019)
November 1, 2021

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COMMISSION MEMBERSHIP

Honorable Polly Campion, Chair, Appointed by the Governor
Carol Stamatakis, Vice Chair, Appointed by the Governor
Roberta Berner, Clerk, Appointed by the Governor
Senator Ruth Ward
Representative James MacKay
Representative Charles McMahan
Wendi Aultman, Department of Health and Human Services
Janet Weeks, Department of Labor
Richard Lavers, Department of Employment Security
John Marasco, Department of Safety
Shelley Winters, Department of Transportation
Sunny Mulligan Shea, Office of the Attorney General
Lynn Lippitt, NH Housing Finance Authority
Susan Buxton, Long Term Care Ombudsman
Suzanne Demers, Appointed by the Governor
Susan Denopoulos, Appointed by the Governor
Laurie Duff, Appointed by the Governor
Kristi St. Laurent, Appointed by the Governor
Daniel Marcek, Appointed by the Governor
Doug McNutt, Appointed by the Governor
Reverend Susan Nolan, Appointed by the Governor
Beth Quarm Todgham, Appointed by the Governor
Susan Ruka, Appointed by the Governor
Roxie Severance, Appointed by the Governor
Harry Viens, Appointed by the Governor
Representative Lucy Weber, Appointed by the Governor

COMMISSION EXECUTIVE DIRECTOR

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COMMISSION CHARGE

RSA 19-P:1

I. There is established a state commission on aging to advise the governor and the general court on policy and planning related to aging.

...

V. The commission shall be authorized to select and hire select an executive director by a vote of a majority of the members. The executive director shall be in the classified service of the state and shall perform such duties as the commission may require. The governor is authorized to draw a warrant for the amount necessary to pay for the executive director position and related office



expenditures authorized in this paragraph out of any money in the treasury not otherwise appropriated. The commission shall hold no fewer than 9 regular meetings per year.
RSA 19-P:2

- I. Reviewing and recommending proposals for rules, legislation, waivers, operations, and other policies.
- II. Reviewing and providing input relative to state planning efforts across agencies, including the state plan on aging, the mental health plan, and transportation and safety.
- III. Formulating or helping to formulate, reviewing, and evaluating policy proposals, considering fiscal, program, provider, and recipient impact, and making recommendations accordingly.
- IV. Encouraging the development of coordinated interdepartmental goals and objectives and the coordinating programs, services, and facilities among all state departments and nongovernmental organizations as they relate to older adults.
- V. Identifying and recommending ways in which the state can support local and community efforts, through educational programs or otherwise, to promote healthy aging.
- VI. Identifying and recommending ways in which the state can partner with nongovernmental organizations to promote healthy aging.
- VII. Promoting the skills, talents, and energy older Granite Staters can offer to make New Hampshire a better place to live for everyone.
- VIII. Assisting in the implementation of the state plan on aging.
- IX. Making a continuing assessment of problems relating to older adults.
- X. Advocating solutions to provide better integration of older persons into the social and economic life of the state.
- XI. Soliciting the cooperation and help of the various groups concerned with the problems facing older adults.
- XII. Obtaining from such groups their views, experience, assistance, and recommendations in the preparation and direction of future planning and administrative and legislative action as the commission may from time to time deem necessary and advisable.
- XIII. Requesting from governmental agencies within the state, subject to available resources, in making available such information, suggestions, and statistics to enable the commission to perform its functions.
- XIV. Other matters the commission deems necessary related to aging.



INTRODUCTION

The Commission on Aging was established in 2019 through a legislative process to advise the Governor and the General Court on policy and planning related to aging. The establishment of the Commission recognizes that we live in a demographically aging state that could benefit from forward thinking public policy and initiatives that ensure we can thrive as we age.

The Commission completed a strategic planning process over the summer of 2020 developing a three-year plan that outlines four strategic priorities as avenues for investigation for the Commission. Four task forces were formed in alignment with the strategic priorities:

- Develop and advance strategies to improve people’s ability to age in the communities of their choice
- Catalyze New Hampshire towards being an age-friendly state
- Engage leaders regarding the emerging needs of older adults during the COVID-19 epidemic
- Develop Commission infrastructure to support operational success

The report below captures the observations and learning that occurred during this past year’s Commission and Task Force meetings, bringing forward recommendations for the Governor and Legislature to consider. These were approved by the membership of the Commission at the October 2022 meeting of the Commission.

The agenda below envisions a future where older Granite Stater are not only able to meet their basic needs as they age but are respected and engaged in society for the knowledge, experience, and social connections they bring. Not every person ages in the same way. Some of us will need almost no assistance throughout the course of our lives; some will need community-based services to meet certain needs, and others will need more intensive services. Regardless of our needs, the resources for living well should be there for all of us as we grow older. An older median-aged society can add value to all our lives if we adapt to this changing reality. Older Granite-Staters both in and out of the workforce add to the value of our economy and especially our communities and families. Investing across generations and thoughtful shaping of public policy will grow opportunities for our state.

2020 Census – Percentages of New Hampshire’s Total Population
 From demographer Ken Johnson, PhD presentation, May 2022 to Commission on Aging

Ages 55-64	Ages 65-74	Ages 75- 84	Ages 85+	Total
16 %	11 %	5 %	2 %	34%

The largest *percentage* of older adults in the state is in northern New Hampshire; the largest *number* is in southern New Hampshire. Just 33% of New Hampshire residents over the age of 25 were born in New Hampshire.

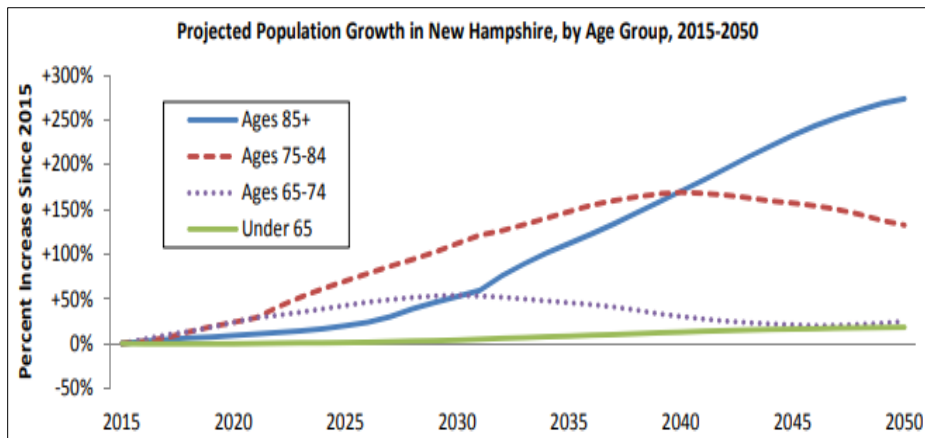
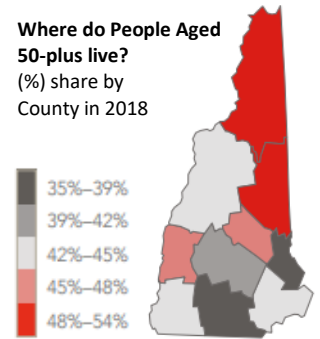


Image from [AARP Longevity Economy State Profiles: NH](#), Oct. 2020

Graph from [AARP Across the States 2018: Profile of Long-Term Services and Supports in NH](#) Currently in New Hampshire, one out of every five of us is over the age of 60.

SUMMARY RECOMMENDATIONS

Recommendations for the Governor and State Legislature:

The Commission on Aging has three overarching recommendations for the Governor and the General Court:

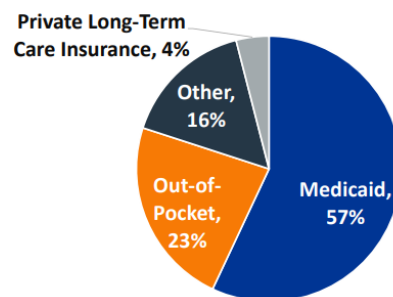
1. STRENGTHEN OUR LONG-TERM SERVICES & SUPPORTS SYSTEM OF CARE
2. GROW THE DIRECT CARE WORKFORCE
3. ADVANCE AGE FRIENDLY POLICIES, SYSTEMS AND ENVIRONMENTS

Our experiences since the onset of COVID-19 have exposed both the strengths and weaknesses of the status quo. At this watershed moment, we have an opportunity to pivot – to make changes towards better solutions. Governmental policies and investments ideally recognize that not every person ages in the same way. What follows encapsulates the findings of the Commission on Aging from the previous year, and names actions related to policy changes and funding that can improve what it means to age in the Granite State.

1. STRENGTHEN OUR LONG-TERM SERVICES & SUPPORTS SYSTEM OF CARE

While not all of us will require long-term services and supports during our lifetime, [most of us will](#). Long-term services and supports (LTSS) help individuals with their personal care needs (e.g., eating, bathing, and dressing), daily living needs (e.g., housework, meal preparation, and grocery shopping), and some basic medical needs. Findings of the Commission this year suggest that most often people do not plan for this future need and seek services in crisis situations such as after a fall. Both the public and professionals who are tasked with aiding the public experience challenges identifying and navigating appropriate services and application processes. Investing in our State’s ServiceLink network to grow its capacity as an information repository and navigation support is investing in our future selves.

Long-term services and supports can be delivered within nursing facilities or home and community-based settings. Most of these services are provided by unpaid caregivers – relatives and friends. Excluding the services of unpaid caregivers, Medicaid is the primary payer for these services. The chart to the right was developed from 2019 AARP data representing total national LTSS spending. “Other” consists of private health insurance and other public and private sources, such as the Veterans Health Administration, state and local programs, and donations.



LTSS comprise a major and growing portion of the New Hampshire Medicaid budget. The cost of long-term services and supports varies greatly depending on where the services are provided. According to one [estimate](#), in 2021, the median annual cost of care in New Hampshire provided in a nursing facility was \$131,400 vs. \$74,360 for a home health aide providing 8 hours of care 5 days a week in a home. Median cost in an adult day setting were \$22,100. State budget appropriations per Medicaid nursing facility enrollee were approximately \$110,000 in fiscal year 2022. Appropriations per enrollee in the Medicaid Choices for Independence Program which provides care in homes and the community were closer to \$20,000.

New Hampshire’s current LTSS system of care relies heavily on facility-based care, the most expensive setting for care. Medicaid rate setting mechanisms and payment timing that vary between the nursing facility program and the Choices for Independence Program play a role. The Medicaid Choices for Independence Program rates have not kept up with inflation. ([See NHFPI Report](#)). [New Hampshire’s home and community-based spending as a percent of all LTSS spending for older people and adults with physical](#)



[disabilities was 14 percent in 2016 - 50th in the country](#). The average in the United States is 45 percent. And yet most of us desire to stay at home for as long as possible as we age. **By investing in programs and services that aim to keep people in their homes longer, we improve quality of life while avoiding unnecessary spending.** An update to our systems of care is needed. Home and community-based care is not only preferred by most of us as we age, but also more cost-effective as many do not need 24/7 care.

Our system of care should be considered vital infrastructure and assessed for adequacy. It should enable all people in New Hampshire to have access to services and supports that enables aging with dignity and autonomy. The following recommended changes in policy support independence, choice, and cost-effectiveness:

A. Create a LTSS System of Care Structure:

- Base structure on [Statute 135-F](#) Children’s Mental Health System of Care updating [RSA 151-e](#).
- Establish an advisory council to collect data on effectiveness of system of care.
- Establish a section of the budget to track costs and savings for policy changes.

B. Improve Access to Home and Community Based Services:

- Increase investments in the ServiceLink network to improve its capacity to help people to navigate resources. Set standards of services with reportable metrics.
- Fund a ServiceLink Public Awareness Campaign.
- Ease Choices for Independence application process and implement presumptive eligibility.
- Improve access to durable medical goods through contract strategies.

C. Amend Choices for Independence (CFI) Medicaid Waiver program reimbursement rates:

- Reset rates to better align with current costs. Establish in statute a mechanism to keep rates responsive to inflation.
- Consider adjustments to rates for services where there is a provider gap in the state (e.g., better supporting CFI in assisted living settings can keep more people in a lower level of care longer).

D. Invest in retaining and growing the direct care workforce:

- Policies that serve to strengthen this essential workforce are needed as there is no system of care without an adequate workforce. See next section for recommendations.

In addition:

- Collaborate with counties to develop equitable solutions enabling LTSS to be increasingly provided in homes and communities.
- Support pilots that model alternative ways to deliver LTSS. Prioritize pilots that seek to support people to live in lower level of care environments. Seek to replicate existing small-scale tests like Sunrise Towers in Laconia and grow adult day programs across the state.
- Expand efforts to layer services over existing housing, for example the [Support and Services at Home \(SASH\) model](#). Establish cluster care reimbursement options for home and community-based care.
- Support the implementation of the New Hampshire State Plan on Aging which plans for the execution of core programs of the Older Americans Act - foundational elements of a LTSS system of care.



Support the NH DHHS BEAS’s prioritized need budget request to maintain all nutrition programs reimbursement rates with the parity that was achieved via use of American Rescue Plan Act funds.

- Explore options to support legal guardians of Medicaid eligible individuals to be paid to provide approved personal care services.

2. GROW THE DIRECT CARE WORKFORCE

Direct care workers assist older adults and people with disabilities with daily tasks, such as dressing, bathing, and eating; some perform basic clinical tasks. Direct care workers include personal care aides, home health aides, licensed nursing assistants, nurses and other caregivers. The decades’ long struggle to maintain this workforce was exacerbated to crisis levels by the COVID-19 pandemic. Prior to the pandemic the growing number of older adults, increased longevity, untenable low wages, and shrinking number of people in the “working age” cohort made this issue a brewing storm. The pandemic increased workplace stress, causing burnout, among other issues. This left an inadequate workforce resulting in a large increase in unmet needs and adverse health outcomes among older adults.

Long term care facilities are closing beds and some, like the Friendship Manor in New Ipswich, even their doors. [According to Gary Cahoon, the co-owner, “It’s 100% staffing. We can’t hire enough staff to keep going.”](#) Hillsborough County nursing home in October 2022 had 140 people on their waiting list to become residents and 40 to 50 beds unoccupied, entirely because of lack of staffing. In a 2022 survey of home care agencies sixteen agencies reported turning away potential clients due to staffing. One agency commented, “We decline an average of 35 new clients per month. Many of our existing clients only receive partial services because we don’t have the staff to cover all their hours.” Families clearly are struggling to find placements in facilities or enough qualified, direct care workers to cover the hours of needed support in their homes. All this has far-reaching consequences.

Care infrastructure, for which direct care workers are the backbone, is critical for the economic wellbeing of this state. Care jobs are job enabling jobs. Having access to a paid direct care worker for a loved one’s care can help people avoid making the tough choice between employment to support one’s family or providing that necessary care. The availability of care workers is integral to maximizing workforce participation and building a healthy, resilient economy – direct care workers are essential workers.

One part of stabilizing the direct care workforce is ensuring that workers are financially secure themselves. In 2020 in New Hampshire, [32% of direct care workers accessed some form of public assistance](#) (food and nutrition assistance, Medicaid, cash assistance). Investments supporting the direct care workforce could decrease public assistance expenditures, stimulate consumer spending and job growth, reduce costly turnover, and save health care costs. [In 2020, the median personal earnings of home care workers in New Hampshire were \\$16,300.](#)

What is the shortage in New Hampshire? Data from NH Department of Employment Security indicates an overall decrease of 10% in the long-term care workforce and 17% specifically within the skilled nursing workforce from 2015 to 2021. [We will need approximately 24,400 more direct care workers than we currently have by 2028.](#) This is a challenge, especially given the high turnover rate. Turnover destroys continuity of care and is expensive – for employers who need to continually invest in recruitment and training efforts and to consumers whose health may experience setbacks from disruptions in care. We need this workforce to be available, stabilized, and qualified. Direct care workers typically spend more time with an individual than any other member of a support team. They can avert costly life changing events and sometimes make the difference between life and death.



Growing the direct care workforce is one of the most critical tasks facing our state.

A. Amend Choices for Independence Medicaid Waiver Program Reimbursement Rates.

Establish in statute a mechanism to keep rates aligned with the CMS Market Basket for Home Health Agency Costs which is a measure of input prices changes over time.

B. Reduce Licensing and Regulatory Barriers.

Ensure requirements are the least restrictive necessary to ensure public safety, accelerate the processing of license applications, seize opportunities for interstate compacts, and support across-state-line licensure for all categories.

C. Expand Tuition Assistance and Support Programs to Assist a Broad Array of Potential Healthcare Students and to Support Professionals Continuing their Education and Expanding their Career Options.

Current opportunities for tuition assistance target select roles working in select settings (typically non-profits) and are not available to a broad range of healthcare roles. Expand this option to direct care workers.

D. Increase the Workforce by Cultivating Interest and Training Opportunities Among Our Increasingly Diverse Youth.

Cultivate interest in healthcare careers among diverse communities using marketing strategies that are culturally relevant. Engage our youth in programs and supports in schools that expose them to careers in this area and provide them with foundational skills and tools. Develop career counseling/coaching and support models that extend through the first year of employment. What's working already and worth building upon are [Career and Technical Education programs](#), [Extended Learning Opportunity programs](#), [NH Career Academy](#), [Work-based Learning programs such as Work!](#), and [NH Needs Caregivers](#).

