



Ageing Matters

New Hampshire State Commission on Aging

New Hampshire Commission on Aging

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Ageism & the Ballot in 2024

By **JEAN LEWANDOWSKI**, Guest Columnist

Several years ago, we and another couple saw “Bohemian Rhapsody” in a theater. On the way out, we heard a group of high school aged “kids” talking about how amazing it would have been to be alive back then to see Queen perform.

Our friend said, “We were, and we loved them. “They gazed at us, star-struck, and one of them breathed, “Wow! You’re so lucky!!”

It had taken almost 7 decades, but we had finally become cool. This encounter was a delightful reminder that when we put aside assumptions and stereotypes about age and engage with others around shared experiences and common concerns, we discover powerful connections.

This kind of awareness and engagement is especially important this election year, when it appears increasingly likely that the two major-party Presidential candidates will be men in their late 70s and early 80s.

There’s much commentary about being “too old,” and the media are flooded with ageist comments and images. We can take a few jokes at our expense (yes, dinner time has gotten earlier), but when it comes to opinions about someone’s fitness for public office based on the dreaded “signs of ageing,” we need to get serious.

Last month, the National Center to Reframe Aging, in collaboration with 10 other advocacy groups and Frameworks Institute, gave an online workshop titled “Addressing Ageism in Election Media Coverage.” The guidelines they presented are based on research about the ageing process, common attitudes, and successful communication strategies. They fall into two broad and overlapping categories: raising awareness and changing the narrative.

Awareness means recognizing common stereotypes that are dismissive or demeaning. Kathleen Berger wrote in her book, *Invitation*

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Next NHCOA Meeting is March 18

The next NH State Commission on Aging meeting is scheduled for Monday, March 18th at 10:00 AM at the NH Hospital Association, 125 Airport Road in Concord.

The focus of the meeting will be continued learning about efforts in NH to support individuals experiencing AD/DR (Alzheimer's Disease and Related Dementias) and their caregivers. Commission members will also provide feedback on a presentation developed to educate on the movement to create a Multisector Plan for Aging in NH.

To attend via ZOOM, please access the link at <https://www.nhcoa.nh.gov/>

Check Out Past Editions of AgingMatters

<https://www.nhcoa.nh.gov/newsletters.aspx>

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to the Life Span, that ageism is even more resistant to change than other stereotypes, because popular culture has long reinforced the idea that youthfulness, or at least appearing youthful, is superior in every way to being older. The idea is so ingrained that when children use negative language about an older person, adults often don't correct them, and those negative ideas become accepted beliefs for yet another generation. It's up to us, then, to become aware of our own unconscious biases so we recognize them when we encounter them in the media and in conversation.

Frameworks recommends we state what we know to be true: ageing is a dynamic process common to every person lucky enough to get older. Each stage brings abilities, insights, and knowledge sets that are especially valuable when it's time to make big decisions affecting millions of people across all demographics.

Those whose frame of reference is only the 21st Century, for instance, have had entirely different experiences from Boomers. We also have compatible yet different cognitive strengths. "Youngers," a term author Ashton Applewhite suggests in her book, *This Chair Rocks*, have a command of the digital and virtual world and what's known in neuroscience as "fluid intelligence," the ability to reason and react quickly. "Olders" have increased "crystallized intelligence," the ability to use accumulated knowledge and experience to understand networks of associations. [*Fluid and crystallized intelligence – Wikipedia*]

As voters, we're like the Board of Directors interviewing applicants, so it's important to be clear about the job description. We're not hiring stunt-doubles, fighter pilots, or Jeopardy contestants. While physical and mental agility are never bad things, it's essential to prioritize them properly so we don't get caught up in stereotypical thinking about age and "fitness." Whether the candidate is running for local office or US President, we want to see resumes that reflect a history of thoughtful, successful, principled leadership. In interviews, candidates should have a solid grasp of what the office requires and clearly articulated answers to important questions: What are your priorities? What is your position on a variety of policy issues? What are your strategies for getting things accomplished?

For the Presidential race, it's especially important to remember that the Executive Branch isn't a single person; it's a team of Cabinet members and advisors. Ideally, they should be like Doris Kearns Goodwin's description of President Abraham Lincoln's cabinet in her book, *Team of Rivals*. They were master communicators representing diverse points of view, arguing passionately, and coming to consensus for the common good.

Finally, we must keep reminding ourselves and others that we are all in this together, we need one another, and at every age, we have valuable gifts to offer.



Let's Get Social

The NH State Commission on Aging has a Facebook page.

Please follow the NHCOA at [https://www.facebook.com/](https://www.facebook.com/NHCommissiononAging/)

[NHCommissiononAging/](https://www.facebook.com/NHCommissiononAging/) to stay up-to-date on the latest Commission news, as well as insights, resources and information from across the field of aging.

NHCOA February 2024 Meeting Recap

The February New Hampshire State Commission on Aging meeting was the first in what will be a series of two meetings focused on Alzheimer's Disease and Related Dementias (ADRD). The intent is to learn what's working and what is missing regarding support in New Hampshire for individuals experiencing ADRD and their families.

The goal is to grow Commission members' knowledge both to inform future Commission recommendations to Governor and State Legislature and to better support the upcoming ADRD public awareness campaign that legislators agreed to fund last legislative session.

Overview of Alzheimer's Disease and Related Dementia's in New Hampshire:

Melissa Grenier, *Regional Manager, Alzheimer's Association MA/NH Chapter*, provided an overview inclusive of definitions, prevalence, trends, implications for care, caregivers, and communities.

Over 26,000 Granite Staters currently are living with Alzheimer's. Age is the greatest risk factor – 1 in 10 of people aged 65 and older, and 1 in 3 people aged 80 and older. Women make up almost two-thirds of cases. Black and Hispanic Americans also disproportionately experience the disease.

ADRD is often cited as one of the most expensive diseases. Melissa spoke to the vast amount of unpaid caregiving being provided and the impact upon caregivers. She also spoke to the need for more geriatricians, neurologists, geriatric psychiatrists, and other trained healthcare providers as well as personal care aides.

Home and Community-Based Resources for ADRD Care Management:

Sue Ruka RN, PhD, *Program Manager, Community Health Improvement Dementia Capable Community Grant*, shared the successes of the ongoing Mount Washington Valley Dementia Capable Community project funded by the federal Administration for Community Living.

Work is being done to reduce stigma, provide education, and develop programs in various organizations to support individuals and families. One very successful element has been the creation of a community health worker position who serves as a "Dementia Navigator" for individuals and their caregivers.

Laurie Duff, *Director of Senior Services, Easterseals NH, VT & Farnum*, provided information on Adult Day Programs which have over 40 years of

history. There are currently twelve licensed medical programs in NH with a combined total capacity for 700 individuals.

The goals achieved by these programs include reduced hospital readmissions, caregiver support and education, and care consultation. All programs have both nursing and program staff who can communicate to primary care providers and specialists. The structure and peer support delay the need for a long-term care facility placement.

People who attend these programs typically attend between 2 and 5 days a week. Unfortunately, stigma too often keeps people away from even visiting these programs.

