

MINUTES
New Hampshire State Commission on Aging
Monday, February 10, 2020 10:00 a.m.-noon
207 Legislative Office Building, Concord

Present: Rep. Polly Campion, Chair; Ken Berlin, Vice Chair; Roberta Berner, Clerk; Rep. James MacKay; Sen. Ruth Ward; Marie-Helene Bailins for Richard Lavers, DES; Wendi Aultman, DHHS; Patrick Herlihy, DOT; Susan Buxton, Long-Term Care Ombudsman; Sunny Mulligan Shea, DOJ; Lynn Lippitt, NH Housing Finance Authority; Janet Weeks, DOL; Perry Plummer, DOS; Appointed by the Governor: Rep. Harry Viens, Daniel Marcek, John Kennedy, Pamela Jolivette, Susan Emerson, Carol Stamatakis, Kristi St. Laurent, Mark Frank, Rev. Susan Nolan, Suzanne Demers and Kathy Baldrige; Rebecca Sky, Executive Director.

Absent: Susan Abrami, Susan Ruka

Guests: 17 members of the public.

I. Welcome and Introductions

Chair Polly Campion provided an overview of the agenda, welcomed the Commission and guests and asked that Commission members introduce themselves and provide brief updates.

- Harry Viens mentioned that the community of Center Harbor has formed a Committee on Aging and is surveying community members with the assistance of the Lakes Region Planning Commission.
- Patrick Herlihy said that the Department of Transportation would be hosting a meeting on February 11 of human services transportation providers, 2-1-1, and the Regional Coordinating Committees for Community Transportation (RCCs).
- Carol Stamatakis announced that the Community Care Corps, a national initiative under the federal Administration for Community Living, was offering grants for volunteer programs. Letters of intent are due shortly, with full proposals due in April. Carol will send out the link to Commission members.
- John Kennedy said that he has been working closely with the local Community Action Program to bring 22 supportive housing units to Rochester.

Rebecca Sky joined the Commission as its Executive Director on January 31, 2020 so this is her first meeting in her official capacity. She spent a few minutes introducing herself to the Commission and guests. A resident of New Hampshire since 1994, Rebecca has spent the past 25 years working in the field of public health, primarily on specific projects for the Foundation for Healthy Communities. She holds a B.S. in health policy administration from Penn State and a Master's degree in Public Health from the University of New Hampshire with additional post-graduate work at the Dartmouth Institute. She is the immediate past president of the NH Public Health Association.

Approve Minutes of January 13, 2020

Harry Viens made a motion to approve the minutes as written. Mark Frank seconded the motion. The motion was approved unanimously.

Chair Champion recognized two staff members from federal representatives' offices: Cara Wry from Senator Jeanne Shaheen's office and Christian Seasholtz from U.S. Representative Chris Pappas' office.

II. Legislative Scan

Reports from the Alliance for Healthy Aging (AHA) Advocacy Committee and Granite State Independent Living (GSIL) provided updates on legislation each group is tracking. Chair Champion noted that next year the Commission hopes independently to keep track of bills that we would want to support or not.

Dawn McKinney, with New Hampshire Legal Assistance and the AHA Advocacy Committee, introduced Heather Carroll, who recently joined AHA as Advocacy Director. Dawn reviewed a hand-out outlining AHA's advocacy priorities. She noted that the hand-out is not 100% inclusive of all legislation relating to issues concerning older adults but represents AHA's priorities and focuses on where AHA has the most to offer. For example, regarding prescription drug efforts, AHA is supportive of many of the pieces of legislation but believes that other groups are taking the lead and working effectively on the issue. Dawn also indicated that AHA's focus could shift as the session continues and as bills become more or less viable.

