State of New Hampshire
Commission on Aging

ANNUAL REPORT

November 1, 2020 – September 30, 2021

DATE: **November 1, 2021**

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: **2021 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 2021 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

2021 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
Senator Ruth Ward
Representative James MacKay
Representative Charles McMahon
Wendi Aultman, Department of Health and Human Services
Janet Weeks, Department of Labor
Richard Lavers, Department of Employment Security
Elizabeth Bielecki, Department of Safety
Patrick Herlihy, Department of Transportation
Sunny Mulligan Shea, Office of the Attorney General
Lynn Lippitt, NH Housing Finance Authority
Susan Buxton, Long Term Care Ombudsman
Roberta Berner, Clerk, Appointed by the Governor
Suzanne Demers, Appointed by the Governor
Susan Denopoulos Abrami, Appointed by the Governor
Susan Emerson, Appointed by the Governor
Ken Gordon, Appointed by the Governor
Kristi St. Laurent, Appointed by the Governor
Daniel Marcek, Appointed by the Governor
Reverend Susan Nolan, Appointed by the Governor
Susan Ruka, Appointed by the Governor
Carol Stamatakis, Vice Chair, Appointed by the Governor
Harry Viens, 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.

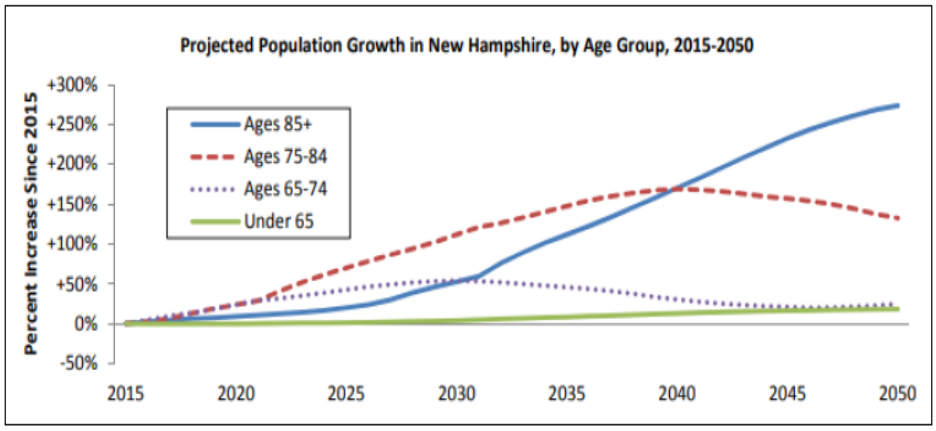
The Commission completed a strategic planning process over the summer of 2020 developing a three year plan that outlines four strategic priorities as avenues for investigation for the Commission. In the fall of 2020 four task forces were formed in alignment with the strategic priorities:

- 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 2021 meeting of the Commission.

From civic engagement to caregiving, older Granite-Staters both in and out of the workforce continue to find ways to improve our communities. To grow the opportunity for all to contribute, we need to invest across generations, shape public policy to maximize care and consideration of everyone's interests, and improve our systems.

The agenda below envisions a future where older Granite Stater 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. Policies and investments for older adults must recognize that not every person ages in the same way. Some of us will need almost no assistance throughout the course of our lives; some of us will need community-based services to meet certain needs, and about a quarter to a third will need more intensive services. Growing older should build value in our lives. Such a future depends on Granite Staters knowing that the resources for living well will be there for all of us as we grow older.



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. There is much work to be done to prepare our state to flourish during the demographic shift we are experiencing.

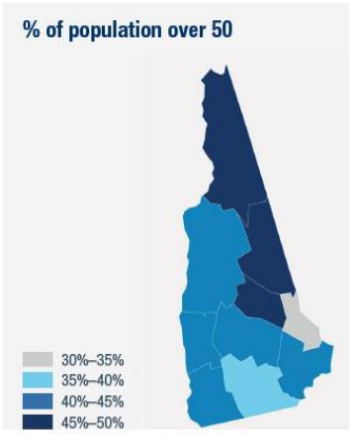


Image from AARP Longevity Economy Report: NH. Population by age by county is from the Census Bureau population estimates for 2015.

SUMMARY RECOMMENDATIONS

Reflecting on the previous year, the New Hampshire State Commission on Aging advises the State Legislature and Office of the Governor to consider the following recommendations for policy changes and related funding. The Commission suggests it should be engaged in budget and other funding decision-making processes in relation to these recommendations. The recommendations below are organized by topic areas:

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 fill direct care positions and stabilize this essential workforce has been exacerbated to crisis levels with the onset of 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 work place stress, caused burnout, early retirements, and made some fearful of contracting illness and others fearful of vaccine requirements. This left an inadequate workforce resulting in a large increase in unmet needs and adverse health outcomes among older adults.

Growing the direct care workforce is one of the most critical tasks facing our state. The Commission on Aging recommends the following strategies to make progress:

- Make significant financial investments to grow and retain the direct care work force.
- Provide means for a living wage for the direct care workforce.
- Increase affordable housing options for the direct care workforce.
- Provide means and change policies to create more training programs for Licensed Nursing Assistants (LNA). Policy changes should be made to enable home care organizations to offer training.
- Incentivize more academic partnerships.
- Support culture change initiatives that lift up LNAs as the valued backbone of the care system.
- Engage in more public awareness of LNA training and career ladder opportunities.

BOLSTER SKILLED NURSING FACILITY RESILIENCY

Long-term care facilities have been disproportionately impacted by COVID-19. Nursing homes and senior living communities remain in the difficult position of needing to keep residents and staff safe while continuing to provide care and ensure a good quality of life. These facilities are home to some of the most pandemic-vulnerable and isolation-vulnerable people in our State. Federal and State guidance on how to operate shifted as we collectively learned more about various aspects of this balancing act. Increased workforce shortages and care costs in this time of unprecedented need added to the burden. There is an immediate need to re-examine the relationship between the physical environment, infection control, quality of life, and health outcomes. And there is a need to rally behind long term care providers of high quality care to avoid closures and support development of new, high caliber care options. Growing the workforce is critical, but not the only issue. This is an important moment in time to 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.

- Enact legislation to ensure the visitation rights of essential caregivers to provide assistance and support residents of long-term care facilities.
- Invest American Rescue Plan Act one-time funds in a culture change initiative for long-term care facilities out of the Office of the Long-Term Care Ombudsman to build resident, staff, and organizational resilience.

    - Establish a statewide Long Term Care Facility Family Council to create an opportunity for a collective voice for residents and families.
- Invest in initiatives that work to retain and attract quality long term care organizations in our state.

INCREASE COMMUNITY BASED LONG TERM SERVICES AND SUPPORTS

Cost of Long-Term Services and Supports (LTSS) varies greatly depending on where the services are provided. In 2020, the median annual cost of care provided in a nursing facility was $127,750 and $60,840 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.[1] Supporting workforce growth, alternative models of delivery, awareness of options, and effective policies are smart options to increase care offered in home and community.

- Support for pilots that test alternative models for delivery of LTSS, including technology options.
- Collaborate with counties to develop solutions enabling LTSS to be increasingly provided in communities.
- Increase awareness of ServiceLink offices and the services they provide.
- Invest in a Medicaid presumptive eligibility pilot to determine impact upon costs and prompt access to appropriate levels of services. Use a portion of the increase to the Federal Medical Assistance Percentage funds made possible by the American Rescue Plan Act for this pilot.

ADDRESS HOUSING INSTABILITY

According to the Governor's Council on Housing Stability, New Hampshire has had an inadequate supply of affordable housing for decades. The shortfall has been exacerbated with the COVID-19 pandemic. Older adults on fixed incomes and the workers meeting the needs of older adults need affordable housing. New housing should be placed where people can walk around the community and benefit from nearby services. Placing housing near to public transit routes and using universal design principles in construction are both important as people's needs change over time.

- Increase production of new affordable housing, embedding some with supportive services. Supportive services help people maintain stable housing and gain access to appropriate health and social services.
- Increase efforts to layer supportive services over existing housing. Change how services provided in housing are reimbursed.
- Explore financial incentives for communities to create new affordable housing for older adults.
- Address housing instability by adopting innovative housing policies and pilot programs that increase affordable housing for older adults and members of the workforce, possibly together.
- Develop programs to rehabilitate old housing stock to enable people to stay in their houses longer and to create multigenerational alternative living arrangements.

PROMOTE 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.

- Encourage and support local and statewide initiatives and investments to develop age-friendly transportation, housing, built and natural environments, community connections, and health services.
- Target one-time American Rescue Plan Act funds for the purpose of creating a mobility/transportation needs assessment of older adults.
- Promote interactions within regions, towns, organizations, and service providers with a goal of moving towards age-friendly communities.
- Strengthen anti-discrimination laws based on age, including discharges from employment based on age.

[1] Source: https://www.genworth.com/aging-and-you/finances/cost-of-care.html

STRENGTHEN COMMUNITY CONNECTIONS & PROTECTIONS FOR OLDER ADULTS

Action taken collectively and individually to reduce the spread and contraction of COVID-19 have not been without the adverse side effects of increased social isolation, enhanced economic risk, revealed ageism, and more. When our social and emotional needs go unmet, when we are isolated, we can be vulnerable to poorer health, people who wish to prey upon us, and overall poorer wellbeing. Proactive efforts to increase opportunities for connection and protection will enable all of us to have continued autonomy and remain as contributors to our communities as we age.

- Invest one-time American Rescue Plan funds to provide resources to community senior centers and organizations offering older adult programming. They are one of the most widely used services among NH's older adults, and they have needed to recreate themselves in the face of the pandemic.
- Support the development of a statewide vision for investment in high speed broadband infrastructure. The vision should address increasing availability, affordability, need for in-home hardware support and general education on use.
- Amend RSA 91-A to allow authorizing public bodies to hold virtual meetings while maintaining compliance with Right-to-Know statutes to improve engagement of older adults in the political process.
- Amend RSA 631:8 Criminal Neglect of Elderly, Disabled, or Impaired Adults to add a separate felony offense for a finding of "bodily injury". This would add another category of harm beyond the "Serious bodily injury" that currently exists.
- Increase funding for staff within the NH AG's Exploitation Unit to enable more work on prosecution and prevention, and to develop more forensic accounting capacity.
    - Increase media coverage regarding the growing number and variety of scams.
    - Increase distribution of educational flyers via senior centers, libraries, home delivered meals.

IMPROVE THE BEHAVIORAL HEALTH SYSTEM OF CARE

During this pandemic, care providers witnessed a tremendous growth in older adults' mental health needs while access to care was challenged. Increased social isolation resulted in increased cognitive decline, dementia, anxiety and depression. Dementia, anxiety, and depression are often found to be concurrent issues, yet access to appropriately coordinated services is confounded by our payment structures, system organization, and limited workforce.