Key Prevention ADRD Strategies and NH Health Care System Capacity for Diagnosis and Treatment

Brian Rosen, MD, *Geriatric Psychiatric Fellow, Dartmouth Health*, addressed prevention strategies, the availability of geriatricians and readiness of primary care physicians to diagnose and treat dementia.

The six prevention strategies he named need to be lifelong habits: mental stimulation, social stimulation, exercise, avoiding alcohol and tobacco, avoiding head trauma, and a Mediterranean diet.

Dr. Rosen spoke to the healthcare system challenges in diagnosing patients. Not only do we have a shortage of specialists, but we also have a shortage of primary care physicians. Primary care physicians (PCPs) diagnose approximately 70% of dementia cases, and yet their training is limited – the example provided of one PCP's education was four weeks of training in geriatrics and only one day on dementia care.

The cognitive and social history needed to diagnose takes time (at least 1 hour for an assessment and sometimes 4 to 6 hours) and yet system pressures push PCPs to see 20 patients a day.

In addition, managing dementia requires significant education and care navigation. Most communities lack resources to provide this. This results in PCPs filling this gap, creating another disincentive for early diagnosis which delays decline.

Possible solutions suggested included changing curriculum at medical schools, changing continuing education requirements for PCPs, addressing reimbursement issues associated with collaborative care models that connect PCPs with specialists, addressing reimbursement for care navigation, and

NHCOA Meeting Recap, con't

developing more community resources. Dr. Rosen said new diagnostics and new treatments continue to be developed providing reasons for optimism.

The Landscape of Facility-Based Memory Care in New Hampshire

Susan Buxton, *NH State Long Term Care Ombudsman*, addressed facility-based care in the continuum of ADRD care. Memory care is provided in both nursing homes and in assisted living facilities.

While nursing homes are subject to federal and state regulations, assisted living facilities are only subject to state oversight.

New Hampshire does not have separate licensure or regulations for memory care. Sixteen states across the country do have separate regulations for memory care covering topics such as facility features including access to the outdoors, staff training, behavior management methods, staff to resident ratios.

Susan named three requirements that advocates suggest could improve safety and transparency in assisted living: mandating a minimum number of on duty staff for each resident, requiring at least 6 hours of training of all caregiving staff, and providing access to complaints and inspection reports for families trying to choose a facility.

While New Hampshire does require six hours of initial dementia training with four hours of continuing education annually, it falls short on the transparency of public reports and staffing. Annual health inspections are on the NH Office of Professional Licensure website, but complaint and life safety inspection reports are kept confidential. The lack of information makes it hard for families to make educated choices between facilities.

Ms. Buxton emphasized that NH does have dedicated staff that provide care with compassion and skill. She stated that there is good care available, but that, "We can do even better." It's the growing number of out-of-state and corporate owners coupled with an increase in facility administrator and staff turnover that causes concern. COVID and staffing shortages have

changed the culture of organizations and dramatically altered the way care is provided.

The Office of the Long-Term Care Ombudsman (OLTCO) partners with providers to prevent conflicts with residents via education, consultation, and regular visitation to identify and resolve issues before they escalate.

The OLTCO also works to resolve complaints made to their office resulting from conflicts between residents, or between residents and staff, and/or between families and facilities. They use the tools of investigation, education and consultation, mediation, and advocacy.

Common complaints the OLTCO receives from families related to memory care facilities include:

- Opting for a facility advertised as memory care, only to be asked after move-in to make additional payments for private duty care to manage common symptoms of dementia such as wandering or disinhibited behaviors.
- An advertised memory care facility asking a family to find a new facility as a person's dementia progresses because the facility claims they, "cannot meet the individual's memory care needs."
- Families also report surprise at the dependency on anti-psychotic medications in place of non-pharmacological approaches.
- Transparency in pricing issues. It is common practice for assisted living facilities to charge both a room and board charge and a second charge based on the provided level of care. For-profit assisted living facilities have at times claimed their assessment tool used for determining level of care is proprietary and refused to share with a family why new services were needed or how a rate was determined.

Other Meeting Updates

The meeting wrapped up with short updates on ongoing Commission activities – Older Adult Volunteer Awards (**send in your nominations!**), State House Updates, and work to create interest in the development of a Multisector Plan for Aging in NH.

Your Local Resources

ServiceLink Aging & Disability Resource Center: (866) 634-9412,

<https://www.servicelink.nh.gov/>



2-1-1 NH is the connection for NH residents to the most up-to-date resources they need from specially trained Information and Referral Specialists. 211 NH is available 24 hours, 365 days a year. Multilingual assistance, and TDD access are also

available, <https://www.211nh.org>

Letter to the Editor:

Derry's Loaner's Closet Has Supplies to Share

Submitted by **CINDEE TANUMA**, Executive Director,
Community Caregivers of Derry

We are writing today to ask your readers for help. The Loaner's Closet is a long-established and well run Durable Medical Equipment Program in downtown Derry. Our Loaner's Closet is open to the public. We currently have more than 20,000 pieces of medical equipment. Everything in our inventory has been donated and is free to borrow for as long as it is needed. In 2023, we loaned out 4,500 items to folks in 128 New Hampshire and 47 Massachusetts communities. We also gave away 5,700 packages of Incontinence supplies.

We have a unique problem with overstock items and we would like your suggestions to fix it. Frequently, we are offered items that we are not allowed to give out directly to consumers. For the past 15 years, we have



worked with multiple humanitarian groups—in Haiti, Dominican Republic, Zimbabwe, Belarus, Ukraine and Syria—who would come regularly to pick up excess durable medical equipment and overstock items such as bandages, catheters, colostomy, diabetic and tube feed supplies. Our last overstock partner has closed shop and we need to find a new outsourcing partner soon.

So, if you are reading this and know of a group that needs supplies, pick up the phone and call us today, 603-432-0877, x 3 or email us at equipment@comcaregivers.org. Don't have a lead but want to learn more about Community Caregivers of Greater Derry and the Loaner's Closet, stop by anytime, Monday – Friday, 9AM – 3PM. We are in the basement level of the Depot Square Office Building on Abbott Court in the heart of downtown Derry.

Want a poster to hand out or post in your workplace? Visit <http://tinyurl.com/47vhup9v>

The Loaner's Closet is part of Community Caregivers of Greater Derry. They are located at 6 West Broadway, Unit 6.

Is There An Older Adult Volunteer in Your Community Who Deserves Recognition?

**Nomination Deadline is
Friday, March 15, 2024**

The Governor of NH and the NH State Commission on Aging celebrate Older Americans Month each May by honoring older adults who through their volunteerism, serve to build strong communities.

Their work demonstrates that each of us can positively impact the lives of others at any time in our lives.

Anyone can make a nomination; nominees must be over the age of 60 who have made a significant contribution to their community as a volunteer. The nominee must be someone whose volunteer work is in New Hampshire. Any type of volunteer work qualifies, from direct service to advocacy to leadership roles and more. The program strives to recognize not only older adults who volunteer in support of other older adults, but those whose volunteer service benefits all ages groups, community groups and others.

Additional information about the program can be found on the last page of this month's Aging Matters. More details are also available at the NHCOA website at <https://www.nhcoa.nh.gov>. The 2024 nomination form is also available on the website.

New Hampshire State Commission on Aging

Older Adult Volunteer Recognition Program



**OLDER
AMERICANS
MONTH**

POWERED BY CONNECTION, MAY 2024

Help us celebrate those making a difference in your community!

