

Aging Issues

A PUBLICATION FOR NEW HAMPSHIRE'S OLDER CITIZENS

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Two New State Laws Strengthen Caregiver Supports

Two new state laws will assist people caring for a loved one who is ill, aging or who has a disability: SB 187, **The Caregiver Advise, Record, Enable (CARE) Act** and SB 209-FN, **The Uniform Adult Guardianship and Protective Proceedings Jurisdictions Act**. Both laws become effective on January 1, 2016.

The new laws are the result of collaboration by AARP New Hampshire, the New Hampshire Hospital Association, and The Alzheimer's Association (MA/NH Chapter), and the work of lead sponsors Senator Nancy Stiles (R-Hampton-District 24) and Representative Susan Emerson (R-Cheshire-District 11).

The CARE Act will:

- Recognize family caregivers when their loved ones go into the hospital;
- Inform them when their loved ones will be discharged from the hospital;
- Provide instructions caregivers will need to perform aftercare medical or nursing tasks when their loved ones return home from the hospital.

SB 209-FN:

- Outlines a set of rules for transferring guardianship from one state to another;
- Allows states to recognize and register guardianship orders from other states;
- Creates a clear process for determining jurisdiction by designating the "home state;" and
- Protects elders by giving the court information and authority to act on abuse and exploitation.

Senator Stiles, the prime sponsor of both bills, described the impact of these new laws:

"SB 187 is extremely beneficial to family caregivers as it allows a patient or a patient's legally designated health care decision-maker to designate a caregiver upon entry to a hospital. Additionally, it allows a hospital to instruct the caregiver relative to the after-care of the patient. For family caregivers, this insures that their loved one is well cared for throughout their stay at the hospital and is sent home into their care with excellent instruction."

"SB 209-FN creates a more uniform and efficient adult guardianship jurisdiction in New Hampshire. Contested guardianship cases are becoming more frequent as adult caregivers from multiple states are becoming much more involved in the care of their elder relatives. This bill provides uniform rules for establishing, enforcing, and transferring guardianship orders. As a result, this legislation greatly improves the lives of those involved in the guardianship process, including family caregivers."

"I was pleased to offer this important health safety legislation," said Senator Stiles.

Approximately 65.7 million Americans are family caregivers. Family caregivers provide assistance with basic activities of daily living, such as eating, bathing and dressing, but an increasing number are also performing more complex tasks such as administering medications, wound care, giving injections or operating medical equipment. In New Hampshire, 173,000 family caregivers provide an estimated 2.3 billion in unpaid care annually.

"Caregiving tasks can be challenging enough for younger adults but can be even more so for those who are older," says Jean Crouch, who manages the NH Family Caregiver Support Program* administered by the NH DHHS Bureau of Elderly and Adult Services (BEAS). Last year, 24% of the caregivers served by this program were age 75 and older, "When a loved one is discharged home after

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Celebrating Senior Center Month

Governor Maggie Hassan proclaimed September 2015 as Senior Center Month in New Hampshire and a celebration was held on September 30 at the William B. Cashin Center in Manchester. Joining Governor Hassan at this event was Gail Senno, Director of the Cashin Center, Patti Drelick, President of the NH Association of Senior Centers, community leaders and senior center visitors.

"Our older citizens have made significant contributions to our communities, our economy and our high quality of life in New Hampshire, and we must maintain our commitment to providing them with the support they deserve," said Governor Hassan. "Senior centers are critical to the health and well-being of our people, affirming the dignity, self-worth and independence of older citizens while helping to enable their continued engagement in our society and economy."

Senior centers are located statewide and provide a wide range of activities that help older people to live independently in their communities, such as meals, transportation, health screenings, exercise programs, educational programs, and opportunities for socialization and recreation. They also connect older adults to vital community services.

According to a report from the National Council on Aging, older adults who participate in senior center programs can learn to manage or delay the onset of chronic disease and experience immeasurable improvements in their physical, social, spiritual, emotional, mental and economic well-being. Seventy-five percent of participants visit their center 1 to 3 times per week.

On November 5, 2015, from 10am - 2pm, the Cashin Center will hold an open house, "In Celebration of Senior Health and Activities" at its location at 151 Douglas Street in Manchester. Persons attending the open house will be invited to tour the Cashin Center, learn about healthy options and lifestyles as well as senior education and community resources, and enjoy music and refreshments. For more information call the Cashin Center at **(603) 624-6536**.

A statewide listing of senior centers is located on page 7 of *Aging Issues*.