- Increase funding for the Referral, Education, Assistance and Prevention (REAP) program to meet growth in demand for services. One-time American Rescue Plan funds could provide direct relief until the next budget cycle.
- Require and incentivize collaboration across disciplines and settings (e.g., in relation to dementia care, guardianship, CFI applications), with education more widely available across the board.
- Support establishment of community-based services that are not necessarily labeled as 'mental health,' but that are proactive, preventive, and wellness oriented. Increase group homes and supported family care.
- Increase awareness, education and support for care partners as well as for the client with mental health issues and dementia.

ACTIVITIES OF THE COMMISSION

Summaries of Meeting Findings

October 19, 2020: At this meeting, like most subsequent meetings, brief updates were provided by each of the Commission Task Forces: Aging in Community of Choice, Age-Friendly State, COVID-19 Emerging Issues and the Operational Infrastructure Task Force. Information on the activities of the Task Forces are noted in the Task Forces' summary section of this report.

Written responses to the questions that arose after our previous month's presentation on transportation needs of older adults in the granite state were provided this month by the presenters. They acknowledge a dearth of NH specific data on older adults and their transportation needs, confirming that extrapolations of national data is the best that can be done without investment into a state transportation study. Performance measures on older adult mobility in the New Hampshire would be beneficial. Ridership on fixed route transit has declined over the past 6-7 years, but there is no data to associate the decline with a particular age range of riders. Typically, fixed route transit ridership rises and falls in tandem with fuel prices suggesting a correlation with income. There is not an effective way to know the percentage of rides by older adults. Only 34 communities in NH have fixed route transit, so how many older adults are accounted for in fixed route production stats isn't a factor in 85% of the municipalities in the state. It was noted that Vermont spends $12+/capita spent on public transportation (fixed route and volunteer driver programs) while New Hampshire spends 45 cents/capita. Vermont in comparison to New Hampshire has a much more extensive network of rural fixed route, flex route and demand response transit services. A comparison in terms of percent of towns served, service hours or service mile could assembled if desired. Vermont has also done more with coordinating services among public transit agencies and human service transportation providers. With a comprehensive statewide needs study, we'd be much better positioned to answer the question of how much additional service is needed and consequently how much funding. The NH State Coordinating Council for Community Transportation (SCC) will be collaborating with DHHS and DOT to combine various federal funding opportunities to improve transportation coordination statewide.

NH DHHS Commissioner Shibinette provided an update on the impact of COVID-19 upon older adults. Commissioner Shibinette reported that the number of individuals with COVID-19 is on the upswing in the state; however, we are seeing far less of an impact on long-term care facilities than we saw in the spring and summer. Testing in nursing homes is moving from state-facilitated testing to a self-directed program. If a facility has one positive result, then testing reverts back to the state program. Once nursing homes have transitioned to the self-directed program, state testing will be made available for assisted living and other group living facilities. When a vaccine is available for the coronavirus, the state will partner with pharmacies to administer the vaccine. The plan is to vaccinate all nursing home staff and residents when the vaccine is readily available.

Commissioner Shibinette briefly discussed visitation within long-term care facilities. CMS has directed that unless COVID-19 is in the building, visits should be arranged. She said that every facility is engaged in a balancing act, balancing physical health against residents' psycho-social well-being. She also reported that the Department is hearing about the problems of social isolation for homebound older adults. She said that the holidays were likely to be difficult this year and suggested that the message is that everyone should be checking on neighbors.

November 16, 2020: The Commission heard a presentation focused on the NH Attorney General's office on the Elder Abuse and Financial Exploitation Unit delivered by Sunny Mulligan Shea, Commission member, Victim Witness Advocate, Elder Abuse and Exploitation Unit; Bryan Townsend, Assistant Attorney General, Elder Abuse and Exploitation Unit; and Brandon Garod, Consumer Protection and Anti-Trust Bureau Chief, Senior Assistant Attorney General. The Elder Abuse and Financial Exploitation Unit

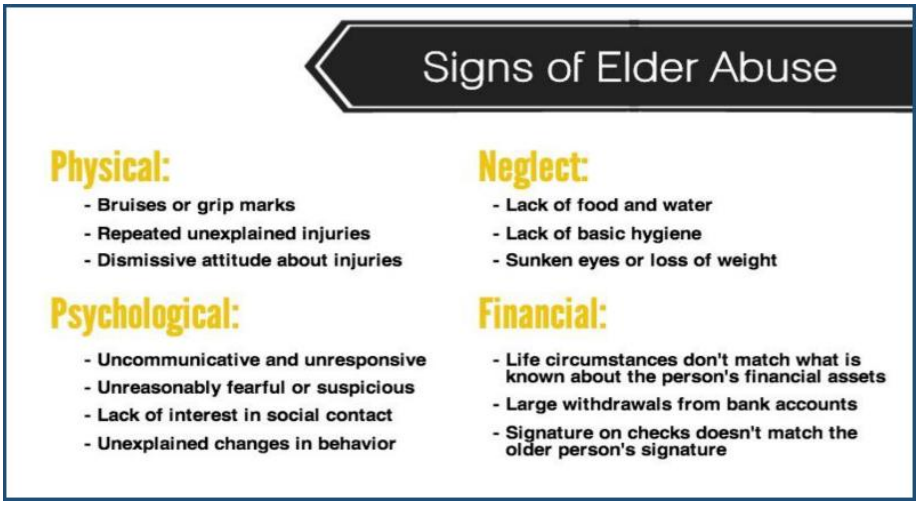
was created in 2016 “to prevent, investigate, and prosecute crimes of abuse, neglect, and financial exploitation perpetrated against New Hampshire’s older adults,” defined as those aged 60 and over. Because of a large and growing caseload, the two staff members in the unit must spend most of their time on investigation and prosecution rather than prevention and education. They work closely with the adult protective services staff within NH-DHHS’ Bureau of Elderly and Adult Services (BEAS). The National Council on Aging estimates that one in 10 older adults is victimized in some way every year—translating to five million individuals annually. Only one in 14 of the crimes is actually reported (an improvement on the prior reporting statistic of one in 20). In New Hampshire, with 280,000 older adults the statistic would represent 28,000 individuals victimized annually (abuse, neglect, or exploitation). Approximately 2,000 cases per year reach BEAS or the office of the Attorney General. Abuse and exploitation is a growing issue with the growth of the older population in the state, the capacity/competence of some victims, undue influence by the perpetrators who are often family members or friends, and the complexity of the cases exacerbated by the types of offenders and the difficulty with finding witnesses who may not want to be pitted against family members or friends.

Laws defining elder abuse and financial exploitation focus on:

- Caregiver neglect (RSA 631:8) (Proof of such neglect is serious bodily injury caused by caregiver failure. Caregiver could be hired or non-paid.)
- Financial exploitation by fiduciaries (attorneys-in-fact, trustees, guardians, lawyers, broker-dealers) or by any person. (RSA 631:9, :10) This includes failure to use the resources of the victim when one is under the duty to do so and/or using those resources for the benefit of someone other than the victim. Exploitation involves any of the following: undue influence, coercion, harassment, duress, knowing or disregarding a risk that the victim lacked capacity to consent.
- Others less specific to older adults: Homicide (RSA 630), Assault (RSA 631, 632-A), Theft (RSA637), Fraud (RSA 638), Failure to report abuse (RSA 161-F:50), Abuse of Facility Patients (RSA 151:27)

Other Laws Unit Attends to:

- Victims’ Rights (RSA 21-M: 8-K): This focuses on fairness and respect, keeping victim’s informed, ensuring victims have the ability to confer with the State, and are able to contribute and impact statement.



People contact the Unit directly or more commonly, referrals come from family members, neighbors, caregivers, medical staff, financial institutions, police or attorneys to APS within BEAS or local police departments who refer to the AG’s Elder Abuse Unit.

A recent case was shared that involved family members engaging in financial exploitation and theft. Investigating and prosecuting the case was a coordinated effort among a long-term care facility and its attorney, the Medicaid office (financial analysis of the five-year look-back of use of the victim’s

resources), BEAS and the exploitation unit. The family members are now serving prison terms. There had been expectation that the family members would be required to make restitution, but that was not an outcome of the case.

Current scams occurring in the region were reviewed: lottery, IRS and tech support imposters, securities and health care fraud, romance, and family members in need of help. Nationally, losses to scams total $3 billion per year. The Centers for Disease Control has determined that scamming is a public health issue, with victims often suffering from higher rates of depression and hospitalization and a shortened life-span. There is a concern that scams are becoming increasingly aggressive and effective, especially as older adults are increasingly isolated. The NH consumer protection hotline (1-888-468-4454) is a resource, along with the StayConnectedNH website, which helps educate the public about scam issues. The hotline receives 7,500 calls per year. Internet scams should be reported to the FBI: ic3.gov, phone scams to the FTC: ftc.gov, and mail to the Postal Inspector: uspis.gov. Reporting to any law enforcement is beneficial. To prevent scams, people can ask lots of questions, use family support, utilize "Trusted Other" forms at financial institutions, always independently verify, never pay in gift cards/bitcoin/etc., don't answer the phone from unknown numbers, and change account and account info when uncertain.

Recommendations resulting from the discussion following the presentation include:

- Amend RSA 631:8 Criminal Neglect of Elderly, Disabled, or Impaired Adults to add a separate felony offense for a finding of "bodily injury". This would add another category of harm beyond the "Serious bodily injury" that currently exist.
- Increase funding for staff within the NH AG's Exploitation Unit to enable more work on prosecution and prevention, and to develop more forensic accounting capacity.
    - Increase media coverage regarding the growing number and variety of scams.
    - Increase distribution of educational flyers via senior centers, libraries, home delivered meals.

External to state government, other organizations do work in this arena. New Hampshire Legal Assistance (NHLA) through external funding does some outreach on financial exploitation. Additionally, NHLA works civil cases, whereas the Attorney General's Office works on criminal cases. The New Hampshire Financial Abuse Specialty Team (FAST) includes public and private members focusing on elder financial exploitation.

January 25, 2021: Wendi Aultman, Bureau Chief, Elderly and Adult Services (BEAS), NH-DHHS, reported updates, progress, and the impact of COVID on the State Plan on Aging (SPOA), implemented October 1, 2019 and in effect through September 30, 2023. The intention behind the SPOA was to create an agenda for action for not just BEAS, but for all who seek to improve the experience of aging in New Hampshire in alignment with the federal Older Americans Act. Six months into the SPOA implementation, response to the pandemic took priority at NH-DHHS, influencing both attention and execution. BEAS became flexible in its approach to service delivery (e.g., "Grab and Go" meals while senior centers and meal sites are closed, increases in telehealth and remote work, e.g.). Increased funding from BEAS' federal partners allowed for purchase of personal protective equipment, additional money for Meals on Wheels, remote support for participants in adult day programs, and structural changes to improve the safety within ServiceLink Resource Center office environments. NH-DHHS increased its emphasis on communication with providers and stabilization of the long-term care workforce. Discussion focused on the need to develop resources and strategy for recording and reporting progress towards SPOA priorities.