BEAS Introduces New ‘Money Follows the Person’ Program

The New Hampshire Department of Health and Human Services/Bureau of Elderly and Adult Services (BEAS) is excited to introduce the new **Money Follows the Person program (MFP)**. MFP is a federal grant from the Center for Medicaid and Medicare (CMS) that allows states to tap into enhanced funding streams and develop new and innovative ways to support people returning to the community from institutional settings, such as nursing facilities and inpatient hospitals.

Recognizing the importance of autonomy and self-determination, MFP is committed to empowering individuals with the resources and support needed to thrive in their communities. MFP will offer a range of services and supports tailored to meet an individual’s unique strengths, needs, preferences and circumstances.

MFP begins with personalized transition planning, where dedicated professionals work closely with participants to assess their goals and develop a customized roadmap for success. From securing affordable housing to accessing service networks, MFP will provide the necessary support and advocacy every step of the way. MFP will also offer financial assistance to help cover relocation expenses, furnish new residences, and address any immediate needs during the transition period.

Additionally, ongoing support services, including person-centered integrated care coordination and peer supports, ensure that individuals have the ongoing assistance they need to thrive in their new environment.

Since it was first authorized in 2005, the **federal MFP program** has helped states expand community living opportunities for people with disabilities and older adults. MFP is an optional program; 41 states currently participate. BEAS previously operated the MFP program known as “Community Passport”.



BEAS submitted the Operational Protocol to CMS in late February 2024 for review and approval.

The Operational Protocol outlines the services, supports, staffing and administrative

projects (such as IT and data infrastructure) that will be employed to implement the program. DHHS anticipates approval of the Operational Protocol by late March 2024.

Once approved, DHHS will begin hiring necessary staff and procuring contractors and anticipates that transitions will begin this summer.

Through stakeholder input and extensive research over the course of the calendar year 2023, multiple themes emerged regarding the current gaps within the HCBS system, including workforce and housing shortages, unmet behavioral health needs for the Long Terms Services and Supports (LTSS) population, and the lack of flexibility in Medicaid-funded programs and supports to meet health-related social needs. The MFP Operational Protocol endeavors to implement novel approaches to these challenges that are intended to complement the wide-ranging strategies adopted by other DHHS initiatives, such as the **System of Care for Healthy Aging, No Wrong Door System of Access to LTSS**, the **10-Year Mental Health Plan**, and **Mission Zero**.

The New Hampshire Money Follows the Person Operational Protocol Executive Summary can be found at <https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/beas-mfp-op-executive-summary.pdf>

Other BEAS Updates

- The System of Care for Healthy Aging web page has posted the Q&A for the Medicaid Eligibility Changes and the updated LTC (Long Term Care) contact list at <https://www.dhhs.nh.gov/programs-services/adult-aging-care/system-care-healthy-aging>
- BEAS has posted information regarding Presumptive Eligibility for individuals applying for Choices for Independence and is inviting public comments. The slide deck and draft Amendment are linked on this page: <https://www.dhhs.nh.gov/news-and-media/presumptive-eligibility-home-and-community-based-services-public-input-sessions>. All comments must be received by 5:00 PM on Wednesday, March 13, 2024.

Do We Simply Not Care About Old People?

By JUDITH GRAHAM, KFFHealthNews

The covid-19 pandemic would be a wake-up call for America, advocates for the elderly predicted: incontrovertible proof that the nation wasn't doing enough to care for vulnerable older adults.

The death toll was shocking, as were reports of chaos in nursing homes and seniors suffering from isolation, depression, untreated illness, and neglect. Around 900,000 older adults have died of covid-19 to date, accounting for 3 of every 4 Americans who have perished in the pandemic.

But decisive actions that advocates had hoped for haven't materialized. Today, most people — and government officials — appear to accept covid as a part of ordinary life. Many seniors at high risk aren't getting antiviral therapies for covid, and most older adults in nursing homes aren't getting updated vaccines. Efforts to strengthen care quality in nursing homes and assisted living centers have stalled amid debate over costs and the availability of staff. And only a small percentage of people are masking or taking other precautions in public despite a new wave of covid, flu, and respiratory syncytial virus infections hospitalizing and killing seniors.

In the last week of 2023 and the first two weeks of 2024 alone, 4,810 people 65 and older lost their lives to covid — a group that would fill more than 10 large airliners — according to data provided by the CDC. But the alarm that would attend plane crashes is notably absent. (During the same period, the flu killed an additional 1,201 seniors, and RSV killed 126.)

"It boggles my mind that there isn't more outrage," said Alice Bonner, 66, senior adviser for aging at the Institute for Healthcare Improvement. "I'm at the point where I want to say, 'What the heck? Why aren't people responding and doing more for older adults?'"

It's a good question. Do we simply not care?

I put this big-picture question, which rarely gets asked amid debates over budgets and policies, to health care professionals, researchers, and policymakers who are older themselves and have spent many years working in the aging field. Here are some of their responses.

The Pandemic Made Things Worse. Prejudice against older adults is nothing new, but "it feels more intense, more hostile" now than previously, said Karl Pillemer, 69, a professor of psychology and gerontology at Cornell University.

"I think the pandemic helped reinforce images of older people as sick, frail, and isolated — as people who aren't like the rest of us," he said. "And human

nature being what it is, we tend to like people who are similar to us and be less well disposed to 'the others.'"

"A lot of us felt isolated and threatened during the pandemic. It made us sit there and think, 'What I really care about is protecting myself, my wife, my brother, my kids, and screw everybody else,'" said W. Andrew Achenbaum, 76, the author of nine books on aging and a professor emeritus at Texas Medical Center in Houston.

In an environment of "us against them," where everybody wants to blame somebody, Achenbaum continued, "who's expendable? Older people who aren't seen as productive, who consume resources believed to be in short supply. It's really hard to give old people their due when you're terrified about your own existence."

Although covid continues to circulate, disproportionately affecting older adults, "people now think the crisis is over, and we have a deep desire to return to normal," said Edwin Walker, 67, who leads the Administration on Aging at the Department of Health and Human Services. He spoke as an individual, not a government representative.

The upshot is "we didn't learn the lessons we should have," and the ageism that surfaced during the pandemic hasn't abated, he observed.

Ageism is Pervasive. "Everyone loves their own parents. But as a society, we don't value older adults or the people who care for them," said Robert Kramer, 74, co-founder and strategic adviser at the National Investment Center for Seniors Housing & Care.

Kramer thinks boomers are reaping what they have sown. "We have chased youth and glorified youth. When you spend billions of dollars trying to stay young, look young, act young, you build in an automatic fear and prejudice of the opposite."

Combine the fear of diminishment, decline, and death that can accompany growing older with the trauma and fear that arose during the pandemic, and "I think covid has pushed us back in whatever progress we were making in addressing the needs of our rapidly aging society. It has further stigmatized aging," said John Rowe, 79, professor of health policy and aging at Columbia University's Mailman School of Public Health.

"The message to older adults is: 'Your time has passed, give up your seat at the table, stop consuming resources, fall in line,'" said Anne Montgomery, 65, a health policy expert at the National Committee to Preserve Social Security and Medicare.