L to R: Bob Portinari, Gerry Lessard and Paul LeClerc visit with Governor Maggie Hassan at the William B. Cashin Center (Manchester) on September 30.

NH DHHS Announces Enrollment of Remaining Populations in Medicaid Care Management

People who receive Medicaid (state medical assistance) and initially opted out of Medicaid Care Management must now enroll in Managed Care beginning November 1, 2015. These individuals will receive their medical care through a Managed Care Organization (MCO) health plan, with coverage beginning February 1, 2016. The two Managed Care health plans are Well Sense and New Hampshire Healthy Families.

The NH Department of Health and Human Services began transitioning to the Medicaid Managed Care Program in December 2013. Care Management does not change the services that Medicaid recipients receive, but helps recipients coordinate their health care to assure that they receive the services they need when they need them.

Medicaid Care Management is being done in incremental steps. Step 1 began on December 1, 2013 and included the enrollment of 90 percent of the Medicaid population into the care management program for their medical care, while others were allowed to remain in the fee-for-service program.

Now, most of the remaining Medicaid population in the fee-for-service program will be required to enroll, benefitting from health plan services that afford improved care coordination and wellness programs.

"The Department recognizes and acknowledges the complex needs of people now enrolling in an MCO health plan for their medical care," said DHHS Commissioner Nick Toumpas. "We are committed to ensuring that appropriate planning has occurred for this transition and will proactively support these people during the enrollment process."

Individuals required to enroll in MCM have received letters from NH DHHS informing them about the enrollment process and selecting the health plan that is best for the individual and their family. These individuals include:

Children in Foster Care, Medicare Dual Eligibles (people who have both Medicare and Medicaid), Home Care for Children with Severe Disabilities (aka Katie Beckett Medicaid), Children with special health care needs enrolled in Special Medical Services/Partners in Health, and Children with Supplemental Security Income.

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COMMISSIONER'S CORNER



COMMISSIONER NICHOLAS TOUMPAS

The Future of DHHS

This column highlights changes occurring at the Department of Health and Human Services. Let me first start by acknowledging a personal change. As my time as Commissioner concludes in January, this will be my final "Commissioner's Corner" column.

Reflecting back on my time as Commissioner of DHHS, I can say it is the most rewarding experience of my career. The interactions with you, the people we serve, has further profoundly impacted me on a personal level as well. That is why I am excited to share with you our vision for the future.

The mission of DHHS is the compass which guides what we do now and into the future: joining families and communities to create opportunities for improved health and independence. Critical to our ability to achieve these goals is an organization that focuses on people, process and technology in a cohesive way.

Yet, it has become clear to me that DHHS as currently structured is a barrier to that mission. DHHS has consisted of multiple service lines – the Bureau of Elderly and Adult Services, the Bureau of Behavioral Health, the Division of Client Services, and so on. Each targets a narrow segment of the population and focuses on one condition or issue, requiring clients with multiple needs to navigate multiple systems of care.

Doing business as usual is no longer an option. In order to fulfill our mission today and tomorrow, DHHS must transform our operations. Guiding this transformation are two strategic themes. One, improve the health of the whole person. Many clients come to DHHS with a primary condition; however, ignoring

the needs of the whole person could be detrimental to an individual's health. Two, improve the health of the population. Population health looks at health outcomes for a group, whether geographic, demographic, gender, ethnicity, disability, or other circumstances.

To realize these strategies has required a significant effort to redesign the organization to better serve residents. The effort started with an assessment of our current operation and a vision of what we want DHHS to be. We defined three core principles for this redesign: One, a team based environment that is organized around the complex needs of those we serve. Two, a culture that works across boundaries both internal and external. Three, streamline and rationalize the delivery of services across the Department.

We looked at the units in DHHS to identify commonalities that exist or should exist and created an inventory of the Department's core capabilities. This allowed us to develop a new model that forms the foundation for a future state of DHHS.

So what does this mean for our clients? Take, for example, the needs of NH seniors. They have medical needs as well as needs related to mobility, long term care, nursing care, home care, nutrition, housing, mental health, and safety. The list goes on. Multiple organizations targeting the same population segment with different service arrays has led to fragmentation of services, inconsistent quality, higher costs, and a lost opportunity for greater health.

A work in progress, the vision is a redesigned DHHS where seniors will be able to make one phone call, visit one office or send one email, and the needs of the whole person are met by the whole of the organization. All of the elements of the old organization will continue to exist, but are being reconfigured around team work and communication. The redesign of DHHS represents a significant change in our culture, but it is a change worth making as we seek to better serve the needs of our clients.