Among the specific bills that Dawn addressed were HB1660/SB677 to protect vulnerable adults, specifically regarding financial exploitation; SB715 to remove caps on Medicaid Home and Community Based Long-Term Care (Choices for Independence), relative to nursing home payments; HB1639, addressing "in and out" Medicaid eligibility, which is difficult and burdensome for Medicaid clients and administrators; HB1679 for an increase in funding for Meals on Wheels; SB667, which would enable towns to add up to \$10 in automobile registration fees for investments in transportation; and HB1303 to enable remote testimony—which could be a boon for frail and disabled adults who wish to testify during public hearings.

Ken Berlin asked Dawn for her opinion about which bills had the best chance of success. Dawn responded that it was too early in the process to tell, but that AHA would provide a legislative tracker as bills move forward.

Carol Stamatakis asked how individual members of the Commission could best support pieces of legislation, since the Commission is not yet prepared to advocate as a body. Dawn suggested involvement in AHA, signing in to support specific bills, testifying, calling legislators, and writing letters to the editors of local newspapers. Martha McLeod compiles a weekly update of legislation

relating to older adults and will add Commission members to the e-mail list upon request.

Ryan Donnelly, Advocacy Coordinator for GSIL, provided a hand-out of legislation GSIL is following. Deborah Ritcey, Chief Executive Officer of GSIL, also attended the meeting. Ryan said that GSIL focuses on legislation affecting individuals with disabilities and older adults, with a specific focus on the long-term care crisis. In reviewing the hand-out, Ryan discussed HB1130 relative to assault against an elderly person; HB1411 to establish a commission to study long-term supports and services in New Hampshire; HB1457 to require election officers and supervisors of the checklist to visit skilled nursing facilities and elderly and disabled residents within their jurisdiction to assist with voter registration and casting absentee ballots; HB1510 to enable municipalities to adopt a property tax exemption for qualifying accessory dwelling units; HB1513 to require the Department of Health and Human Services to study the conversion of the Medicaid program to block grant funding; and SB255 relative to dementia training for direct care staff in residential and community-based settings.

Chair Campion noted that the commission to be created under HB1411 would overlap with the State Commission on Aging, but would have a broader population base of concern and a narrower focus of concern.

Susan Nolan asked, regarding SB255, if current employees of direct care staff were “grandfathered in” and were not required to have dementia training. Ryan responded that all staff—those already in place as well as new hires—must be trained within a specific time frame.

John Kennedy said that he was a strong advocate for Medicaid’s Choices for Independence/Home and Community Based Care but that there was a great need for the state to have sufficient and appropriate housing for eligible clients to move into. Lynn Lippitt added that the NH Housing Finance Authority prioritizes individuals qualified for CFI on its 7-9 year waiting list for affordable housing in the state. Discussion ensued, concluding that it might be of value to have Housing Action New Hampshire come to a future Commission meeting.

In concluding this portion of the meeting, Rep. MacKay noted the importance of Commission members understanding how the legislative process works. Chair Campion mentioned that the AARP Senior Leadership program provides good training for those who would like to be more politically active regarding older adult issues. She added that the Commission will be creating a subcommittee to focus on legislation.

III. Brief Update: Volunteer Awards Process

Ken Berlin updated the Commission regarding work to date preparing for the volunteer award nomination process and award event on May 4. Roger Vachon with EngAGING NH has agreed to continue to assist with the work in 2020.

Nominations for the award will be sent out around mid-February, and they are due to Roger by March 16. It is hoped that all 10 New Hampshire counties will have a nominee for the award. The subcommittee made up of Commission members and EngAGING NH members will select the award recipients. Commission members Dan Marcek and Sunny Mulligan Shea will assist Ken. The Commission will take over all aspects of the awards process starting in 2021.

IV. Nutrition Support Services

Chair Campion explained that it was important for the Commission to understand issues around the senior nutrition programs (primarily home delivered and congregate meals), particularly in light of a recent memo from the Governor's office to the federal legislative delegation.

