

MINUTES
New Hampshire State Commission on Aging
Monday, June 27, 2022 10:00 a.m.-noon
NH Dept. of Educ., Room 100 Walker Building, 21 S. Fruit St., Concord, NH

Present in person: Polly Campion, Chair; Carol Stamatakis, Vice Chair; Roberta Berner, Clerk; Sen. Ruth Ward; Susan Buxton, Long-Term Care Ombudsman; Wendi Aultman, DHHS; Richard Lavers, NHES; Patrick Herlihy, DOT; Shelley Winters, DOT; Appointed by the Governor: Suzanne Demers, Susan Denopoulos Abrami, Beth Quarm Todgham

Staff: Rebecca Sky, Executive Director; Chris Dugan, Communications and Engagement Director

Present via teleconference: Susan Ruka

Absent: Rep. Charles McMahan; Rep. James MacKay; Sunny Mulligan Shea, DOJ; Lynn Lippitt, NH Housing Finance Authority; Janet Weeks, DOL; Michael Todd, John Marasco, DOS; Harry Viens, Daniel Marcek, Rev. Susan Nolan, Kristi St. Laurent, Doug McNutt, Laurie Duff

Presenters: Jennifer Throwe, Regional Administrator-New England, Administration for Community Living, US-DHHS; Thom O'Connor, BEAS, NH-DHHS; Maureen Brown, Nutrition Consultant, NH-DHHS; Jaymie Chagnon, Chair, Meals on Wheels-NH, Executive Director, Strafford Nutrition & Meals on Wheels

Guests present via teleconference: 19 members of the public (Jennifer Rabalais, Martha McLeod, Carole Boutin, John Wilson, Richard Danford, Christian Seasholz, Heather Carroll, Kim Murphy, Rep. Lucy Weber, Marcia Garber, Kristin KostECKI, Arnold Newman, Kris Hering, Ashley Davis, Jan Delaney, Melissa Hardy, William Dawson, Mary Roberge, **Karen**)

I. Welcome, Attendance, Review of Minutes

Chair Polly Campion provided an overview of the agenda and welcomed the Commission members and guests to the meeting. Today's meeting was held concurrently in person at the NH Department of Education-Walker Building and via teleconference.

Clerk Roberta Berner took attendance, noting which Commission members were attending in person or remotely. With 11 Commission members attending in person, a quorum was not present.

Chair Campion welcomed Chris Dugan, the Commission's new Communications and Engagement Director. He introduced himself to the members and guests, saying that the position greatly appealed to him because so much of his work has been with organizations that focus on aging issues.

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

A. Jennifer Throwe, Regional Administrator, Administration for Community Living (ACL), DHHS (Ms. Throwe's PowerPoint presentation is attached to the minutes.)

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

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

OAA nutrition programs include congregate meals, home delivered meals, nutrition education and counseling and NSIP, a supplemental form of assistance through cash and/or commodity foods. Medicaid long-term care's home and community-based care program also can support home delivered meals, as can state funding and philanthropic funding.

In general, federal OAA funds are allocated based on a state's population of older adults. New Hampshire is among the smaller population states that receive the guaranteed minimum allocation. NSIP funding is based on the number of eligible meals served the prior year. Nationally, OAA currently supports congregate meals at approximately \$595.5 million and home delivered meals at approximately \$302.2 million. The \$897 million represents more than 70 percent of OAA funding overall. Ms. Throwe provided a link in her PowerPoint presentation to an explanation of funding flexibility for senior nutrition programs. Specifically, up to 40 percent of the funds can be transferred from congregate meals to home delivered meals and vice versa.

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

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

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

B. Wendi Aultman, Bureau Chief, BEAS; Thom O'Connor, Administrator, BEAS; Maureen Brown, Nutrition Consultant, NH-DHHS (Wendi Aultman's PowerPoint Presentation is attached.)

Wendi Aultman noted that New Hampshire's State Plan on Aging is up for renewal by June 2023 and BEAS is beginning its work on the Plan this summer with the formation of stakeholder groups. She addressed BEAS' mission and vision and noted that some of the elevated topics noted by Ms. Throwe are also of concern to BEAS (e.g., equity and diversity).

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

- OAA funding is approximately \$13.8 million
- Social Services Block Grant (Title XX) funding, approximately \$9.1 million
- Adult Protective Services, approximately 6.7 million
- ServiceLink Resource Centers, approximately \$3.5 million
- Nursing home funding is approximately \$300 million; MQIP, approximately \$83 million; and Proshare, approximately \$71 million.

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

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

Carol Stamatakis asked if money is “left on the table” because of the limit to transferring, and Mr. O'Connor responded that typically no funds remain. Ms. Aultman added that the public health emergency money helped a great deal. When senior centers and other congregate meal sites were closed during the pandemic, “Grab & Go” meals were allowed and became very popular. State level rules and regulations have addressed some of the changes.

Ms. Aultman added that in addition to OAA funding for meals, Social Services Block Grant and Choices for Independence funds support home delivered meals. BEAS is also working on SNAP (food stamp) outreach with the DHHS Division of Public Health.