While DHHS will continue to evolve after my departure, I take great comfort in the knowledge that the Department, those we serve and our collective future remain in good hands. I will forever treasure my experience at DHHS. It has been an honor and a privilege to serve the good people of New Hampshire.

Mark Frank Appointed SCOA Chair

Congratulations to Mark Frank, who was appointed by Governor Maggie Hassan on July 27, 2015 to serve as the next Chair of the NH State Committee on Aging. Mark, who was appointed to SCOA two years ago as the representative from Coos County, succeeds Richard Crocker, who had served as SCOA Chair since 2013.

A native of Connecticut, Mark was drafted into the U.S. Army in 1966 and retired in 1989 as an Army Nuclear Weapons Warrant Officer. For his last assignment he was stationed in New Jersey as a Technical Inspector for the Army Material Command Inspector General to inspect and certify all Army Nuclear and Chemical Weapons operations and stockpiles. He later worked for the federal government as a Department of the Army civilian and his wife Deborah pursued a career in nursing.

In 2006, Mark and Deborah retired to Lancaster, NH to assist his wife's mother, who needed a back operation. "Retirement was nice, and we had fun kayaking and snowshoeing, but soon my young brother-in-law developed ALS [Amyotrophic Lateral Sclerosis, a progressive neurological disease], and his wife soon became a fulltime caregiver. Later, my wife Deborah became her mother's fulltime caregiver. I helped my wife and listened and learned a lot from her, and from all the home health care workers visiting our home. This is where I became interested in the problems that people who are in need face."

The diagnosis of ALS and the progression of that disease meant that Mark's brother-in-law had to renovate his home, putting a bedroom on the main floor and a handicapped-accessible bathroom. "I learned a lot from him and from the carpenter, says Mark.

"I also learned about the power alternatives for life maintenance equipment, because without power back-up, you die. Then there are the ramps and the hydraulic "Hoyer" lifts."

After Deborah's mother broke her hip and could no longer live alone, she moved in with Mark and Deborah. Another learning curve followed as the Franks arranged for in-home services and a case manager explained the difference between physical therapy and occupational therapy, and discussed other issues such as home modification and preventing falls.

Mark says these experiences taught him about the dedication, work and hours that unpaid caregivers provide in order to keep a loved one at home. "You see, you hear, you learn, and you see things that work well, things that need work and things that don't work," he says.

Mark's work with organizations in Coos County has also reinforced his belief in the value of collaboration, which he says is the key to success. "Sharing of information and problems leads to the sharing of our limited resources." His activities in that region include the Lancaster Town Planning Board, the Coos County Planning Board, the Lancaster Housing Authority, the North Country Veterans Committee, the Grafton-Coos Regional Coordinating Committee for Transportation, the Advisory Board for Coos County ServiceLink, and the Committee for a Coalition Approach to Address an Aging New Hampshire.

By way of example he cited a recent improvement in bus service that will be implemented thanks to the combined efforts of transportation entities in New Hampshire and Vermont: (see page 6)

"I am excited that Vermont's "Stage Coach" bus services that go from Wells River to White River Junction will transport people from this side of the river. In White River they go to the Veteran's Hospital and into New Hampshire to Dartmouth-Hitchcock. With that importance of collaboration up in Wells River they will now cross into Woodsville and Haverhill to the Cottage Hospital and Walmart to deliver passengers and pick up some too. Our own New Hampshire bus transportation will sync schedules. This is good business for the buses and great help to people with disabilities, seniors and veterans who need to get to the specialized hospitals."

Of his work with the State Committee on Aging, Mark says, "My fellow committee members are a super-smart bunch of caring people with a vast variety of backgrounds, skills and interests. We are the ears for those who cannot hear and the voice for those who cannot speak. I believe we are poised to make a difference."

Mark and Deborah have four grown children and 21 grandchildren. In addition to his other activities, Mark enjoys working one day per week at Santa's Village.



TWO NEW STATE LAWS *continued from page 1*

a hospitalization and the caregiver has additional tasks and procedures to perform, things get even more complicated."

Providing family caregivers with information and instructions before their loved one is discharged from the hospital will not only support the caregiver but help prevent complications that could jeopardize recovery and lead to hospital readmissions. The federal Centers for Medicare and Medicaid Services (CMS) estimates that \$17,000,000,000 in Medicare funds is spent each year on unnecessary hospital readmissions.