Wendi Aultman, Director of the Bureau of Elderly and Adult Services (BEAS), distributed a hand-out regarding nutrition support services basics. The hand-out detailed the funding for congregate and home delivered meals primarily through the Older Americans Act and Social Services Block Grant. The concern is that 11 senior nutrition contractors have been serving more meals to more older adults in the state with the same amount of funding over the past several years. Although the federal appropriation nationally is projected to increase by \$30 million for home delivered and congregate meals, New Hampshire is likely to receive only 1% of that total—or \$300,000—in spite of its large proportion of elderly residents who rely on these services.

Rep. MacKay asked about how the SNAP (Food Stamp) program intersects with these programs. Wendi explained that the program is managed separately and that the number of older adults who utilize the SNAP program is relatively low.

Meghan Brady, President of St. Joseph Community Services (SJCS), the senior nutrition provider in Hillsborough County presented information about the programs from the providers' perspective. Senior nutrition providers must raise a significant percentage of their budgets from philanthropic and local sources, since state and federal support through BEAS does not cover the full cost of the meal or the increasing number of meals that providers are serving with the growth of the older population. SJCS has seen the number served go from approximately 372,000 home delivered and congregate meals in 2017 to around 397,500 in 2018, to almost 427,000 in 2019.

Meghan distributed a hand-out that compiled information from six senior nutrition providers in the state that conducted the same client survey in the fourth quarter of 2019. Survey results pointed out the large number of senior nutrition clients who could not afford the food they need each month, who are socially isolated, and who have complex needs. She emphasized the importance of the daily wellness check along with the delivery of Meals on Wheels and the follow-up that each agency does when a concern is noted during the delivery.

Following the presentation, Commission members asked a variety of questions:

- Dan Marcek asked if the increase was attributable to demography alone or also to the complexity of needs of the population. Meghan responded that providers may serve more than one meal a day to those with complicated needs. She said that in her agency alone, staff follows up almost 9,000 times a year on incidents or concerns noted during the meal delivery. She said that drivers often identify other needs such as home heating during the visit. Meal delivery is a “threshold” (in-home) service provided every weekday, and as such, can be an initial service that can bring a frail individual into a network of other needed services.
- John Kennedy asked if Meals on Wheels clients also received commodity foods. A brief discussion of the USDA commodity foods program and its challenges for older adults followed.
- Rep. MacKay noted the increasing complexity of needs of older adults and the relatively high level of suicides among older men in New Hampshire and asked if the delivery team receives any training in such issues. Meghan responded that her agency holds all-staff trainings twice a year, including trainings on mental health issues.
- Roberta Berner asked Wendi Aultman if BEAS had the data regarding number of meals providers were serving above their contracts. Wendi said that she needed to pull together that information. She added that she was not sure of the number of meals covered by the Choices for Independence program.
- Kathy Baldrige asked if home delivered meals providers had a protocol for how to proceed if the client were not at home. Meghan explained that meals could not be delivered without the delivery person seeing the recipient.
- Patrick Herlihy asked Meghan if she knew the number of clients who required senior transportation in order to access congregate meal sites. She did not know that information for providers across the state.
- Carol Stamatakis and Meghan noted that some Medicare Advantage plans cover Meals on Wheels, but delivery may differ with seven meals delivered at once followed by daily phone calls. Under Medicare Advantage, medically tailored meals may be required.
- Sen. Ward mentioned that she and other public officials have been invited to accompany Meals on Wheels deliveries at a specific time of year. Meghan said that Meals on Wheels America designates a week in March as “Community Champions” week during which home delivered meals providers invite public officials to take part in the program. She added that public officials may also ride along on a delivery route at other times of the year upon request.

V. Public Comment

Cara Wry, a staffer from Sen. Shaheen’s office, said that the Senator had sent a letter to the Trump Administration on January 30, 2020 to request an increase in funding for the home delivered meals program under the Older Americans Act.

VI. Adjournment

The meeting was adjourned at noon upon motion by Sen. Ward, seconded by Daniel Marcek, and approved unanimously by Commission members.