E. Expand, Train and Market Apprenticeship and Mentorship Opportunities.

Develop formal partnerships with employers and businesses, providing and supporting comprehensive training for mentors, incentivizing employers to take on apprentices, encouraging clinicians and others to serve as mentors. Build on work of the Community College System of NH.

F. Develop and Implement a Comprehensive Strategic Campaign that Elevates the Social Value of the Career and Supports Direct Care Workers.

Build on existing initiatives such as Stay, Work and Play and others to build direct care work and health care as a lifelong career opportunity. Input should come from existing workers in the field.

G. Create a Centralized New Hampshire Workforce Organization.

Create a coordinating entity to maintain and implement a long-term vision and set of strategies to strengthen the workforce. Key tasks include building collaboration, data collection, and developing coordinated responses to funding and other opportunities.



H. Increase Affordable Housing, Transportation Alternatives, and Access to Childcare.

The low wages of these essential workers will never be tenable in New Hampshire unless we improve affordable housing stock, transportation options, and access to affordable childcare. Increase the opportunity for financial security by increasing monthly childcare support for single mothers and decreasing state aid income restrictions for workers in high demand jobs.

3. ADVANCE AGE FRIENDLY POLICIES, SYSTEMS, AND ENVIRONMENTS

Policies, systems, and environments supported by state government ideally reflect the community being served. As New Hampshire's population ages, it is time to advance policies and practices that make it possible for all of us to have the opportunity to thrive and be valued while growing older in New Hampshire.

People on average are living longer and healthier lives than previously. The increase in our disability-free years equates to an increase in our potential productive years and is referred to as the "longevity dividend." The sum of all economic activity driven by the contributions and needs of Americans aged 50 and older is referred to as the "longevity economy." [The gains to our economy and our communities from the longevity economy cannot be fully realized without purposeful action.](#) Adopting more flexible age norms in relation to family structure, work, retirement, and civic engagement will optimize social and economic benefits to our state. Health, education, employment, and community infrastructure and engagement are areas to target. Innovative technology needs to be more readily available and integrated into our daily living. Attending to inequalities over the life course is increasingly important as people live longer. Disadvantage unfortunately accumulates over a lifetime

Transportation and housing continue to be the top two issues raised when the Commission engages the public. They also rose to the top in the extensive surveying conducted prior to the creation of the last State Plan on Aging. Transportation alternatives which historically have been limited in New Hampshire, face many additional new challenges because of the effects of the COVID-19 pandemic. Small- to mid-sized housing built using universal design principles works for many of us. More housing inventory is good, but so are strategies that make the most of current housing. Policies and programs that create affordable, accessible housing options and meaningful transportation options are good public policy for people of all ages.

Senior programs/centers and long-term care facilities, disproportionately impacted by COVID-19, remain active in pandemic phases of response, recovery, and planning for the future simultaneously. All have changed operations in response, seeking to balance infection control with maintaining quality of life. Rallying behind quality programs/centers and long-term facilities is critical to avoid closures. Equally important is supporting development of new, high caliber options. This is a unique and critical moment in time to attend to the resiliency of these organizations.

A. Transportation Policy

- Support investment into an assessment of transportation needs of older adults, veterans, and people living with disabilities. Use findings to guide future planning and investments.

B. Housing Policy

- Address housing instability by adopting innovative housing policies and pilot programs that increase affordable, accessible housing options for older adults and work force, preferably together. A Housing Champion Certification Program could assist towns to achieve the housing they desire.
- Expand efforts to layer services over existing housing.



C. Civic Engagement

- Acknowledge that New Hampshire’s population is aging and the need by all of us to confront ageist perceptions and their social, economic, and political impact upon NH.
- Recommend use of American Rescue Plan Act funds to remedy the impacts of the COVID-19 virus on older adults, provide direct relief, and stimulate local longevity economies by providing opportunities for older adults to participate in their local communities in safe, meaningful ways.
- Expand Right-to-Know statutes to allow public bodies to achieve a quorum with members participating either in-person or via remote means. Hybrid meetings with remote access have improved the level of engagement of older adults in the political process.
- Amend the statute that defines the Commission on Aging (Chapter 19:P) to improve the operations of the Commission.

D. Technology Infrastructure, Growth, and Utilization

- Support expansion of high-speed broadband, telehealth public policies, and investment into technology goods and services which support healthy aging and later-life living. The goal of investments should increase availability, affordability, in-home hardware support, and general education on use. Specific funding opportunities are needed for senior programs to support purchase of technology to address social isolation: to provide access to those that don’t have technology, to provide training for people to use their own technology at home.
- Promote actions that better connect UNH, Dartmouth College and other institutions of higher education with the needs of older adults in our state. Support interactions that enable researchers both within New Hampshire and beyond to participate in developing technologies, innovations, and workforce to expand the role of tech in making our towns and cities more age-friendly and experiments that apply these innovations in real world scenarios.
- Challenge the private sector to engage with New Hampshire communities to bring the benefits of emerging technologies to the aid of older adults in our state. Specifically, support pilot projects with partners in the emerging health care sector that use New Hampshire communities as manageable ecosystems for trials of new technologies and learning around effective uses. Reach beyond our state borders to find health care partners who can benefit from small scale pilot programs and potentially see New Hampshire as a state to expand their operations.

E. Age-friendly Community Action

- Promote interactions within regions, towns, organizations, and service providers with a goal of moving towards age-friendly communities improving livability for people of all ages and local economies which leverage the opportunity of the “longevity economy”.

F. Senior Programming/Centers and Skilled Nursing Facilities

- Invest in initiatives that work to retain quality long term care organizations in our state.
- Establish a statewide long-term care council to give voice to older adult and family concerns. Engage in activities supporting resident rights, resident centered care, and caregiver visitation.
- Provide resources to community senior centers/programs.



ACTIVITIES OF THE COMMISSION

Summaries of Meeting Findings

November 15, 2021

Workforce Gaps and Challenges – Focus on Workforce Providing Long Term Services and Supports

Presenters: Rich Lavers and Brian Gottlob, NH Department of Employment Security (NHDES) presented workforce data and trends within the long-term care sector; Gayle Davis, co-owner, Senior Helpers of Southern NH, home care services provider; Brendan Williams, President & CEO, NH Health Care Association; Gina Balkus, CEO Home Care, Hospice & Palliative Care Alliance of NH.

Key takeaways from NHDES Brian Gottlob's remarks:

- In the field of long-term care there are many job openings, but the workforce has shrunk. The decrease in the workforce has occurred just as the increase in the state's older population is taking place. From 2015 to 2021, there has been an overall decrease of 10 percent in the long-term care workforce with a 17 percent decrease in skilled nursing facilities.
- Across the entire workforce, the decrease in workers is most marked in workers aged 25 to 54.
- The Long-term care workforce in NH is 80% female and has a higher percentage of older workers (ages 45 to 65+) than the general workforce:
 - home health care workforce is 89.2% female;
 - continuing care and retirement facilities' workforce is 79.8 % female; and
 - skilled nursing facilities' is 79.1 % female.
- The likely root causes of the long-term care workforce decrease:
 - A lack of childcare and other family care issues.
 - This sector competes with others in health care for some of the same occupations (nursing assistants, LPNs, RNs). Wage rates in long-term care are not as competitive as in these other sectors of health care.
 - Given the higher percentage of older workers, this sector will likely be experiencing more retirements just at the point when there is increasing demand.

Key takeaways from NHDES Rich Lavers' presentation:

- At the time of the presentation, NH was experiencing one of the fastest declines in available workforce, compared to the rest of the country. In the months just prior to the presentation, filings were down to approximately 2,400 per week—the lowest within the past 20 years.
- A stipend instituted last year to retain long-term care workers helped significantly while it was in place.
- The department holds regional virtual job and resource fairs with the community college system, promotes jobs to those who were unable to complete their community college work during the pandemic, and makes the job search portal easier with specific sections set up for the long-term care sector.



Key takeaways Senior Helpers co-owner Gayle Davis' presentation:

Gayle Davis and her husband, Dwight, own a non-medical home care agency that serves Hillsborough, Merrimack, Rockingham, and Strafford Counties. She said the agency has experienced consistent growth with requests for services rampant: in a recent four-day period, the agency had 24 new inquiries from potential clients. Year-to-date, the agency hired 53 people. Yet success in competing for hires has been limited. Staff retention is solid, she added, exceeding 80% with 20 employees with a tenure over 3 years. She has found a key draw to be wages on par with other health care sector jobs and their excellent benefits package: health care, vision, and dental insurance; a 401-k plan with employer match; profit sharing; educational scholarships and apprentice programs.

Davis had several suggestions for improved recruitment and retention of workers in the long-term care system including:

- Remove state aid income restrictions for workers in high-demand jobs.
- Increase monthly childcare support for single mothers.
- More affordable housing with incentives to landlords and builders (tax credits or deferments)
- Develop more transportation alternatives:
 - One idea: offer employers tax credits towards their business profits taxes who offer employees interest free loans to purchase cars that are repaid through payroll deductions.
- Recognize licensure from other states and countries so that potential employees can get to work right away in New Hampshire.

Manchester Community College's innovative program to assist international students to enter the health care workforce is an example of what's needed in this state to grow the workforce.

Key takeaways from NHHCA President & CEO Brendan Williams' presentation:

The pandemic exacerbated staffing issues that were already challenging in skilled nursing facilities. Occupancy has had to be reduced primarily because of the acute staffing issues. The state's long-term care facilities are turning away new residents, including those ready to be discharged from hospitals. With the lower occupancy rate, the percentage of residents on Medicaid has increased: now 66% of nursing home residents in the state are on Medicaid compared to 60% pre-pandemic.

The staffing situation in the state is worse here than nationally and is at a more critical level than any other sector of the economy. As an example, the Hillsborough County Nursing Home at the time of the presentation was currently down more than 100 positions yet its rate of pay for an LNA is from \$15.50 to \$24.83 per hour. It also had a waitlist of 129 individuals seeking a bed. Recruiting and retaining staff for laundry and dietary departments of nursing homes also is difficult, with facilities competing with fast food restaurants and the hospitality industry. The CARES Act stipend did help retain staff. Williams is concerned that given the stressors, some nursing homes may close or be sold to commercial buyers.

NH's skilled nursing facilities compare favorably with other states for vaccination rates: 89% of staff and 94% of residents are currently vaccinated. The NH Health Care Association does not oppose a vaccine mandate for staff but would like to see more resources to grow the workforce.

Key takeaways from CEO Home Care, Hospice & Palliative Care Alliance of NH Gina Balkus' presentation:

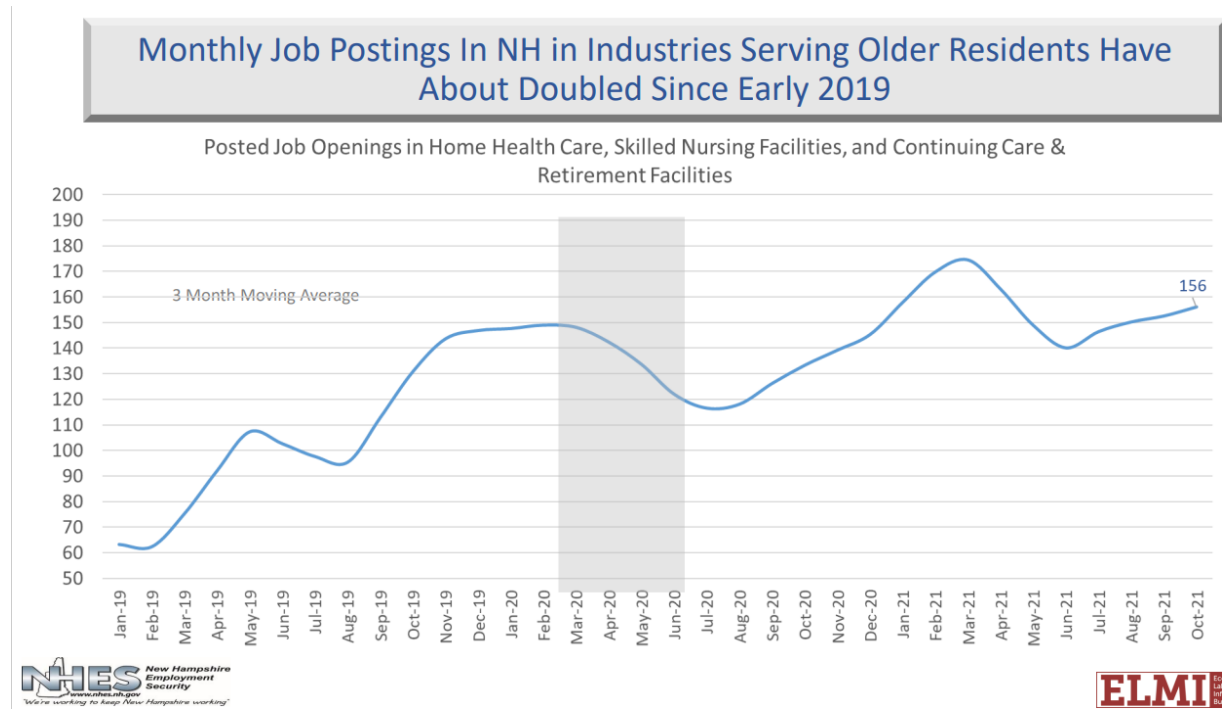
In her 10 years as CEO of the membership agency, Ms. Balkus said that the staff shortage is more dire than she has ever seen. Last year's (12/2020) survey of members showed that the home care, hospice, and palliative care agencies had a 30% vacancy rate with a turn-over rate of 34% for RNs, 51% turnover rate



for LNAs, and more than 40% turnover rate for personal care workers. She anticipates that the 2021 survey will show a much higher turn-over rate, particularly for staff in the 45-64 age range. She said that agencies report retirements occurring at an unprecedented rate, with staff exhausted and burned out.

When a home care agency receives a Medicare referral, it must begin services within 48 hours. In an increasing number of cases, the agency cannot meet the timeframe or determines that the individual’s needs are too complex, so declines patients or asks for a delay in the referral, and thus, the care. For clients within the Medicaid Choices for Independence (CFI) Program, agencies report that they cannot meet the need for services and are declining new clients or limiting the number of visits per week per client. To add to the problem, the CFI reimbursement rates are inadequate to cover the cost of wages, mileage reimbursement, supervision, and worker’s compensation insurance.

Balkus said that while agencies are grateful for CFI rate increases passed in the last Legislative session, those increases are not enough. She said that the rates need to go up 30 percent or more to allow CFI providers to compete with private pay providers. “We don’t want to seem ungrateful, but it’s just not enough. A lot of catch-up needs to be done,” Balkus said. CFI reimbursement rates are currently \$21.60 for homemaker services, while \$28.50 is the market rate, for example. The state’s Title XX (Social Services Block Grant) and Title III (Older Americans Act) homemaker rate also is higher than the CFI rate. The CARES Act stipend put into effect in 2021 was helpful for agencies to retain workers and encourage them to pick up more shifts—however, some agencies couldn’t afford to accept the stipend because the funds went directly to the workers, but the agencies’ resulting FICA and workers’ compensation costs went up without subsidy. In addition, while Medicaid pays for staff training in long term care facilities, it does not pay for staff time for home and community-based providers via the CFI program.



January 24, 2022

Long Term Services and Supports Workforce Development & Commission Request for funds to Assess Transportation Needs

Presenter: Dr. Robyn Stone, DrPH, Senior Vice President of Research at LeadingAge and co-director of the LeadingAge LTSS Center at UMass Boston and overview of State of NH Action by Commissioner Lori Shibinette, RN, MBA, NHA, New Hampshire Department of Health and Human Services (NH-DHHS)

Materials recommend by Dr. Stone for review in advance of the meeting:

- COVID-19: Stress, Challenges, and Job Resignation in Aging Services: Research Brief
- Workforce Vision Executive Summary
- An Exploration of State-Sponsored Home Care Aide Training Approaches: Research Brief
- Making Care Work Pay Report

Dr. Stone's presentation:

Dr. Stone said that although she has spent 40 years in the sector, she has never seen as challenging an environment as it is today. Envisioning challenges as opportunities, she has helped to develop work force strategies for LeadingAge.

This past year has been the year of the “great resignation,” in which many leaders have left the field. Nurses have left for other positions, primarily in hospitals. LeadingAge has focused on ways to partner rather than compete with other health care providers.

Dr. Stone focused her presentation on front-line professionals, those workers who provide up to 80 percent of the care within the long-term services and supports (LTSS) sector, providing their care where people live. Front-line workers are predominantly female, low income, often people of color and/or immigrants. Dr. Stone said, “We couldn’t make it without immigration.” By 2028 it is projected that 8.2 million additional front-line professionals will be needed, up 1.3 million to meet increased demand and the additional 6.9 million to fill openings created by vacancies. She stressed that this is a people problem. We cannot solve this with more or better technology be it robots or more telehealth. She also suggested that this problem won’t be fixed with only increasing wages, which just end up getting matched by the business down the street.

The dual challenges of the pandemic and demography (the aging of the work force) have been exacerbated by vacancies resulting from workers moving into other occupations to improve their earning capacity. LeadingAge has identified six strategies to recruit and retain front-line professionals:

1. **Expand the caregiver pipeline** (e.g., high school programs to promote occupation as a career rather than dead-end job, pair young students with older workers, make ergonomic investments (avg. age of worker is 40), encourage refugee recruitment utilizing wrap-around supports).
2. **Enhance training and education** (recognize that these are highly skilled workers using complex skills – professionalize. Washington and Oregon states are leading on this).
3. **Facilitate career advancement** (provide mechanisms for multiple specialties, not just one track and create not just clinical advancement tracks but management tracks).
4. **Increase compensation** (essential but not easy with wages going up in many areas. “See Making Care Pay” Study.)
5. **Prepare universal workers** (cross-train staff. Colorado is considering the model of utilizing universal workers and Washington state already is using the model.)