SB 187, The CARE Act, requires that aftercare instructions given by hospitals to caregivers must be hands-on. This requirement is especially critical, according to Doug McNutt, Associate State Director-Advocacy at AARP NH. "If you're a caregiver, it is not enough just to have an instruction sheet that

tells you about how to take care of your loved one. We believe that hands-on instructions will lead to better care, as opposed to leaving it up to the family caregiver to learn how to perform these aftercare tasks on their own."

With respect to SB 209-FN, New Hampshire joins 43 other states and Puerto Rico in this uniform law. Heather Carroll, the Regional Director of the Alzheimer's Association, MA/NH Chapter, had these comments:

"Guardianship is a long and very costly proceeding that is often necessary when caring for someone who has dementia and cannot make decisions on their own. We have a very mobile society and caregiving has no borders," said Carroll. "The Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act allows the probate courts to communicate from one state to another simply by calling to ensure guardianship, thereby protecting people because guardianship follows the person, not the state. This

avoids lengthy and expensive court proceedings needed to file a new guardianship in a new state, protecting the person as well as their assets."

AARP NH will be conducting an outreach campaign to provide consumers with information about SB 187 and SB 209-FN, and will also work with the New Hampshire Hospital Association on best practices to assist hospitals as they implement SB 187. Questions on the new laws may be directed to AARP NH at **(866)542-8168**.

***Note:** The NH Family Caregiver Support Program administered by the NH DHHS Bureau of Elderly and Adult Services (BEAS) provides information, individual counseling, access to support groups, and educational programs to develop caregiving skills. Respite care is also available to provide a temporary break for fulltime family caregivers. To learn more about this program, call NH ServiceLink at **1-866-634-9412**.

NH DHHS ANNOUNCES *continued from page 1*

In preparation for the transition of individuals into MCM, NH DHHS has conducted frequent and widespread stakeholder engagement meetings across the state with current MCM enrollees and with providers who serve these individuals. Through these meetings, DHHS obtained information on the supports needed by MCM enrollees and on best practices that will be used by NH DHHS during the enrollment process.

Future phases of MCM Step 2 will include the integration of Long Term Supports and Services (LTSS) such as Choices for Independence (CFI) Services; Nursing Facility Services; and Developmental Disability (DD), Acquired Brain Disorder (ABD), and In-Home Support (IHS) services into the Medicaid Care Management program.

For general information on MCM, please visit the website at <http://nhfv.org/wp-content/uploads2015/06/PIO-Medicaid-Managed-Care.pdf>. Here you will find the NH Family Voices Newsletter on Medicaid Care Management.

For Medicaid Recipients: Please Assist DHHS in Updating Your Records

If you are a Medicaid recipient, please help us to better serve you by making sure the following information is up to date with both the NH Department of Health and Human Services and, as appropriate, with your health plan:

- Representative Types:
- Legal Guardian
 - Conservator
 - Protective Payee
 - Power of Attorney
 - Authorized Representative.

To update the client records with DHHS, please mail new or updated documents to the Central Scanning Unit, PO Box 181, Concord, NH 03302

You may also upload documents as a PDF using your NHEasy account.

If you have any questions regarding the documentation we have on record, you may contact the Customer Service Center at **1-844-ASK-DHHS** between the hours of 8:00am and 4:00pm. Your assistance with this request is very much appreciated, and will enable us to better serve you.

New State Plan on Aging Approved

The NH Department of Health and Human Services, (NH DHHS) announces that it has received federal approval of the new State Plan on Aging. The Plan was approved by Kathy Greenlee, Administrator and Assistant Secretary for Aging, U.S. Administration for Community Living, and became effective on October 1, 2015. It will remain effective through September 30, 2019.

The Plan may be accessed on the DHHS website at <http://www.dhhs.state.nh.us/dcbcs/beas>

The State Plan on Aging constitutes New Hampshire's application for federal funds appropriated under The Older Americans Act. The Plan describes the services available to older adults and adults with chronic illnesses or disabilities through the Older Americans Act, the Social Services Block Grant, Medicaid and other programs.

The Administration on Aging has designated the NH DHHS as the state government agency on aging for New Hampshire. Under this designation, DHHS has the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Older Americans Act of 1965 as amended, and is primarily responsible for the development of comprehensive and coordinated services for the older population of New Hampshire. The Plan contains all the assurances and plans to be implemented by DHHS under the provisions of the Older Americans Act as amended.