New Hampshire Legal Assistance, provided a brief overview of the class action lawsuit filed by NH Legal Assistance, AARP Foundation, Disability Rights Center-NH, and the Manchester office of Nixon Peabody LLP. The lawsuit focuses on Medicaid-eligible long-term care clients who are at risk of being placed in an institutional setting because home and community-based services, although authorized, may not be available.

Richard Lavers from the NH Department of Employment Security (NHES) provided an overview of the NHES budget with details about programs that specifically touch older adults:

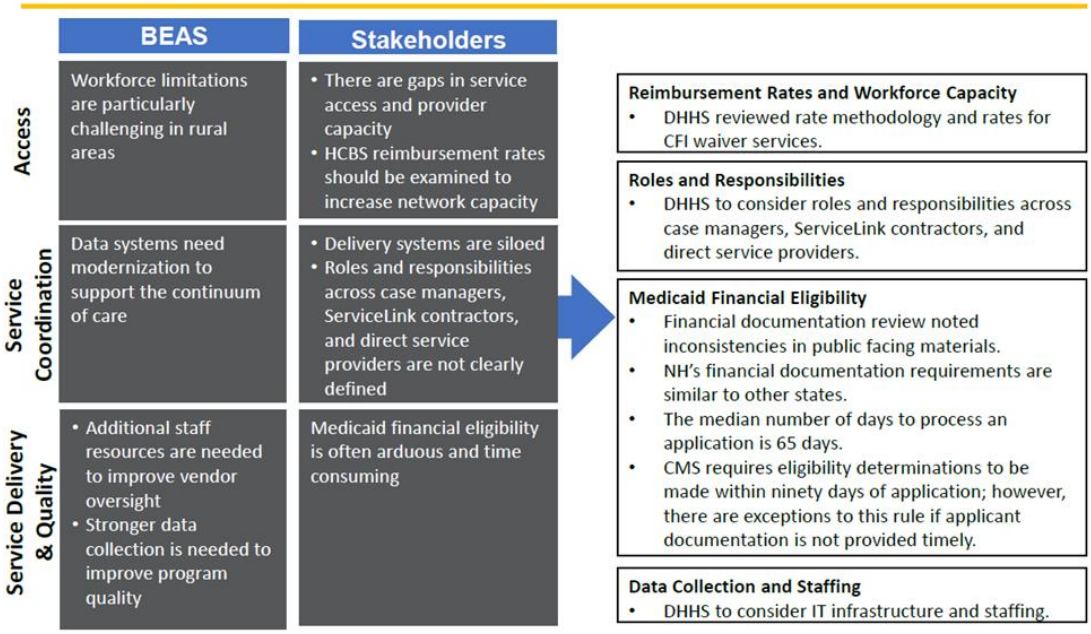
- NHES receives no state general funds and instead is supported through federal grant dollars and quarterly revenues from employers' state unemployment taxes.
- The total NHES budget is $39.7 million and the department has 293 full-time equivalent employees.
- During the pandemic, NHES unemployment claims rose from an average of 4,000 claims per week up to 120,000 claims per week.
- The Mature Worker Program, funded through a three-year federal grant ($300,000 per year), provides one-on-one case management for adults aged 55+ who have incomes at 125% or below the federal poverty line (under $16,000/individual, and ~$21,000/couple).
- . The program includes training funds (up to $5,000 to re-train qualified individuals), and also includes a stipend of up to $4,000 to reimburse employers for wages paid if the individual is retained for a period of time. However, of 237 individuals interested in the program, only 40% were eligible because of the income limitations. Pre-pandemic, NHES partnered with AARP to hold job fairs to recruit potential participants; now, recruitment is provided virtually.
- NHES collaborated with NH-DHHS to administer a long-term care stabilization program provided an hourly wage boost to long-term care workers the program. The program involved processing payments and providing weekly certifications. CARES Act funding supported the program. Employers response has been positive with reports of increased retention.
- CARES Act funding also supported the development of the COVID-19 Response Recruitment Job Portal. This portal which was originally intended to be specifically for long-term care employment now includes all employment sectors affected by the pandemic.

The Commission discussed potential best ways for the Commission to guide the Governor and Legislature on development of the biennium budget. Departments currently do not have mechanisms to look at their budgets with a lens of how they serve/impact older adults. Some departments have both operational and capital budgets. There was no consensus on what might be the best timing for a Commission review. The Commission will continue to seek ways to be proactive in the budgeting cycle, but in the meantime follow the current budgeting process identifying opportunities as they arise to guide the Governor and Legislature.

Concern for the vaccination plans of homebound older adults was raised during public input.

February 22, 2021: A review of the Guidehouse developed report, "New Hampshire Long Term Supports and Services (LTSS) for Seniors and Individuals with Physical Disabilities," was provided by Deborah Scheetz, Director, Division of Long Term Supports and Services (LTSS) at NH-DHHS with Guidehouse staff Dustin Schmidt and Tamyra Porter. The presentation focused on findings from a stakeholder engagement process that engaged over 100 people between August 2019 and January 2020 to gain insight how better to help people access LTSS, how to improve service coordination and management, and how to improve the quality and delivery of LTSS. The implementation of the study was slowed by both the pandemic pulling staff attention and lack of staff (20 percent of NH-DHHS positions were unfilled for a variety of reasons -760 vacancies). Deborah noted a few of the achievements of the NH-DHHS-Division of LTSS during the pandemic: re-opening of adult day services, expansion of contracts for nutritional providers, changes in ServiceLink operations, long term care re-opening guidance development, weekly technical assistance for long term care providers, long term care workforce stabilization efforts, facilities and licensing changes, Office of Long-Term Ombudsman operation changes, and staff involvement in the State Emergency Operations Center.

Dustin Schmidt noted the following findings from stakeholder engagement and review of NH DHHS materials:



The following actions have been taken to address stakeholder findings:

Complete

1. **CFI Waiver Rate Study**: As part of NH's CFI waiver renewal application (due to CMS in early 2022), **Guidehouse conducted a rate study for the CFI waiver using publicly available cost inputs and market prices. All CFI waivers rates are supported by a rate setting method accepted by CMS.**
   - Governor's budget includes a $7,703,584 increase. The increase is attributable to rate increases effective 7\1\2021 as follows:
     - Personal Care from $4.89 to $5.62
     - Homemaker from $5.09 to $5.40
     - Case Management Rate Parity across all 4 HCBS Waivers resulting in a $2,956,990 increase.
2. **Medicaid Disability Determinations**: The Disability Determination Unit implemented several new processes to reduce its backlog and processing times.

Ongoing Activities

3. As part of the CFI waiver renewal, DHHS is:
   - Considering moving state plan targeted case management (TCM) services for CFI waiver participants into the CFI waiver to improve quality and performance.
   - Updating the waiver assurance performance measures to improve vendor oversight and quality.
4. DHHS is updating public-facing materials related to Medicaid LTSS eligibility to better define financial documentation requirements and to ensure that requirements are described consistently across materials.

The proposed $7.7 million in CFI rate increases are for home and community-based services (personal care, homemaker services, case management rate parity). The pandemic state of emergency allowed the convening of remote meetings and flexible hours for staff has been found helpful. Next steps to include considering making permanent LTSS solutions tested during the COVID-19 pandemic that improve quality, costs, and access to care and updating the CFI waiver application based on stakeholder feedback.

Deborah Scheetz briefly discussed additional system changes that require state budget support:

- Modernization of the LTSS OPTIONS system,
- Revisions to adult protective services intake and registry,
- Implementation of the Electronic Visit Verification System, which is required of all states for Medicaid-funded Personal Care Services provided in the home by January 1, 2020 (okayed to delay

until 2021) and Home Health Services by January 1, 2023, under the federal 21st Century Cures Act. New Hampshire must identify and contract with a qualified vendor to provide the software and possibly hardware to meet federal requirements. Federal financial participation is anticipated to be 90 percent of the total cost of $5,660,000.

Commission support was requested for the following prioritizes needs identified in the Governor's budget:

- Rate increases for providers;
- Moving forward with the Electronic Visit Verification System;
- Moving forward with Medicaid Management Information System procurement;
- Strengthening staffing within BEAS and LTSS now that the hiring freeze has ended.

Questions provided by public attendees resulted in the following information being shared:

- The requested increases to personal care, homemaker, and case management are in addition to the across-the-board 3.1% increase included in the Governor's budget.
- Counties will be able to see the budget request breakdown, since counties' budgets support the non-federal share of LTSS.
- Is there likely to be an increase in the rate for adult day care? Deborah Scheetz responded that the only three areas targeted for increases in rates were those she cited previously.

March 15, 2021: This meeting focused on learning more about NH DHHS strategy for vaccinating homebound individuals, Alliance for Healthy Aging and AARP state legislative priorities, and receiving updates on task force study and activities.

Neil Twitchell, from the NH-DHHS Division of Public Health explained the New Hampshire COVID-19 Vaccine Strategy for Homebound Populations and the work to be engaged upon implementing the plan by New Hampshire's 13 Regional Public Health Networks (RPHNs). The state estimates that up to 60,000 New Hampshire residents could be considered homebound based on illness, disability, or lack of access to transportation to a vaccination site. There are two pathways for the homebound to access vaccinations:

1. The homebound person, or their caregiver, or a concerned family member or neighbor to call 211, and when prompted, press #3 to get connected to a specialized call center that will either arrange for a two-person vaccination strike team to provide a vaccination in the person's home, or arrange an appointment at one of the community clinics simultaneously arranging for transportation to that clinic as well. Transportation will be arranged by Medicaid brokers regardless of Medicaid eligibility.
2. Organizations that provide services to homebound individuals connect with their RPHN. RPHN will provide clinics in senior living communities, municipal and/or U.S. Housing and Urban Development-supported housing complexes, and will connect home health care providers, Choices for Independence providers, social service agencies, places of worship, and municipalities to identify homebound individuals. DHHS is supporting the RPHNs with contracts for vaccinator support such as EMTs and nurses to form the strike teams that do home visits.

While community vaccination clinics often vaccinate hundreds of people a day, meeting the needs of the homebound is much more labor-intensive, often involving significant travel from home to home. The result might be vaccinating as few as 11 individuals in an eight-hour day.

If anyone wishes to let NH-DHHS know of homebound individuals who need to be vaccinated at home, he or she should call Wendi Aultman, NH-DHHS Bureau of Elderly and Adult Services (BEAS). A phone call is preferred over e-mail to protect individuals' privacy.

Neil Twitchell indicated that he and others with NH-DHHS Division of Public Health saw the Commission on Aging, COVID-19 Emerging Issues Task Force working paper on the vaccination roll-out in New

Hampshire. The Task Force chair shared a recommendation from the Task Force that NH-DHHS develop a simple flyer highlighting "Frequently Asked Questions" about the homebound vaccination strategy for the general public. The flyer could then be disseminated in many places such as through senior center networks, Meals on Wheels providers, and posted in public spaces like libraries.

Information was shared that the EngAGING NH newsletter, a publication by older adults for older adults, was no longer going to be published. The leadership at the all-volunteer EngAGING NH requested the Commission consider filling the void by publishing a similar resource for the state's older adults.