-
6. **Reform the long-term supports and services financing system.** (She suggested we cannot rely solely on Medicaid. Middle income individuals and families lose out. She lauded Washington State’s 2019 Long Term Services and Supports Trust Act.)

Dr. Stone added that Medicaid reimbursement rate increases were not the solution to bullet number four; however, redeploying funds within the budget could be (for example, looking at the discrepancy in pay between the CEO and front-line workers).

Dr. Stone cited a study done pre-pandemic that assessed what it would take to raise front-line workers’ compensation to a livable wage. The study found that if three-quarters of long-term care staff had a 16 percent average wage gain it would take \$9.4 billion. She added that the increase would also lead to robust economic growth, with the money recycling back into the economy, allowing for a doubling of retirement savings, and reducing the use of public assistance. She said that during the COVID years, the LTSS work force has finally been seen as essential workers.

Dr. Stone stated that 38 states used American Rescue Plan Act (ARPA) funds to increase Medicaid rates. Idaho tied increased Medicaid rates to direct care workforce wages. North Carolina and Texas also did pass throughs.

Dr. Stone cited some additional solutions for the home care work force:

- Competency based trainings – Washington state and Massachusetts ([PCAST](#)) are exploring this.
- Use of cluster care or panel models (several people receive care from the same caregiver during a block of time rather than the way reimbursement is currently structured with blocks of say 4 hours for 1 individual).
- Increased access to supportive wrap-around services for workers such as subsidized childcare, transportation, and food subsidies.

NH DHHS Commissioner Lori Shibinette, RN, MBA, NHA:

Commissioner Shibinette spoke about some specific actions led by NH DHHS to alleviate some of the challenges of COVID-19, these included:

- “Strike teams” brought into the state are helping to re-open closed beds in long-term care facilities to help get people out of hospitals and into more appropriate settings.
- Presumed eligibility for Medicaid has helped move long-term care clients into appropriate settings without delay.
- Making permanent, [increased Federal Medical Assistance Percentage \(FMAP\) dollars](#) going toward direct care staff salaries.
- Contracts with high school technical programs to train LNAs have resulted in 300 students in the training pipeline.
- Currently taking steps to create a request for proposals to seek bids from organizations to market the state for recruitment of workers.

Commissioner Shibinette also said that we need to find a way to support long-term care facilities to move away from temporary staffing (traveling nurses, strike teams) to a permanent model, which offers consistency of care, reliability, commitment, and the opportunity to build a culture in which staff see paths to professional growth.

She will hold a Commissioner’s Workforce Roundtable meeting in April to gather input identifying the best actions NH DHHS can take to improve workforce issues within long-term care, home and community-based care, and developmental disabilities.



With some of the increased FMAP funding, the state is hoping to initiate pilot programs, including a Program of All-Inclusive Care for the Elderly (PACE) program in one or two areas and development of a “club-house” model to serve those with developmental disabilities and/or mental health issues.

Commissioner Shibinette noted that now New Hampshire’s nursing homes are among the safest places to be, since they have a high proportion of vaccinated staff and residents. Also, the homebased vaccination program is going well and contracting with transportation providers to bring people without transportation to clinics has been a success.

Commission Request for funds to Assess Transportation Needs:

After thorough discussion, the Commission approved sending a letter to the Governor and GOFERR requesting the funding of an assessment of older adult transportation needs, pending revisions. This letter was the work of the Commission’s Age-Friendly State Task Force, after further study of the issue raised at a previous Commission meeting focused on transportation options. Timing of letter purposely aligns with the approval of the 10-year State Transportation Plan by the Legislature and Governor. Data is needed to prioritize future State investments. Transportation alternatives routinely rises to the top as a concern in surveys of older adults in NH.

State House Update:

Through e-mail prior to the meeting, Commission Executive Director Rebecca Sky circulated spreadsheets outlining current legislation potentially of interest to the Commission. Topics included housing, long-term care, professional licensure and workforce development, taxation and retirement, pharmaceuticals and telehealth, transportation, and other (e.g., adult dental benefit through Medicaid, financial exploitation, broadband, respite care for persons caring for individuals with Alzheimer’s and related disorders).

February 14, 2022

Transportation Alternatives in New Hampshire & Aging in Community of One’s Choice: Long Term Services and Supports in New Hampshire

Presenters:

Thom O’Connor, Community Based Programs Administrator, Division of Long Term Supports & Services, Bureau of Elderly & Adult Services (BEAS), NH-DHHS;
Patrick Herlihy, Director of Aeronautics, Rail and Transit, NH-DOT;
Jeff Donald, Regional Mobility Manager, Alliance for Community Transportation

Following up on the previous month’s approval of a letter exploring transportation needs, this meeting focused on Older American’s Act funded transportation program administered by NH DHHS for people over age 60, the new statewide mobility management network, and an overview of volunteer driver programs in NH.

Presentation by Thom O’Connor:

The Title III (of the Older Americans Act) transportation program provides support for rides for those aged 60 and over to medical appointments, social gatherings, grocery stores and other destinations. BEAS currently has 11 contracted Title III transportation providers in New Hampshire and will be issuing Requests for Applications (RFAs) for a total of approximately \$1.5 million within the next couple of weeks.



During the pandemic, additional flexibility was allowed by the federal government within the senior nutrition and transportation programs that allowed contracted transportation programs to make deliveries to clients rather than just provide rides.

Other key points raised in response to questions:

- Anyone over age 60 is eligible for Title III services.
- To access services an individual can contact the transportation provider directly or call the local ServiceLink Resource Center for a referral. Also, BEAS' Adult Protective Services makes referrals. Calling 2-1-1 would be a good place to start.
- Are there geographic gaps in services among the 11 contract holders? BEAS will assess gaps during the RFA process. It was noted in the online meeting chat box that western Hillsborough County lacks Title III transportation.
- Typical organizations in NH that contract with BEAS to provide Title III transportation services include: nutrition providers, Easter Seals, Community Action Programs (CAP), etc.

Presentation from Patrick Herlihy:

State efforts towards development of a coordinated transportation network:

The State Coordinating Council for Community Transportation (SCC) was established in 2007, and eight Regional Coordinating Councils (RCCs) were formed around the state. RCC's are composed of local transportation providers, human service agencies, funding agencies and organizations, consumers, and regional planning commission staff. RCC's oversee the development of locally coordinated public transit human services transportation plans required by Federal transit law for a region to access the Federal Transit Administration (FTA) Section 5310 funding. Each RCC has a lead agency that contracts with the state to receive funds to allocate by contract to other regional transportation providers that serve older adults and individuals with disabilities.

The next phase happening now is the establishment of a statewide mobility management network. The DOT will hire a statewide mobility manager to work with regional mobility managers and serve as a liaison among state agencies, the SCC, RCCs and local providers. At the regional level, the focus will be on a customer-centered approach and will aim to coordinate information about inventory, outreach efforts, accessibility, and new opportunities and partnerships. Ultimately, the goal is to build transportation capacity while reducing costs and increasing efficiency in the regions.

Creating a statewide mobility manager network has been made possible through an innovative funding strategy, including a new Centers for Disease Control and Prevention (CDC) grant which will leverage DOT funding from a variety of sources. The CDC grant, focusing on health disparity, will provide \$120,000 per year per region. The funding is for two years, at which point there will be a reassessment.

There is an existing inventory of transportation providers in each region. All directories are available on the SCC webpage.

Documenting unmet need is on the "to do" list. The Commission on Aging support for use of ARPA funds to assess this expressed in the letter to the Governor and GOFERR discussed last month is in response to others asking the same question and is timely.



Presentation from Jeff Donald:

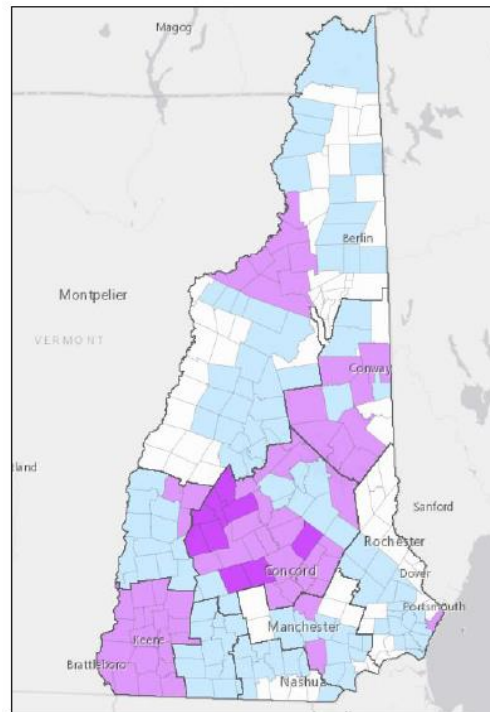
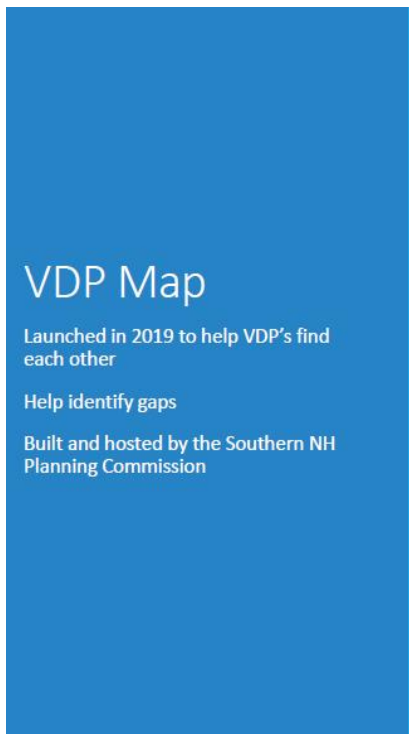
Jeff Donald works in the seacoast region and is housed at transportation provider Cooperative Alliance for Seacoast Transportation (COAST). In his region, mobility management is handled through TripLink, a call center coordinating trips among five agencies offering eight different transportation services.

Recruitment of volunteer drivers has been a major issue for providers and during the pandemic, many volunteers resigned because of concerns about health and safety. The Alliance for Healthy Aging Transportation workgroup is building a website and media campaign to direct potential riders and/or volunteers based on where they live to a specific volunteer driver provider. Jeff acknowledged that on-line recruitment is less effective than word-of-mouth. Programs have also partnered with 2-1-1, ServiceLink and VolunteerNH to post volunteer opportunities.

Although volunteer driver programs exist across the state, there are large swaths of New Hampshire that lack programs. The programs that exist may have different parameters for offering transportation (e.g., differing eligibility criteria, for medical care only vs. for broader range of reasons). Those that accept federal funds must offer an accessible option to riders. Those that are purely private in nature, such as church-based groups, may limit rides to passengers who are ambulatory. Rather than starting a new program from scratch, it is recommended that communities without services work with existing providers to help them expand their territory avoiding duplicate infrastructure costs.

To see an interactive map of current programs with contract info:

<https://snhpc.maps.arcgis.com/apps/MapJournal/index.html?appid=7608c51342124b74bd05c5e63fc49b68>



Aging in One's Community of Choice and Long-Term Services & Supports in NH Issue Brief:

Commission member Kristi St. Laurent reviewed an issue brief prepared by the Commission's Aging in Communities of Choice Task Force summarizing the findings of the Task Force. (See Appendix B) The brief was prepared as a primer for county and state leadership, including members of the legislature. The goal of the publication is to develop common understanding of what long term services and supports are, why they are needed, and how and where our state pays for them. The end goal is to spur investments into programs and services that expand options and a reduction in unnecessary spending. The Task Force feels this is timely given the current opportunity of American Rescue Plan Act funds and the upcoming budget year. It could be used as an education tool for legislators as they consider reforming our state's long-term supports and services financing system. Wendi Aultman of NH DHHS BEAS noted that increasing state support to Older American Act programs is another mechanism to keep people in their homes. The Commission approved the issue brief for dissemination.

March 21, 2022

Planning for a Better Housing Future in New Hampshire

Presenters:

Sylvia von Aulock, Executive Director, Southern NH Regional Planning Commission

Lisa English, Special Projects, Governor's Office

Heather McCann, Research Director, NH Housing Finance Authority

Noah Hodgetts, Principal Planner, Office of Planning and Development, Department of Business and Economic Affairs

Housing along with transportation concerns are always named as the top two challenges to aging in NH when older adults are surveyed. (See notes on Sylvia von Aulock's presentation.)

Reasons this topic was timed for this month:

- The Governor's reference in his State of the State address to the \$100M InvestNH Housing Incentive Fund.
- The Regional and State housing needs assessments that are currently happening. The Assessments are required by Federal Government for federal housing support. But this year thanks to ARPA funds, the assessments have more resources devoted to them which should improve the resulting information.
- The new convening of a regular meeting to encourage coordination of housing initiatives by Noah Hodgetts from the NH Dept Business and Economic Affairs.

Presentation from Sylvia von Aulock, Executive Director, Southern NH Regional Planning Commission:

Sylvia von Aulock referred to surveys conducted by her organization as contracted by NH DHHS for the 2020-2023 New Hampshire State Plan on Aging whose results ranked affordable and accessible housing and nearby community supports as essential to aging in place and a top concern by NH residents. Public transportation and in-home care were also consistently ranked high. The next common concern of respondents was that they had difficulty paying for their basic needs, including medications, food, heat, and housing. To be affordable, housing costs should represent no more than 30 percent of income.

Ms. Von Aulock explained that state law requires regional planning commissions to conduct housing needs assessments every 5 years. In addition, the planning commissions, the Office of Planning and Development and the NH Housing Finance Authority are collaborating on a statewide housing needs assessment. The goal of these assessments is to have the data drive local and statewide policy.



Deadlines to complete the housing surveys conducted by the planning commissions will differ by region. Ms. Von Aulock encouraged attendees to check their own regional planning commission's website to take part in the survey: <https://www.nharpc.org/rhna/>

Presentation from Lisa English, Governor's Office:

Lisa English spoke about the InvestNH Housing Incentive Fund that utilizes American Rescue Plan funds. This initiative will address the shortage of housing in the state that has been exacerbated by the pandemic. The Governor's Office is meeting with critical partners to move forward on possible approaches for the initiative:

- Ways to increase affordable workforce housing.
- Potential gap funding for multi-family housing projects in a time when costs are increasing for materials and construction workers.
- Per unit bonuses to municipalities to mitigate the impact on infrastructure and to help underwrite eligible expenses.
- Demolition support to assist communities in razing old, vacant, unusable buildings.
- Planning and zoning grants to update local regulations.

Ms. English said that updates about the initiative will be posted on the NH Governor's Office for Relief and Recovery website and that the fund would support non-shovel ready projects.

Presentation from Heather McCann, Research Director, NH Housing Finance Authority:

Heather McCann spoke about housing research conducted by the NH Housing Finance Authority and the organization's role in the statewide housing needs assessment conducted every five years in coordination with the regional planning commissions. The group is working with consulting group Root Policy Research, Denver, CO. The consultants are conducting a base analysis, assessing the impact of the pandemic, including a segmented needs analysis, forecasting housing needs, and consulting with stakeholders. Their work will be completed by September 2022. She also spoke about NH-HFA's annual Residential Rental Cost Survey, currently underway. The organization surveys 15 percent of all rental units across the state. The 2021 report showed a 0.6 percent vacancy rate, a 6 percent increase in rental costs with a \$1,498 monthly median rent. The current survey will be available in July.

Presentation from Noah Hodgetts, Principal Planner, Office of Planning and Development, Department of Business and Economic Affairs

Noah Hodgetts' presentation addressed "What We Can Learn from Current Housing Initiatives and Where Is There Room for Improvement," with a focus on opportunities for collaboration. He said that in New Hampshire, the housing shortage is at the crisis level with a 20,000 shortfall in needed housing units and the vacancy rate at or below the 1 percent level. The Council on Housing Stability has said 13,500 new units are needed by 2024; in 2020, 4,446 new units were permitted across the state.

Among current initiatives underway in the state are:

- A [New Hampshire Zoning Atlas](#) created by St. Anslem College that will inform on individual town rules, e.g. housing density allowances and other dimensional requirements, expanding the public's understanding of zoning codes and allowing opportunities for comparison.
- The NH Housing Champion Certification Program embedded in SB400. This bill has the support of the Governor's Workforce Housing Taskforce. The intent is to incentivize towns to develop workforce housing stock, establish economic development and revitalization districts, adopt energy efficiency building standards, and educate local zoning and planning officials. If passed,



there is opportunity for the Commission to participate in the development of accompanying education and criteria that are part of the program.

- The [Southern New Hampshire Planning Commission’s build-out analysis of seven communities’ water/sewer infrastructure](#) that create scenarios for growth based upon current land regulations.
- A Regional Housing Needs Assessment Interactive Toolkit of Solutions.
- Housing Initiative Coordination meetings through which information is exchanged.
- The [Council on Housing Stability developed a three-year comprehensive strategy](#), primarily focused on addressing homelessness and workforce housing.