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

C. Jaymie Chagnon, Chair, MOW-NH, Executive Director, Strafford Nutrition & Meals on Wheels (Letter from MOW-NH to the Commission was attached to meeting materials distributed in advance of the meeting and is attached to these minutes along with Ms. Chagnon's presentation.)

Commission member Suzanne Demers introduced Jaymie Chagnon to present concerns of MOW-NH regarding funding for home delivered meals. Ms. Chagnon said that MOW-NH advocates for up to 100 percent transferability between funding for congregate and home delivered meals. She said that during the pandemic, the 40 percent transfer limit was lifted, and

providers found that very helpful. She said that New Hampshire's providers are finding diminished attendance over the years at congregate meal sites, while the home delivered meals program is growing. She indicated that this is not a new trend. Rather that interest and ability to participate in congregate meals has been declining (22%) since the early 2000's from the heydays of the 1980s, while the federal program allotments have remained the same.

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

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

Chair Campion suggested a Commission work-group be formed to address these issues. Executive Director Sky asked if the work could be handled through the Emerging Issues Task Force, and Chair Campion concurred.

Roberta Berner asked if BEAS could provide another document showing the numbers of clients served by each of the programs identified in the BEAS annual budget.

III. Operational Infrastructure Task Force Update

Chair Campion briefly reviewed recommendations for new Commission members:

- Roxie A. Severance, CNHA, FACHCA, Whitefield, NH (Coos County), would be replacing Ken Gordon. Ms. Severance runs a consulting firm, RS Consulting LLC, which focuses on assisting organizations with aspects of quality services for older adults. She previously served as CEO and Administrator for the Morrison Hospital Association (Morrison Nursing Home) and worked as an Elderly Services Coordinator for NH Housing Finance Authority where she played a leadership role in establishing the REAP program.
- Rep. Lucy McVitty Weber, Walpole, NH (Cheshire County, would be replacing Susan Emerson. Rep. Weber has represented Cheshire District 1 since December 2006 and currently is the Ranking Member of the House Health, Human Services and Elderly Affairs Committee. Rep. Weber began her professional career in the field of education, then worked for more than a decade as a lawyer practicing in many areas including elder law. She then served as general contractor restoring an historic inn and co-owned the Walpole Inn for seven years. In addition to her state service, Rep. Weber has served on a number of local boards and committees.

More extensive biographical information about both was included in the meeting packet distributed prior to today's meeting.

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

This summer, Task Forces will be reviewing progress to date in alignment with the Commission's strategic plan and Task Force work plans. November 2022 begins year three of the three-year plan. Executive Director Sky said that the Commission will be working in alignment with BEAS as it begins work on the 2023 State Plan on Aging, understanding that the Commission's approach is likely to be broader in scope.

IV. Public Input

No member of the public asked to address the commission.

V. Adjournment

Chair Campion adjourned the meeting at 11:58 a.m. The next meeting of the Commission will take place on July 25, 2022



Administration on Aging
Administration for Community Living
U.S. Department of Health and Human Services

New Hampshire Commission on Aging

June, 2022



Mission & Vision

Our Mission

Maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers

Our Vision

All people, regardless of age and disability, live with dignity, make their own choices, and participate fully in society

Authorizing Statutes

- Older Americans Act (OAA)
- Developmental Disabilities Assistance and Bill of Rights Act (DD Act)
- Workforce Innovation and Opportunities Act
- Section 398, Public Health Service Act
(e.g., Alzheimer's Disease Supportive Service Program)
- Health Insurance Portability and Accountability Act
(e.g., Senior Medicare Patrol)
- Title XXIX, Public Health Service Act (e.g., Lifespan Respite)
- Help America Vote Act
- Assistive Technology Act
- Christopher and Dana Reeve Paralysis Act
- Elder Justice Act
- Medicare Improvements for Patients and Providers Act (MIPPA)
- Omnibus Budget Reconciliation Act
- Recognize, Assist, Include, Support, and Engage Family Caregivers Act (RAISE Act)
- Supporting Grandparents Raising Grandchildren Act
- Rehabilitation Act
- Traumatic Brain Injury Act

Why Is This Important?

- The population 65 and over has increased from 35.5 million in 2002 to 52 million in 2018 and is