Next meeting: Monday, March 16, 2020, 10:00 a.m.-noon, LOB 205

Presentation to State Commission on Aging

Meghan Brady, President

SJCS Meals on Wheels

February 10, 2019

Overview of Nutrition Support Services in New Hampshire

I Challenges

- a. Funding
- b. Increase in volume and degree of need
- c. Changing healthcare system
- d. Workforce
- e. Technology: costs and training
- f. Joint projects
- g. Network
- h. Future growth

2019 Meals on Wheels/Congregate Dining Survey Results

Six NH agencies that provide Meals on Wheels and Congregate Dining collaborate on an annual survey to measure program impact and satisfaction. It is conducted in the fourth calendar quarter and we have just recently aggregated the results which include:

Meals on Wheels

67% report that they do not always have enough money to buy the food they need in addition to what is delivered.

57% report that because of Meals on Wheels they can continue to live in their own homes.

67% report that they eat a healthier variety of foods.

41% report that they are less hungry.

20% report that they have no other visitor all week besides the driver who delivers the meal.

Congregate Dining

37% report that they do not always have enough money to buy food.

27% report that they can continue to live in their own homes.

45% eat a healthier variety of foods.

19% report that they are less hungry.

78% report that their social opportunities have increased.

Nutrition Support Services

State and Federal Lens – Wendi Aultman, Bureau Chief, BEAS
February 10, 2020 Commission on Aging

General Information

- The Bureau of Elderly and Adult Services (BEAS) contracts with ten community agencies to provide home-delivered meals (commonly known as Meals on Wheels - MOW) and congregate meals throughout the state. At the time the home-delivered meals program began in 1965, lifespans were shorter and older individuals were more likely to have family in close proximity. The home-delivered meals program historically has been structured to provide a mid-day meal to qualified individuals assessed to be homebound or otherwise isolated. Referrals to the program has typically been from organizations that are looking to ensure the safety and well-being of those aging in place or unable to leave their homes without assistance.
- Home-delivered meals must be prepared and packaged at sites that are licensed by the Department's Division of Public Health Services. Meals must also meet stringent federal requirements for nutritional content and meet a particular calorie criterion, but programs are not required to serve a dessert for example. Meals are delivered through a network of both volunteer drivers and paid drivers that are specially trained to assist with participant wellness assessment. An important aspect of the delivery of each meal includes a critical wellness check. The driver cannot leave the meal if the participant does not come to the door or if he/she is not physically visible. If the participant is not visible, a series of protocols is set in motion to verify the participant's location and safety.
- BEAS contracts provide funding under Title III of the Older Americans Act (OAA) for individuals who are 60 and older and who have a demonstrated need for meals. There is no financial eligibility requirement under Title III, but agencies are required to provide meals to individuals in the greatest socioeconomic need. Agencies may provide an opportunity for participants to donate toward the cost of the meal and may suggest a donation amount, but cannot refuse to serve an individual if he/she does not make a donation. Most programs suggest a \$3.00 participant contribution. While \$3.00 is the suggested meal donation for Title III participants the average amount collected is \$.58 per meal.
- The contracts also include federal funding under Title XX of the Social Services Block Grant (SSBG). Title XX provides meals for individuals who are 18 and older, with a chronic illness or disability, who have incomes of \$1,277.00 or less a month (increased to \$1,297.43 a month as of January 1, 2020). The agencies may require participants to pay a fee by utilizing a sliding fee scale, to help support the cost of the meal. Sliding scale fee for Title XX meals is not consistently pursued because the participants are typically the most limited financially.
- Under both funding streams, an individual must be "homebound," meaning that he/she cannot leave home without difficulty because of chronic illness or disability. Title III and XX services are targeted toward individuals who are not on the Choices for Independence (CFI) Medicaid Waiver Program.

- The CFI Waiver Program also funds home delivered meals for those that qualify for waiver services. The CFI meals are funded by state dollars along with a federal Medicaid match. The CFI meals are subject to a 3.1% rate increase in January 2020 and again in January 2021.