Among the gaps Mr. Hodgetts identified were:

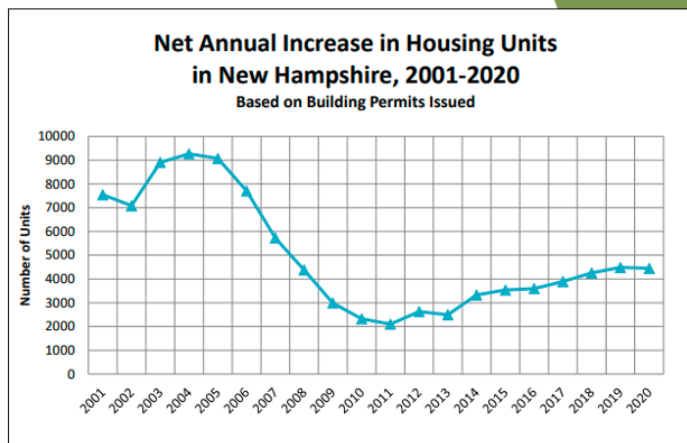
- The buy-in and involvement of local officials.
- A one-stop shop for resources and data.
- Wholistic solutions for producing all housing types (e.g., for middle income individuals, age-friendly, etc.).
- Ways to ensure that new housing is integrated into the community’s fabric, connecting with existing transportation options and services.

Mr. Hodgetts suggested the Commission request to present to the Council on Housing Stability to better integrate our recommendations with the work of the Council.

He also suggested the Commission could develop communication tools that share vignettes of people able to age in place due to housing policy and strategies we want to see more of in NH (universal design and building codes, age-friendly zoning, mixed-use districts, etc.). Tell success stories of Age-Friendly communities in NH. Creating a guidebook of potential solutions regarding housing that works for people of all ages would be helpful.

Big Picture – Where Are We Today?

- Housing shortage is at crisis levels
- There is a need for at least 20,000 additional housing units to reach a balanced market
- The Council on Housing Stability has a goal of producing 13,500 new housing units by 2024
- In 2020 the state permitted 4,446 housing units



BEA New Hampshire Department of BUSINESS AND ECONOMIC AFFAIRS

Legislative Update:

Executive Director Sky has sent out “COA Guidance on Bills before the NH General Court” and a spreadsheet of bills of interest in the following categories: Housing, Covid-19 Related, Long-term Services and Supports, Prescription Drugs & Telehealth, Professional Licensure, and Other. Under “Other” she cited bills addressing the Medicaid “in and out” process, financial exploitation of vulnerable adults, a SNAP Outreach program, Respite Care for Caregivers, and Medicaid dental benefit.



April 25, 2022

Giving Care: A Strategic Plan to Expand and Support NH's Health Care Workforce—Endowment for Health Publication

Disseminated in advance of the meeting:

- Giving Care: A Strategic Plan to Expand and Support NH's Health Care Workforce (March 2022 - Endowment for Health/Forward Fund)
- PHI State Policy Strategies for Strengthening the Direct Care Workforce (April 2022 – PHI)
- Strengthening the Direct Care Workforce: Scan of State Strategies (Dec 2021 - Center for Health Care Strategies)

Presentation from Margaret Franckhauser, MS, MPH, RN, Director Aging Services, JSI/CHI

Nationally, the projected gap in the direct care workforce is anticipated to total 8.2 million workers by 2028: 6.9 million workers to fill existing vacancies and 1.3 million to meet increased demand for direct care workers.

Ms. Franckhauser said that pre-pandemic, New Hampshire rated second among the states as the hardest hit by labor shortages. New Hampshire's health care sector compared to other employment sectors is the fastest growing sector with the most unfilled jobs between 2017 and 2019. NH also is rated as the second or third oldest state in the country. The combination of workers reaching retirement age and a greater demand on the workforce that serves an aging population has exacerbated the issues, along with historically low wages and high costs (e.g., for childcare, housing, transportation) in the state. Health care providers have tried to address the issues, but in a "siloe" way, resulting in the tendency for employers to poach from one another. In addition, workforce data are not defined and collected in a standard way across the health care sector, leading to some lack of clarity among those trying to identify and address the challenges.

Ms. Franckhauser provided background on the Forward Fund – it is under the umbrella of the Endowment for Health solely focused on the healthcare workforce. In the spring of 2020, an assessment of the workforce was done engaging 50 stakeholders and reviewing activities in other states. JSI/CHI was hired in April 2021 to develop a two-year strategic plan to grow the workforce. Over seventy in-state stakeholders were engaged in 4 subgroups to flesh out goals, objectives, and strategies. The plan was issued this week, beginning with the Commissioner's Roundtable. Key elements of the report's vision are:

- Retention of staff is critical.
- Policy must support change on a lasting basis.
- Data must begin from a common understanding; and
- A coordinating entity for accountability and sustainability should be developed.

The Strategic Plan Summary as follows:

Pipeline, Recruitment and Retention (7 objectives and 53 strategies identified)

The focus is on supporting career development, understanding that careers can be long, and a that person may enter a health care profession at one point and retire at another. Strategies include financial supports, reducing the burdens (e.g., work-life balance, reduction of information technology demands), growing and diversifying the workforce pipeline, streamlining processes, and reducing regulatory burdens, and expanding options for home and community-based care and reimbursement.

Policy and Regulatory (4 objectives, 19 strategies)

These address workplace quality, salaries, educational training opportunities, administrative requirements, and more. Removing barriers to and supporting inclusion in education was highlighted.



Also, progressive wage increases, increasing credentialing options, and building career ladders that allows work experience to meet requirements of next step up were seen as important.

Data (3 objectives, 6 strategies)

These address assessment and identification, financial and technical resource development, and the development of a data portal/repository. One issue identified is that the number of licenses issued in New Hampshire does not equate to the number of licensed individuals practicing in NH.

Governance (5 objectives, 29 strategies)

Proposed is development of a coordinating entity for accountability and sustainability but suggests that an interim entity be formed as soon as possible. A governance entity could also work to reduce competitive strategies between hiring organizations by ensuring a wholistic view and approach.

Ms. Franckhauser said that it would be helpful to coordinate with the State Commission on Aging and other entities so that a coordinated group could present five or so actions to the Legislature rather than all 100-plus identified in the report.

NH-DHHS Commissioner's Round-Table Summary:

The NH-DHHS Commissioner's Workforce Roundtable held on April 18, 2022, brought together a cross-section of participants to review the new Endowment for Health Strategic Plan. The end goal was to have the roundtable coalesce around three to six ideas that NH-DHHS could act directly upon that did not necessarily need legislative support. Ms. Franckhauser, Commission members Polly Campion and Rich Lavers were among invited attendees to the Roundtable.

Among the key take-aways identified by Ms. Franckhauser were:

- A. Address and Reduce Licensing and Regulatory Barriers.** *Recommendation:* Work in partnership with the Office of Professional Licensing and Certification to ensure that requirements are the least restrictive necessary to ensure public safety, accelerate the processing of licensure applications, seize opportunities for interstate compacts, and support across-state-line licensure for all categories. *Potential idea:* Create a single processing clearinghouse for background checks for all types and streamline the process to turn information around swiftly.
- B. Expand Tuition Assistance and Support programs to assist a broad array of potential healthcare students and to support professionals continuing their education and expanding their career options.** Current opportunities for tuition assistance target select roles working in select settings (typically non-profits) and are not available to a broad range of healthcare roles. Partner with DOE and others to identify pilot projects that count school study time as worked time and pay students to study and programs that provide financial incentives for students educated in NH to stay in NH.
- C. Increase Diversity of the Future Workforce** by providing systems earlier to support individuals' success, and by cultivating interest in healthcare careers among new and diverse communities using marketing strategies that are culturally relevant, and support career counseling/coaching models.
- D. Expand, train and market apprenticeship and mentorship opportunities.** *Recommendation:* Develop formal partnerships with employers and businesses, providing and supporting comprehensive training for mentors, incentivizing employers to take on apprentices, encouraging clinicians and others to serve as mentors.
- E. Design, support, lead, and model a comprehensive strategic campaign to create a culture that values and supports Healthcare Workers.** *Recommendation:* The model could build on existing initiatives such as Stay, Work and Play and others to build healthcare as a lifelong career opportunity. Input should come from existing workers in the field.



F. Participate in the creation of a centralized NH Healthcare Workforce Organization

In addition, the group recommended partnerships with other state departments to address issues around housing, childcare, and preceptorships which are foundational to supporting a healthy workforce.

Follow-up conversation spoke to alternative models of skilled nursing facility care may create desirable work environments (Green House Model with smaller, homelike, pods). Also, that supports enabling employees to provide quality care can improve the work environment. Successful efforts will give voice to the direct care workforce who needs are unique.

Legislative Update:

The following bills were highlighted as being of potential interest to Commission members: Housing (SB 329 and SB 400), COVID-19 (noting that HB 1210 which provides exemption from vaccination for matters of conscience, in addition to religious and medical exemptions, could put federal funding at risk for New Hampshire), Financial exploitation (SB 385 soon to be voted on by the House), Respite care (SB 414 expands definition of Alzheimer’s disease to related dementias to expand access to respite services for caregivers.)

May 16, 2022

Demographic Update on NH’s Older Adult Population and Potential Implications--Ken Johnson, Ph.D., Andrew Carnegie Fellow, UNH Professor of Sociology, Senior Demographer at the Carsey School of Public Policy

Dr. Johnson’s presentation included information from a variety of sources, among them some data from the 2020 U.S. Census. Challenges: most of the 2020 Census data has not been released yet, and the demographic impacts of the pandemic were not captured by the Census since the pandemic largely occurred after the data were gathered.

New Hampshire’s rapid growth in the 1970s and ‘80s slowed over the past decade. The state’s population experienced a very modest natural increase (births slightly exceeded deaths from 2000-2010). The state’s primary source of growth during the decade was from net migration, primarily domestic. Many of those who moved to New Hampshire in the 1970s and ‘80s now comprise a sizeable portion of the older population of the state. Fifty-nine percent of New Hampshire’s population was born elsewhere—a big difference from other parts of New England. In all other New England states, most of their populations were born within the state. Just thirty-three percent of New Hampshire residents over the age of 25 were born in New Hampshire.

Dr. Johnson noted that the birth rate declined sharply during the “Great Recession” of 2008 and has not recovered. And from July 2020 to July 2021, we experienced far more deaths than births because of COVID-19.

From 2015 to 2019 New Hampshire, with a population of approximately 1.37 million, experienced an enormous population turn-over with 244,000 individuals moving to the state and 214,000 leaving the state. The largest percentage of “in-migrants” came from Massachusetts (23%), and the largest percentage of “out-migrants” moved South. Those coming into the state tended to have higher levels of education than those born in the state and remaining here. During the same period, the state registered approximately 61,000 births and 62,000 deaths.

Dr. Johnson pointed out trends in three New Hampshire counties showing the diversity of experience by location. Coos County experienced big losses in population, with substantial natural decline (deaths exceeding births) and almost no in-migration. Hillsborough County had strong natural growth and net



migration. Carroll County had strong growth, but almost all attributable to net migration, with deaths exceeding births. Net migration to Carroll County included an influx of some older adults.

The 2020 population in NH is 16% aged 55-64, 11% aged 65-74, 5% aged 75-84, and 2% aged 85 and over, for a total of 34% of the population. The state is ranked eighth highest in the country for proportion of the population aged 65 and over (Maine is ranked first and Vermont, fourth). New Hampshire is ranked second for its high median age, with Maine ranked first and Vermont ranked third.

The largest *percentage* of older adults in the state is in northern New Hampshire; the largest *number* is in southern New Hampshire. Both the largest percentage and number of children and working-age adults are concentrated in southern New Hampshire.

Current data show that New Hampshire is becoming more diverse. The white population comprises 87.2 percent of the state's population. The least diverse segment of the state's population is the 65 and older group, and the most diverse is children. The minority population is distributed unevenly across the state. New England continues to be among the least diverse regions of the country.

New Hampshire has one of the lowest poverty rates in the United States, but pockets of poverty exist throughout the state and across all regions.

Dr. Johnson also shared that 75 percent of NH towns have a population under 6000, and 88 percent have a population under 10,000. Reflecting on this data, it is hard to imagine towns in New Hampshire having the resources to the develop workforce and older adult housing needed on their own – both knowledge and dollars.

In conclusion, Dr. Johnson said that current data show us that in New Hampshire:

- Population growth has slowed, but the state has had modest gains from in-migration.
- From 2008 on, the birth rate slowed and during the pandemic, we had fewer births than deaths.
- Demographic changes are uneven across the state.
- Our diversity is growing, but modestly.

He added that migration represents human capital and that the state needs both to retain population and attract newcomers. The growth of New Hampshire's older population he said was "inevitable and soon," with far-reaching implications for the state budget.

The following publications were shared after the meeting:

- <https://carsey.unh.edu/what-is-new-hampshire/sections/demography>
- <https://carsey.unh.edu/publication/snapshot/migration-gains-to-NH-are-growing>
- <https://carsey.unh.edu/publication/modest-population-gains-but-growing-diversity-in-new-hampshire-with-children-in-vanguard>
- <https://carsey.unh.edu/publication/new-census-data-reveal-modest-population-growth-in-new-hampshire-over-past-decade>



June 27, 2022

Administration for Community Living, NH-DHHS Bureau of Elderly and Adult Services—The Older Americans Act, focus on Nutrition Programs

Presenters:

Jennifer Throwe, Regional Administrator, Administration for Community Living (ACL), US DHHS

Wendi Aultman, Bureau Chief, BEAS;

Maureen Brown, Nutrition Consultant, NH-DHHS

Thom O'Connor, Community Based Programs Administrator, Division of Long Term Supports & Services, Bureau of Elderly & Adult Services (BEAS), NH-DHHS;

Jaymie Chagnon, Chair, MOW-NH, Executive Director, Strafford Nutrition & Meals on Wheels

Jennifer Throwe, Regional Administrator, Administration for Community Living (ACL), US DHHS:

Ms. Throwe provided brief background about Older Americans Act (OAA) services at the federal and state levels. In New Hampshire, BEAS serves as the State Unit on Aging and the Area Agency on Aging (AAA) for the entire state (11 states have just one AAA). Nationally, the aging population is growing, and the aging network supported through the ACL currently assists 11 million older adults and their caregivers to remain at home through community-based services. The network relies on 500,000 volunteers, a number which has decreased during the pandemic.

OAA services are generally for those aged 60 and over and prioritize those with greatest economic and social need, although there are no income requirements and means testing is not allowed. A state match that varies in amount by program is required to leverage federal OAA funds.

OAA nutrition programs include congregate meals, home delivered meals, nutrition education and counseling and NSIP, a supplemental form of assistance through cash and/or commodity foods. State and philanthropic funding add to the reach of these programs. In addition, Medicaid long-term care's home and community-based care program also supports home delivered meals to those that meet Medicaid eligibility criteria.

In general, federal OAA funds are allocated based on a state's population of older adults. New Hampshire is among the smaller population states that receive the guaranteed minimum allocation. NSIP funding is based on the number of eligible meals served the prior year.

Nationally, OAA currently supports congregate meals at approximately \$595.5 million and home delivered meals at approximately \$302.2 million. The \$897 million represents more than 70 percent of federally allocated OAA funding.

The funding does offer some flexibility between congregant meals and home delivered meals. Ms. Throwe provided a link in her PowerPoint presentation to an explanation of funding flexibility. Specifically, up to 40 percent of the funds can be transferred from congregate meals to home delivered meals and vice versa.

The OAA is reauthorized approximately every four years by act of Congress. Reauthorizations include changes, additions, and deletions. The OAA Regulations are currently in process of being updated. They were last updated in 1988. The link for public input was published in the Federal Register, but the deadline has passed. Regulation revisions are in progress; notice of proposed rulemaking will be published and will provide the public a chance for further input. When the final rule is issued, the Administration for Community Living will be providing substantial technical assistance to the states and other entities.



In recent years, the OAA’s scope has expanded to include support to manage chronic diseases, preventing hospital re-admissions, avoiding long-term care nursing facility stays, and more. “Hot topics” include equity and diversity, malnutrition, climate change, caregiving including a national family caregiving strategy, and work-force related issues.

Discussion following her presentation focused on New Hampshire as one of the states with only one Area Agency on Aging and as one receiving the minimum distribution of funding. Ms. Throwe confirmed that if federal funding were to increase, the state match would also have to increase proportionately.

Wendi Aultman, Bureau Chief, BEAS; Thom O’Connor, Administrator, BEAS; Maureen Brown, Nutrition Consultant, NH-DHHS:

Wendi Aultman noted that New Hampshire’s State Plan on Aging is up for renewal by June 2023. The Older American’s Acts requires states to have a current State Plans on Aging created with community input for states to receive Older American Act funds. NH DHHS BEAS oversees OAA funds in NH and will be working in coming months to update the currently plan for June. Commission Executive Director Rebecca Sky noted that the Commission will support NH DHHS in this effort, understanding that the Commission needs to develop a separate strategic plan on aging for the State that is broader in scope.

Wendi Aultman addressed BEAS’ mission and vision and noted that some of the elevated topics noted by Ms. Throwe are also of concern to BEAS (e.g., equity and diversity). The negative impacts of inequity accumulate as we age. And as we each age differently, we become more diverse.