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She believes, however, that baby boomers can “rewrite and flip that script if we want to and if we work to change systems that embody the values of a deeply ageist society.”

Integration, not separation, is needed. The best way to overcome stigma is “to get to know the people you are stigmatizing,” said G. Allen Power, 70, a geriatrician and the chair in aging and dementia innovation at the Schlegel-University of Waterloo Research Institute for Aging in Canada. “But we separate ourselves from older people so we don’t have to think about our own aging and our own mortality.”

The solution: “We have to find ways to better integrate older adults in the community as opposed to moving them to campuses where they are apart from the rest of us,” Power said. “We need to stop seeing older people only through the lens of what services they might need and think instead of all they have to offer society.”

That point is a core precept of the National Academy of Medicine’s 2022 report **Global Roadmap for Healthy Longevity**. Older people are a “natural resource” who “make substantial contributions to their families and communities,” the report’s authors write in introducing their findings.

Those contributions include financial support to

families, caregiving assistance, volunteering, and ongoing participation in the workforce, among other things.

“When older people thrive, all people thrive,” the report concludes.

Future generations will get their turn. That’s a message Kramer conveys in classes he teaches at the University of Southern California, Cornell, and other institutions. “You have far more at stake in changing the way we approach aging than I do,” he tells his students. “You are far more likely, statistically, to live past 100 than I am. If you don’t change society’s attitudes about aging, you will be condemned to lead the last third of your life in social, economic, and cultural irrelevance.”

As for himself and the baby boom generation, Kramer thinks it’s “too late” to effect the meaningful changes he hopes the future will bring.

“I suspect things for people in my generation could get a lot worse in the years ahead,” Pillemer said. “People are greatly underestimating what the cost of caring for the older population is going to be over the next 10 to 20 years, and I think that’s going to cause increased conflict.”

Source: <https://kffhealthnews.org/news/article/old-people-does-society-care-ageism-pandemic>

Understanding the Medical Discharge Appeals Process

Medicare patients in a hospital setting can file a fast appeal if they are told Medicare will no longer pay for their care and they feel continued care is necessary.

Separate processes exist for hospital and non-hospital appeals, each with its own timeframe for filing and decision-making.

It is important to file appeals on time to ensure they are considered. Understanding Medicare and the appeals process can be confusing.

SHIP is here to help. Contact your local SHIP for more guidance on appeals. www.shiphelp.org.

In New Hampshire, contact ServiceLink toll-free at 1-866-634-9412 for more information.

Ending Care Appeals
HOSPITAL DISCHARGE APPEAL

If Medicare will no longer pay for your hospital care and you believe it's still medically necessary, you have the right to a fast appeal.

Important Message from Medicare*
Your provider should give you this notice within two days of entering the hospital as an inpatient.

Beneficiary and Family Centered Care- Quality Improvement Organization (BFCC-QIO)
To file an expedited appeal, call the BFCC-QIO by midnight of the day of your discharge.

Detailed Notice of Discharge
Once you contact the BFCC-QIO, the hospital must send you this notice. It explains in writing why your hospital care is ending.

*This notice includes instructions for how to appeal.

SHIP
State Health Insurance Assistance Program
Navigating Medicare

For more guidance on appeals
Contact your local State Health Insurance Assistance Program (SHIP).

BFCC-QIO Call
The BFCC-QIO should call you with its decision within 24 hours of receiving all the information it needs.

shiphelp.org | 1.877.839.2675

This document was supported in part by grant numbers 90AA10002 and 90AP10002 from the Administration for Community Living (ACL), Department of Health and Human Services, Washington, D.C., 20001.

Are You Ready for the Great North American Solar Eclipse on April 8?

Rik Yeames has been planning for the total solar eclipse to happen on Monday, April 8, 2024 since as early as 2017. The Concord resident and local Domino's Pizza franchise owner is making sure the Granite State is excited – and prepared – for the major astronomical event scheduled for that Monday when a “Total Solar Eclipse will darken New Hampshire’s skies in one of nature’s most awe-inspiring shows”, according to [eclipse information](#) posted on the VisitNH.gov website.

“For 3 minutes and 15 seconds, skies will dim, temperatures will drop, and the country will pause to watch as the moon passes over the light of the sun, completely blocking its light,” the VisitNH.gov description continues. The path of totality will pass across the northern portion of the Granite State, but residents throughout the state will be able to enjoy the show that afternoon.

In his quest to spread the word, Yeames has made countless visits to local schools and libraries. He (and the eclipse) have been the subject of a number of articles, blog postings and radio shows.

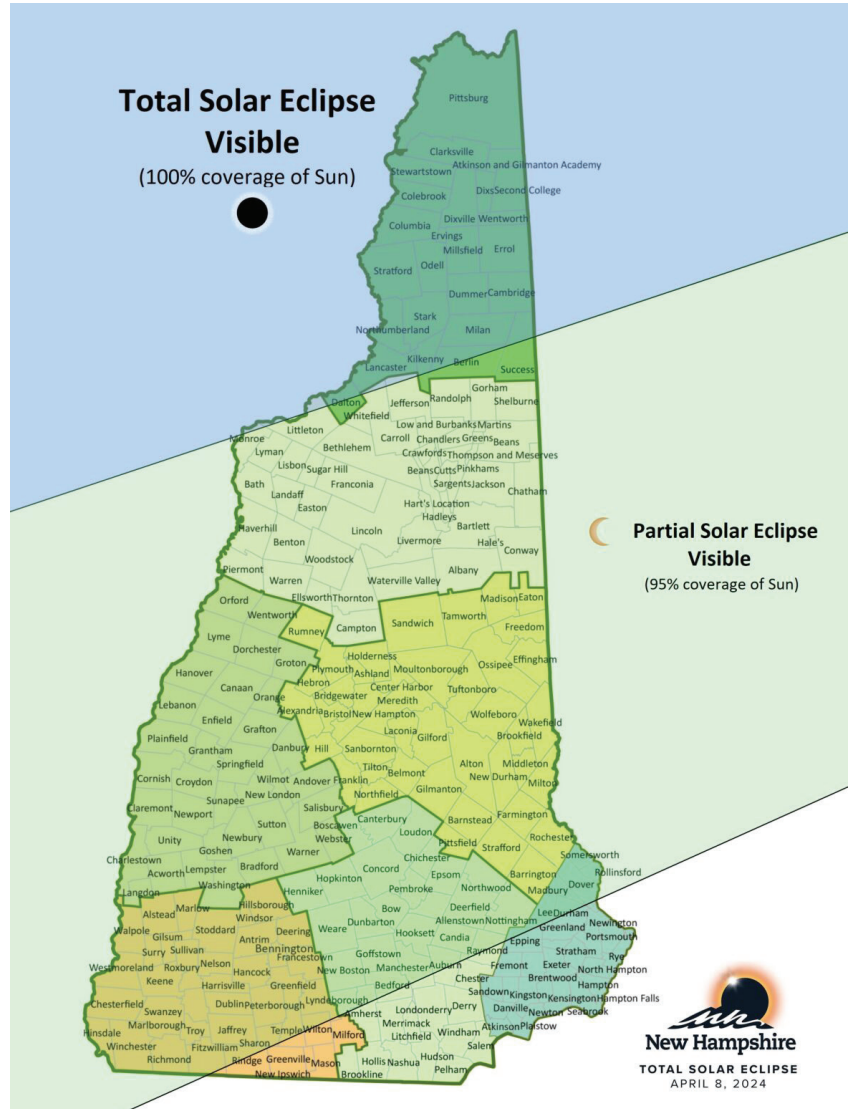
Rik’s car sports “ECLPS24” license plates and yes, there’s even a song. Governor Sununu signed NH Senate Bill 105 declaring Monday, April 8 Solar Eclipse Day in New Hampshire.