How do people apply?

People contact an agency directly or are often referred by ServiceLink, Adult Protective Services, local Visiting Nurses Associations (VNAs), medical practitioners, or hospital/rehabilitation discharge teams.

Eligibility requirements:

Requirements: Title III (homebound and congregate): 60 years of age or older, resident of NH, none for income, however, targets lower income, in most socioeconomic need, at risk individuals.

Participant donations: Agency may ask for voluntary donations toward the cost of the meal. Agencies can suggest an amount but cannot refuse to serve a meal if a client is unable to or unwilling to donate. Multiple agencies report a decline in frequency and amount of participant donations (this is in part assumed to be related to competing needs for paying for medication, household bills and utilities, etc.)

Requirements: Title XX: 18 years of age or older, monthly income requirement (currently: \$1,297.43 monthly) and presence of chronic illness or disability, homebound or demonstrates inability to prepare meals.

Participant donations:

Agency may establish sliding fee scale and must inform the individual

Requirements: CFI Medicaid Waiver Program: 65 years of age or older and medically qualify for nursing home level of care; or between the ages of 18-64 years with chronic illnesses (disability) and are financially eligible for Medicaid.

Participant donations: Not required

Costs for Home Delivered Meals and Congregate Meals:

There are multiple diverse factors that impact this – costs of ingredients for food, geography, number of rural clients receiving home-delivered meals and distances between clients’ homes, numbers of volunteers involved in food preparation and as meal delivery drivers vs. number of paid staff, whether or not agency utilizes a food service caterer.

Please see following “Cost of Home Delivered Meal (HDM) and Congregate Meals in NH” table. The data in the table below was provided in part by Alex Koutroubas from Dennehy & Bouley. The Department provided information relative to the variance of the BEAS rate.

Cost of Home Delivered Meal (HDM) and Congregate Meals in NH Cost includes: food, salaries, supplies/packaging & administrative overhead	FYE June 30, 2019		*BEAS Rate Variances		CFI Rate Variances		Meal Source C=contract I=In house
	HDM	Congregate	HDM	Congregate	HDM	Congregate	
			\$ 6.65			\$7.49	
Agency	HDM	Congregate	HDM	Congregate	HDM	Congregate	
Grafton County Senior Citizens Council							I
	\$8.99	\$9.48	\$2.34	\$2.83	\$1.50	\$2.83	
Strafford Nutrition & Meals on Wheels							C
	\$7.90	\$6.65	\$1.25	\$0.00	\$0.41	(\$0.84)	
The Gibson Center for Senior Services							I
St. Joseph Community Services							C
	\$8.97	\$8.77	\$2.32	\$2.12	\$1.48	\$1.28	
Community Action Program Belknap-Merrimack Counties, Inc.							I
	\$8.31	\$8.17	\$1.66	\$1.52	\$0.82	\$0.68	
Tri-County Cap							I
	\$7.06	\$10.22	\$0.41	\$3.57	(\$0.43)	\$2.73	
Rockingham Nutrition Meals on Wheels							C
	\$8.78	\$7.75	\$2.13	\$1.10	\$1.29	\$0.26	
Sullivan County Nutrition Services							I
	\$7.50	\$7.80	\$0.85	\$1.15	\$0.01	\$0.31	
Home Healthcare, Hospice & Community Services							C
	\$10.30	\$12.49	\$3.65	\$5.84	\$2.81	\$5.00	
Ossipee Concerned Citizens							I
	\$8.90	\$6.89	\$2.25	\$0.24	\$1.41	(\$0.60)	
AVERAGE	\$8.49	\$8.51	\$1.84	\$1.86	\$1.00	\$1.02	

* Rate is set at \$6.00 per meal and agencies receive an additional \$.65 per meal. This additional reimbursement provided to each state, through the Nutrition Services Incentive Program (NSIP), under Title III of the Older Americans Act is to reward effective performance by States and Tribes in the efficient delivery of nutritious meals to older adults through the use of cash or USDA .