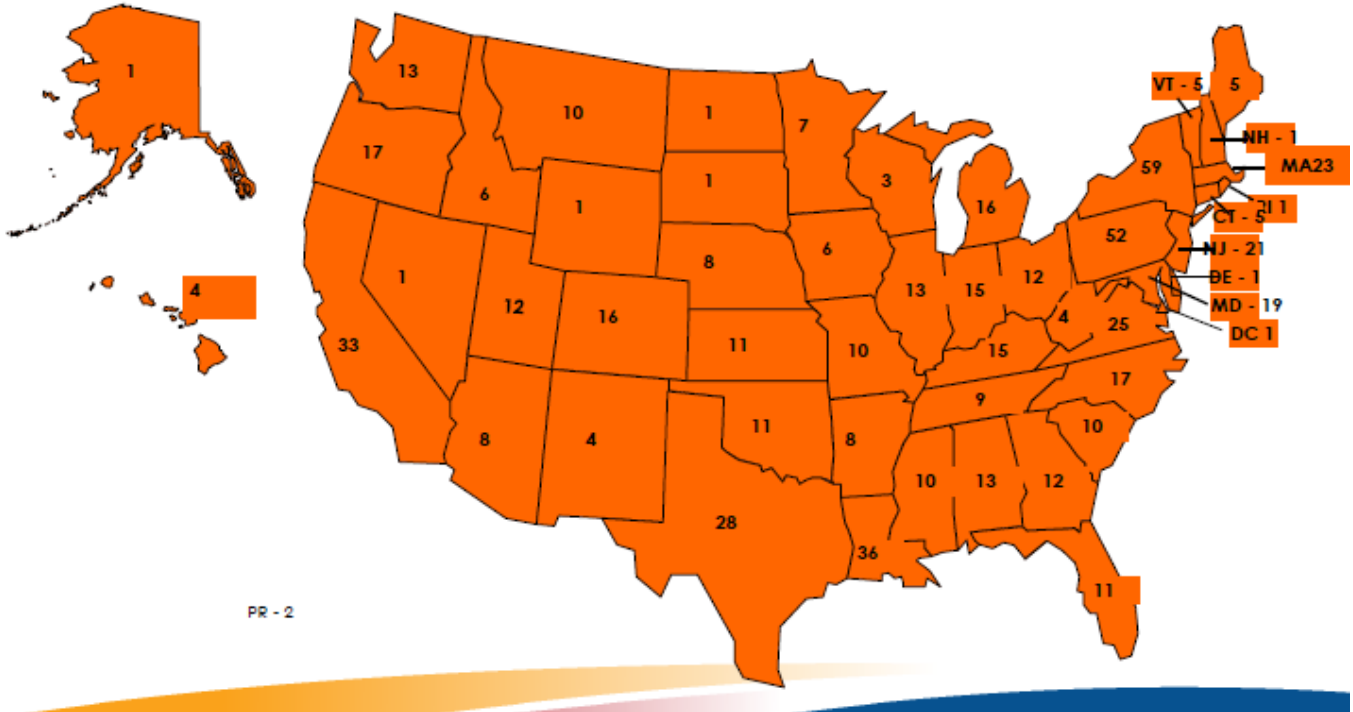
projected to increase to 95 million by 2060.



State Units on Aging (SUAs)

- Each State has a designated “State Unit on Aging.”
In NH = Bureau of Elderly and Adult Services (BEAS) - <https://www.dhhs.nh.gov/dcbcs/beas/>
- “SUA” is a general term. Specific title and organization of each governmental unit varies and may be called a Department, Office, Bureau, Commission, Council, or Board for the elderly, seniors, aging, older adults, and/or adults with physical disabilities.
- ACL has oversight of these State Units on Aging
- SUA’s typically fund local aging entities; either Area Agencies on Aging (AAAs), or other Aging Network services providers.

Area Agencies on Aging



How The Aging Network Helps 11 Million Seniors And Their Caregivers Remain At Home Through Community Based-Services



The Older Americans Act

Title III

- **Supportive Services:** Adult Day Service, Transportation, Case Management, Legal Assistance, Chore, Homemaker, Personal Care, etc.
- **Nutrition:** Congregate Meals, Home-delivered Meals & more
- **Disease Prevention and Health Promotion:** Evidence-based programs
- **Family Caregiver Support:** Counseling, Education, Respite, Gap Filling or other Supplemental Services, etc.

Title IV – Discretionary Grants

Title VI – Grants to Tribal Organizations for supportive services, nutrition, and support for family caregivers.

Title VII - Elder Justice focused programs including: Long Term Care Ombudsman Program; State Legal Assistance Development Program; and Prevention of Elder Abuse, Neglect and Exploitation.

The OAA Nutrition Program

- Title III C-1 **Congregate Meal** – A meal provided by a qualified nutrition project provider to a qualified individual in a congregate or group setting. The meal is served in a program that is administered by SUAs and/or AAAs and meets all the requirements of the OAA and State/Local laws.
- Title III C-2 **Home Delivered Meal** – A meal provided to a qualified individual in his/her place of residence. The meal is served in a program administered by SUAs and/or AAAs and meets all of the requirements of the OAA and State/Local laws.
- **Nutrition Education / Nutrition Counseling**
- **Nutrition Services Incentive Program (NSIP)** – grant funding that allows for the purchase of domestically produced or processed foods for use within a qualified meal.

Non-OAA Nutrition Funding

The Older Americans Act (Cont.)

Interstate Funding Formula = How ACL allocates funds to States

- Statutorily Defined in the OAA
 - Title III Part B, C & D = based on State's population aged 60+.
 - Title III Part E = based on State's population aged 70+.
 - NSIP = based on # of eligible meals served in the prior year.
 - Title VII = based on State's population aged 60+.
- [Funding Flexibilities for Senior Nutrition Program](#)

Single PSA State Plan on Aging Funding Requirements:

- Descriptive statement as to how the state determines the geographical distribution of the Title III funding; state policy on how NSIP must be allocated.
- Explain how the state targets the funding to reach individuals with greatest economic and social need, with particular attention to low-income minority older individuals.