During a visit to an assisted living facility, Yeames met a resident who had experienced the last New Hampshire total solar eclipse in 1959.

He is a leading member of the NH Solar Eclipse Task Force and a member of the NH Astronomical Society.

Preparing for this April’s eclipse, Yeames says that early planning is the key to getting the most out of the event. Businesses in New Hampshire’s north country have been preparing for the Total Solar Eclipse for some time and places to stay could be limited at this point.

According to [planning tips](#) on VisitNH.gov, it’s important that those wishing to get close to the action avoid unnecessary travel on the day of the eclipse and instead choose their viewing location ahead of time and plan to arrive early and stay late.



Travelers who plan to view the eclipse should keep in mind that April weather is unpredictable, and snow or mud could impact road conditions. They should also keep in mind that there are limited routes leading in and out of the northern part of NH.

On a final cautionary note, VisitNH.gov encourages those making the trip north to be prepared. “While businesses are preparing to welcome visitors to the area, it’s still a good idea to pack some essential supplies you’ll want to have with you, such as water and snacks. Be sure to have a full tank of gas and if you have an electric vehicle, map out before you leave your home, where you’ll be able to get it charged,” the site points out.

A number of [special events](#) are being planned for NH’s Total Solar Eclipse and special packages are

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being offered at lodging sites in the North Country.

Of special note is the [Great American Eclipse Viewing Party at the McAuliffe-Shepard Discovery Center](#) in Concord. The viewing party starts at 12:00noon on April 8th. A total solar eclipse hasn't happened since 1959 and won't happen again until 2079. For such a significant astronomical event, Discover Center invites everyone to watch it unfold at New England's premier space and aviation museum.

Rik offered a final – and critical -- piece of advice for eclipse watching: get your special glasses early and make sure they meet the guidelines for safe eclipse viewing.

There are a number of reputable locations where glasses are available. Several are listed on the McAuliffe-Shepard Discovery Center's website at <https://www.starhop.com/countdowntoeclipse>

With all the excitement and planning surrounding the April 8 Total Solar Eclipse, you might wonder what Rik Yeames has planned next and won't be surprised that he is already looking towards the next NH Total Solar Eclipse that will happen on May 1, 2079.

In anticipation of that event, Yeames is organizing a time capsule of items from the April 8 eclipse that will

be placed in the ground (site still to be determined) on May 1, 2024 and opened 55 years later May 1, 2079.

Looking for more information?

The NH State Department of Travel and Tourism and Yankee Magazine have put together a special publication, "New Hampshire 2024 Solar Eclipse: Plan for this Once-in-a-Lifetime Event" that's available at https://issuu.com/yankeemagazine/docs/nhtourismeclipse_final_flipbook

The "2024 Solar Eclipse in New Hampshire: Complete Guide" can be found at <https://cityastronomy.com/2024-solar-eclipse-in-new-hampshire/> The website provides detailed information about eclipse times throughout the state, the impact weather will have on the event, as well as information about what to expect when viewing the eclipse.

Want to know what the eclipse might look like in your location? Follow this link https://eclipse2024.org/eclipse_cities/statemap.html to view an eclipse simulation for your town.

Not able to get outdoors to view the Eclipse on April 8? The event will be livestreamed on several online locations, including <https://www.timeanddate.com/live/eclipse-solar-2024-april-8>

5 Tips for Wearing Solar Eclipse Glasses

1. Check for safety standards. Make sure glasses meet safety requirements and are manufactured with the **ISO 12312-2 standard**. Look for ISO standard labeling on eclipse glasses and purchase them from a trusted source.

2. Wear your solar eclipse glasses at all times. Wear your solar eclipse glasses at all times when watching an annular or partial solar eclipse. If you use prescription glasses, wear your eclipse glasses over your prescription eyewear.

3. Use caution in the path of totality. Wear your solar eclipse glasses except during the brief time of darkness when the sun is completely covered by the moon.

4. Check the fit/Check for damage. Disposable eclipse glasses are designed to fit both children and adults, but check the fit before putting on eclipse glasses or providing them to a child. Also check your solar eclipse glasses for damage before using them. If the lenses of your solar eclipse glasses appear torn or scratched, they are not safe to use.

5. Buy your eclipse glasses as soon as possible. Demand for the April 8, 2024, eclipse will be very high. Purchase your eclipse glasses early to make sure you get them in time for this unique cosmic event.

Prevent Blindness has partnered with companies for the manufacture and sale of Prevent Blindness solar eclipse viewing glasses that **meet the safety requirements of ISO 12312-2 filters for direct observation of the sun.**

It's not too early to purchase eclipse glasses for the April 8, 2024 total eclipse. Prevent Blindness is a 501(c)3 non-profit. When you purchase Prevent Blindness eclipse viewing glasses from one of our retail partners, a portion of the price goes to support their sight-saving programs and services.

Source: <https://preventblindness.org/solar-eclipse-glasses/>

2024 Final Rule to Update Older Americans Act Regulations Released

On February 6, 2024, the Administration for Community Living (ACL) released a final rule to update the regulations for implementing its Older Americans Act (OAA) programs. The new regulations will take effect on March 15, 2024, but regulated entities have until October 1, 2025 to comply. ACL looks forward to working with partners in the aging network to implement the final rule and will provide robust technical assistance and other resources to support states, tribes and tribal organizations, area agencies on aging, and others in the aging network in meeting its requirements.

Strengthening the System that Helps Millions Age in Place

Our world has changed dramatically in the 36 years that have passed since the last substantial update to the regulations for most of ACL's Older Americans Act Programs in 1988. The population of older adults has nearly doubled, and older adults are living longer than ever before. Their expectations for aging are different from those of earlier generations. Increased understanding of the impact of the social determinants of health is reshaping health care, as non-medical services that help people avoid hospitalization and institutional care – like those provided through OAA programs – are increasingly being incorporated into health care service delivery models. In addition, the OAA has been amended by Congress seven times since 1988.

One important thing has not changed, however. Older adults overwhelmingly want to continue to live independently, in the community – and nearly 95 percent of them do, many with the support of ACL's OAA programs.

The 2024 final rule aligns regulations to the current statute, addresses issues that have emerged since the last update and clarifies a number of requirements. It aims to better support the national aging network that delivers OAA services and improve program implementation, with the ultimate goal of ensuring that the nation's growing population of older adults can continue to receive the services and supports they need to live – and thrive – in their own homes and communities.