In addition to BEAS’ work related to its role as a State Unit on Aging and the OAA, the Bureau units include Adult Protective Services, Long-Term Care Medical Eligibility, Long-Term Care Policy, and Information Services. Ms. Aultman provided a BEAS annual budget overview (not including American Rescue Plan Act funding):

- **OAA funding** is approximately \$13.9 million
- **Social Services Block Grant (Title XX of the Social Security Act)** funding, approximately \$9.1 million (home-based care, adult day care, home delivered meals, NHCarePath/ServiceLink, Guardianship and related legal expenses, information and referral for eligible individuals).
- **Nursing Services** is approximately \$8 million
- **Adult Protective Services**, approximately 6.7 million
- **ServiceLink Resource Centers**, approximately \$3.5 million
- **Medicaid Waiver Programs/Nursing Facilities Funding from Counties** is approximately \$306 million; **MQIP**, approximately \$83 million; and **Proshare**, approximately \$71 million.

The current state match to federal home delivered meals funding is 50:50 and to federal congregate meals funding is 25:75—both over the 15 percent match that is required by the federal government. The state can transfer up to the 40 percent maximum amount allowed from congregate to home delivered meal funding or vice versa. It does so upon request of the meal providing organizations. Organizations providing congregate meals also provide home delivered meals as a Meals on Wheels organization.

Thom O’Connor noted that federal OAA funding for meals is approximately 65 percent for congregate and 35 percent for home delivered meals. Jayme Chagnon said that the timing of transfers can be difficult, since providers are told they may ask for transfers in late winter or early spring 3/4th through the fiscal year. The Bureau indicated that they cannot approve transfers at the time of contracting and are challenged to do it any earlier in the year because federal funding is allocated quarterly.

Commission member Carol Stamatakis asked if money is “left on the table” because of the limit to transferring, and Mr. O’Connor responded that typically no funds remain. Ms. Aultman added that the



public health emergency money helped a great deal. When senior centers and other congregate meal sites were closed during the pandemic, “Grab & Go” meals were allowed and became very popular. Ms. Aultman added that in addition to OAA funding for meals, Social Services Block Grant (state match to federal funding is 40:60) and Choices for Independence Program funds support home delivered meals. BEAS is also working on SNAP (food stamp) outreach with the DHHS Division of Public Health.

Maureen Brown said that the department was piloting other new approaches, including the addition of a restaurant voucher program under the OAA congregate meals program.

Jaymie Chagnon, Chair, MOW-NH, Executive Director, Strafford Nutrition & Meals on Wheels (Letter from MOWS-NH to the Commission was attached to meeting materials distributed in advance of the meeting):

Jaymie Chagnon presented concerns of MOWS-NH regarding funding for home delivered meals. Ms. Chagnon said that MOWS-NH advocates for up to 100 percent transferability between funding for congregate and home delivered meals. She said that during the pandemic, the 40 percent transfer limit was lifted, and providers found that very helpful. She said that New Hampshire’s providers are finding diminished attendance over the years at congregate meal sites, while the home delivered meals program is growing. This is not a new trend. Interest and ability to participate in congregate meals has been declining (22%) since the early 2000’s from the heydays of the 1980s, while the federal program allotments have remained the same.

Among the challenges she noted were finding enough funding to support current programs, work-force shortages, and a growing number of needier clients who require a higher volume of services (more than 5 meals a week, possibly needing seven to 14 meals per week to sustain them at home).

Maureen Brown added that food costs and availability were only part of the many challenges, which also include cost of transportation to deliver meals (and raw food and electricity for preparation) and staff and volunteer shortages. Commission member Suzanne Demers noted that one fee (~\$6 per meal) must cover everything. Providers may ask recipients to donate toward the cost of their meals, but as clients have become needier, providers have seen a decrease in participant donations (50%).

Other Updates:

Executive Director Rebecca Sky summarized the Volunteer Award Ceremony, held in the afternoon following the May meeting of the Commission. Award recipients will be featured in upcoming issues of the *AgingMatters* newsletter.

July 25, 2022

Report from NH Fiscal Policy Institute (NHFPI) Focus of July Commission Meeting

The New Hampshire Fiscal Policy Institute report [*Medicaid Long-Term Services and Supports in New Hampshire: A Review of the State’s Medicaid Funding for Older Adults and Adults with Physical Disabilities*](#) (July 2022 publish date) was presented by Phil Sletten, NHFPI Research Director, and Doug McNutt, Consultant, NHFPI and Commission member at the July Meeting.

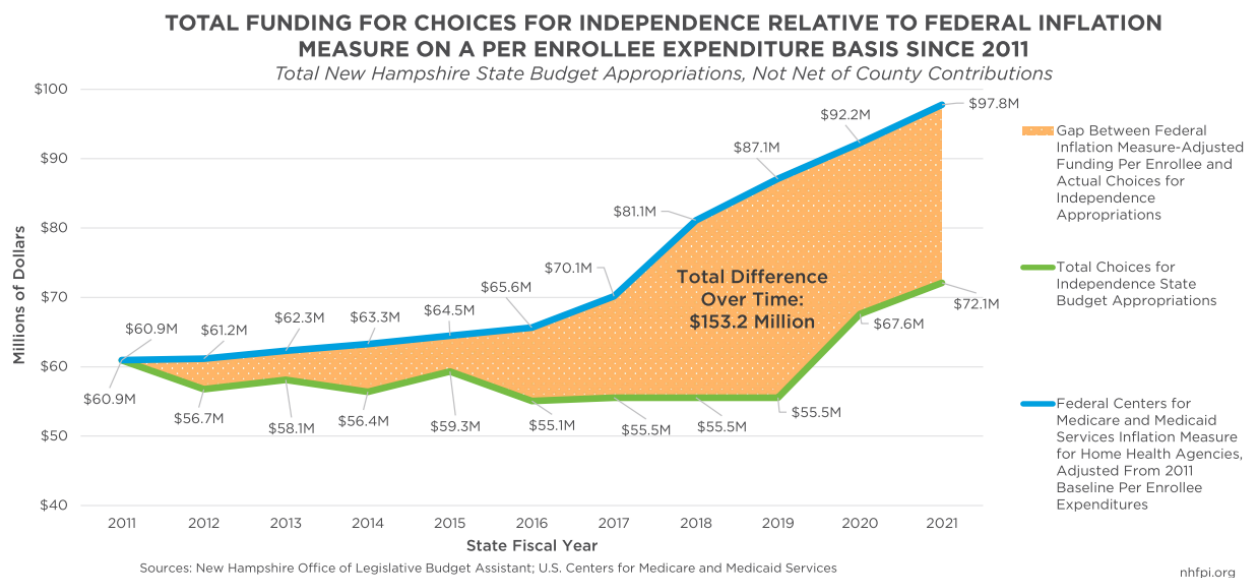
Older adults and adults with physical disabilities, including those who have trouble performing day-to-day tasks like bathing and dressing, may require long-term services and supports, which can be provided through professional health and personal care providers. These services are provided primarily in two settings: nursing facilities and in home or community-based settings. Unpaid caregivers provide the majority of this care. The next largest “purchaser” of these services is Medicaid.



The report outlines the challenges within the NH Medicaid-funded system of long-term services and supports (LTSS) in the state. The analysis reviewed Medicaid funding and reimbursement in both Nursing Facilities (NF) as well as home and community-based services provided through the Choices for Independence (CFI) Medicaid Waiver Program. The state match to receive federal Medicaid funding for LTSS is paid by counties. The established mechanism for determining reasonable reimbursement rates for NF differs significantly from CFI. While nursing facilities reimbursements are largely determined on a cost bases, augmented by MQIP (Medicaid Quality Incentive Payments) and ProShare (Proportionate Share Payments), CFI rates have no cost basis and are fee-for-services set by the state budget.

Of the ten most authorized CFI services funded in State Fiscal Year 2018, nine fell behind the CMS Market Basket for Home Health Agencies inflation measure from July 2006 to January 2022. Increases in the two most recent state budgets have brought a couple of services closer to the price indices, but the Medicaid-supported fee for home health aides continues to be well below other price indices.

A key area of concern revealed by this research is that while the cost-based schema for nursing facility rates helps them to keep up with inflation, the CFI reimbursement rates that have not kept up with inflation. Report findings concluded that Reimbursement rates for CFI falling below inflation-adjusted costs over a substantial time period likely contributed to long-term underinvestment in system infrastructure. Adjusting for inflation and growing enrollment in CFI, CFI funding falls short.

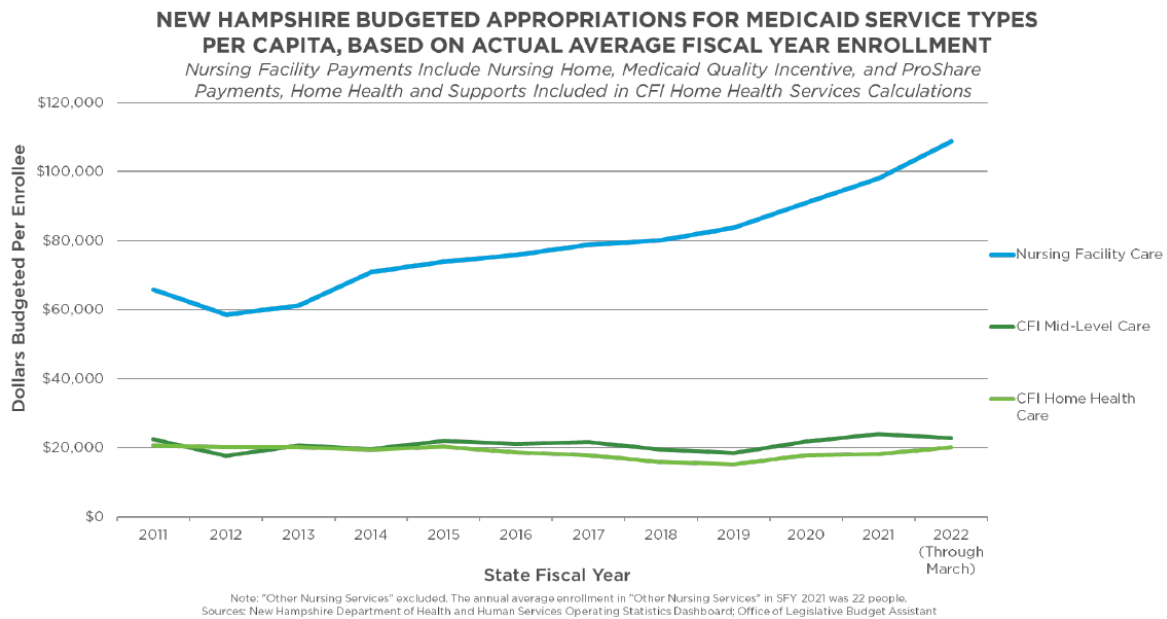


The analysis also reviewed the Choices for Independence Program application process. The application processing times for Medicaid LTSS can be significant and have taken as long as 100 days (2016-17) with a median time-line of approximately 40 days. This impedes the delivery of timely services in home and community settings. In comparison, nursing facilities have the advantage of being able to admit individuals before the process is fully completed and to receive retroactive payments as required by the federal government. CFI providers cannot be reimbursed retroactively.

Over the last five years Medicaid nursing facility enrollments have declined to the extent that they are slightly lower than Medicaid CFI enrollments (both approximately 3,500+ enrollees annually), CFI appropriations annually remain about one-fifth that of nursing facilities in total. State budget appropriations per nursing facility care enrollee were approximately \$110,000 in SFY22 while similar appropriations per CFI mid-level and Home Health Care enrollees were closer to approximately \$20,000.



STATE BUDGET APPROPRIATIONS PER ENROLLEE LOWER FOR CFI SERVICES



NEW HAMPSHIRE FISCAL POLICY INSTITUTE

22

Compared to other states, New Hampshire has the lowest Medicaid home and community-based spending as a percentage of overall LTSS expenditures except for Kentucky (2016 data). The latest data compare state-by-state all of the waived services, including those for the developmentally disabled, which represents the majority of funding for home and community-based services. New Hampshire ranks lower than all neighboring states in New England and lower than the national average.

The state’s funding constraints are further exacerbated by the state’s median age growing older and workforce challenges, especially given recent cost increases and extra costs associated with the pandemic. The low wages in New Hampshire relative to those of neighboring states have had an impact on availability of home health and personal care staff. Commission member Sen. Ruth Ward asked if New Hampshire’s lack of an income tax (compared to neighboring states) had been factored into the difference in rates of pay for care providers. Mr. Sletten responded that even when that is factored in, a pay differential remains. The data show that in recent years there has been a dramatic increase in authorized CFI waiver services, but that those authorized services have not been fulfilled (by a ratio of almost four to one). Stakeholders interviewed for this report cite staffing shortages as a primary causal factor.

The report additionally identified challenges, such as identifying and navigating appropriate services and the application process, that both public and professionals tasked with aiding the public experience. Survey data from hospitals identified Medicaid eligibility determination as a key reason why individuals remained in hospitals after being medically cleared for discharge, although less significant than lack of access to available care.

At the close of the presentation, Mr. Sletten and Mr. McNutt provided a summary of recommendations which included changes to funding reimbursements to make them more equitable between provider types, changes to the Medicaid eligibility process such as presumptive eligibility to enable improved access to CFI services, and support for the workforce. The recommendations also called for consideration of additional, systemic help for people accessing services beyond the existing frameworks for LTSS in New Hampshire.



By and large people prefer to age in their home which for Medicaid, is a cost-effective model of care. According to the report authors, “Ongoing investments in nursing facility services and increased investments in Choices for Independence home- and community-based services, as well as the workforce that powers both industries, will be key for supporting New Hampshire’s aging population in the coming years and decades.”

Also discussed during the meeting were plans for the **Commission’s Community Outreach**. Commission members will present information about the Commission to community groups and gather feedback from those groups about the issues that they see as central to aging in their communities and New Hampshire.

September 19, 2022

Home and Community Based Services - Barriers to Access & Options for Improvement

Presentation by Judith Jones, Esq., of New Hampshire Legal Assistance:

Judith Jones, Esq., of New Hampshire Legal Assistance shared the findings of the research she engaged in while carrying out a grant project funded by the US Department of Housing and Urban Development. The grant’s goals are to identify education, outreach and policy initiatives that will advance home and community-based services (HCBS) as an option to institutional care.

Ms. Jones researched the barriers people face accessing home and community based long term services and supports in New Hampshire. Her research focused on the Medicaid Choices for Independence (CFI) Program that provides access to these services for low-income adults who qualify after a medical assessment.

Judith Jones used a hypothetical example of a person who fell, was hospitalized and in need of services upon discharge to illustrate the pressures families, providers, and the NH Department of Health & Human Services face to arrange for care in people’s homes. The presentation identified eight major barriers to accessing services through CFI:

- Lack of awareness of HCBS options by healthcare providers and people in need of services.
- Public confusion regarding CFI program eligibility and services
- Complex and burdensome CFI application process
- Lack of assistance to navigate the CFI application process particularly burdensome to frail, medically compromised, and isolated individuals.
- Delays in CFI eligibility determinations which result in nursing home placements.
- Restrictive CFI financial eligibility standards leave many with inadequate resources to maintain and remain in their home.
- Lack of CFI program information available to diverse and rural communities – information for the public is available largely in English and increasingly is web-based.
- Lack of available workers to provide home and community-based services.

The solution focused discussion highlighted the need to:

- create better awareness about the resources available perhaps by leveraging ServiceLink as a conduit,
- examine ways to streamline the process,
- reasonably adjust financial eligibility criteria, and
- implement presumptive eligibility for certain people, allowing access to services while applications are pending.

Such changes could help people and our system of care avoid expensive nursing home placements and reduce stress for all involved while not fundamentally changing the program.

The remainder of the meeting focused on reports from Commission Task Forces in prep for this annual report.



Summaries of Task Force Findings

Aligned with the four strategic priorities developed during the 2020 strategic planning process, the Commission on Aging created four Task Forces. They meet to investigate the issues associated with the priorities in support of the work of the full Commission. The following is a summary of their activities, learning, and recommendations from the past year.

Aging in Community of Choice Task Force

Strategic Priority: Develop and advance strategies to improve people's ability to age in the communities of their choice

This Task Force identified three objectives to focus its work in the second year of the strategic plan:

Objective #1: Support County government innovations to manage the cost of and access to long term services and supports (LTSS).

Objective #2: Explore the issues of housing, transportation, workforce, and resources for decision making as they impact access to LTSS in the community of one's choice.

Objective #3: Identify unique challenges and opportunities of minority populations to age in their community of choice.