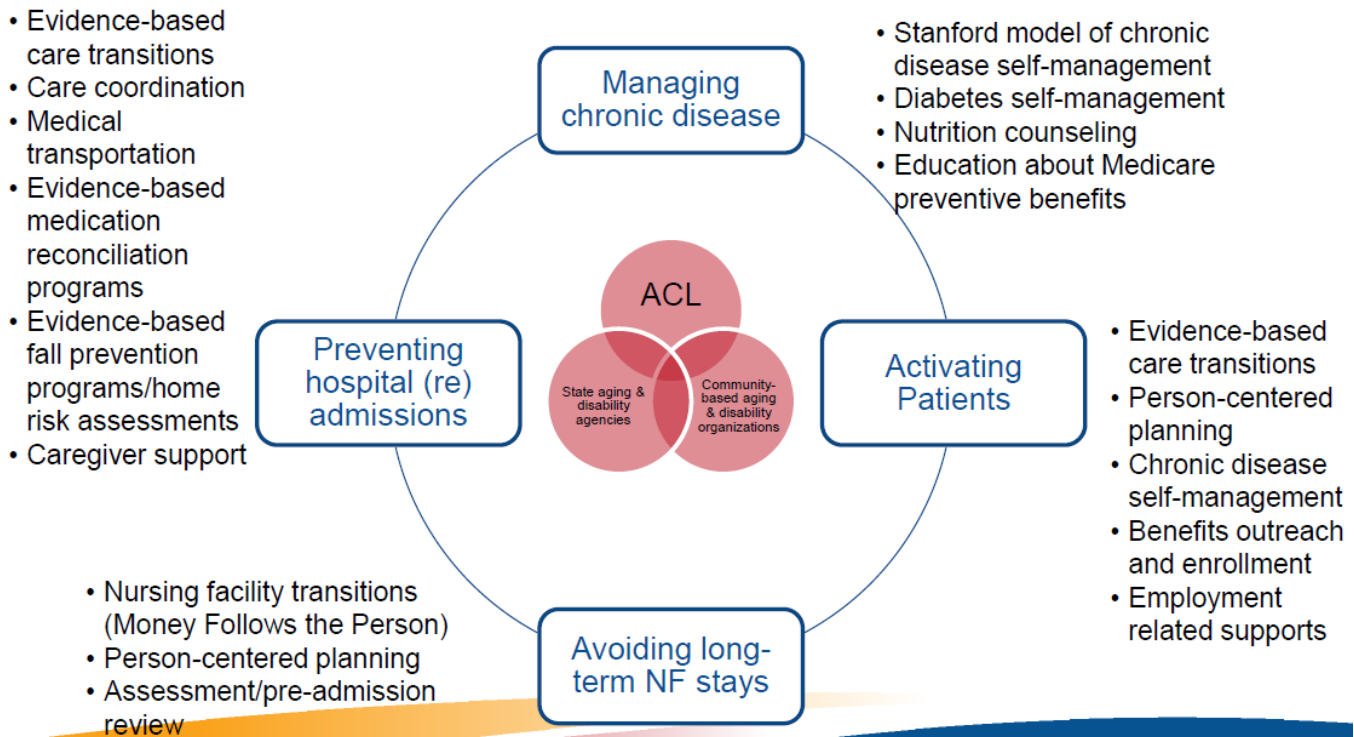
What is Reauthorization? OAA last reauthorized eff. 2020

<https://acl.gov/about-acl/authorizing-statutes/older-americans-act>

Updating the OAA Regulations

- Last updated in 1988= out of date.
- OAA Regulation Request for Information:
<https://www.federalregister.gov/documents/2022/05/06/2022-09713/request-for-information-older-americans-act-regulations>

Expanding Scope



Hot Topics

- Equity
 - At ACL, we are trying to look through an equity lens at everything we do – our programs, our networks, and the policies around the people we serve.
- Malnutrition
 - The OAA includes reducing malnutrition as a purpose of the Nutrition Services Program
- Climate
 - Hurricanes, tornados, poor air quality -oh my!
- Caregiving / National Family Caregiving Strategy
 - RAISE Family Caregivers Act
- Supporting Grandparents Raising Grandchildren Act

ACL Resources

- **Sign up to received ACL Updates e-mails at:**
<https://public.govdelivery.com/accounts/USACL/subscriber/new>
- ACL: <https://www.acl.gov/>
- Eldercare Locator: <https://eldercare.acl.gov/Public/Index.aspx>
- AGID (on-line query system that provides access to ACL-related program performance results, surveys and other data files): <https://www.agid.acl.gov/>
- Complete list of ACL-funded Resource Centers at <https://www.acl.gov/node/495>