AARP current 2021 legislative priorities were identified as follow:

- Advance improvements in home and community-based care, especially in the Choices for Independence (CFI) program.
- Supporting a house bill that would have addressed abuse and financial exploitation of older adults and those with physical disabilities, but the bill was deemed inexpedient to legislate this session.
- Supporting the implementation of 2020 legislation establishing a Drug Affordability Board, a NH-DHHS petition to the federal government to create a drug import program, and the capping of the cost of insulin with a monthly ceiling of $30.
- A state budgets that equitably addresses issues facing older adults in New Hampshire.

The Alliance for Healthy Aging current 2021 legislative priorities were identified as follow:

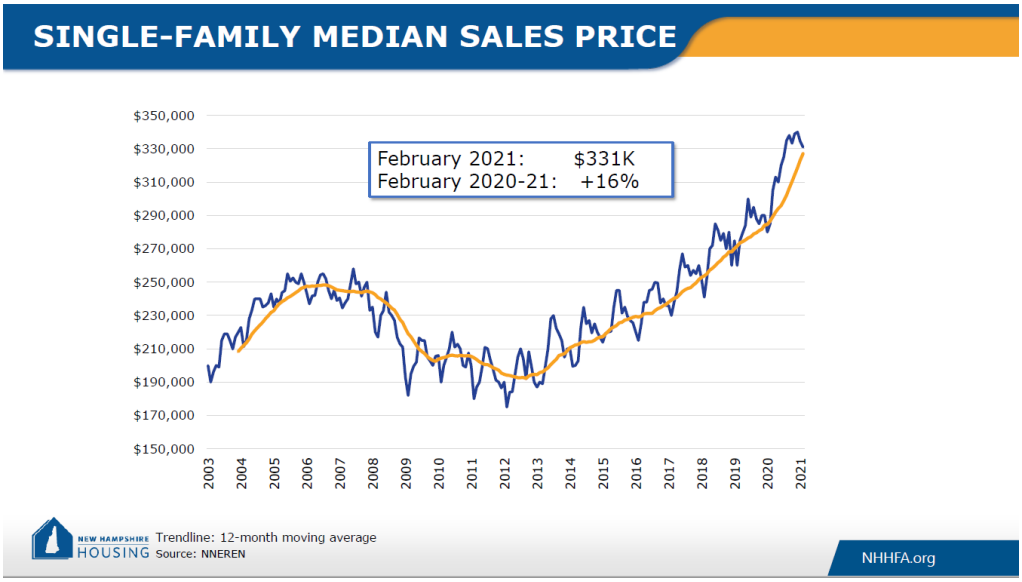
- Increasing access to broadband,
- Addressing weaknesses in the abuse and financial exploitation of adult protections,
- Greater access to oral health by older adults,
- A state budgets that equitably addresses issues facing older adults in New Hampshire.

April 19, 2021: Two new Commission members were welcomed: Ken Gordon, appointed by the Governor, and Representative Charles McMahon as named by the House Chair. An introduction to housing issues in the Granite State was provided by Ben Frost, Managing Director, Policy & Public Affairs, NH Housing Finance Authority and Elissa Margolin, Director of Housing Action NH.

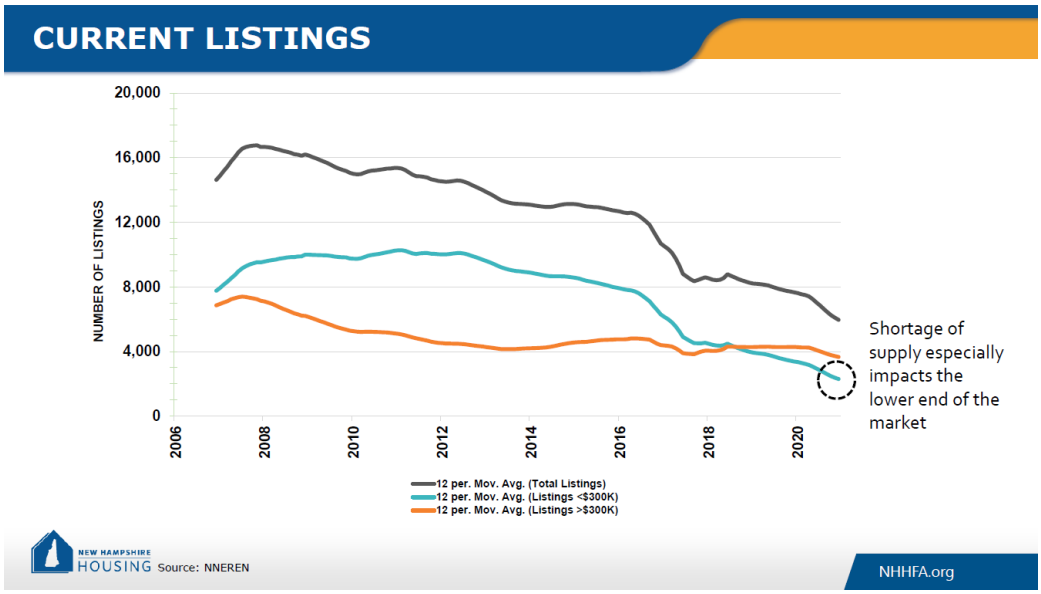
Highlights from Ben Frosts presentation:

- NH Housing Finance Authority was established in 1981 by the State Legislature as a self-sustaining public corporation with a mission to promote, finance, and support affordable housing and related services. In 2020, NHHFA's work impacted 60,000 people and invested $700 million in the state's economy. Programs of NHHFA include:
    - Direct Rental Assistance to very low-income households (~9000 statewide).
    - Home Ownership Programs including 1st time buyers (~2000 households served annually)
    - Multi-family Housing Financing (500 to 1000 units/year) & Asset Management (15,000 units)
    - Housing Research – public information and technical assistance programs.
- Two largest issues are high demand and constrained supply:
    - High demand driven in part by historically low interest rates (lowest in 50 years.)
    - Constrained supply driven by:
        - Years of under-production - estimated 20K more units needed to meet current demand
        - Current contributing factors: cost of labor and materials and regulatory barriers.
- Potential Implications Future likelihoods:
    - Low supply and high prices make it hard for employers to hire and retain workers.
    - Affordability has greatest pressure at the lower end of the market resulting in:
        - "K-shaped" pandemic recovery with lower-income renters less likely to benefit, and
        - Increased housing instability and homelessness.

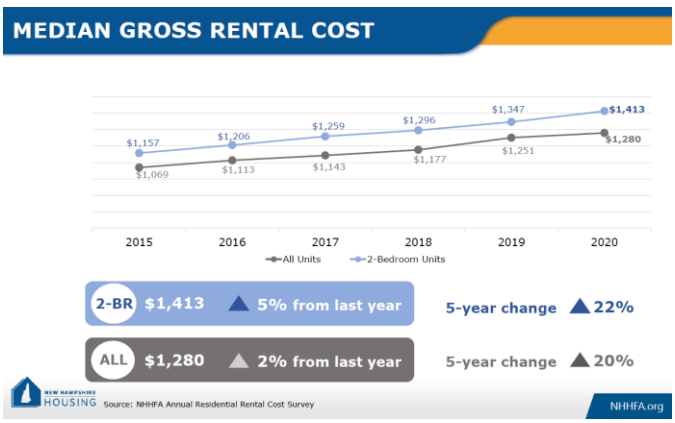
- High demand seen during the pandemic, with sharp rises to purchase prices of homes. While easy to sell a home, it is difficult to buy one. In addition, serious supply chain issues for materials made remodeling or building challenging. In some cases quotes from suppliers were good for only 30 minutes.

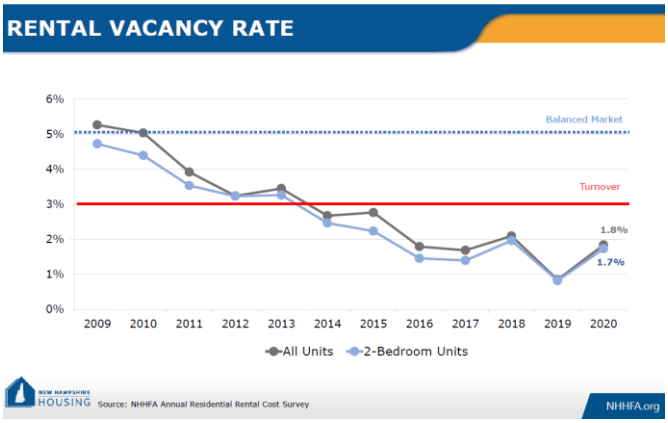


- Low supply evidenced in a decline of sales listings:

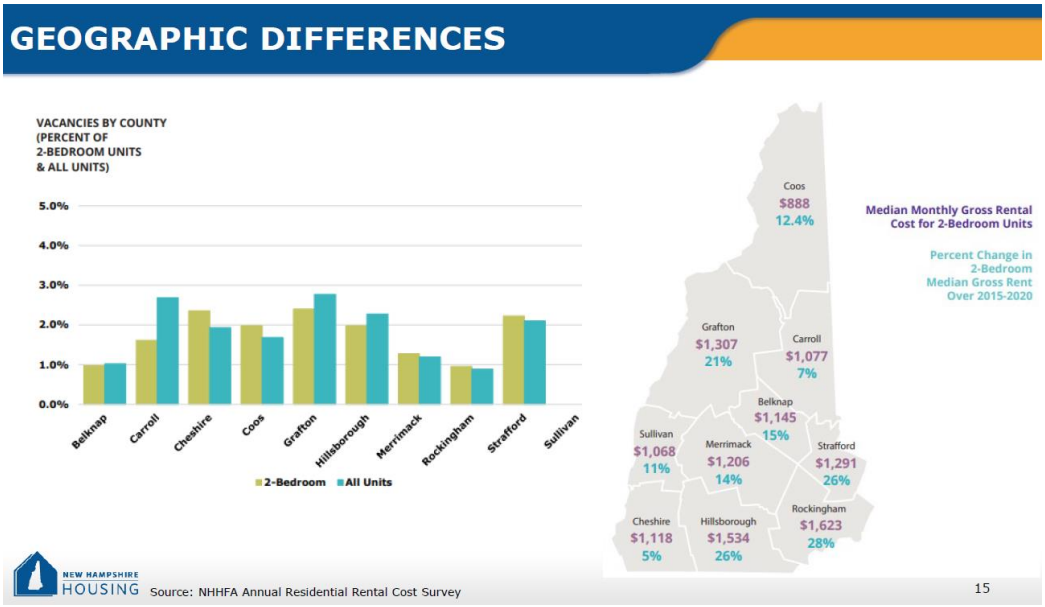


- School population data indicated that more out-of-staters were moving into second homes they already owned, yet there was some increase in proportion of buyers coming into NH from out-of-state.
- Rental market costs continued to rise approximately four to five percent per year (20-22% over the past five years) and the vacancy rate remained low.





- Geographic differences across the state in both income and rental rates have been significant.