Questions on the NH State Plan on Aging may be directed to Tracey Tarr, Administrator II, Planning and Program Development, at ttarr@dhhs.state.nh.us or call **(603) 271-9216**.

Medicare & You Important Reminder - Fall Open Enrollment

It is very important that you review your drug plan every year. Medicare private drug plans can change their costs and the list of drugs that they cover every year. Most people can only change Medicare drug plans during Fall Open Enrollment, which runs from October 15 to December 7 each year.

Even if you are satisfied with your current Medicare coverage, you should check to see if there is another plan in your area that offers better coverage at a lower price. Look at other Medicare options in your area and compare them with your present coverage to see which plan will best suit your needs in the upcoming year. Research shows that people with Part D plans could lower their costs by shopping among plans each year. For example, another Part D plan in your area may cover the drugs you take with fewer restrictions and with lower copays.

When choosing a Medicare private drug plan, make sure to look at all the costs, not just the premium. Your costs throughout the year will depend on what drugs you take, whether your plan covers them, and whether there are any coverage restrictions. Another plan may have lower copays, cover more of your drugs, have fewer restrictions or offer some coverage during the coverage gap.

"How do I choose the right Medicare Prescription drug plan?"



MEDICARE IS COMPLICATED... BUT WE CAN HELP.

Call ServiceLink at: 1-866-634-9412

www.servicelink.org

Open enrollment starts October 15th & goes through December 7th.





If you are considering joining a Medicare Advantage plan, also called Medicare HEALTH PLANS, to get drug coverage, these plans also include medical and hospital benefits. You should look beyond the drug coverage because these plans are managed care plans, meaning that they have a provider network. So you need to make sure the plan covers your doctors, hospitals and pharmacies that you use.

To get help with comparing plans make an appointment with your nearest ServiceLink office by calling toll-free **1-866-634-9412**.

VETERANS CORNER
NAMI NH Offering Training to Military and Veteran Families

Veterans of all ages can be affected by depression, substance abuse, sleep disorders and/or post-traumatic stress syndrome. National statistics indicate that 18 veterans die by suicide each day, and each month, 950 veterans attempt suicide.

The National Alliance on Mental Illness- New Hampshire Chapter (NAMI NH) seeks to engage, educate and empower military and veteran families by offering veteran focused Mental Health First Aid training. This free eight-hour training gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis and includes suicide prevention and information on substance misuse. First pioneered in Australia, Mental Health First Aid is now taught in the USA and many other countries.

In addition to Mental Health First Aid, Speaker trainings will also be offered to encourage military family members and veterans to share their personal stories in order to reduce stigma and raise awareness around suicide and the importance of mental health. Regional events focused on the needs and interests of military and veteran families will also be offered, in addition to a large statewide event celebrating service members, veterans and military families.

NAMI NH has extensive experience working with the NH National Guard and VA as well as the DoD and Defense Center on Excellence.

"NAMI NH is honored to be leading this exciting initiative and welcomes military and veteran families to share their ideas and suggestions for the events and activities," says Annette Carbonneau, Director of Adult & Family Programs at NAMI NH.

A schedule for the training will be posted on the website at www.naminh.org For more information or to share ideas, email Annette Carbonneau at acarbonneau@naminh.org or call **603-225-5359 Ext. 325**.

Communicate, Connect & Collaborate: The Tri-State Learning Collaborative on Aging

Want to learn more about community-based initiatives and best practices that help older adults thrive in their homes and communities across Northern New England? Want to connect with others who care about issues facing older adults and have the opportunity to share, strategize, question and collaborate? Join a diversity of organizations, individuals and caregivers working to facilitate cross-border conversations and cultivate new and innovative practices that help our aging family, friends and neighbors to age in place with health and dignity. It's called the Tri-State Learning Collaborative on Aging, or TSLCA.

TSLCA hosts forums, monthly webinars, and a tri-state conference. Learn more at agefriendlycommunity.org and sign up to become a member (it's free and open to everyone in New Hampshire, Maine and Vermont).

There is no doubt that our NH communities face significant challenges in the face of our rapidly aging demographics. With New Hampshire, Maine and Vermont now the top three fastest growing states across the country with respect to our older adult popula-

tions, our three states are facing similar challenges and seeking similar solutions. So let's all communicate, connect, and collaborate as much as we can. Check out the [Tri-State Learning Collaborative on Aging](http://www.tristatelearningcollaborative.org) today!

AGING ISSUES

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How Adult Day Programs Can Help You ■ *By Paula Faist MS, LSW*

What is an adult day program?