Questions

Jennifer Throwe, MSW

Regional Administrator –New England

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

ADMINISTRATION FOR COMMUNITY LIVING

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**State of New Hampshire
Department of Health and Human Services**

**Division of Long Term Supports & Services
Bureau of Elderly and Adult Services
Older Americans Act and Nutrition Programs**

Introduction to BEAS Staff

Wendi Aultman, Bureau Chief
Thom O'Connor, Administrator
Maureen Brown, Nutrition Consultant

Mission Statement – Bureau of Elderly and Adult Services

Vision

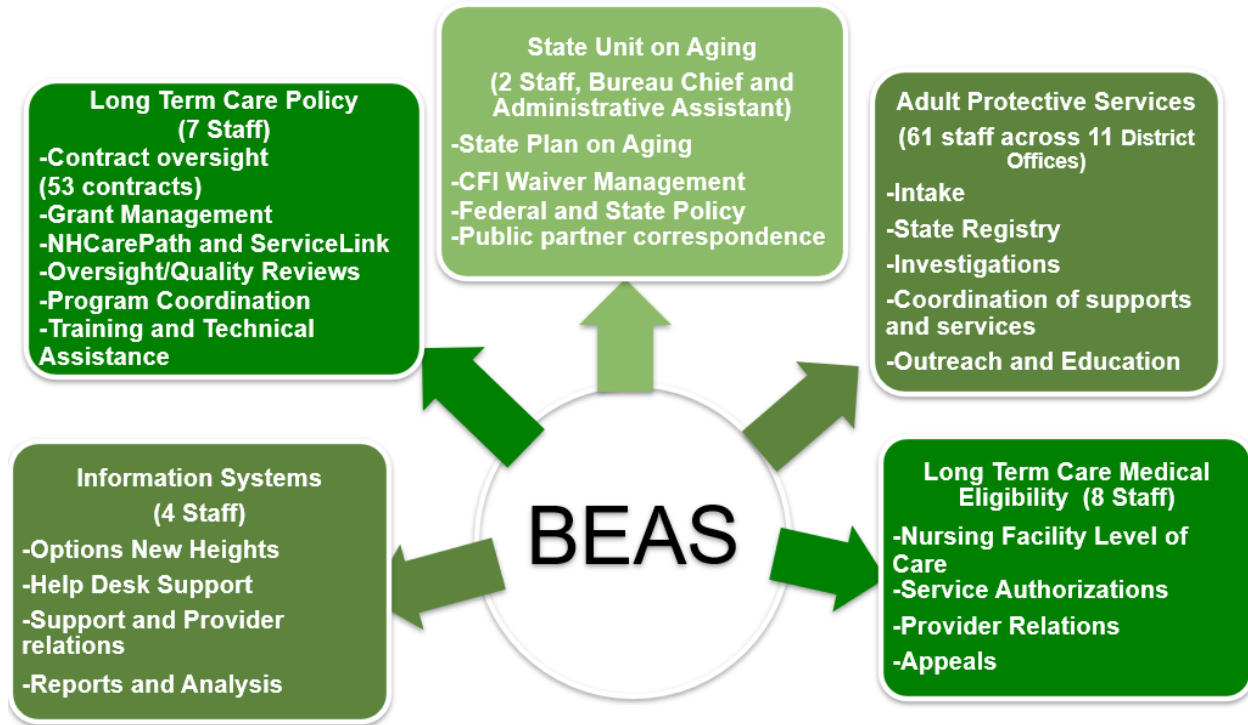
Advancing the state's efforts in understanding, serving, supporting and celebrating aging across the state.