Progress on Objectives / Monthly Activities and Learning:

- **Nov 2021 – County Role in Long-Term Care Financing and County use of American Rescue Plan Act funds to support aging in community of choice:**
 - Held discussion with Wendy Piper, Chair of the NH Association of Counties and Jim Monahan of the Dupont Group that supports the NH Association of Counties both administratively and with government relations. Highlights from discussion:
 - Quality of care and service at county nursing homes in NH is high and a point of pride.
 - Long-Term Care workforce shortages remains a primary concern. Counties are investing in recruitment, training, and retention. Spending \$150/hour for weekend coverage with a traveling nurse is not sustainable.
 - The decrease of reimbursed nursing home beds that occurred during COVID-19 pandemic is another concern. Pre-pandemic, approximately 4300 beds were reimbursed, and as of October 2021, occupancy was down to between 3500 and 3600 resulting in deficit in revenues.
 - NH nursing home residents' level of frailty is higher than the national average.
 - Outside of nursing homes:
 - Counties are investing in broadband expansion which should expand access to telehealth and social connection.
 - Some counties have engaged in considering a [Program of All Inclusive Care for the Elderly \(PACE\)](#) but lack the depth in staffing to explore meaningfully. PACE programs, which represent a holistic approach to long-term services and supports aimed at helping people to maintain living independently, can take years of planning to initiate.
 - In general, Counties are not knowledgeable about the [Supports & Services at Home \(SASH\)](#) model.
 - Counties would like to see the State invest more in non-Medicaid, proactive services that might help prevent nursing home admission. Some ideas are support for congregant housing opportunities and navigation support for community-based services.
 - Discussed how Commission on Aging could support counties - exploring options and



- amplifying work of counties that supports people to age in their community of choice.
- Informal Analysis of County Budgets using publicly available 2020 or 2021 data on county websites revealed that county spending on long-term care ranged between approximately 45% of the county budgets to 83% of county budgets with all but one over 50%. Most counties were in the 50% to 65% range. The overall average was 55.7%. Medicaid spending as a percent of total county budgets ranged from approximately 14% to 30% of county budgets with the overall average being 20.3%
- Considered edits to co-sign a letter with the New Hampshire Alliance for Healthy Aging (NHAHA) to county leadership promoting the use of American Rescue Plan Act funds for pilot initiatives that could support people to age in the community of their choice.
- Discussed CFI Waiver Renewal comment period.
- **January and February 2022** – Development of issue brief on the value proposition for changing the financing structure of long-term services and supports and investing in alternatives to improve people’s ability to age in the community of their choice. (Attached in Appendix B)
- **March 2022- Exploration of a Program of All Inclusive Care for the Elderly (PACE):**
 - Invited guest speaker: Christy Whitney, CEO [HopeWest PACE](#) in southwestern Colorado.
 - PACE programs are funded by Medicare and Medicaid providing integrated, coordinated, capitated coordinated care for those 55 and older who wish to age in their home.
 - HopeWest PACE took approximately 7 years to open for operations after board made decision to move forward with development.
 - [National PACE Center](#) provides support those that want to start a PACE program as well help for existing PACE programs.
 - Discussion following presentation highlights:
 - Important precursors to establishing a PACE program:
 - Supportive Regulatory environment (Kentucky State Legislature recently passed a bill enabling PACE programs in their state.)
 - Community support to raise \$’s and have necessary partnerships
 - A Champion Organization / Leader willing to become a PACE program
 - How could funding support development of a PACE model in NH now?
 - Capacity building within a potential host organization
 - Conducting feasibility studies
 - Is there any interest within county government to join a work group to explore PACE?
- **April 2022 – Report on key informant discussions assessing the interest/capacity of a New Hampshire organization in hosting a PACE or similar program:**
 - Concerns about PACE raised by informants:
 - Lack of workforce to sustain model.
 - PACE program’s return on investment takes a long time and involves considerable risk. Key informants indicated their organizations are not comfortable with managing the risk.
 - Homecare organizations are currently overburdened by not having enough people to do the existing work and not enough money to pay the existing staff. Attention needed to manage the day to day in this challenging environment results in diminished ability to innovate.
 - Overall concern that the number of people who qualify for CFI home and community-based services far outweighs the ability of providers to provide services.
 - The rural nature of the state is a challenge – primarily in attracting the needed number of participants to be sustainable. Typical participants often don’t have the stamina to travel long distances and participate in program. Also, the rural nature can mean service gaps – standard services provided by a typical PACE program are not readily available.
 - Over a decade ago, state rules redefining medical compliance for adult day programs combined with low reimbursement rates reduced the number of programs (both medical and non-medical) in New Hampshire. The result is that fewer existing adult day programs



- are in a position to consider hosting a PACE program.
- Current work organizations are engaged in to improve people’s ability to age in the community of their choice include:
 - Easterseals:
 - Expansion of Adult Day Capacity
 - Investment into low-income senior housing with supports in Rochester.
 - Via a grant from ACL, offering wrap around services for people living alone with dementia. Discussions ongoing with Managed Care Organizations (MCOs) re: sustainability as the grant nears its end.
 - Piloted the use of artificial intelligence in the home to augment workforce capacity with a company called Censio.
 - To address social isolation during the pandemic, initiated telephonic group calls focused on a particular topic.
 - Memorial Hospital collaborates with White Mountain Community College for a Medical Assistant (MA) program. The hospital pays employees while they are in school and tuition.
 - Mount Washington Valley Age-Friendly Community Initiative - Live well at Home / Safe at Home helps with home modifications.
- Other suggested programs/policies/activities to investigate:
 - CAPGI – Collaborative Approach to Public Good Investment. The Commonwealth Fund is supporting the model.
 - Flex Funds to support care coordinators and related incidentals. - One organization currently uses grant funds to support care coordinators. In their words, “CFI case managers put the lights on, care coordinators keep the lights on.” They have worked with hospitals to fund coordinators which works well. But when hospitals then take over the coordination program, the model gets diluted and becomes less effective. Examples of incidentals may be a copay for a medication that keeps a person out of the hospital.
 - Geisinger has made a PACE model work in a rural county, yet Geisinger is also part of a large Accountable Care Organization (ACO). The risk assumptions and reimbursements involved in both ACOs and PACE programs align and benefit each other.
 - Use of technology to augment in-person interactions. – Funding and work need to be done to expand access to broadband (including services plans and devices) and people’s trust and ability to use technology.
 - Electronic Visit Verification. – EVV is a requirement written into Section 12006 the 21st Century Cures Act that requires all state Medicaid agencies implement or incur a reduction of Federal funding. But home care agencies with an older workforce or a significant per diem workforce are challenged to implement this requirement. (One organization reported that the average age of their direct care workforce was 74.)
 - Workforce development promising practices.
 - Age-friendly community initiatives and Senior Centers can achieve some of the goals of PACE programs.
- **June 2022 – Presentation on New Hampshire’s Choices for Independence (CFI) Medicaid Waiver program by NH DHHS BEAS**
 - Invited guest speakers Brian Clark – Policy Administrator, Kristina Ickes- Administrator – Med. Eligibility for nursing and CFI
 - Long-Term Services and Supports (LTSS) definition: a wide array of assistance that help people with activities of daily living such as bathing, dressing, eating, toileting, and other forms of self-care. LTSS also includes housework, laundry, meal prep, grocery shopping, medication management, transportation, money management, and access to durable medical goods.
 - The Choices for Independence Program (CFI) provides Medicaid-covered home and community based long term care services as an alternative to nursing facility placement to eligible adults –



- people over the age of 18 with a chronic illness or disability who meet the clinical indications for nursing home level of care and financial criteria.
- Clinical eligibility - NH DHHS BEAS contracts for a nurse to conduct a visit to determine clinical eligibility. (10 to 15 days)
 - Financial eligibility – intake takes from 5 to 7 days, and on average overall process takes 45 days.
- Once eligibility determined, person is assigned (or chooses) a case management agency. The agency has up to 3 days to decline a case. If it accepts, it has up to 15 days to meet with a client, and by no later than day 20, have a care plan.
 - CFI will pay for services provided in assisted living, but not room and board.
 - Annual clinical and financial redetermination is required. People stay on CFI an average of 3 years.
 - Title III and Title XX services can help to bridge a person until they qualify for CFI.
 - BEAS recently created a short-term program to help CFI contract organizations recruit, retain, and train direct support workers and case managers.
 - Housing with supports – housing providers can become CFI providers but need to contact NH DHHS BEAS.
 - Cost Effectiveness of CFI:
 - Average annual cost for CFI client is far less than average than average annual cost for a Medicaid nursing facility.
 - Secure home environments reduce emergency department visits
- **July 2022 – Presentation by a CFI Case Management Agency**
 - Guest speaker: Tina Paquin from Community Crossroads in Atkinson.
 - NH DHHS BEAS contracts with 8 agencies to provide CFI case management – 3 work statewide.
 - They arrange for care such as personal care, home health aides, skilled nursing, [Meals on Wheels](#), durable medical goods, etc.
 - They are required to contact a client every 60 days to check in, but often call once a month.
 - Concerns commonly raised by CFI providers heard during this presentation:
 - Biggest challenge is finding CFI providers to offer care, often because of workforce shortages but other times because there are no CFI providers in an area.
 - Can take up to 3 months to find 5 hours per week of caregiver time.
 - There is a new effort to capture reliable data on authorized services that are not utilized with case management agencies using “no provider available” coding.
 - CFI work environment (people’s homes) can be challenging, which makes the work less appealing. This includes issues such as racism, open drug use, unsecured firearms, mental health issues, unsafe living conditions, etc.
 - Reimbursement rates or other funding for supports for workers including counselors don’t currently exist and may benefit this workforce.
 - Recruitment efforts may benefit from a “mission-driven focus”.
 - They can and do make arrangements for kinship care, where a family member or neighbor is given a stipend to provide care. New Hampshire laws prevents people who are legal guardians of a person or hold a power of attorney to receive reimbursement for care they may provide.
 - Is there a way to redesign the system of care to engage the larger community into providing community supports for their residents as they age? (Churches, other non-profits, etc.)
 - There is no ombudsman office for clients or family members to call with concerns about a home care provider. There is no mechanism for oversight of quality of home and community-based services.



- There are very few providers for durable medical goods and the process for reimbursement is not always timely. This can cause a problem, particularly for those in need of specialty items. (Some non-profits like the Lions Club and senior centers have stepped in. For instance, The Caregivers organization has a loaner closet.)

General Observations:

- There are many barriers to a robust Long-Term Services and Supports System of Care in New Hampshire:
 - It's not a defined and cohesive network, rather lots of independent, stand-alone service providers. There is case management for CFI beneficiaries, but little to no care-coordination for those not eligible for CFI.
 - The generalized support infrastructure that would enable older adults to live independently is limited and fragmented (transportation, housing, communications networks).
 - There is a need for a known, efficient mechanisms for all income levels to access and navigate LTSS services – transportation, home modifications, home management support, financial assistance, home and community-based care, social connections, nutrition programs, and alternative living arrangements – both in emergent situations and to encourage advance planning.
 - Gaps with limited or no Direct Care Service Providers available – Market forces currently create the network / system of care. There is no network adequacy requirement for Medicaid home and community-based services. Given that this is safety net services, shouldn't there be a state responsibility to create a network/system of care?
 - The lack of direct care workforce often results in lack of access to services.
 - Those that hire direct care workers suggest low pay, lack of affordable housing, and transportation options are limiting factors.
 - Without presumptive eligibility for the Choices for Independence Waiver Program, there is very limited timely or meaningful access to home and community-based services. Nursing home care becomes the default choice as on average it can take people 45 days for an application for CFI to be approved.
- As Medicaid is the largest payer for home and community-based services, an adequate network of Medicaid providers could ensure access to services for people of all income levels.
- COVID-19 is a watershed moment that has exposed both strengths and weaknesses of our LTSS system of care. At the same time, it has created an opportunity to pivot – to make changes towards better solutions.

Recommendations for the Governor and State Legislature:

Commit to creating a Long-Term Services and Supports System of Care without geographic or service gaps and with quality measures. Each of the following priorities are equally important for a strong system of care:

- Invest in retaining and growing the direct care work force. Resources on promising public policy are available in Appendix C
- Rectifying Choices for Independence Waiver Program reimbursement rates to address market conditions and make permanent changes so that the rate will match inflation.
- Improve access to home and community-based care by:
 - Increased investments in the ServiceLink network to improve its capacity to help people to navigate resources. Set standards of services with reportable metrics.
 - Invest in a public awareness campaign to highlight value of ServiceLink Services



- Invest in care coordination services for non-Medicaid populations
- Implementing expedited eligibility / presumptive eligibility for the Choices for Independence Waiver Program.

In addition:

- Collaborate with counties to develop equitable solutions enabling LTSS to be increasingly provided in homes and communities.
- Support pilots that test alternative models for delivery of Long-Term Services and Supports, including those that use technology that maximize efficient use of the limited direct care workforce. Prioritize pilots that seek to support people to live in lower level of care environments. Seek to replicate existing small-scale tests like Sunrise Towers in Laconia, across the state.
- Initiate efforts to layer services over existing housing, for example the SASH (Support and Services at Home) model. Support changes to how services provided at home is reimbursed.
- Address housing instability by adopting innovative housing policies and pilot programs that increase affordable housing options for older adults and work force, preferably together.

The above recommended changes in policy support independence and choice and in many ways support a cost-effective way to serve all of us as we age as those in need of these services grow in number.

Age-Friendly State Task Force

Strategic Priority: Catalyze New Hampshire towards being an Age-Friendly State

Progress on Objectives:

This Task Force identified three objectives to address during year two of this plan. The following outlines progress on those objectives:

- Objective #1: Engage with leaders of age-friendly community initiatives to identify models and activities worthy of replication and constructive state level policy considerations.
 - November 2021 - Presentation provided to Task Force by Community Crossroads, an NH based organization whose mission is to provide people in need of long term supports with the information, guidance, support and advocacy they need to remain in their chosen homes and live full, independent lives. They began supporting the CFI population in 2012. Challenges identified by the presenter included lack of workforce which significantly impacts their ability to provide services. Discussed possibilities of using technology to augment the workforce capacity.
 - January 2022 – Initial conversations began with UNH Center on Aging and Community Living about the convening of a university-wide research roundtable to build relationships between the Commission on Aging and the University, learn about current innovative research on improving our ability to age in the Granite State and spark the development of further research.
 - Transportation Alternatives:
 - January 2022 – Task Force drafted letter requesting COVID-19 related recovery funds be used to assess older adult transportation needs as COVID-19 had a major negative impact on the capacity of community transportation programs.
 - February 2022 – Task Force developed agenda on transportation alternatives for older adults in New Hampshire for February full Commission meeting:



- Overview of Older American’s Act supported transportation by NH DHHS BEAS.
 - Overview of new Mobility Management Initiative that seeks to create an integrated system of safe, reliable and sustainable transportation options that allow residents to maintain independence and participate in work and community life no matter their age or ability. Funding supports regional mobility managers and a statewide mobility manager to create integrated, easily accessible system.
 - Overview of Volunteer Driver Programs in New Hampshire and recent state investment to recruit new volunteer drivers statewide via a grant to NH Alliance for Healthy Aging.
 - Letter requesting support for a study of older adult transportation needs was approved. Letter can be found in Appendix D.
 - April 2022 - Article published on the case for doing an assessment of older adult transportation needs in April edition of Commission Newsletter *AgingMatters*
 - August 2022 – Project proposal submitted to the Governor’s Office for Emergency Relief and Recovery to conduct an assessment of older adult transportation needs.
- **Objective #2:** Promote age-friendly community work as a way to create livable communities for all of us as we age.
 - April 2022 –
 - Commission website reviewed for improvements/enhancements. Recommendations developed to promote age-friendly work to be implemented upon hire of Communications and Engagement Director.
 - Article written on why our state should engage in a study to assess the transportation needs of older adults for the April edition of Commission Newsletter *AgingMatters*.
 - July 2022 - Strategy being developed for how to proceed with outreach to media on the topic of age-friendliness.
 - **Objective #3:** Collaborate with the NH Department of Business & Economic Affairs (BEA) to assist it in supporting communities across New Hampshire in age-friendly planning
 - March 2022 - BEA NH Office of Planning and Development gave a presentation to the full body of the Commission on current housing initiatives within New Hampshire.
 - May/June 2022 - Collaborated in planning of June 16, 2022 Office of Strategic Initiatives Planning Division PLAN webinar that provided an update on Age-Friendly Work across NH.
 - Commission members are attending Collaborative Economic Development Region (CEDR) meetings on an ongoing basis. The goal of this work is twofold. One, to increase our understanding of regional economic priorities. And two, to raise awareness of the potential of economic development strategies that maximize of the opportunities associated with our aging population – the “longevity economy”. This includes encouraging stakeholder attention towards age-friendly frameworks for community development, and towards addressing the housing and transportation needs of older adults, and workforce populations.

General Observations:

This Task Force seeks opportunities for New Hampshire to engage in the ongoing process of becoming more age friendly. There are no set criteria that defines what it means to be age friendly. Instead, the process starts with self-assessment using a simple community development framework while asking, “How do we make communities, or regions, or our state work better for people of *all* ages?”. From this self-assessment, areas for improvement are identified and action is taken.



Housing (affordable and safe) and Transportation (access to alternatives) are often ranked as the top two issues of concerns among older adults living in the Granite State.

Transportation alternatives which historically have been limited in New Hampshire, face many additional new challenges as a result of the effects of the COVID-19 pandemic. Now is the time to assess needs, assess our infrastructure, and make plans for an improved future.

Safe and affordable housing is needed for older adults and workforce populations. Housing needs change as we age, but it's possible for our homes and communities to be livable for people of all ages and life stages. Small- to mid-sized housing built using universal design principles works for many of us. More housing inventory is good, but so are strategies that make the most of current housing. Recently created state statutes supporting Accessory Dwelling Units is a good step. Home-sharing is another model for helping younger generations to find quality housing and older adults to stay in their existing houses longer. In some instances, community members who sought to make this work locally have encountered barriers with insurance issues.

The terminology “Longevity Economy” captures the idea that older adults are a significant group of consumers, workers, community builders, and others that is growing larger and generally more prosperous. To view this growing segment of our population otherwise is a missed opportunity at best and detrimental to our collective wellbeing at worst. Understanding and responding to the physiological, cognitive, psychological, social, family and community needs of older adults can lead to a more vital economy and stronger and better communities.

Innovative technology can also be part of the transformation that takes advantage of the longevity economy. Technology can be part of the multi-faceted solution that is needed in response to shortages in the direct care workforce, by augmenting human worker activities in a variety of ways to help fewer people serve more people in an improved fashion. But more work is needed to create the technology we need, to make it more readily available, and to integrate technology into our daily living. Leadership is needed to spark interest and investment into innovation used by and serving older adults.