- In the state, the median rent for a two-bedroom unit was $1,413 in 2020. Those living below New Hampshire's median income had considerable trouble finding affordable housing.
- Frost cited three pieces of legislation in the state that have been helpful:
  - The Workforce Housing Law (passed in 2008 and effective in 2010);
  - The Accessory Dwelling Unit Law (passed in 2016 and requiring every municipality in the state to allow accessory dwellings);
  - The creation of a Housing Appeals Board (2019).

Highlights from Elissa Margolin's presentation:

- Housing Action NH is a coalition of 80 other organizations sharing concerns about affordable housing, housing policy (including policy affecting homelessness), and supportive housing.
- Housings Action NH advocated with success for the following policy & resource changes: workforce housing law, affordable housing fund (dedicated funding source), accessory dwelling unit law, housing appeals board, homeless services funding, supportive housing Medicaid benefit, RETT Relief for Affordable Housing, NH Housing Relief Program, and the Shelter Modification Program.

- Housing stability challenges everything else—health, finances, substance abuse recovery, the ability to flee domestic violence, for example. Home is foundational to people's security, safety, and functionality.
- Policy elements affecting housing in the state include housing construction (we're not keeping up with the demand) and rental assistance (there is an 8 to 10-year waiting list for housing vouchers with only one in four families able to access housing when it's needed).
- Housing Action NH hosts a Zoom meetings every two weeks focused on housing policy issues and publishes regular outreach and education to its mailing list.

Follow-up discussion illuminated the following:

- There are few to no programs dedicated to repair and remodel of housing to help older adults continue to live in their homes. Ben Frost said that most existing programs are designed for other purposes. Banks are willing to lend funds for this purpose, but homeowners need to have the resources to qualify and reverse mortgages can be subject to abuse. Elissa Margolin suggested that sometimes if a homeowner goes through existing energy efficiency programs, funding may be able to be used for a more ambitious rehabilitation effort. She added that some municipalities have shown interest in setting up trust funds to address this issue. The USDA offers single family housing repair loans and grants.
- Regarding supported housing, two in-state examples were provided:
    - In Lebanon developed jointly by Twin Pines Housing Trust and The Haven - permanent housing for the chronically homeless.
    - Harbor Homes developed housing for veterans.
- Regarding supported housing, because supportive services providers are generally not developers and developers are generally not in the business of supporting residents, it has worked best to develop partnership projects.
- NHHFA has worked with existing developers to have them commit to integrating supported housing in general occupancy developments with a goal to minimize the impact of supportive housing in a neighborhood.
- Both older adults themselves directly, and the workforce that may serve them are directly impacted by the mismatch of supply and demand of housing stock.
- More support is needed for rehabilitation funding (especially for universal design elements), supportive housing funding, and alternative living arrangements.

Madison Lightfoot, staff member within the office of U.S. Senator Jeanne Shaheen, provided information about the $1.9 trillion American Rescue Plan Act (ARPA) and portions of it relevant to older adults. In addition to support for states' efforts to address the pandemic and the $1,400 allocation to individuals, she noted the following:

- A 10% increase in the federal Medicaid match for 12 months, meaning that the federal government covers 66.2% of the cost of Medicaid rather than 56.2% for this year.
- $12.7 billion to allow more low-income older adults to receive home care.
- $250 million to support Medicare "strike teams" to assist nursing facilities that have experienced a COVID-19 outbreak.
- The American Rescue Act puts tele-health flexibilities in place during the pandemic with the potential for continuation post-pandemic. This includes audio-only tele-health coverage for areas with broadband challenges.
- $7.6 billion for community health centers.
- The following support for Older Americans Act programs:
    - An additional $750 million for senior nutrition services, including Grab & Go meals.
    - An additional $460 million for supportive services to address issues including social isolation and COVID vaccine outreach.
    - An additional $145 million in National Family Caregiver Support.
    - An additional $44 million for evidence-based health programs.

    - An additional $10 million for Long-Term Care Ombudsmen.
- $7.6 billion to bolster the numbers of public health workers.
- $35 billion in premium subsidies for Accountable Care Act health insurance plans and 100% COBRA coverage for those who have lost their jobs and health insurance (April 1-September 30, 2021).
- Support for "grand-families" through technical assistance centers and resources for community-based organizations that support caregivers aged 55+.
- $276 million to bolster elder justice.
- $50 million in grants for public transit systems that serve older adults and those with disabilities.
- Support for the Federal Trade Commission to address the growing problem of scams.
- A capital fund of $10 billion includes broadband; New Hampshire will receive $112 million (with broadband targeting schools and libraries specifically).

Ms. Lightfoot said that this legislation also provides $350 billion to go both to state and local governments (60% to states and 40% to local governments). New Hampshire will receive approximately $1.5 billion with $264 million going to counties, $88 million to large cities (entitlement communities) and $106 million to other municipalities.

May 17, 2021: The Commission recognized May as Older American's Month. At the request of the Commission, Governor Sununu issued a proclamation in honor of Older American's Month and participated in our Annual Awards Ceremony honoring 11 older adults who make significant contributions to their communities volunteering their time and energy.

Margaret Franckhauser, Director of Aging Services, US at the John Snow Institute provided a presentation entitled, "How the Social Determinants of Health Impact Aging in the Community of Choice: What Can Be Done in New Hampshire". Highlights from her presentation:

- Health is a complex result of our genetic inheritance, personal behaviors and experiences and the conditions in which we are born, grow, live, work and age, as well as the complex, interrelated social structures and economic conditions that shape us.
- The determinants of health include economic stability, neighborhood and the physical environment, education, food security, the community and social world around us, and the health care system.
- Key community conditions enable better opportunities for all of us as we age:
    - When transportation and housing are available and located close to community resources, people have more opportunities for engagement, connectedness, and access to services as they age.
    - If the built environment has adequate lighting, sidewalks, building accessibility, and universally designed housing, individuals can retain their independence and ability to engage in activities of daily living.
    - When an adequate supply of healthy food is readily available, individuals may be able to forestall chronic disease and maintain their physical health and strength.
- Challenges for all of us as we age in New Hampshire:
    - Rural environments and winter conditions often result in barriers to travel to see neighbors and access services.
    - Issues with workforce availability not only affect direct caregiving staffing but also may affect the ready ability to repair and modify a home.
    - 55 percent of older adults live in a home that needs some modification in order to meet their needs as they age. (As cited from an AARP survey).
    - Another national AARP study showed that 55% of those aged 50 and over will lose their job involuntarily and only 10% will secure a subsequent job at the same income level. The study showed that an applicant is 85% more likely to be called for an interview if his or her age is not obvious from the application process. Resulting financial insecurity has a dramatic impact on health, leading to an increase in chronic illnesses and a decrease in the life span. Loss of a job can

lead to the need to move from one's home and neighborhood, affecting the social fabric of the community. Earning less after age 55 directly affects Social Security income after retirement. Nationally, women over age 60 are the fastest growing group of homeless individuals.
    - The pandemic brought to light structural issues with nursing homes: older physical plants with shared rooms and staff moving from room to room, along with centralized control and decision-making. Direct care staff receive low wages and therefore often may live in crowded conditions, share transportation with others, and even come to work ill if they cannot afford to take time off.

Follow-up Discussion:

- Recommendation for the Commission to advise on system-level issues, policies, and practices with a goal of improving laws, policies, and regulations that create community conditions supporting health.
- Recommendation for the Commission to advocate for strengthened anti-discrimination laws based on age, including discharges from employment based on age.
- Challenges and opportunities to building the care work force were discussed:
    - Direct Care work force wages were linked to low Medicaid CFI reimbursement and the cost associated with hiring high price travel nurses due to the small work force.
    - Low wages in southern NH result in workers taking positions in MA.
    - Options to address challenges could include: implementing a pilot paying higher wages to see if it results in new workers, engaging in an interstate compact for LNAs similar to that done for RNs, supporting simulation labs and other alternatives to training LNA other than the 1:8 faculty to student ratio and on-site supervision that favor facility based training over community based training.
- Recommendation for Commission to consider engaging in efforts similar to "Stay, Work, Play," focused on older adults to create some energy toward new thinking about aging in the state.

June 21, 2021: The education session focused on perspectives by professionals in the field on the topic of the behavioral health system of care in New Hampshire in relation to the Needs of Older Adults. Guest Presenters: Bernie Seifert, LICSW, Director of Adult Services, NAMI NH; Anne Marie Olsen-Hayward,

LCSW, Director of Referral, Education, Assistance, & Prevention Program (REAP) for Older Adults in NH; Todd Bickford, Administrator at Glencliff Home; and Jodi Marshall, MD, Medical Director for the St. Joseph Hospital Senior Behavioral Health Unit. Highlights from the session follow:

How the pandemic has affected older adults' mental health and service provision in the state:

- Anecdotal evidence suggests tremendous growth in older adults' mental health needs:
  - NAMI NH's information and resource line has seen a large increase of questions about where to go for support and services.
  - The REAP program saw a 50% increase in the last couple months.
  - The St. Joseph Hospital Senior Behavioral Health Unit is seeing more older adults admitted with depression, at least in part attributable to isolation, the closure of programs that served them, and the inability to see their providers.
  - St. Joseph Hospital Senior Behavioral Health Unit and the REAP program saw increases in cognitive decline they associated with increased social isolation and decreased stimulation.
  - Glencliff staff saw increased stress and fear among residents as they were confined to their unit, activities were restricted, and access to the outdoors became limited. Staff wearing masks and face shields had an impact on residents—for example, those suffering from paranoia. A smile which can often de-escalate a situation was suddenly an unavailable tool. Those residents with dementia on top of other issues, physical and mental, lost coping strategies they had developed in order to manage. Some residents lost some of their mobility—"If there's nowhere to go, why bother?" This physical decline also impacted cognition and mental health.
- Growing use of telehealth has been great for some consumers and has reduced the no-show rate. It's easier to engage family via telehealth than in-person, and caregivers don't have to leave their spouses alone. But for older adults, it hasn't always worked as well because a segment of the population lacks access and even a larger segment does not have the comfort-level with technology. Some have found telehealth counseling to be more superficial for participants.
- Emergency room boarding for those in crisis became more extreme during the pandemic because the whole system of care and ability to move patients to other settings slowed down.
- There has been an increase in the need for dementia care during the pandemic along with an exacerbation of dementia. Isolation and lack of stimulation exacerbated individuals' dementia and were huge stressors for caregivers. With families spread out geographically, there has been a decline in family support
- Caregivers experienced more depression and anxiety also in part due to fewer care providers coming into the home and dealing with their own isolation.
- Workforce burn-out is a concern. Behavioral health workers leaving positions have resulted in increased waiting lists for services. Glencliff's workforce is aging and 20 percent of the nursing staff retired during the pandemic. The nursing home had to close a unit and reduce its capacity from 120 to 95 beds. Community care provider work force issues limited access to services in community.
- Glencliff offered an LNA class prior to the pandemic which trained six to eight people at a time. When the pandemic hit, students were not allowed on the unit and class enrollment dried up. Glencliff began paying part-time workers to take the class.
- Opportunities for discharge for Glencliff residents dried up during the pandemic. Needs for service were up, but resources were not available. So many community services stopped during the pandemic – CFI visits to homes, peer support groups went online if they continued, and senior centers closed or limited offerings to occasional outside or online events.
- Transportation is a continuing concern, since initial appointments with psychiatrists need to be in person and in some areas of the state transportation can be difficult to arrange. Volunteer driver programs saw a loss of volunteers during the pandemic.