Key Provisions of the Final Rule

The updated regulations reinforce and clarify policies and expectations, promote appropriate stewardship of OAA resources, and incorporate lessons learned during the COVID-19 pandemic. For example, the final rule:

- Clarifies requirements for state and area plans on aging and details requirements for coordination among tribal, state and local programs.
- Improves consistency of definitions and operations between state and tribal OAA programs.
- Clarifies and strengthens provisions for meeting OAA requirements for prioritizing people with the greatest social and economic needs.
- Specifies the broad range of people who can receive services, how funds can be used, fiscal requirements, and other requirements that apply across programs.
- Clarifies required state and local agency policies and procedures. For example, the final rule establishes expectations regarding conflicts of interest.
- Requires state agencies to establish flexible and streamlined processes for area agencies to receive approval for contracts and commercial relationships.
- Includes guidance for the National Family Caregiver Support Program and the Native American Caregiver Support Program, which were authorized since the last update.
- Addresses emergency preparedness and response, incorporating lessons from the COVID-19 pandemic.
- Establishes expectations for legal assistance and activities to prevent elder abuse.
- Clarifies the role of the aging network in defending against the imposition of guardianship and in promoting alternatives.
- Updates definitions, modernizes requirements, and clarifies flexibilities within the OAA nutrition programs. For example, the rule allows for continuation of innovations developed during the pandemic, such as providing carry-out meals through the congregate meals program, in certain circumstances.

This [overview](#) has more details, and you can read or download the [entire final rule](#) on the Federal Register website.

The release of the final rule is the culmination of many years of engagement with the national aging network. It also reflects input received through a [request for information](#); a series of listening sessions, including consultations with tribes and

Final Rule, con't

other engagement with Native American grantees; and more than 750 comments received in response to the June 2023 [Notice of Proposed Rule Making \(NPRM\)](#) from a wide range of stakeholders including states, area agencies on aging, national aging organizations, and more. The thoughtful comments validated the overall direction of the proposed rule and provided information that ACL incorporated to further refine and strengthen the final rule.

About the Older Americans Act

First passed in 1965 and last reauthorized on March 25, 2020, the [OAA](#) authorizes a wide range of programs and services, most of which focus on helping older adults age in place. These

services include home-delivered and congregate meals, support for family caregivers, preventive health services, personal and home care services, transportation, legal assistance, elder abuse prevention, and so much more. In addition, the OAA provides ombudsman services for people who live in long-term care facilities.

Through the aging services network, the OAA helps older adults continue to work and volunteer, live independently and age with dignity, to the great benefit of all. Because of the OAA, neighborhoods and organizations across the country are able to continue to draw upon the wealth of knowledge that comes only with life experience.

Source: <https://acl.gov/OAArule>

Medicare Drug Negotiations Officially Underway

By **LINDSEY COPELAND**, Medicare Rights Center

On February 1, the U.S. Department of Health and Human Services (HHS) sent [initial offers](#) to manufacturers of the first 10 Part D drugs [subject to price negotiation](#) under the [Inflation Reduction Act \(IRA\)](#), a significant implementation milestone.

As [announced in August](#), HHS selected these medications based on criteria outlined in the IRA, such as high Medicare spending and lack of competition. The resulting list includes drugs that millions of Medicare beneficiaries rely on to treat conditions such as cancer, diabetes, blood clots, heart failure, autoimmune conditions, and chronic kidney disease.

[HHS estimates](#) that in 2022, Medicare paid \$46.4 billion for the 10 selected drugs, up from \$20 billion in 2018, and that Part D enrollees paid \$3.4 billion out of pocket. While the exact savings realized by the IRA's negotiation program will depend on the final prices, lower costs are expected system wide. The Congressional Budget Office (CBO) anticipates negotiation will save Medicare [\\$98.5 billion](#) over the coming decade [as well as](#) reduce expenses for beneficiaries and taxpayers. By lowering drug prices and increasing affordability, CBO projects the changes will help people with Medicare adhere to their treatment plans, improving health outcomes and reducing the need for more costly interventions.

The negotiations will continue over the next several months. HHS plans to publish the final prices this fall, and they will take effect in 2026. Additional medications will be selected for negotiation in [future years](#), allowing the number of drugs with negotiated prices to accumulate over time.

Importantly, other IRA policies that are or will soon be in effect further bolster beneficiary health care

access and affordability. Several key revisions took effect in 2023, such as the [\\$35 limit](#) per monthly insulin prescription, the availability of no-cost [Part D vaccines](#), and [reduced coinsurance](#) on certain Part B drugs. This year, even more people with Medicare will see relief. In January, the IRA's Part D [structural changes](#) began to take shape—the law eliminated enrollee expenses in the Part D catastrophic coverage phase, essentially holding out-of-pocket costs to roughly \$3,250 in 2024. It also expanded the full Part D Low Income Subsidy (LIS), also known as [Extra Help](#), to people with incomes at or below 150% of poverty. And in 2025, the law will cap Part D drug costs at \$2,000 (indexed annually for inflation) and allow enrollees to pay those expenses in monthly installments, promoting financial security and peace of mind.

Medicare Rights welcomes these long-sought modernizations. Collectively, the IRA's drug pricing provisions will lower costs and strengthen coverage for millions of older adults and people with disabilities. We look forward to a timely implementation process, and to building upon the IRA's historic reforms.

For More Information

To learn more about the IRA and ways to lower drug costs, visit the recently launched HHS IRA resource hub [LowerDrugCosts.gov](https://www.lowerdrugcosts.gov). According to [HHS](#), this new website is intended to be a “one-stop-shop for information related to the drug pricing provisions of the Inflation Reduction Act and the implementation process, and resources for Medicare enrollees and other interested parties.”

Source: <https://www.medicarerights.org/medicare-watch/2024/02/08/medicare-drug-negotiations-officially-underway>

All Veterans Exposed to Toxins and Other Hazards During Military Service — at Home or Abroad — are Now Eligible for VA Health Care

The VA is expanding health care eligibility to millions of Veterans — including all Veterans who served in the Vietnam War, the Gulf War, Iraq, Afghanistan, or any other combat zone after 9/11 — years earlier than called for by the PACT Act

The VA has announced that all Veterans who were exposed to toxins and other hazards while serving in the military — at home or abroad — will be eligible to enroll directly in VA health care beginning March 5, 2024. This means that all Veterans who served in the Vietnam War, the Gulf War, Iraq, Afghanistan, the Global War on Terror, or any other combat zone after 9/11 will be eligible to enroll directly in VA health care without first applying for VA benefits. Additionally, Veterans who never deployed but were exposed to toxins or hazards while training or on active duty in the United States will also be eligible to enroll.

As directed by President Biden, this expansion of VA health care eliminates the phased-in approach called for by the PACT Act — meaning that millions of Veterans are now eligible for VA health care up to eight years earlier than written into law. This is a critical step forward because Veterans who are enrolled in VA health care are proven to have better health outcomes than non-enrolled Veterans, and VA hospitals have dramatically outperformed non-VA hospitals in **overall quality ratings** and **patient satisfaction ratings**. Additionally, VA health care is often **more affordable** than non-VA health care for Veterans.

VA encourages all eligible Veterans to visit [VA.gov](https://va.gov)/PACT or call 1-800-MYVA411 to learn more and apply for VA health care beginning March 5. Since President Biden signed the PACT Act into law on August 10, 2022, more than 500,000 Veterans have enrolled in VA health care.