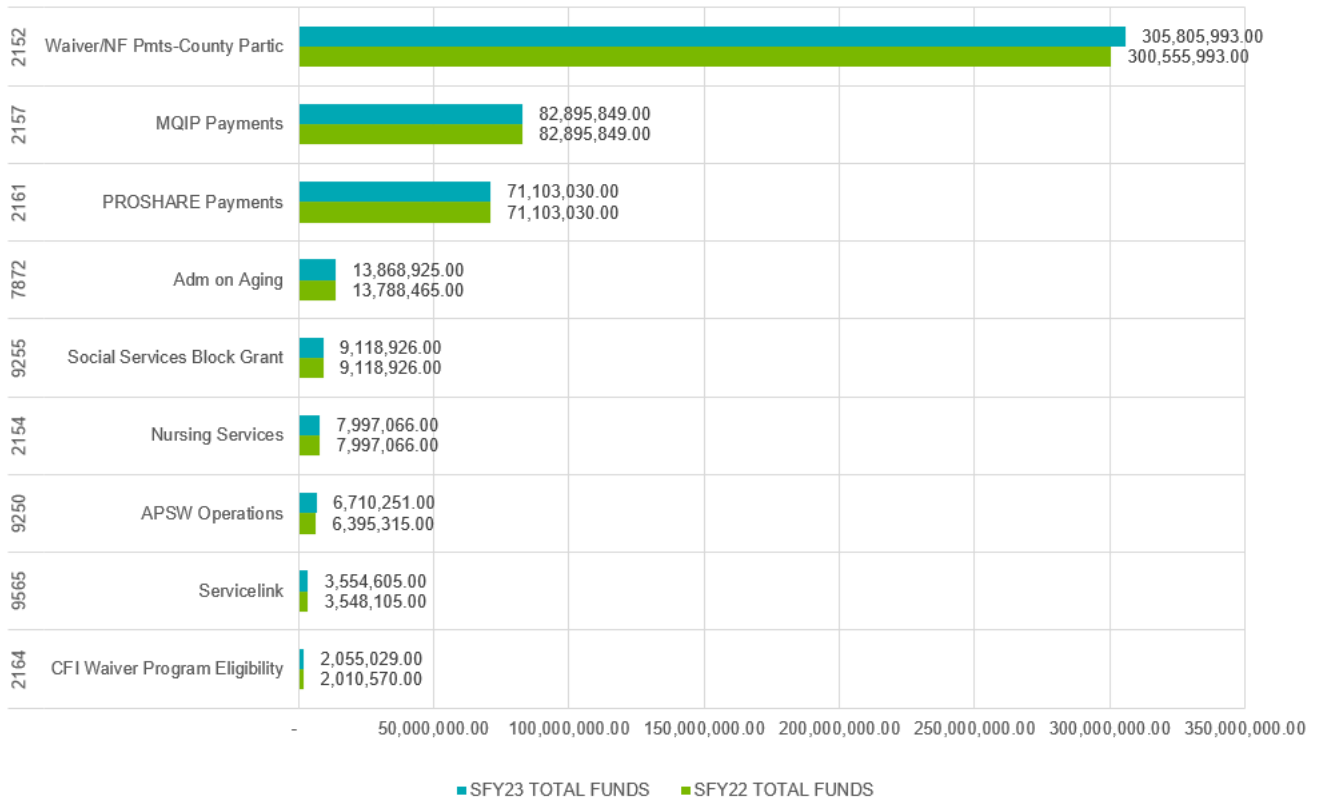
Mission

To ensure NH's aging services and supports system has the capacity and flexibility to meet the needs of individuals ages 60 and over as well as adults with disabilities ages 18-59.

BEAS Operations



Bureau of Elderly and Adult Services Budget Overview SFY 22-23



Meals Report as of: June 21, 2022

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| CLA | DESCRIPTION | Category | Est FF% | SFY 20 Contracted | SFY 21 Contracted | SFY 22 Contracted | Rate | Units | SFY 23 Contracted | Rate | Units |
|----------------------|--------------------------------------|-----------|---------|-------------------|-------------------|-------------------|----------|-------------------------|-------------------|---------|-----------------------|
| 7872-541 | MEALS HOME DEL AND CONG (TIIC-1) | Contracts | 75% | \$ 1,868,482 | \$ 2,068,482 | \$ 2,068,482 | \$ 6.00 | 344,747 | \$ 2,068,479 | \$ 8.11 | 255,053 |
| 7872-544 | MEALS HOME DELIVERED (TIIC-2) | Contracts | 50% | \$ 4,960,880 | \$ 4,760,880 | \$ 4,760,880 | \$ 6.00 | 793,480 | \$ 4,760,878 | \$ 8.11 | 587,038 |
| 9255-544 | MEALS HOME DELIVERED (SSBG) | Contracts | 60% | \$ 2,853,077 | \$ 2,853,078 | \$ 2,853,078 | \$ 6.00 | 475,513 | \$ 2,853,073 | \$ 8.11 | 351,797 |
| 7872-502 | PAYMENTS TO PROVIDERS (NSIP) | Pass-Thru | 100% | \$ 1,187,407 | \$ 1,202,122 | \$ 1,202,122 | \$ 0.65 | <i>not contracted</i> | \$ 1,210,000 | \$ 0.65 | <i>not contracted</i> |
| 7872-102 | FFCRA | Contracts | 100% | \$ 1,198,800 | | | | | | | |
| 1917-102 | CARES | Contracts | 100% | | \$ 2,397,600 | | | | | | |
| 1978-544 | HDC5 HOME DELIVERED | Contracts | 100% | | | \$ 839,150 | \$ 10.00 | <i>not all in units</i> | | | |
| 2638-544 | MEALS HOME DELIVERED (ARP TIIC-2) | Contracts | 85% | | | | | | \$ 1,316,910 | \$ 8.11 | 162,381 |
| 2638-541 | MEALS HOME DEL AND CONG (ARP TIIC-1) | Contracts | 85% | | | | | | \$ 781,934 | \$ 8.11 | 96,416 |
| Total Expense | | | | \$12,068,646 | \$13,282,162 | \$11,723,712 | | 1,613,740 | \$12,991,274 | | 1,452,685 |

Social Service Block Grant Goals and State Plan

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Federal law establishes the five broad goals for the SSBG. Social services

funded by states must be linked to one or more of these goals. The five goals are:

- ▶ Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
- ▶ Achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
- ▶ Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families;
- ▶ Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and
- ▶ Securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