- There is some evidence of anxiety as people begin to re-socialize. Older adults have access to fewer institutional support for this with limited access to senior centers across the state in comparison to children who have the support of public schools.

How the pandemic has impacted care transitions:

- Referrals to care are happening slower and with more effort due to remote workers and HIPPA concerns in remote work environment.
- Anecdotal reports of "Elder orphans," older adults living alone with no one checking on them regularly, experiencing less connections with professionals and more gaps in care.
- Dementia is not a psychiatric disease, but still a brain disease and may have behavioral health components. Regardless of the pandemic, care management is a challenge because there is no clear understanding between medical and mental health providers as to who should lead coordination of care. This impacts care transitions.
- Poor medication management is a common reason for people to travel regularly between levels of care.
- At Glencliff transitions basically stopped in both directions – admitting and discharging. New residents were not admitted due to lack of staffing. Residents who might have transitioned out to apartments, family care, or small group settings had to remain in place. Glencliff is currently admitting new residents only from the New Hampshire Hospital. Glencliff has a waitlist of 47 individuals.
- NH Hospital was not accepting new admissions for much of the pandemic. Patients on the unit needed to stay there for extended periods because of lack of options, which meant that the unit could not admit new patients. Quarantining patients for 14 days upon arrival impacted care.
- In May 2021, the State began offering incentives to nursing homes to accept residents from Glencliff or the New Hampshire Hospital. The incentives include a $45,000 annual bonus and a $298 daily rate per resident—far higher than the regular rate of $150 to $200. Once the nursing home has accepted such a resident, the bed within the nursing home must remain a "behavioral health bed." In addition, the State is offering hospitals a $200,000 bonus if they become a Designated Receiving Facility. Glencliff has made eight transfers since this program was implemented. Many of these transitions resulted in bringing residents closer to their homes and families. A native Spanish speaker moved to a facility where a third of the staff speak Spanish.
- To ensure the transitions inspired by this new program are successful:
    - Staff from both facilities conduct a medical record review, including a review with the psychiatrist of the resident's medications.
    - Tours of facilities are done via electronic platforms during the pandemic.
    - The nursing and direct care staff communicate directly with their colleagues in the other facility. Personal relationships are key and individualized care needs are communicated as essential. Triggers to challenging behavior are shared along with successful solutions for redirection.
    - There is ongoing communication even after the resident moves. Glencliff has a 90-day "bed hold" for a transitioning resident in case the resident chooses to come back.
- Concerns were raised as to whether staff at nursing homes with new behavioral health beds were being provided training. Training is needed to develop greater knowledge difference between delirium, dementia and underlying mental health diagnosis and their management, to shift staff actions towards supporting residents so behaviors don't erupt and away from prescribing antipsychotics.

Ideas that might improve the behavioral health system of care for older adults:

- Having community-based services that are not necessarily labeled as 'mental health,' but that are proactive, preventive, and wellness oriented.
- More opportunities for collaboration across disciplines and settings (e.g., in relation to guardianship, CFI applications), with education more widely available across the board.

- Medicare does not provide mental health services for people with only a diagnosis of dementia. It also does not provide coverage for case management which is often needed.
- Increased discipline and setting collaboration is also needed in the care of people with dementia. Anxiety and depression are concurrent issues that are often not assessed separately or treated due to the lack of understanding regarding the diagnosis and the divide between mental and medical health care. Medicare will cover mental health needs if diagnosed and provided by a qualifying discipline. i.e. licensed clinical social worker.
- Increased funding for the REAP program to meet growing demand for services.
- Workforce issues addressed through: 1. cultural change in which LNAs are valued as the backbone of the care system, 2. more LNA training programs, 3. more academic partnerships, 4. more public awareness of LNA training and career ladder opportunities, and 5. financial incentives.
- Culture change towards reduced behavior health related stigma.
- More robust community support (increased assisted living, group homes, supported family care)
- Increased awareness, education and support for care partners as well as for the client with mental health issues and dementia.
- Reductions to the paperwork burden to qualify a patient for Medicaid so that they may either transition home with Medicaid reimbursed supports or to a long term care facility more quickly than the often nearly 2 months beyond when they need inpatient level of care.

July 19, 2021: Katy Easterly Martey, Executive Director, Community Development Finance Authority presented on the June 2021 approved Governor's Council on Housing Stability's three-year Strategic Plan to promote housing stability and tackle homelessness for residents of the Granite State. Highlights from the presentation:

- The intent of the Governor's Council on Housing Stability is to address long-time concerns of lack of affordable housing in the state and a mismatch between housing availability and job locations.
- "Big Picture" goals of the three year plan:
  - End Veteran Homelessness by 2022
  - Reduce First time homelessness by 30% or 1,000 households by 2024
  - Increase the number of housing units by 13,500 by 2024.
- State of housing in NH:
  - More than half of the state's residents are "cost burdened" by housing expenses, which are steadily increasing.
  - Less than one percent of the state's available housing is affordable for those earning less than $20,000 per year. Median rental costs have been increasing at a constant rate for two decades while renter income has not.
  - The housing and homelessness issues were exacerbated during the pandemic with a documented 21 percent increase in homelessness from 2019 to 2020. Seventy percent of the recently homeless were entering homelessness for the first time—an exceptionally high level, even compared to neighboring states in New England.
  - New Hampshire's funding for affordable housing is significantly less in comparison to neighboring states
- Improving housing stability for individuals and families in NH will:
  - provide stability for individuals and communities,
  - strengthen the economy and support businesses,
  - create improved health, social, educational, and economic outcomes for individuals, families, and communities to thrive.
- Plan Objectives:
  - Improve crisis response, services, infrastructure and policies that support people to maintain housing in their community

- Removal of regulatory barriers to affordable housing to expand the housing market.
- Increase production of publicly-financed affordable housing with supportive services
- Promote private market housing with targeted financial incentives or tax off-sets
- Change State policies to support housing production
- Connect state and local governments through needs assessments, strategic initiatives, and data driven decision making.

Discussion Highlights:

- Universal design is the preferred approach for all new housing. Even if housing is built for a specific population, that population's needs are likely to change over time.
- Housing should be placed where people can walk around the community and benefit from services in proximity. Placing housing in proximity to public transit routes is important for all.
- Individuals aged 65 and over are in the minority of homeless people in the state. More common is to see older adults housed, but not housed safely or ideally.
- New Hampshire has a great deal of older housing stock in which older adults are "over-housed" in homes they are unable to maintain—a potential motivation for shared housing. There are currently pilot projects embarking on housing rehabilitation with a focus on energy efficiency.
- It would be helpful to come up with long-term tenancy strategies, including the provision of information to landlords regarding the benefit to them of accepting Section 8 vouchers. Right now in New Hampshire, a number of families with vouchers cannot find housing.
- Eviction protections are not always well understood. Tenants need education and landlords need support.
- There is concern about the likelihood of increased evictions when the pandemic's eviction moratorium ends.
- Rep. MacKay offered to help set up a legislative caucus on housing, discussing his long-time concern with housing those with mental health and substance abuse issues. He stressed the need for empathy for those lacking housing—"What if I were to leave this meeting with no home to return to."
- NH Department of Health and Human Services is working closely with the Governor's Office to ensure that a portion of the American Rescue Plan funds go toward development of permanent supportive housing.

September 20, 2021: The Commission engaged in a year-end review of the work of each Task Force. Summaries of Task Force activity is below.

Summaries of Task Force Findings

Task Forces were created at the end of last year's strategic planning process in alignment with the four strategic priorities developed in the strategic plan. They met to investigate the issues associated with the priorities and reported progress bringing forward key findings at Commission meetings throughout the year. The following is a summary of their activities, learning, and recommendations brought before the Commission.

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 one objective to focus its work in the first year of this plan:

Objective #1: Define the continuum of older adult population needs to age in place, what resources are available to meet those needs, what gaps exist, and potential policy solutions towards increasing access to supports by September 2021.

Progress on Objectives / Monthly Activities and Learning:

- **Nov 2020 –** The Commission Developed/Reviewed a draft framework that viewed services available by type of housing where a person might reside.
- **Dec 2020 - Topic: Info Referral -211, Service Links, & AARP:**
  - Challenge areas: Awareness of 211 & Service Links, keeping their content current, availability of appropriate housing and transportation options,
  - Service Links vary by region.
  - Senior Centers also serve as a major source of referrals.
  - Invited guests: Granite United/211 – Cary Gladstone, New Hampshire Department of Health and Human Services ServiceLink Aging and Disability Resource Center – Thomas O'Connor and from AARP Doug McNutt.
- **Jan 2021– Review of Impact of State Health Improvement Plan & Regional Health Improvement Plans**
  - State Health Improvement Plans do not inform Regional Plans, nor the reverse.
  - State is currently updating statewide plan. COA is represented.
  - Some counties include aging issues in their list of priorities (4 of 13):
    - Carroll County – Aging with Connection and Purpose
    - Winnipesaukee – Health & Well-Being of Older Adults & Their Caregivers
    - Seacoast – Falls Prevention/Older Adults
    - Upper Valley - Older Adult Falls Prevention
  - Many regions' plans end in 2020 meaning they are likely in a planning process now.
  - Invited Guests: New Hampshire Department of Health and Human Services, Division of Public Health – Lisa Morris and Carroll County Coalition for Public Health – Caleb Gilbert
- **Feb 2021 –Developed Draft Problem Statement, identified future speakers.**
  - As older adults seek to make decisions about where and how to age in a community of their choice, they are faced with the lack of clear resources that are accessible to them to enable their acting on this choice
- **Mar 2021 –Investigated Support and Services at Home (SASH) Model**
  - Based in public housing, expands to broader community to develop a panel of 100individuals served by 1.5 staff. (1 FTE Community health worker, .5 FTE wellness nurse)
  - Integrates systems of supports (medical & non-medical) where people live.
  - Utilizes both a population health approach focused on prevention as well as individualized