Breakdown by funding source, People Service, and Units: Agencies leverage multiple funding streams for their home delivered meals programs. Federal, state, city, town, county, voluntary participant contributions, sliding scale fees for certain qualified individuals, grants, and other direct annual campaign fundraising comprise the typical operating revenue for these programs. BEAS is able to describe and provide information on what is allocated and spent, under state contract, as follows:

Home Delivered Meals: Title III, Title XX, and CFI				
SFY	Title III	Title XX	CFI	Totals
FY'19				
People	11,380	3,626	1,068	16,074
Units	778,230	482,494	224,392	1,485,116
\$\$	\$ 4,576,910	\$ 2,838,398	\$ 1,627,607	\$ 9,042,915
FY'18				
People	11,054	3,497	1,009	15,560
Units	759,705	475,324	197,369	1,432,398
\$\$	\$ 4,391,095	\$ 2,747,373	\$ 1,416,156	\$ 8,554,623
FY'17				
People	10,577	3,528	813	14,918
Units	742,909	483,057	152,934	1,378,900
\$\$	\$ 3,963,701	\$ 2,583,452	\$ 1,067,367	\$ 7,614,521
FY'16				
People	10,158	3,507	742	14,407
Units	754,069	499,203	134,366	1,387,638
\$\$	\$ 3,918,334	\$ 2,588,087	\$ 937,604	\$ 7,444,025
* People= Unduplicated Client Count				
*FY 19 is preliminary reporting				
* CFI is 50% GF and 50% Federal Match				
*Funding mix for TIII HD is budgeted at 56% GF, 44% FF for SFY20				
*Funding mix for TXX HD is budgeted at 40% GF, 60% FF for SFY20				

Information that nutrition providers are bringing forward:

- Older traditional participants are now living longer with increasing frailty and multiple chronic conditions; and are in need of more home delivered meals. In the past, individuals would reach a level of care that required nursing facility placement earlier on, but now individuals are aging in home longer and requiring additional meals.
- An increasing number of participants with mental health complexity, those in temporary housing without meal preparation areas (i.e. hotels), and individuals with substance use disorder are qualifying for the program as “homebound.”
- Younger participants, under the age of 60, with complex needs and food insecurity are driving demand upwards in some regions of the state.
- A lack of homemaker providers, due to a workforce shortage, to assist with meal preparation in the home is contributing to increased demand.
- Many of the people providers are now serving are unable to get transportation to other food security programs like food pantries, soup kitchens, commodity supplemental food program sites, or even local grocery stores to utilize SNAP benefits.

*It is important to note that in December 2019 the Older Americans Act (OAA) Nutrition Services account received a \$30 million increase in federal government funding. This included a \$15 million increase for the Congregate Meal program and a \$15 million increase for the Home Delivered Meals program. Funding for the program has failed to keep up with inflation and increased demand from a rapidly aging population. OAA funding has increased only 1.1 percent annually on average from FY 2001 to FY 2019 (from \$1.68 billion in FY 2001 to \$2.06 billion in FY 2019). The December approval to increase OAA funds will positively impact the state’s nutrition programs and BEAS estimates that an additional \$150,000 increase will likely come October 2020; and then it takes time to amend all of the contracts to apply the increased funding.

Additional Resources:

Administrative Rules:

1. He-E 500 Social Services: 501 and 502
http://www.gencourt.state.nh.us/rules/state_agencies/he-e500.html

Nutrition Program: <https://acl.gov/programs/health-wellness/nutrition-services>

Through the Older Americans Act (OAA) Nutrition Program, ACL’s Administration on Aging (AoA) provides grants to statesto help support nutrition services for older people throughout the country. These services include the Congregate Nutrition Program and the Home-Delivered Nutrition Program, which provide healthy meals in group settings, such as senior centers and faith-based locations, as well as in the homes of older adults who live alone. Through the Aging Network’s meal providers, the programs provide a range of services including nutrition screening, assessment, education, and counseling. Nutrition services also provide an important link to other supportive in-home and community-based supports such as homemaker and home-health aide services, transportation, physical activity and chronic disease self-management programs, home repair and modification, and falls prevention programs.