“If you’re a Veteran who may have been exposed to toxins or hazards while serving our country, at home or abroad, we want you to come to us for the health care you deserve,” said **VA Secretary Denis McDonough**. “VA is proven to be the best, most affordable health care in America for Veterans — and once you’re in, you have access for life. So don’t wait, enroll starting March 5th.”

“Beginning March 5, we’re making millions of Veterans eligible for VA health care years earlier than called for by the PACT Act,” said **VA Under Secretary for Health Shereef Elnahal, M.D.** “With this expansion, VA can care for all Veterans who served

in the Vietnam War, the Gulf War, Iraq, Afghanistan, the Global War on Terror, or any other combat zone after 9/11. We can also care for Veterans who *never* deployed but were exposed to toxins or hazards while training or on active duty here at home. We want to bring *all* of these Veterans to VA for the care they’ve earned and deserve.”

In addition to expanding access to VA care, this decision makes it quicker and easier for millions of Veterans to enroll. Many Veterans believe they must apply to receive **VA disability compensation benefits** to become eligible for VA health care. This is not correct. With this expansion and other authorities, millions of eligible Veterans can enroll directly in VA care — without any need to first apply for VA benefits.

This expansion of care covers Vietnam Veterans, Gulf War Veterans, Iraq War Veterans, Afghanistan War Veterans, Veterans who deployed in support of contingency operations for the Global War on Terror (Operation Enduring Freedom, Operation Freedom’s Sentinel, Operation Iraqi Freedom, Operation New Dawn, Operation Inherent Resolve, and Resolute Support Mission), and **more**.

The expansion also covers many Veterans who never deployed as a part of a conflict but were exposed to toxins or hazards while serving in the U.S. Specifically, under this expansion of care, any Veteran who participated in a toxic exposure risk activity (TERA) — at home or abroad — is eligible for VA health care. VA will use all available information to determine if Veterans participated in a TERA, including military records and service connection.

For more information about how the PACT Act is helping Veterans and their survivors, visit VA’s **PACT Act Dashboard**. To apply for care or benefits today, visit [VA.gov/PACT](https://va.gov/PACT) or call 1-800-MYVA411. More information on eligibility can be found at [VA.gov/PACT](https://va.gov/PACT).

Veterans with questions about their health care and benefits (including GI Bill). Questions, updates and documents can be submitted online at <https://ask.va.gov/>

Source: <https://news.va.gov/press-room/veteran-toxins-hazards-serving-eligible-va/>

Nutrition Month Tips

By **REGAN THEBERGE**, Program Assistant,
Southern NH Area Health Education Center

March is Nutrition Month. There are many different ways to make small changes that increase the nutritional value of your foods, which will improve your mental and physical health. Here are some tips and tricks to incorporate into your routine.

Indoor Vegetable Gardening

- Get hands on and grow your own fresh produce. You can recycle many things in your house for pots, like plastic jugs, gallon buckets, and other cartons- just be sure to cut holes for drainage!
- Pick good, compact produce for inside growth, like cherry tomatoes, herbs (such as basil, mint, and parsley), and leafy greens like spinach and lettuce.
- Make sure to put your plants in a window with bright light or under a grow light.
- If you want some seeds to start your indoor garden, follow this link to fill out the form <https://forms.gle/7oHMNHtAGmCJPTcv7> and we will send you seeds.

Make Nutrient-Rich Recipes

- When you are planning your daily meals, you want to be sure to have a variety of fruits, vegetables, whole grains, lean proteins and healthy fats.
- Try new recipes with in-season foods. This spring spinach, kale, broccoli, carrots, beets, asparagus and more are in season.

Meal Prepping

- Prepare healthy snacks: Have pre-cut vegetables, fruits, or nuts readily available for quick and nutritious snacks.
- Batch cooking: Plan and prepare meals in advance to save time during the week. This can help you make healthier choices and avoid relying on processed foods.

Family and Community Engagement

- Involve family and friends: Make nutrition a shared goal by involving your loved ones in meal planning and preparation.
- Community initiatives: Join or organize local events, such as community gardens or cooking classes, to promote healthy habits in your neighborhood.

Mindful Eating

- Practice mindful eating: Pay attention to the taste, texture, and aroma of your food. Eating slowly can help you recognize when you're full, preventing overeating.
- Listen to your body: Tune in to your body's hunger and fullness cues. Eat when you're hungry and stop when you're satisfied.

Hydration

- Prioritize water intake: Stay hydrated by drinking an adequate amount of water throughout the day. Proper hydration is important for your body to absorb all the nutrients from your food. Limit sugary drinks and opt for water, herbal teas, or infused water.

Remember, small, sustainable changes can have a significant impact on your overall well-being. Use Nutrition Month as an opportunity to cultivate healthier habits that will last beyond the celebration.

Maine Launches 'Matchmaking' Program for Younger Renters and Empty Nesters

The program will connect Mainers looking for affordable rent with homeowners wanting extra income and companionship.

By **DAVID GUILDFORD**,
News Center Maine

AUGUSTA, Maine — A state agency prepared recently to launch a matchmaking pilot program, complete with background checks and compatibility tests.

Instead of romance, though, the program would pair Mainers—often young—searching for an increasingly rare affordable place to stay, with older homeowners living with an empty nest, room to spare, and a need for more income.

In July 2023, the state legislature passed a bill championed by Saco Democrat Representative Maggie O'Neil, compelling MaineHousing to create such a program.

The potential financial benefits for both parties are obvious. MaineHousing Director Dan Brennan explained but the desired results go much further.

"Loneliness is a big deal in the older population in Maine; and, also, allowing people to stay in their homes as they age into their older years," he said "These things are very important and very serious."

Read the story at <https://www.newscentermaine.com/article/news/local/housing/maine-launching-matchmaking-program-younger-renters-empty-nesters-housing/97-79da2189-0728-4bed-8a5a-092bb195fdb0>

SCAMs of the Month

Don't Do This Friend a Favor. It's Really a Clever Scam

By BETTER BUSINESS BUREAU

If a friend asks for a favor, you do it, no questions asked. Right? Time to rethink that policy.

In this new con, a scammer poses as a friend asking for a simple favor. The email is so convincing that BBB staff almost fell for it!

How this scam works

You get an email that appears to be from a friend or family member. The message looks harmless and casual—like something a friend might really write. For example, one version reads: “Hi, how are things going with you? Are you busy? I need a quick favor.” The message even ends with “Sent from my iPhone.”

Concerned about your friend, you reply and ask for more details. The “friend” quickly responds that they are trying to buy a gift card for their niece’s birthday. However, they are travelling and having trouble purchasing the card online. “Could you get it from any local grocery store around you?” reads the email. “I’ll pay you back as soon as I am back.”

The request sounds reasonable. But if you do buy the gift card, your “friend” will ask you to share the card’s PIN and/or send a photo of the back of the card. Unfortunately, by doing this you are essentially handing money to the scammer. It’s nearly impossible to get the money back because **gift cards do not have the same protections** as credit or debit cards.

- **Protect yourself from this con by reaching out to your friend directly. If you get an unusual request, call or text your friend to confirm their story.** No matter how harmless the story sounds, always double-check before sending someone money.
- **Use gift cards wisely.** Never do business with anyone who insists on payment with **gift cards**. Remember, providing the numbers from the back of a gift card is just like sending cash.