Delivery System

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| Service | Type of Provider | Delivery System |
|---|--|---|
| Adult Protective Services | <ul style="list-style-type: none"> State Employees | <ul style="list-style-type: none"> 11 District Office has an Adult Protected Services office |
| Medicaid LTSS Waiver: Choices for Independence | <ul style="list-style-type: none"> Independent organizations, senior center, nutrition providers, assisted living providers, <u>community based</u> organizations | <ul style="list-style-type: none"> 221 enrolled providers servicing Statewide and regionally *1 Contract to Pre-Admission Resident Review (PASRR) & Nursing Facility Level of Care Services |
| Elderly and Adult Service Providers: <ul style="list-style-type: none"> Older Americans Act Social Services Block Grant | <ul style="list-style-type: none"> Independent organizations, CAP agencies, senior center, nutrition providers, area agencies | <ul style="list-style-type: none"> *45 Contracted providers, most cover a particular county, 13 offer statewide services |
| Nursing Facilities | <ul style="list-style-type: none"> County, nonprofit and for profit | <ul style="list-style-type: none"> 71 nursing facilities, 11 are operated by the counties |
| ServiceLink Aging and Disability Resource Centers | <ul style="list-style-type: none"> Independent providers, 501(c) organizations | <ul style="list-style-type: none"> *7 contracts operating in 13 locations statewide |

*BEAS manages 53 contracts and counting



Nutrition Programs Delivery System

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| Service/ Funding Source | Type of Provider | Delivery System |
|--|--|--|
| Older Americans Act (Title 111 C1 & C2) | <ul style="list-style-type: none"> 2 CAP agencies 6 Independent Senior Service Centers 3 Senior & Community Service Centers | <ul style="list-style-type: none"> 11 contracted nutrition providers covering all 10 counties statewide All nutrition providers provide Congregate & Home-delivered meal (HDM) services (HDM service includes Grab-n-go meals) 2 programs participate in pilot Restaurant Voucher Program (RVP) <ul style="list-style-type: none"> Phase 1: onsite dining funded by TIIC1 Phase 2: grab-n-go (HDM) funded by TIIC2 |
| Medicaid LTSS Waiver: Choices for Independence (CFI) | <ul style="list-style-type: none"> Same provider types as above-Home Delivered Meals (HDM) | <ul style="list-style-type: none"> All nutrition providers provide HDM service |
| Social Services Block Grant (Title XX) | <ul style="list-style-type: none"> Same provider types as above-HDM | <ul style="list-style-type: none"> All nutrition providers provide HDM service |

BEAS Nutrition Programs and Populations Served

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Major Program Areas

Administration on Aging (Title III)

- **Services Include:** Home Delivered and congregate meals, and transportation.
- **Clients Served:** Adults ages 60 and older who are not on Medicaid, who demonstrate need for a service and are in greatest social or economic need.

Social Services Block Grant (Title XX)

- **Services Include:** Home Delivered meals, home health services and adult day services.
- **Clients Served:** Adults ages 60 and older, and adults between the ages of 18 – 59 with a chronic illness and/or physical disability who are not on Medicaid. Clients must demonstrate need for a service and must have a monthly income of no more than \$1,314.30.

Choices for Independence

- **Services Include:** Home Delivered meals, Non-Medical Transportation
- **Clients Served:** Older Adults and adults with disabilities who need services to remain at home or in the community and meet the nursing facility level of care. Provided under a 1915 (c) Home and Community Based Medicaid Waiver.

New Hampshire State Plan on Aging



Goals

<https://www.dhhs.nh.gov/dcbcs/beas/spoa.htm>

1. Support older people to stay active and healthy;
2. Promote person centered thinking and practices;
3. Ensure the rights, safety, independence and dignity of older people and prevent their abuse, neglect and exploitation; and
4. Advance age-friendly communities.

Bureau of Elderly and Adult Services

Priority Areas 2022/2023

- New opportunities and ongoing efforts:
 - ❑ Early review and adoption of Administrative Rule 502 (OAA, Title III) to allow for continuation of grab-n-go (HDM) meal service option post Public Health Emergency.
 - ❑ Restaurant Voucher Program (RVP) pilot with Coos county (rural) and Hillsborough county (urban, suburban, rural) nutrition programs with goal of opening up RVP to all nutrition programs during 2022-24 contract period. Intent is to support optimal participation in congregate (TIIC1) meal service by offering an alternative to traditional service method(s).
- Activities related to SPOA Goals/Objectives as relates to Nutrition Programs:
 - ❑ **Goal 1: Empower older people, their families, and other consumers to make informed decisions about, and to be able to easily access existing health and long-term care options.**
 - ❑ Collaborated with Division of Public Health on the development of NH SNAP Outreach Request For Application (RFA) with goal of inclusion of all federal nutrition programs. While unable to make outreach for non-SNAP nutrition programs a requirement, RFA includes statement that a vendor may conduct outreach for other federal food programs.
 - ❑ Objective 5: Support the work of the newly established NH Commission on Native American Affairs...
 - Letter of introduction and follow up to Paul Pouliot, Council Chief of the Cowasuck Band of the Penacook-Abenaki People; President of COWASS North America, Inc.