health coaching and supports.
    - CMS Demonstration Project-Takes multi-payer/funding sources to work.
    - Invited Guest: Support & Services at Home (SASH) Partnership & National Well Home Network – Nancy Eldridge
- **April 2021 – Investigated LifePlan Communities**
    - Essentially a CCRC based in community rather than in housing
    - Regulated by NH Dept. of Insurance.
    - Only one in NH –Hunt at Home. They cover only small region of NH. Greatest challenge is finding work force to provide services
    - Invited Guest: At Home by Hunt – Mary Rhodes
- **May 2021 –Choices for Independence & Other In–home/Community Services from the Perspective of a Service Provider**
    - Biggest barrier is work force. While getting someone qualified to receive services is a challenge, the wait list for services is also long.
    - Choices for Independence, TitleXX, and VA all pay for in home services. Some are simpler processes than others. Individuals may qualify under multiple programs. Providers have staff to manage funding streams.
    - Referral chain to services is complicated. Does ease of access influence hospital discharge planners' engagement institutional care vs homecare?
    - More options exist for people on either end of the financial resources spectrum with fewer accessible options for middle income people.
    - Is nursing home care a de facto entitlement vs. home and community based services?
    - Counties are invested in LTC facilities. Does that drive where care is provided?
    - Most long term care insurance does not cover adult day services.
    - Invited Guest: Easter Seals – Nancy Rollins
- **June 2021 –Funding Considerations of Long Term Services and Supports (LTSS)**
    - Definition of 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." Kaiser Family Foundation.
    - Delivered in Institutions & home and community based settings. Location influences price tag (Nursing facility ~$93,000/yr., Home health Aid ~ $55,000/yr., Adult Day ~$19,500 yr.)
    - Majority provided by unpaid caregivers. Medicaid next largest payer.
    - NH has 4 home and community based care waivers serving specific populations, each managed and reimbursed differently. (Developmental disability, Acquired Brain Disorder, Choices for Independence, and In-home supports (kids).)
    - Invited Guests: UNH Institute for Health Policy & Practice – Jo Porter and Laura Davie
- **August 2021 –One Counties Perspective on Drivers of County Budget and ARPA funding Opportunity**
    - Availability of Community-based LTSS is a challenge –inadequate work force is the key driver.
    - Many pressures on counties, not just cost of LTC. Local governments doing less. Cost of Retirement System benefits, etc.
    - NH Association of Counties may be an avenue to provide consistent education on drivers of costs & prevention strategies to county delegations and leadership that lacks continuity.
    - Invited Guest: Cheshire County Administrator – Chris Coates

General Observations:

- Lack of an adequate direct care workforce is a key driver to lack of access to services – pay and affordable housing are two limiting factors.
- Funding is both insufficient and fragmented in a way to reduce overall LTSS costs and meet people's preferences to age in the Community of their choice. Funding varies across communities, organizations, and programs, and may not equitably meet needs.
- Perception exists of there being many services, yet lack of service coordination results in barriers to access.
- Payer schema including Medicare, Medicaid, and other insurance plans creates navigation barriers, hinders access, and often does not support prevention or chronic care needs.
- Need efficient, known mechanisms for all income levels to access and navigate LTSS services.
- Need policies, systems, and environments that create conditions for prevention activities and wellness.
- Housing and Transportation are also key variables in our ability to age in the community of our choice.
- Planning for potential changing needs inherent in the aging process by individuals and families is often "reactive" to crisis rather than proactive. It can be challenging to identify and communicate preferences and needs, and to find the right resources for transportation, home and community based care, home modifications, home management support, financial assistance, social connections or alternative living arrangements. Many people do not know what services are available, whom to ask for help, or where to start.

Recommendations for the Governor and State Legislature:

- Make a significant investment to grow and retain the direct care work force.
- Support pilots that test alternative models for delivery of Long Term Services and Supports, including technology.
- Collaborate with counties to develop equitable solutions enabling LTSS to be increasingly provided in communities.
- Increase awareness and operational efficiency of ServiceLink offices and the services they provide.
- Initiate efforts to layer services over existing housing. Support changes to how services provided in housing is reimbursed.
- Address housing instability by adopting innovative housing policies and pilot programs that increase affordable housing for older adults and work force, preferably together.

Age-Friendly State Task Force

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

Progress on Objectives:

This Task Force identified two objectives to focus its work in the first year of this plan. The following outlines year one progress on those objectives:

- Objective #1: Meet with leadership of age-friendly community initiatives to learn what supports from a state level would be beneficial to their goals by January 2020.
    - Met with leadership from: AARP, Seacoast Village Project, Stories from Our Sages initiative at Hunt Community in Nashua, Alliance for Healthy Aging, Southern Regional Planning Commission, & Mount Washington Valley Age-Friendly Community Initiative.
    - Reviewed Maine's State Plan.
    - Looked for common age-friendly domains for activity.
    - AARP developed a brief on New Hampshire initiatives.

- Objective #2: Request leadership of at least one state agency to come to the State Commission to discuss how they plan to incorporate the impact of aging demographics in their strategic planning by March 2021.
    - NH Attorney General's office on the Elder Abuse and Financial Exploitation Unit presented November 2020 to Commission on their programs.
    - A draft template developed by this Task Force outlining a set of questions for a state agency to respond to was determined to be too difficult to use. Key learning is that State agencies will need to be engaged individually, with support, education, and assistance in developing and conducting a self-assessment before they can identify and incorporate age-friendly strategies.

General Observations:

Several months were spent exploring the concept of what it means to be Age-friendly. Clarity was achieved that to be Age-friendly is to engage in a process. Age-friendly is not a certification. It does not mean your community or state have met specific criteria or level of competency. It does means your community or state is engaging in a process of self-assessment and improvement to become more age-friendly. There are organizations that offer resources and tools to support age-friendly efforts, but this is a self-defined process by each community or state.

Recommendations for the Governor and State Legislature:

- Encourage and support local and statewide initiatives and investments to develop age-friendly transportation, housing, built and natural environments, community connections, and health services.
- Promote interactions within regions, towns, organizations, and service providers with a goal of moving towards age-friendly communities.
- Advance of 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.

Objective Progress:

This Task Force initially identified one objective for its work in the first year of this plan and quickly refocused to address three of the areas of greatest concern. The following outlines year one progress on the three objectives aligned with the areas of concern:

- Objective #1: **Ageism** – Engage key stakeholders and subject matter experts to confront ageist perceptions and their social, economic, and political impact.
    - NH Magazine article on Ageism Jan 2021.
    - Collaborated with AHA Reframing Aging Strategy Group
- Objective #2: **Social Isolation** – Research and review strategies to alleviate social isolation during the pandemic including access to and use of broadband and technology, and encouraging neighborly action.
    - Clarified 4 Broadband Issues: Availability of High Speed Internet, Affordability, Need for In-home Hardware Support and General Education on Use.
    - Connected with VolunteerNH on volunteerism issues & neighbors connecting
    - Developed working paper shared with NH DHHS Division of Public Health outlining issues and ideas to rapidly vaccinate homebound individuals.

- Planned June Commission meeting focused on Behavioral Health Needs
- Steps currently being taken advocating for ARPA funds for Senior Centers.

- Objective #3: **Long Term Care System** – Advocate for initiatives that improve the lives of residents in long term care building the resiliency and preparedness of LTC system against future disease outbreak.
  - Fall 2020 Issue Brief on Visitation in LTC – Engaged many in its creation, disseminated widely, used it for advocacy throughout the fall and winter months.
  - Participation in Legislative Committee to Study the Safety of Residents & Employees in LTC Facilities

Recommendations for the Governor and State Legislature:

- Acknowledge that New Hampshire's population is aging and the need to confront ageist perceptions and their social, economic, and political impact.
- Advance and engage in strategies to alleviate social isolation and loneliness.
- 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.
- 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 recreate themselves in the face of the pandemic.
- 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, & essential caregiver visitation.
    - Enacting legislation to ensure the visitation rights of essential caregivers access to provide assistance and support residents of residents of long term care facilities.
  - 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.

Operational Infrastructure Task Force

Strategic Priority: Develop Commission Infrastructure to Support Operational Success

Objective Progress:

This Task Force identified three objectives to focus its work in the first year of this plan. The following outlines year one progress on those objectives:

- Objective #1: Create Task Forces in alignment with 3 year plan to develop objectives and strategies by November 2020.
  - Task Forces created - each guided by a work plan.
  - Planned Monthly Commission Meetings in alignment.

- Objective #2: Help members of the Commission be effective by clarifying terms, defining roles and expectations and developing an onboarding process for new members of the Commission by January 2021.
    - Terms clarified, Definition of Roles & Expectations written, onboarding process created, recommendations for nominations for new members put forward.
- Objective #3: Develop Commission processes for advising the Legislature and Governor on current legislation and recommendations for future public policy by June 2021.
    - Process Developed, Roles defined, Guidance Document created in alignment with Commission Charge defined in RSA establishing the Commission.
    - Regular review of issues that came before State Legislature.

Recommendations for the Governor and State Legislature:

- Recommend authorizing public bodies to hold virtual meetings while maintaining compliance with Right-to-Know statutes to improve engage older adults in the political process.
- 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[2] by providing opportunities for older adults to participate in their local communities in safe, meaningful ways.

[2] *Longevity Economy: The sum of all economic activity driven by the needs of Americans aged 50 and older, and includes both products and services they purchase directly and the further economic activity this spending generates.*

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.

APPENDIX B: New Hampshire State Commission on Aging COVID-19 Emerging Issues Task Force Issue Brief: *Social Isolation in Long Term Care during the COVID-19 Pandemic*

New Hampshire State
Commission on Aging
COVID-19 Emerging Issues Task Force

August 19, 2020

Social Isolation in Long Term Care during the COVID-19 Pandemic

Situation

The New Hampshire State Commission on Aging requested an update from the New Hampshire Office of Long-Term Care Ombudsman at the July 20, 2020 meeting upon hearing concerns from people in our communities about the social isolation currently being experienced by residents in long-term care (LTC) facilities in the wake of the COVID-19 pandemic. The New Hampshire Office of Long-Term Care Ombudsman receives, services, investigates and resolves complaints or problems concerning residents of long-term health care facilities.

The following is a list of some of the concerns raised to the Office of Long-Term Care Ombudsman since the implementation of measures to curb disease spread, including the limiting of visitors:

- From family members and friends of people living in LTC facilities:
  - Ongoing concern of what is happening within LTC facilities without friends and family members able to observe. This concern has increased since the start of outdoor visitation allowing family members to view the condition of their resident relative.
  - Concern that staffing shortages that existed prior to the onset of the COVID-19 epidemic have only been exacerbated since, meaning less care available for their loved ones.
- Calls from residents themselves:
  - Longer wait times for responses to requests for assistance (incontinent care, personal hygiene, aid in using a bathroom) raising concern about staffing shortages.
  - Meals served in rooms are coming late, cold, and/or not including ordered food.
  - Being restricted to their rooms which has resulted in:
    - No access to baths or showers and limited access to bed or sponge baths only when staff resources are sufficient to manage it.
    - No air-conditioning because room doors are closed and there are no room air-conditioners.
    - No time outdoors.
- Calls from LTC staff:
  - Stressful working conditions which sometimes results in staff outbursts directed at residents.