Recommendations for the Governor and State Legislature:

- Support investment into an assessment of transportation needs of older adults. Use findings to guide future planning and investments.
- As housing and transportation continue to be the top two issues raised during Commission community engagement activities, encourage and support local and statewide investment to develop safe and affordable housing options and meaningful transportation alternatives for people of all ages.
- Promote interactions within regions, towns, organizations, and service providers with a goal of moving towards age-friendly communities and local economies that leverage the opportunity of the “longevity economy”.
- Support expansion of high-speed broadband, telehealth public policies, and investment into technology goods and services which support healthy aging and later-life living.
- Promote actions that better connect UNH, Dartmouth College and other institutions of higher education with the needs of older adults in our state. Support interactions that enable researchers both within New Hampshire and beyond to participate in developing technologies, innovations and



workforce to expand the role of tech in making our towns and cities more age friendly and experiments that apply these innovations in real world scenarios.

- Challenge the private sector to engage with New Hampshire communities to bring the benefits of emerging technologies to the aid of older adults in our state. Specifically, support pilot projects with partners in the health care sector that use New Hampshire communities as manageable ecosystems for trials of new technologies and learning around effective uses. Reach beyond our state borders to find health care partners who can benefit from small scale pilot programs and potentially see New Hampshire as a state to expand their operations.
- Advance policies and practices that make it possible for all of us to have the opportunity to thrive and be valued while growing older in New Hampshire.

Emerging Issues Task Force

Strategic Priority: Engage Leaders regarding the Emerging Needs of Older Adults during the COVID-19 Epidemic.

Progress on Objectives:

- **Objective #1: Ageism** –Engage stakeholders and subject matter experts to confront ageist perceptions and their social, economic, and political impact.
 - Collaborated with NH Alliance for Healthy Aging Reframing Aging Strategy Group
 - Collaborated with NH DHHS Division of Public Health on their promotion of the booster vaccine rollout. Suggested the title for the program, “Booster Plan for the Homebound” might be stigmatizing and suggested reframing “Home-based Vaccination Program” to ensure optimal uptake.
 - Supporting NH DHHS Bureau of Elderly and Adult Services interest and action to change their name-ongoing and active.
 - Conducted a week of outreach during Meals on Wheels Champions Week (50th Anniversary of amending of the 1965 Older Americans Act in 1972 to include nutrition programs for people 60 and older) to engage New Hampshire residents to learn what issues matters most in their daily lives and educate people on the impact the Older American’s Act has made in our communities. Top issues raised by participants in outreach included: Housing options (affordable and safe), transportation options, prescription costs, access to hearing aids, accessibility of public places, financial insecurity, lack of availability to services they need (caregivers), email and phone spam. Developed program for additional Commission outreach in coming year.
 - At the federal level, Older Americans Act lack of growth of funding or program revamp of nutrition programs can be seen as an outcome of ageism. This Task Force reviewed New Hampshire’s use of American Rescue Plan funds to raise Older Americans Act funded meals programs reimbursement rates from approximately \$6.00 per meal to \$8.00 per meal, bringing the rate in parity with New Hampshire’s Choices for Independence Medicaid Waiver Program meal reimbursement rate. Meal providers communicated to this Task Force their concern that the rate may return to the lower level at the end of the ARPA funding. Providers are appreciative of regulation changes in HE-502 that removes limiting language allowing for more flexibility with “to go” meal options. Task Force planned a Commission meeting on the topic of nutrition programs to inform further on community needs and policy options.
- **Objective #2: Social Isolation** –Advance and engage in strategies to alleviate social isolation.



- Recommended to Governor’s Office for Emergency Relief and Recovery the development of a program to provide relief for organizations that provide programming for older adults. As a result of the pandemic, senior centers and others needed to radically shift services and realized significant declines in revenue that threatened to close doors. The program was created offering the opportunity for organizations to recoup up to \$4 Million in CARES Act funds for both capital and operational expenses. (See Appendix E.)
 - Reviewed program at its closure. Acknowledge challenge in program design that resulted in only a small portion of the funds being disseminated:
 - In some cases, the short program timeline did not give adequate time for purchases – less than a 2-month window.
 - Program did not guarantee reimbursement in advance for any named categories of expenses. Instead, organizations were required to make a purchase before applying for reimbursement not knowing if it would be reimbursed.
 - More funding opportunities are needed to support purchase of technology by senior centers to address social isolation: to provide access to for people without technology and to provide training for people to use their own technology at home.
- Considered Essential Caregiver legislation that would formally recognize the critical role that outside-caregivers play in the well-being and quality of life of long-term care residents. In other states similar legislation requires long term care facilities to establish an essential caregivers’ program that operates even during times of emergency and allows each resident to select up to two essential caregivers to provide daily living assistance, emotional support, and companionship. This type of legislation typically requires facilities to allow designated caregivers access to residents each day (or unlimited access for end-of-life care), and caregivers must agree to follow facility protocols for resident and staff safety. The Task Force determined that this type of public policy is valuable and should be considered.
- Wrote Commission testimony in support of state-level broadband expansion legislation. Four issues need to be addressed for older adults to benefit from the internet: Availability of high-speed internet, affordability, need for in-home hardware support and general education on use. Helpful GAO report on FCC mapping of broadband gaps here: <https://www.gao.gov/assets/gao-21-104447.pdf>
- **Objective #3: Long Term Care System** –Advocate for initiatives that improve the lives of residents in long term care and build the resiliency and preparedness of the long-term care system against future disease outbreaks.
 - Discussed effect of COVID-19 upon an unfortunately common situation Adult Protective encounters – older adults in situations with caregivers who are not providing adequate care. The typical solution in these situations is to move a person directly into a nursing facility. The new challenge created by COVID-19 is that in some cases, these older adults have not been vaccinated making facilities unwilling to admit them. Even placement of vaccinated individuals is challenging because of significant waiting lists in facilities.
 - Discussed a related issue that NH law prevents people in positions of legal guardianship from being paid to be a caregiver – to provide personal care services. NH Medicaid does have a program to expand access to home and community-based services that allows Medicaid qualified individuals in need of care to choose a family member or friend to be their caregiver, if the identified person is not the legal guardian. Medicaid will pay the identified caregiver to perform Medicaid covered service. This could help with the situation in the above bullet. But the challenge presented by limiting guardians from the role is that often guardians are willing to take on the caregiver role when no one else is. Direct care workforce shortages limit access to



services. Other states resolve the guardianship barrier by developing levels of guardianship, some of which can be paid for providing care. Without payment, caregivers who leave other paid employment to provide this care lack an income. The financial impact extends into the future for the caregiver given that while the caregiver is providing unpaid services, they are also not contributing to Social Security, which results in reduced Social Security income later in life.

- Discussed workforce shortage issues, available data, and potential policy solutions. Sought to raise this issue as a priority for the Commission on Aging. Developed list of knowledgeable speakers for a roundtable discussion at January Commission meeting.
- Began study of impact of private equity firm ownership of nursing homes and other long-term services and support organizations.
- Embarked on writing a series of articles in the Commission newsletter *AgingMatters* that delves into the [Whitehouse Agenda to Improve Safety and Quality Care in the Nation's Nursing Homes](#) with a goal to inform, educate and engage NH residents on the issues raised in the agenda.

Recommendations for the Governor and State Legislature:

- Acknowledge that New Hampshire's population is aging and the need by all of us to confront ageist perceptions and their social, economic, and political impact upon NH.
- Advance and engage in strategies to alleviate social isolation and loneliness.
 - Provide resources to community senior centers as they are one of the most widely used services among NH's older adults, and as they have needed to re-create themselves in the face of the challenges from the pandemic.
- Support the development of a statewide vision for investment in high-speed broadband infrastructure to help our state thrive. The vision should address increasing availability, affordability, need for in-home hardware support, and general education on use.
 - More funding opportunities are needed for senior centers to support purchase of technology to address social isolation: to provide access to those that don't have technology, to provide training for people to use their own technology at home.
- Invest in initiatives that improve the lives of residents in long term care and build the resiliency and preparedness of the long-term care system against future disease outbreaks. This includes:
 - Initiatives that support resident rights, resident centered care, and essential caregiver visitation.
 - Initiatives that support development of resident & family collective voice.
 - Establish a statewide Long Term Care Facility Family Council.
 - Initiatives that retain and grow direct care workforce including those that support a living wage and housing.
 - Initiatives that work to retain quality long term care organizations in our state.
- Support NH DHHS BEAS's prioritized need budget request to maintain all nutrition programs reimbursement rates with the parity that was achieved via use of American Rescue Plan Act funds.
- Explore options to support legal guardians of Medicaid eligible individuals to be paid to provide approved personal care services.

Operational Infrastructure Task Force

Strategic Priority: Develop Commission Infrastructure to Support Operational Success

Progress on Objectives:

This Task Force identified three objectives to focus its work in the second year of the current plan. The following outlines the objectives and progress made:



Objective #1: Assess and facilitate the degree to which task forces are advancing the goals of our strategic priorities.

- Tracked progress of task forces and planned monthly Commission meetings based upon task force recommendations.
- Began a monthly newsletter *AgingMatters*, in November 2021, with a goal of engaging the public on issues.
- Implemented the annual Older Adult Volunteer Awards which highlights contributions by older volunteers across the state and emphasizes how much we all are able contribute at any point in our lives.

Objective #2: Manage Commission membership and staff to optimize effectiveness.

- Tracked terms of current appointees, recruited for empty Commission seats and made recommendations to Governor for appointments.
- Assigned mentors to new members.
- Facilitated the hiring of a Communications and Engagement Director.

Objective #3: Implement Commission process for advising the Legislature and Governor on current legislation and recommendations for public policy.

- Conducted an orientation for Commission members on Navigating the NH State Legislative Process.
- Established a committee of the Operational Infrastructure Task Force, via an open process, to focus on guidance provided to the Legislature and Governor on issues related to aging
- Developed a targeted list of 2022 General Court Session bills to offer Commission guidance.
- Tracked targeted bills during the session, providing oral and written testimony.
- Provided a list of age-friendly enrolled bills to the Governor’s Office.

Recommendations for the Governor and State Legislature:

- Expand Right-to-Know statutes to allow public bodies to achieve a quorum with members participating either in-person or via remote means. Hybrid meetings with remote access have improved the level of engagement of older adults in the political process.
- Amend the statute that defines the Commission to:
 - Allow for election of a chair, vice-chair, and recorder from among the membership,
 - Allow such officers to serve an additional term for a total of 3 terms, and exempt legislative members from term limits.
 - Allow an appointment to an unexpired term to not count against the two-term limit.
 - Allow a member whose term of office is expiring to continue beyond the end of the term until reappointed or until a successor is nominated.
 - Modify quorum requirement to read “fifty percent” of membership rather than 13,
 - State that the Commission on Aging shall be an independent agency, administratively attached to the department of administrative services pursuant to RSA 21-G:10.
- Recommend use of American Rescue Plan Act funds to remedy the impacts of the COVID-19 virus on older adults, provide direct relief, and stimulate local longevity economies by providing opportunities for older adults to participate in their local communities in safe, meaningful ways.
- Support investment into an assessment of transportation needs of older adults. Use findings to guide future planning and investments.
- Commit to supporting a Long-Term Services and Supports System of Care that enables all people in New Hampshire to have access to services and supports that enables aging with dignity and autonomy.



-
- Create a LTSS System of Care Structure:
 - Base on Statute 135-F Children’s MH System of Care inserted in/updating RSA 151-e.
 - Establish an advisory council to collect data on effectiveness of system of care.
 - Establish a section of the budget to track costs and savings for policy changes.
 - Improve Access to Home and Community Based Services:
 - Ease Choices for Independence application process and implement presumptive eligibility
 - Improve access to durable medical goods through contract strategies.
 - Increase navigation supports by increasing funding to ServiceLinks. Set service standards for ServiceLinks to provide navigation supports.
 - Fund a Service Link Public Awareness Campaign
 - Enhance Choices for Independence Medicaid Waiver Program reimbursement rates:
 - Reset rates to better align with current costs and establish in statute a mechanism to keep rates responsive to inflation.
 - Consider adjustments to rates for services where there is a provider gap in the state (Better supporting CFI in assisted living settings can keep more people in a lower level of care longer.)
 - Support direct care workforce development:
 - State level policy levers that support reducing the direct care workforce shortages can found in the following resources:
 - [Millbank Direct Care Workforce Policy & Action Guide Landing Page](#) or for the link directly to the Toolkit: [Millbank Action Guide](#)
 - [PHI State Policy Strategies for Strengthening the Direct Care Workforce](#)
 - [State Actions to Address Nursing Home Staffing During COVID-19 | KFF](#)
 - [Endowment for Health Strategic Plan](#)
 - [MACPAC-brief-on-HCBS-Workforce March 2022](#)



APPENDICES

APPENDIX A: Commission on Aging 3 Year Strategic Map – October 2020 – September 2023 Year 2 Update



State of New Hampshire Commission on Aging

Vision

All people have the opportunity to thrive and be valued while growing older in New Hampshire.

Mission

To be a catalyst for change that values, serves, and celebrates people as they grow older.

3 Year Strategic Priorities

October 2020-September 2023

Develop and advance strategies to improve people's ability to age in the communities of their choice

Year 2 objectives:

- Support county government innovations to manage the cost of and access to long term services and supports (LTSS).
- Explore the issues of housing, transportation, workforce, and resources for decision making as they impact access to LTSS in the community of one's choice.
- Identify unique challenges and opportunities of minority populations to age in their community of choice.

Catalyze New Hampshire towards being an Age-Friendly State

Year 2 objectives:

- Engage with leaders of age-friendly community initiatives to identify models and activities worthy of replication and constructive state level policy considerations.
- Promote age-friendly community work as a way to create livable communities for all of us as we age.
- Collaborate with the NH Department of Business & Economic Affairs to assist it in supporting communities across New Hampshire in age-friendly planning.

Engage Leaders regarding the Emerging Needs of Older Adults during the COVID-19 Epidemic

Year 2 objectives:

- **Ageism** – Engage stakeholders and subject matter experts to confront ageist perceptions and their social, economic, and political impact.
- **Social Isolation** – Advance and engage in strategies to alleviate social isolation.
- **Long Term Care System** – Advocate for initiatives that improve the lives of residents in long term care and build the resiliency and preparedness of the long term care system against future disease outbreaks.

Develop Commission Infrastructure to Support Operational Success

Year 2 objectives:

- Assess and facilitate the degree to which task forces are forwarding the goals of our strategic priorities.
- Manage Commission membership and staff to optimize effectiveness.
- Implement Commission process for advising the Legislature and Governor on current legislation and recommendations for public policy.

Values

Forward Thinking – We anticipate the future and are creative and innovative finding new ways forward.

Collaboration – We embrace cooperation as complex issues require multiple perspectives for development of meaningful solutions and collective action.

Public Trust – We pursue common good in ways that are respectful, accountable, transparent, equitable, and worthy of trust.

Stewardship – We seek to maximize benefit from New Hampshire resources.

Expertise – We utilize the wealth of knowledge and skills available within our state agencies, businesses, and communities.

Opportunity – We strive to amend systematic patterns of disadvantage and marginalization so that all have the opportunity to thrive while growing older.

Engagement – We aim to leverage the talents and energy of older people in New Hampshire to create a better future.





Commission
on Aging

Aging in One’s Community of Choice and Long-Term Services & Supports in NH

March 2022

THE ASK

The New Hampshire State Commission encourages State and County level government leaders to improve options that allow all of us to age in the community of our choice. Policies and investments for older adults ideally recognize that not every person ages in the same way. According to www.longtermcare.gov, “One-third of today’s 65 year-olds may never need long-term care support, but 20 percent will need it for longer than 5 years.” New Hampshire’s current long-term services and supports system of care relies heavily on facility-based care, the most expensive setting for care. And yet most of us desire to stay at home for as long as possible as we age. By investing in programs and services that aim to keep people in their homes longer, we improve quality of life while avoiding unnecessary spending.

WHY NOW?

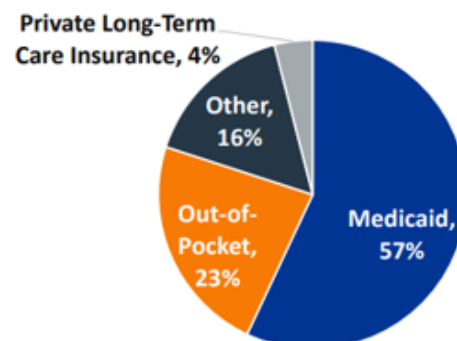
Now is the time to revamp our long-term services and supports system of care through piloting new delivery models and creating more alternatives to enable more choice. The impact of COVID-19 on our acute care system, skilled nursing facilities, and assisted living has made clear the benefits of home and community-based care. The American Rescue Plan Act funds provide a unique investment opportunity for innovative pilot programs to explore new delivery models and new alternatives. Data below illuminate the urgency of building a more robust system now as the confluence of rising costs of care and changing demographics is imminent. We can change the balance of our investments to support more home and community-based services to manage the expected increase in demand for services in the most cost effective manner.

WHAT ARE LONG-TERM SERVICES & SUPPORTS (LTSS)?

Kaiser Family Foundation definition of Long-Term Services and Supports (LTSS):

“Encompasses the broad range of paid and unpaid medical and personal care assistance that people may need – for several weeks, months, or years – when they experience difficulty completing self-care tasks as a result of aging, chronic illness, or disability.”