Activities related to SPOA & Nutrition Programs

(continued)

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- ❑ **Goal 2: Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers...**

Objective 4: To finalize the implementation of the evidence-based hospital discharge planning models currently being piloted in three areas of the state;...

- ❑ Active membership in Nutrition Access Research Network (NARN), a subgroup of the NH Food Access Coalition, which serves as a platform for stakeholders in nutrition and food access research. Membership led to referral for inclusion of NH (psychiatric) Hospital in upcoming research focused on food security in Healthcare. Study incorporates multiple NH hospitals initiation of the Hunger Vital Sign 2-question screening tool. Study will include outcomes on referrals to community food, nutrition, and meals programs.

Additional coalitions, advocacy groups and food access organizations to support nutrition programs include:

- ❑ NH Hunger Solutions & NH Food Alliance: Work to increase participation in federal nutrition programs and builds partnerships and coalitions to support ending food insecurity, improve access to nutrition, food, and address hunger's root cause for all NH residents.
- ❑ NH Gleans & NH Food Bank: Invited to present at the Meals on Wheels of NH (formerly NH Nutrition Network) quarterly meeting to provide program overview, dispel myths/misconceptions, and discuss potential services available to 501 (c) (3) nutrition programs to support food access.

Jaymie Chagnon

ExecutiveDirector@SNMOW.org

Chair of Meals on Wheels New Hampshire

Executive Director Strafford Nutrition Meals on Wheels

Vice-Chair of New England Regional Nutrition Conference



- Membership includes all ten (10) state contracted Meal on Wheels agencies
- Recognized by Meals on Wheels America as this state's association.



New Hampshire Coalition of Aging Services

A state association under the auspices of
Meals on Wheels America



Meals on Wheels (MOW) recipients
surveyed in 2020, reported—

- 68% say MOW is their primary source of nutrition.
- 94% say MOW positively impacts their lives.
- 87% say they feel safer because of MOW wellness checks.
- 84% say MOW is vital to remaining at home.
- 81% feel less hungry receiving MOW.
- 45% say the MOW driver is the only person they see all week.
- 80% say MOW benefits their health.

New Hampshire Coalition of Aging
Services provides daily services
to more than 15,000 older adults
throughout the state.

Future Statewide Data Collection

Over 15,000 NH seniors
impacted by the services
offered by 5 of the 10
agencies.

Future collections will include
data from all 10 agencies.

Older Americans Act Title III C Funding

Standard Allocation

- 65% of funds for Congregate programs
- 35% of funds for Home Delivered programs

What is needed

100% transferability of funds
between congregate and home delivered
programs.

Congregate Program

Participants:

- A person 60 and older & their spouse
- A volunteer
- A senior housing resident where dining services are offered.

The primary goal of congregate programs is to provide nutritional and social opportunities.

Congregate Program Challenges



Diminishing attendance through the years



Arthur (86) & Florence (83)



New England snowbirds who enjoy active lifestyle includes

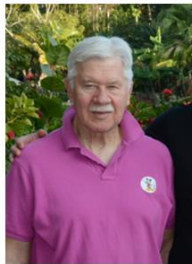
- Golfing
- Playing cards
- Pedicures
- Shopping
- And lunches at local restaurants

Richard (80)

- Who is still working part-time, because he enjoys it.
- Loves driving around in his antique car
- And fishing with friends



Carl (77) & Paulette (81)



- Coaching High School Football
- Walking with his "ROMEO" buddies
- And sharing stories at the local Dunking Donuts

Retired at 81 and spent her time traveling around NH and shopping yard sales.



Home Delivered Program

Participants:

- A person 60 and older & their spouse (or caregiver)
- They have limited ability to leave their home, access food and/or prepare meals
- They are often socially isolated from their communities

This program has seen continual growth for the last several decades.

Home Delivered Program Challenges



Finding enough funding

Work force shortages



Today's homebound seniors are needing more than the basic Monday through Friday lunch program in order to maintain their independent living.

Funding impacts on Meals on Wheels

NH residents are likely to be impacted if the state doesn't have the ability to transfer funds between the two OAA programs.

| Program | OAA Funding Allocation per Program | Average Funding needs per program | Impact on the State programs as a result of these differences |
|----------------|------------------------------------|-----------------------------------|--|
| Congregate | 65% of OAA Funds | 25% of OAA Funds | 40% of funds unspent |
| Home Delivered | 35% of OAA Funds | 75% of OAA Funds | Service cuts <u>do</u> to the lack of access to unspent funds. |

Needed Actions

ACL (Administration of Community Living) is currently reviewing the OAA (Older Americans Act) regulation.

Now is the time for the States to advocate for needed changes!

The key change needed is the States ability to determine how to allocate the OAA Title III C funds between Congregate and Home Delivered programs.



Additional Advocacy Needs

Historically New Hampshire only receives ½ of 1% of any OAA funding.

Questions around this disbursement rate

- How was this rate determined?
- What factors are considered?
- How often is this rate reviewed?
- When will these rates be reviewed again?