Direct quotes from callers:

From Residents:

- *"I am being treated like a prisoner."*
- *"I feel like I am being punished."*
- *"I would rather be dead than to live like this."*
- *"When I went out to an appointment and I returned I had to be quarantined. It made me feel like I was labeled as a risk."*

- *"My roommate has the TV on all day and night. I used to be able to get out of the room to get a break from it. Now that I can't leave my room I feel like I am going to go crazy."*

From Friends and Families:

- *"We should be able to come in if we follow guidelines like the staff. We too are essential and no more dangerous than the staff that are permitted to come in."*
- *"My family member is not getting the care they paid for. As a private pay resident they should get a rebate and some relief like business owners got."*
- *"I see pictures of staff members on Facebook out with their friends not wearing masks and not socially distancing. I have followed the guidelines under the emergency orders but I am not allowed to see my father."*
- *"My wife aged 5 years. She looked awful when I finally got to see her."*
- *"My mother in laws hair was greasy, she looked like she had lost a lot of weight. I was shocked."*

Background:

With the COVID-19 pandemic has come outbreaks of disease within long-term care facilities which have resulted in an unfortunate number of deaths – 345 as of August 18, 2020. To mitigate and prevent the transmission of COVID-19 in nursing homes, the New Hampshire Department of Health and Human Services has provided guidance to New Hampshire Long-Term Care (LTC) facilities in alignment with Centers for Disease Control (CDC) and Centers for Medicare Medicaid Services (CMS) recommendations. The CMS's recommendations are stepped according to stages of reopening based on many factors including case status in the community, case status in the nursing home, staffing levels, access to testing, access to personal protective equipment, hospital capacity, and rate of compliance with infection prevention standards of mask wearing and hand washing.

NH DHHS, as of August 14, 2020, categorizes all long term care facilities in NH with exception of two with active outbreaks at CMS Reopening Phase II. In all phases of reopening, the emphasis is on limiting exposure to virus. Current NH DHHS Long Term Care guidance on phases of reopening and visitation is available at: https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/ltcf-visitation.pdf

Under this guidance, outdoor visits are allowed following recommended protocols. Compassionate care indoor visits are allowed in this guidance in Phase II and III of reopening: "indoor visitation is allowed on a limited basis and under controlled circumstances. Outdoor visitation is preferable over indoor visitation. Indoor visitation should be considered for residents who are unable to go outdoors (e.g., due to a disability or advanced dementia), are in end-of-life circumstances or for residents whose psychological wellbeing requires visitation. Decisions about indoor visitation should be made on a case-by-case basis by the LTCF,…". Indoor visits in Phase II and III are restricted to one Essential Support Person designated by the resident.

Assessment:

Social connection is a critical component of well-being. Current NH DHHS guidance to LTC facilities on visitation encourages limiting indoor compassionate care visits. Several studies provide evidence of the negative impact of social isolation on physical and mental health that not only results in increased morbidity, but increased mortality. The CDC has summarized the "Health Risks of Loneliness" citing the

National Academies of Science, Engineering, and Medicine 2020 report *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*:

- Social isolation significantly increased a person's risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.
- Social isolation was associated with about a 50% percent increased risk of dementia.
- Poor social relationships (characterized by social isolation or loneliness) was associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.
- Loneliness was associated with higher rates of depression, anxiety, and suicide.
- Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.

Care previously provided by family members during visits is going undone and/or becoming an added burden on an already stressed, understaffed workforce. This includes encouraging and assisting residents to eat during mealtimes to get adequate nutrition and hydration, toileting, hair care, nail care, refreshing toiletries, offering physical touch, engagement in meaningful conversation, etc. Limited visitation also increases the burden on staff by requiring increased communication to family and friends of residents.

Once the Emergency Stay-At-Home Order was lifted, and staff from LTC facilities began to engage in public life opening themselves to be exposed and carry the virus into LTC facilities, the value of keeping residents separate from their friends and family decreased.

Interpretation of the protocols varies greatly between facilities with the intent of visits sometimes being lost in implementation of the guidance. Additionally, as weather gets colder, outdoor visits will no longer be tenable.

Finally, ethical considerations need to be factored into the decisions on visitation. Ethically, is the current practice acceptable over the long-term curve of this epidemic?

There is significant difficulty in making the risk/benefit calculation required for developing guidance that increases access to visitation. Yet the necessity to do so is evident.

Recommendations for Consideration:

The New Hampshire State Commission on Aging recommends state policymakers in collaboration with providers, residents and families, continue to thoughtfully evaluate both the epidemiology of COVID-19 and the science on social isolation in the course of developing guidance. The Commission on Aging recognizes the experience and expertise of the leadership at the New Hampshire Department of Health & Human Services and that this leadership team is already on course seeking to balance person-centered care, psycho-social wellbeing and the reduction of community spread. The Commission on Aging urges continued deliberation in this direction and consideration of the following list of measures culled from those raised by residents, family members and staff from long-term care facilities:

<u>Increasing Understanding of Impact of Social Isolation Associated with COVID-19:</u>

- **STUDY**: Track and study COVID-19 secondary cause morbidity/mortality for the purpose of influencing Department of Health & Human Services' guidance to long-term care facilities:
    - Potential exists using the assessments mandated by CMS (Centers for Medicare & Medicaid Services):

- Decline in ambulation
- Weight loss
- Frequency of falls
- Activities of daily living,
- Others as appropriate.

Expansion of Indoor Visitation:

- **ACCESS:** Expand the definition of Compassionate Care Visits to encompass those evidencing adverse impacts of social isolation. Clarify end-of-life situations so that they may include time for support and meaningful goodbyes.
  - A pilot conducted in a facility in Bar Harbor, Maine set metrics to prioritize at-risk residents for indoor visitation based upon factors including:
    - Weight loss
    - Depression and/or Anxiety
  - Bar Harbor pilot enabled both staff and fellow residents to recommend people for prioritization for visitation.

- **PEOPLE**: Continue to allow one and consider adding a second outside visitor per resident designated by the resident as their Essential Support Person/People:
  - Allow for Essential Support people to assist in providing care as appropriate.
  - Allow for physical contact and privacy.
    - LTC facility to provide PPE to support physical contact.

- **ACCESS:** Allow the Essential Support Person(s) to visit as a compassionate care visit in every phase of re-opening with the exception of Phase 0, active outbreak.
  - For early phases of reopening, consider requiring submission of COVID-19 test results on a regular basis for designated visitor(s).
    - Access to testing could be provided by facility as part of regular CRISP Staff testing.
    - Testing burden could be put on visitor(s).

- **SUPERVISION**: Supervision of Visits
  - Allow limited number of volunteers trained by LTC facilities to provide this supervision to alleviate the additional burden this task places on staffing.
    - Allow volunteers to be included in regular CRISP testing of Staff.
  - Include provisions for respecting privacy.
    - Volunteer welcomes visitor, reviews guidance, monitors visit at a safe distance for adherence to guidelines and returns at visit end.

Support for Long-Term Care Facilities:

- **GUIDANCE INTERPRETATION SUPPORT**: Creation of a team that includes representation from Division of Public Health, Health Facilities Administration, and the Office of Long-Term Care Ombudsman that is available for consultant on interpretation of guidance in collaboration with providers.

APPENDIX C: Recommendations for Allocation Plans for American Rescue Plan Act 10% increase to the Federal Medical Assistance Percentage (FMAP) for Home and Community Based Services.

New Hampshire
State Commission on Aging

June 28, 2021

Commissioner Shibinette
Office of the Commissioner
NH Department of Health & Human Services
129 Pleasant St.
Concord, NH 03301

Dear Commissioner Shibinette,

The New Hampshire State Commission on Aging wishes to express its endorsement of the New Hampshire Alliance for Healthy Aging (NH AHA) letter sent on June 8th to your office. The letter provided recommendations to the NH Department of Health & Human Services regarding the dissemination of the American Rescue Plan Act of 2021 (ARPA) 10% increase to the Federal Medical Assistance Percentage (FMAP) for Home and Community Based Services (HCBS) delivered during the period beginning June 1, 2021, and ending on March 31, 2022. The Alliance for Healthy Aging engaged individuals and organizations from across the State to identify the following recommendations:

- Develop a **presumptive eligibility pilot** to support access to services that help older adults and people with disabilities remain in their homes. Timely access to services can mean the difference between someone returning to the community or entering a nursing home. The pilot ideally includes costs related to prompt coverage and increased staff at ServiceLink offices to provide outreach and application assistance.

- Support programs that focus on **innovations in long-term care** in New Hampshire. A culture change initiative could build system resiliency in advance of future public health emergencies and create an attractive workplace setting that can retain a quality workforce. Other models to pull from could include the Green House Project or intergenerational living arrangements.

- Reinstate the successful **long-term care stabilization program** that enhanced the wages of the direct care workforce. This program proved that low wages are a major factor limiting the ability to recruit and retain the direct care workforce needed to meet the needs of a growing older population. The stress burden of working in long-term care continues to be high as staff remain vigilant through what we hope is the tail end of the pandemic curve. This is a pivotal time to retain and recruit the necessary workers to ensure access to services in the community and in facilities the diligent compliance with infection prevention practices supporting their safe reopening.

- Support **coordinated outreach and application assistance** to assist the Department with the Medicaid re-determination process for 65,000 Granite Staters. This short-term investment would aid people on the Medicaid waiver programs, including Choices for Independence (CFI), to navigate this difficult process avoiding unnecessary loss of needed health care benefits.

- Design and invest in a **healthy aging hub** housed at NH ServiceLink. By enhancing resources, staffing, and community outreach at ServiceLink, and developing performance standards for ServiceLink organizations, the Department could capitalize on the existing infrastructure to make home and community-based services more accessible to older adults. ServiceLink organizations could be incentivized to better partner with transportation, direct care providers, and community partners. In addition they could also house pilots like the previously mentioned presumptive eligibility pilot and an outreach and enrollment team to assist their community members with Medicaid and Medicare eligibility and re-determinations.

- Develop a robust **Family Caregiver pilot program** to pay family members to care for their loved ones. This is especially important with the workforce shortage. Improved participant directed services (PDS) in the CFI waiver now could be assigned to case management agencies. An additional staff person could focus on outreach and education and enhanced access for individuals and families to use related to PDS. Right now, waiver PDS numbers represent a very low percentage of services used. More PDS support—using friends, family and other less traditional staff is one more tool in the toolbox. A trial of this via the In-Home Supports Waiver brought about by the workforce issues during Covid-19 was successful.

- Implement **performance standards** and a **case management tracking system** that the Department can use to support CFI waiver integrity. This could ensure that gaps in services are identified and addressed quickly. Adding a waiver health and welfare special review team to provide oversight to the standards and troubleshoot when issues arise could ensure participants are getting needed services, that there is communication with providers and case management, that there are choices of services, medical transportation, personal safety, and community inclusion.

Collectively these recommendations focus on reinforcing the resiliency of long-term care and building infrastructure that supports access for consumers to home and community based care. Thank you for your consideration of these recommendations. The Commission welcomes further discussion on the details of these recommendations.

Sincerely,

Polly K. Campion

Hon. Polly Campion, MS, RN
Chair
New Hampshire State Commission on Aging

Rebecca Sky, MPH
Executive Director
New Hampshire State Commission on Aging

cc: Nancy Rollins, Interim Director Long Term Services and Support and Wendi Aultman, Bureau Chief, Bureau of Elderly and Adult Services