Nutrition Quality Standards

The OAA requires that all meals served using OAA funds adhere to the current [Dietary Guidelines for Americans](#), provide a minimum of one-third of the [Dietary Reference Intakes](#), meet state and local food safety and sanitation requirements, and be appealing to older adults.

Because services are state administered, each State Unit on Aging has the responsibility and authority (OAA Section 305) to implement the nutritional standards (OAA Section 339) to best meet the needs of the older adults that they serve. For example, a state may choose to use its funds to provide meals that focus nutrient standards or prevalent [statewide chronic disease\(s\)](#) or predominant [health issues](#) affecting older individuals. In practice, some states may require that menus for meals served using OAA funds be developed using nutrient analysis, eating patterns, or a combination.

Benefits of the Nutrition Program: A Research Brief

[Older Americans Benefit from the OAA Nutrition Program \(PDF, 385KB\)](#)

This research brief discusses findings from AoA's recent National Survey of OAA Participants. It describes program requirements; the at-risk population served; and the link between nutrition, health, and the ability of older adults to remain at home. The brief also discusses participants' perceptions of the impact of nutrition services on their quality of life.

Did You Know? OAA Nutrition Program Fact

The OAA is a flexible law that allows states to tailor programs to meet the needs of the older adults in their states/communities who are in greatest social and economic need. This [Nutrition Program Did You Know? \(PDF\)](#) presents information that may be surprising to some. In many areas, the OAA gives states the authority to add requirements beyond those in the OAA. That means some practices that might be allowable under the OAA could be handled differently in certain states or local areas. This document does not address state and local variances; rather, it reflects myths and truths from a federal perspective.

What is CSFP? The [Commodity Supplemental Food Program \(CSFP\)](#) works to improve the health of low-income elderly persons at least 60 years of age by supplementing their diets with nutritious USDA Foods. Children who were certified and receiving CSFP benefits as of Feb. 6, 2014, can continue to receive assistance until they are no longer eligible under the program rules in effect on Feb. 6, 2014. As required by the Agricultural Act of 2014 (P.L. 113-79), women, infants, and children who apply to participate in CSFP on Feb. 7, 2014, or later cannot be certified to participate in the program.

Such individuals may be eligible for other nutrition assistance programs, such as the [Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\)](#), the [Supplemental Nutrition Assistance Program \(SNAP\)](#), and other nutrition assistance programs. CSFP is administered at the federal level by the Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture.

Through CSFP, USDA distributes both food and administrative funds to participating states and Indian Tribal Organizations (ITOs). CSFP food packages do not provide a complete diet, but rather are good sources of the nutrients typically lacking in

the diets of the beneficiary population. The program is authorized under Section 4(a) of the Agriculture and Consumer Protection Act of 1973. Federal regulations covering CSFP can be found in 7 CFR Parts 247 and 250. An average of almost 630,000 people each month participated in the program in FY 2017.

Fact Sheet: <https://fns-prod.azureedge.net/sites/default/files/resource-files/csfp-program-fact-sheet-2019.pdf>

CSFP in NH: <https://www.dhhs.nh.gov/dphs/nhp/wic/csfp.htm>

[CSFP Seniors Brochure](#)

Supplemental Nutrition Assistance Program (SNAP), Nutrition Assistance

SNAP provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move towards self-sufficiency.

[Am I Eligible? Frequently Asked Questions](#)

SNAP in NH: [About the SNAP Program](#)

The SNAP Program is about good nutrition and health. It provides eligible people with benefits to buy food items at grocery stores, farmers markets and other approved food retailers.