For More Information

Learn more about how scammers use gift cards **in this BBB study on gift cards**. If you’ve spotted a scam (whether or not you’ve lost money),

report it to [BBB.org/ScamTracker](https://www.bbb.org/scamtracker). Your report can help others avoid falling victim to scams. Stay up on the latest scams by **subscribing to BBB Scam Alerts emails**.

The IRS Doesn't Send Tax Refunds by Email or Text

By LARISSA BUNGO, Senior Attorney, IRS

Got an email or text message about a tax refund? It’s a scam.

IRS impersonators are at it again. This time, the scammers are sending messages about your “tax refund” or “tax refund e-statement.” It might look legit, but it’s an email or text fake, trying to trick you into clicking on links so they can steal from you. How? They tell you to click a link — supposedly to check on your “tax refund e-statement” or “fill out a form to get your refund.” But it’s a scam and if you click that link, the scammer might **steal your identity** or put **malware** on your phone or computer.

If someone contacts you unexpectedly about a tax refund, the most important thing to know is that **the real IRS won't contact you by email, text message, or social media** to get your personal or financial information. Only scammers will.

If someone does reach out, here’s what to do:

- **Never click on any links**, which can put malware on your computer or phone, letting scammers steal from you.
- **Check the status of any pending refund on the IRS official website.** Visit **Where's My Refund** to see if you’re really getting a refund.
- **Share what you know.** By telling your friends and family members about the scam, you can help protect your community. If you clicked on a link in one of these messages, or you shared personal or financial information, report it at [IdentityTheft.gov](https://www.identitytheft.gov) to get a free, customized recovery plan.

If you see this or any other a scam, even if you didn’t lose money, report it to the FTC at ReportFraud@ftc.gov.

Source: <https://consumer.ftc.gov/consumer-alerts/2024/01/irs-doesnt-send-tax-refunds-email-or-text>

Links to Learn More

The following is a sample of information regarding older adults that came across our desk this month. We thought our readers might find this information interesting. Please follow the links or type the URL address into your browser for the complete story.

March Medicare Minute

“Medicare Minutes” are short, engaging presentations on current Medicare topics hosted by the Medicare Rights Center. The presentation is streamed live using a Medicare interactive profile.

March Topic: Part D Coverage Phases

• Thursday, March 21 • 3:00 - 3:30 PM (EST)

The cost of your medications may change throughout the year, depending on which coverage phase you’re in. You’ll learn about it all this Medicare Minute—from the deductible phase to the donut hole, as well as some new changes to look out for this year!

REGISTER: <https://www.medicareinteractive.org/medicare-minute-login1>

National Plan to Address Alzheimer’s Disease 2023 Update Released

The U.S. Department of Health and Human Services has released the *National Plan to Address Alzheimer’s Disease 2023 Update*, which details advancements surrounding Alzheimer’s disease and related dementias that support the six national plan goals. Read about the update at <https://ow.ly/ywPh50Qy5nV>.

Daylight Saving Time Updates for 2024

Sunday March 10, 2024 marks the beginning of Daylight Saving Time. Clocks will “spring forward” one hour at 2:00am local time. Federal law still prohibits states from enacting permanent daylight saving time and without new movement on proposed changes, American should expect changes to continue through 2024. Learn the latest news and policy updates in this article by Eric Suni, staff writer for the Sleep Foundation. The article can be found at <https://www.sleepfoundation.org/sleep-news/latest-updates-daylight-saving-time-legislation-change>

Through the Eyes of Grandfamilies: A Conversation with Five Grandfamily Caregivers

Explore the resilience, challenges, and triumphs of Grandfamilies in our latest resource, “Through the Eyes of Grandfamilies: A Conversation with Five

Grandfamily Caregivers,” a companion to Generations United’s 2023 State of Grandfamilies’ Report, “Building Resilience: Supporting Grandfamilies’ Mental Health and Emotional Wellness.” Children growing up in grandfamilies face unique mental health and emotional wellness challenges. Our publication delves into personal accounts of five grandfamily caregivers, shedding light on their experiences and the solutions that have helped them navigate the complex landscape of emotional wellness and mental health.

Read their stories and gain insights into the strength and adaptability of these families at https://www.gu.org/app/uploads/2023/11/GU_2024-Grandfamilies-Report_Supplement-WEB-R1.pdf

More About On-Going Drug Prices Negotiations:

In a story published by Kaiser Health News, “Patients See First Savings from Biden’s Drug Price Push, as Pharma Lines Up Its Lawyers,” Arthur Allen provides additional information about the first steps being taken to lower prescription drug prices. The story can be found at <https://kffhealthnews.org/news/article/biden-drug-pricing-caps-inflation-reduction-act-pharma-reaction/>

How To Cut The (Cable) Cord

Are you ready to ditch the cable and join the ever-growing cord-cutter team? In a recent Senior Planet Techspert column, author Jonathan Usindi Zalupe, answers the essential questions you must consider before returning that cable box to your current television provider company. Learn more at <https://seniorplanet.org/articles-techspert-cut-the-cord>

Prefer a Printed Copy of Aging Matters?

The Commission on Aging has a limited ability to provide printed copies of Aging Matters to individuals who are unable to connect to the Internet to read a copy online or download it from the Commission’s website. Email your request to NHCOAnews@gmail.com or send it to NHCOA Newsletter, NH Commission on Aging, 117 Pleasant St., Dolloff Building, 4th Floor, Concord, NH 03301.

RAISE YOUR VOICE!

Let us know what’s on your mind and what’s important to you. Email us today!
NHCOAnews@gmail.com

Nominations Now Accepted for 2024 Older Adult Recognition Program

The nomination period is now open for the NH State Commission on Aging annual “Older Adult Volunteer” awards!

The recognition program’s goal is to celebrate and recognize individuals or couples over the age of 60 who are volunteering in ways that serve to build strong communities. Through engaging ourselves and others we weave connections that contribute to and strengthen our communities.

Anyone may nominate an individual or couple over the age of 60 who has made a significant contribution to their community as a volunteer. Any type of volunteer work qualifies, from direct service to advocacy to leadership roles and more. The program celebrates volunteers who are committed to serving any age and in any capacity in their communities.

The nominee must be someone whose volunteer work is in New Hampshire.

Celebrating the contributions of people demonstrates the difference any one of us can make at any point in our lives on the lives of others. This year - as always - we need to celebrate each other. Please take the time to make a nomination! Please use this opportunity to contribute to a celebration of people in our community who helped us to persevere through it.

Nominations will be accepted until Friday, March 15, 2024.

The Process:

1. Download the nomination form located on the NH State Commission on Aging’s website at <https://www.nhcoa.nh.gov/>
2. Once completed, return the nomination to nhcoa@nh.gov
3. The final deadline to return the nomination is **Friday, March 15, 2024.**
4. A committee made up of members of the NH State Commission on Aging will review all nominations and select one person or a couple from each New Hampshire county to be honored.
5. An Awards Ceremony will be scheduled during the month of May in observation of Older Americans Month. Governor Sununu will be invited to participate in the presentation of the awards, schedule permitting.

Questions? Please contact Karen Knowles at

Karen.T.Knowles@nhcoa.nh.gov



POWERED BY CONNECTION: MAY 2024