These services can be delivered within facilities or home and community-based settings. Most of these services are provided by unpaid caregivers – relatives and friends. Excluding the services of unpaid caregivers, Medicaid is the primary payer for these services. The chart to the right was developed from 2019 AARP data representing total national LTSS spending. “Other” consists of private health insurance and other public and private sources, such as the Veterans Health Administration, the Indian Health Service, state and local programs, and donations.

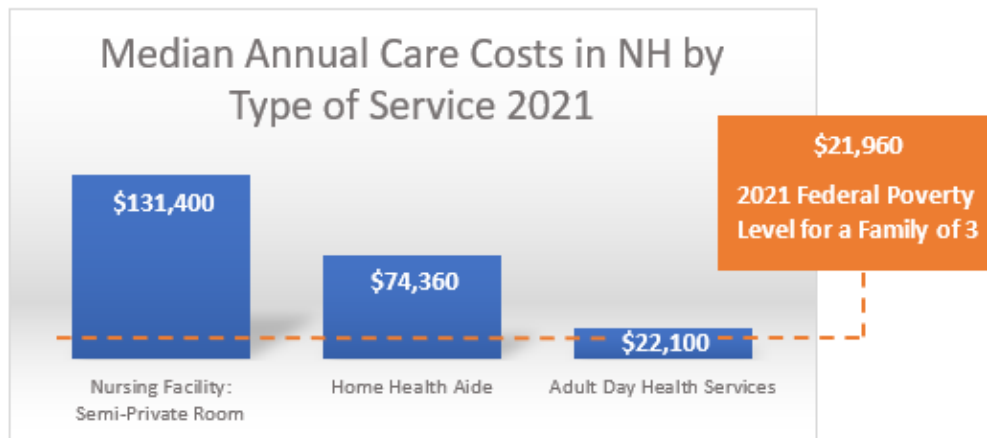


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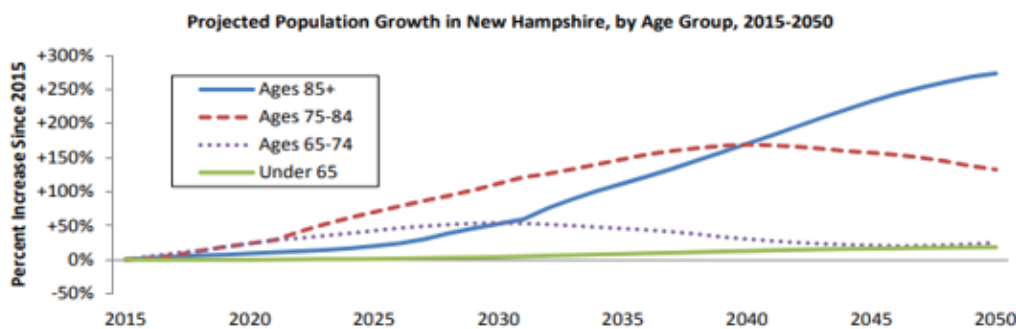
- **Currently, most spending for Long-Term Services & Supports (LTSS) in New Hampshire is for facility-based care, the most expensive location for care.**

New Hampshire’s *home and community-based spending* as a percent of all LTSS spending for older people and adults with physical disabilities at 14% in 2016 is low in comparison to other states - *50th in the country*. The average in the United States is 45%. (Source: [AARP Across the States 2018: Profile of Long-Term Services and Supports in NH](#))

The cost of Long-Term Services and Supports varies greatly depending on where the services are provided. In 2021, the median annual cost of care in New Hampshire provided in a nursing facility was \$131,400 and \$74,360 for a home health aide providing 8 hours of care 5 days a week in a home. Median costs for services provided in an adult day setting were \$22,100. (Source: <https://www.genworth.com/aging-and-you/finances/cost-of-care.html>)



- **New Hampshire, already one of the three oldest states in the country in terms of median age, is experiencing a demographic shift resulting in an increasingly older population.**



(Graph Source: [AARP Across the States 2018: Profile of Long-Term Services and Supports in NH](#))

A larger older population will likely result in increased demand for LTSS. Increased demand for LTSS, regardless of setting, will result in increasing county budgets as counties are responsible for the non-federal portion of Medicaid LTSS expenditures. Developing more options in less expensive settings will help stretch county budgets and provide a better quality of life for all.



ACKNOWLEDGING THE COUNTY ROLE IN THE PROVISION OF LONG-TERM SERVICES & SUPPORTS

LTSS Average
55%
Of County
Budgets

New Hampshire's counties have an important historic responsibility for the long-term care of our state's frailest older adults. In New Hampshire, counties (*i.e.* property taxpayers) pay the non-federal share of Medicaid LTSS--whether this care is provided in county administered or private nursing homes, or in adult day centers, or homes. The Commission on Aging conducted an informal analysis using publicly available data on county budgets. We found that on average, counties spend more than 55% of their budgets on long-term care. More long-term services and supports provided outside of nursing homes will help counties to better manage the coming budgetary strains as our older population grows, reducing pressure to build bigger county administered nursing homes or increase expenditures for private nursing home care.

ALTERNATIVES TO CONSIDER

One avenue for counties to increase the care provided at home and in the community is by becoming involved in developing and administering fully integrated systems of care models that make home and community-based care a realistic option for more people. Another choice is to make investments in programs that support people to live healthier longer in their homes. Counties in New Hampshire have engaged in some of this work already.

The Commission and its Task Force for Aging in Communities of Choice are actively reviewing options implemented successfully here in New Hampshire and in other parts of the country. The Commission seeks options that: provide easily accessed information on navigating the system of care, utilize a limited workforce efficiently, and support increased access to home and community-based care alternatives. Below is a short list of both integrated systems approaches and other options.

INTEGRATED SYSTEMS APPROACHES TO INCREASING COUNTY INVOLVEMENT IN DELIVERY OF HOME & COMMUNITY BASED LTSS (increasing ability to control costs):

- [Supports and Services at Home](#) (SASH) model – Combines supports such as wellness programs, nursing checks and social services with people's housing. This model leverages various funding sources to keep people healthier longer in a cost-effective manner. [Other frameworks combining housing and supports](#) also exist.
- [Program of All-Inclusive Care for the Elderly](#) (PACE) – Provides services primarily in an adult day center supplemented by in-home and referral services. Here is a [link](#) to a toolkit to assess a community's need for and ability to support a PACE.



OTHER COST AVOIDANCE & QUALITY OF LIFE IMPROVEMENT INVESTMENT OPTIONS

- [Intergenerational living arrangements](#) and [Senior Centers](#) - address social well-being keeping people healthier longer.
- [The Village Model](#) - For non-medical supportive services. A low dollar program that can provide or refer people to non-medical supportive services that have been vetted, enabling people to remain in their homes longer.
- Building upon [ServiceLinks](#) to expand the number of / role of options counselors to benefit the general population of older adults and their families. (Options counselors assist people with understanding and assessing their options for long term supports and services).
- Supporting family and other unpaid caregivers through Adult Day Services and expanded respite programs. This, along with access to information and resources, could enable these informal caregivers to avoid burnout and continue to provide care, rather than moving their loved one to a facility. (There are over 170,000 informal caregivers in NH providing unpaid care averaging 24 hours per week, valued at over \$2.3 billion annually.)
- Developing other public/private partnerships with area providers to embed community health workers, community health nurses, and public health nurses in their organizations to improve health outcomes and reduce the costs of care for county residents.
- Initiating community nursing programs. Several communities within New Hampshire use this model to support aging at home. Nurses provide assessments, education, care coordination, family support, medication reconciliation and referrals.

[WHO IS THE COMMISSION ON AGING?](#)

The New Hampshire State Commission on Aging was established during the 2019 legislative session to advise the Governor and State Legislature on policy and planning related to aging. The vision of the Commission is for all people to have the opportunity to thrive and be valued while growing older in New Hampshire. Our goal is to be a catalyst for change advancing innovative forward thinking public policy and programs. We strive to be a resource and a reliable partner with government, private sector, and others in pursuit of the common good. Our 26 members represent members of the State House and Senate, various state agencies, and leaders from across the state.

To learn more: <https://nhcoa.nh.gov/>

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APPENDIX C: Strengthening the Direct Care Workforce – Promising Public Policy

State level policy levers that support reducing the direct care workforce shortages can found in the following resources:

- [Millbank Direct Care Workforce Policy & Action Guide Landing Page](#) or for the link directly to the Toolkit: [Millbank Action Guide](#)
- [PHI State Policy Strategies for Strengthening the Direct Care Workforce](#)
- [State Actions to Address Nursing Home Staffing During COVID-19 | KFF](#)
- [MACPAC-brief-on-HCBS-Workforce March 2022](#)
- [Endowment for Health Strategic Plan](#)



APPENDIX D: Letter to Governor Requesting Support for a Study of Older Adult, Veterans, and People Living with Disabilities Transportation Needs



New Hampshire
State Commission on Aging

March 10, 2022

Governor Chris Sununu
Office of the Governor
State House
107 N. Main Street
Concord, NH 03301

Dear Governor Sununu,

The New Hampshire State Commission on Aging is seeking your support to use American Rescue Plan funds or other one-time funding in support of a targeted Statewide Transportation Needs Assessment for Older Adults and Adults with Disabilities.

The timing of this request intentionally coincides with the adoption process of the New Hampshire Ten Year Transportation Improvement Plan (Ten-Year Plan). One of the statutory duties of the NH State Commission on Aging, RSA 19-P:2 II, is to review and provide input relative to state planning efforts including transportation. Our review of the Ten-Year Plan, and our continued engagement with community stakeholders were both the impetus for realizing the need for an assessment. Our recommendation is to not include the assessment in the plan, but rather work to make it happen this calendar year, potentially utilizing American Recovery Plan Act funds. A rigorous assessment now could help prioritize new funding such as that coming from the federal Infrastructure Investment and Jobs Act.

The Governor's Advisory Commission on Intermodal Transportation (GACIT) submitted the draft Ten Year Plan in December with an accompanying letter. Their letter highlighted that the hearing process on the draft plan resulted in over 400 public comments with, "the need to expand travel options (transit, bicycle, pedestrian and other non-vehicle efforts) heard most". The GACIT transmittal letter also noted the many comments requesting a "review of underfunded transit needs and a comprehensive assessment of condition, challenges, demand and future investments potential". Given financial constraints, without an effective needs assessment, smart investments cannot be made regarding the development of transportation options for all residents of New Hampshire.

Access to transportation options was the top concern identified by older adults in New Hampshire via surveys and listening sessions that informed the creation of the New Hampshire State Plan on Aging 2019-2023 (SPOA). Goal #4 of the SPOA addressed that expressed concern by way of Objective 4.1 – supporting transportation options that connect older adults to healthcare, daily activities, and community involvement. Execution of a thorough needs assessment to inform development of effective strategies to use our limited public resources would demonstrate meaningful support of this objective. While unmet need existed prior to the pandemic, it has only grown throughout the past two years. Volunteer Driver Programs and other public transit options have struggled with finding drivers, adapting to critical public health measures, and maintaining financial sustainability. Finding ways to connect



people through innovative transportation solutions is necessary to address the devastating impacts of isolation that have been exacerbated by the current pandemic.

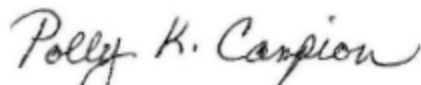
Both demand and supply side of the transportation access issue should be investigated through the comprehensive assessment. Top questions include:

- What is the demand currently and how will it grow for various transportation alternatives?
- What is the gap in capacity (amount and type) to meet transportation/mobility demand from our growing population of older adults and people with disabilities?
- What strategies and resources do community transportation systems (including Volunteer Driver Programs) need to be sustainable?
- What reforms are needed to better coordinate public transit and human services transportation options?

Ideally, the assessment would be conducted by a New Hampshire community-based initiative. Previous experience engaging with local stakeholders will help to ensure a quality product. TransportNH is an initiative that is closely alignment with both the State Coordinating Council for Community Transportation (created by state statute in 2007) and the state contracted mobility management work. The NH Commission on Aging would support a proposal by TransportNH to implement a comprehensive assessment. They are also engaged in the NH Alliance for Healthy Aging where collaboration is already occurring towards developing key questions to be answered.

Older Granite Staters are critical contributors to the social and economic wellbeing of our communities. Transportation options provide a means for all of us to engage meaningfully in our communities. Full engagement of all of us is necessary for successful recovery of our State from the COVID-19 Pandemic. Currently in New Hampshire, one out of every five of us is over the age of 60. By the year 2030 it is estimated that over one-third of New Hampshire's population will be over 65 years of age with the 85+ age group continuing at a very high growth rate through 2050. There is much work to be done to prepare our state to flourish during the demographic shift we are experiencing. Developing transportation options based on a solid foundation of understood needs and existing systems is a smart approach to better future.

Sincerely on the behalf of the Commission on Aging,



Hon. Polly Campion, MS, RN
Chair, NH State Commission on Aging
pkc441@outlook.com



Rebecca Sky, MPH
Executive Director, NH State Commission on Aging
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Cc: Commissioner Victoria Sheehan, NH Department of Transportation
Commissioner Taylor Caswell, NH Department of Business & Economic Affairs
Fred Roberge, Chair, State Coordinating Council for Community Transportation
Renee Pepin, Steering Committee Chair, NH Alliance for Healthy Aging



State of New Hampshire Governor's Office for Emergency Relief and Recovery



COVID-19 Impact Senior Center Program *Information on the COVID-19 Impact Senior Center Program*

About the Program

The COVID-19 Impact Senior Center Program is a \$4 million fund that will provide qualifying senior centers with funds to accommodate the needs of the population served while mitigating the spread of COVID-19 in accord with the CDC and the New Hampshire Division of Public Health guidelines.

Awards will be issued on a pro-rata basis with a \$500,000 cap after the application period closes.

Dates & Timelines:

October 28, 2021 - Application Period Opens

December 15, 2021 - Application Period Closes

Eligibility:

The program is limited to New Hampshire senior centers for modifications and operating costs to enable the senior centers to meet CDC and the Division of Public Health guidelines to mitigate the spread of COVID-19.

How to Apply

The application for the program must be completed and submitted utilizing the GOFERR grant portal by December 15, 2021, including all supporting documentation for existing equipment. *Applicants will need to use an internet browser such as Microsoft Edge, Firefox, or Google Chrome to complete the application. Internet Explorer will not work properly with this application.*

How to Submit an Appeal:

As a result of federally required deadlines for closing award determinations on CARES Act funded programs, appeals will not be possible in this program.

Frequently Asked Questions

[View frequently asked questions for the COVID-19 Impact Senior Center Program.](#)



Summary

Actions towards achieving the vision of “All People have the Opportunity to Thrive and be Valued while Growing Older in New Hampshire” November 2021 – October 2022

Commission on Aging Actions:

- Monthly Commission on Aging Meetings investigating issues of concern.
- Monthly Task Force Meetings diving deeper into issue areas.
- State House Policy Team Meetings –weekly during the session, monthly throughout the year. Identifying bills with greatest impact on all of us as we age. Organizing and delivering guidance to legislature and governor.
- Written testimony submitted providing background information on 10+ bills during 2022 session.
- Monthly newsletter for older adults highlighting activities of the Commission as well as information on state and local nonprofit services, programs, and other news people can use throughout the year.
- Older Adult Volunteer Awards – Individuals and couples from each county are honored at a ceremony annual held in the Executive Council Chambers with the Governor during Older Americans Month.
- Task Force Issue brief, “Aging in One’s Community of Choice and Long-Term Services & Supports in NH”, published March 10, 2022.
- Letter to the Governor requesting American Rescue Plan Act funds for an assessment of older adult transportation needs.
- 10+ various community engagement events

Collective Actions:

- CARES Act Funding made available to senior centers.
- 2022 Bills signed into law:

Workforce Development - Supporting the Licensed Nursing Assistant (LNA) Workforce

- **HB 1030** - Allows certain military training & experience to replace clinical experience requirements for LNA licensure.
- **HB 1659** - Allows conditional employment (90 days) of a LNA awaiting results of a criminal background check if LNA if certain criteria is met. Allows temporary licenses for LNAs if a person has passed the examination requirement and passed a criminal background check as part of their nursing assistant training.

Supporting Financial Resilience

- **SB 281** - Prohibits a private nursing home or assisted living facility from enforcing a 30-day notice of vacancy policy in the event of a resident's death, allowing only up to 10 days of rent & fees.



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- **SB 385** – Allows financial institutions to delay a disbursement for a limited time from an account if financial exploitations is suspected.
 - **SB 404** - Establishes a supplemental nutrition assistance program outreach program.
 - **SB 414** - Revises the definition of ADRD, Alzheimer's disease and related disorders to include people with symptoms but without diagnosis relative to access to respite care services.
 - **SB 450** - Clarifying and strengthening the structure of the prescription drug affordability board.
 - **HB 1526** – Expands income limits for participation in NH’s “in and out medical assistance” program.

Enabling Access to Health Care and a Social Isolation Prevention Strategy

- **SB 229** – Permitting pharmacy technicians to administer vaccines.
- **SB 390** – Allows use of asynchronous telemedicine, employing text- or picture-based interactions.
- **SB 397** – Adopts interstate mental health counseling compact and compact for the placement of children.
- **SB 422** – Provides dental care under Medicaid managed care.
- **SB 445** –Relative to the broadband matching grant initiative.