Adult day programs are an important part of the continuum of care for elders and their families and for younger adults affected by chronic illnesses or disabilities. For every person who attends an adult day program, at least two people are truly being served: the individual attending the program and the caregiver.

An adult day program offers daily social, physical, and cognitive activities and medical care to participants. It also offers respite and peace of mind to the caregiver, since the caregiver knows that his or her family member is in a setting where support and supervision are part of the daily routine.

Who attends adult day care programs?

Persons who attend adult day programs can range anywhere from 18 to over 100 years of age! Some participants are socially isolated at home because their family caregivers work fulltime and have other daily commitments to attend to. Some have physical disabilities or memory problems, or may be recovering from strokes, heart attacks, and/or injuries caused by accidents or other medical conditions.

What are the benefits?

There are many benefits that can be derived from attending an adult day program. Adult day programs can help individuals remain in their own homes. Activities offered can help prevent or delay costly long-term care alternatives, such as nursing home care. Attending an adult day program can also reduce unnecessary hospitalization due to ongoing health monitoring. In addition, adult day programs can be beneficial due to the socialization and stimulation that occurs throughout the day.

How do I encourage my family member to attend an adult day center?

Apprehension, anxiety and resistance are all natural reactions for anyone faced with a new situation. This



Doris Deputy and Regina Higgins hold flags they made for a Fourth of July Celebration. Photo courtesy of the Silverthorne Adult Day Center.

is especially true for individuals who have not been engaged in group activities. In general, it takes about one month for a person to feel comfortable in a day program. While this time period may be challenging for you and your loved one, different approaches can be used to make attendance a positive experience.

When planning a first visit to a center, review the activity calendar and talk to the center staff about a particular interest or activity that your family member has. For example, if your family member is a musician, schedule the first visit during music therapy or a group sing-a-long. Take the time to find the right activity that will engage the individual.

Ideally, the individual should be strongly encouraged to give the program a try. Minimize or eliminate the choice to not attend the program. Let the individual know that the other individuals and staff will miss their presence if they fail to arrive.

How does an adult day program differ from a senior center?

People who attend senior centers are usually more independent physically and able to get themselves to and from the center and participate in activities they have signed up for. Adult day centers offer a different environment that provides enhanced levels of activity programming, structure and supervision. A senior center does not have a nurse on staff to monitor an individual's health or staff that can provide hands on help.

What do I look for in an adult day program?

You may want to look at the calendar and see what events and activities the center has scheduled. You will also want to look at the menu to see what meals are prepared for participants. You will want to meet the staff and see if you like the personalities you see. Many programs offer a free trial day and you are encouraged to partake in this since more questions may come up and be answered that day.

What types of activities are usually offered at adult day programs?

All individual and group activities are designed for enjoyment and engagement. Stimulating word games, reminiscent group discussions, art therapy, music therapy, intergenerational activities, pet therapy, exercises, bingo and special celebrations are some of the activities offered. Programs are goal-oriented to encourage learning, participation and maximization of existing skills. Each individual is monitored to ensure that he or she is included and enjoying each activity. New participants soon begin to feel a sense of purpose and belonging and look forward to the next time they all meet.

Are adult day programs licensed, and how are they staffed?

New Hampshire law requires that adult day programs serving three or more clients must be licensed by the Department of Health and Human Services,



Dancing with the Flipside Band to celebrate summer. Photo courtesy of the Silverthorne Adult Day Center.

Health Facilities Administration- Licensing. There are adult day programs located throughout New Hampshire.

In addition to a director who oversees the adult day program, other staff may include a registered nurse, a licensed practical nurse, a social worker, licensed nurses aides, activity aides, and volunteers.

My mother often naps, is that okay in a day program?

Oftentimes people need rest periods as they age. The way this is handled will vary from program to program. It depends on the program and the reasons for sleep: health problems versus depression, for example. Some places will offer a rest area, while others will attempt to involve your loved one in activities to avoid sleeping. Make sure you discuss this with the adult day program staff ahead of time.

Is there a cost to attend adult day programs?

Cost varies depending on the level of care an individual needs. Some programs charge according to the services they provide. The average cost of adult day programs ranges anywhere from \$55-\$90 per day. Some participants pay with their own funds; others may be eligible for assistance through Medicaid, the Choices for Independence (CFI) Program (available to Medicaid-eligible individuals who meet certain financial and medical eligibility criteria). Other sources of payment may be available through VA contracts, long term care insurance policies and some available grant monies. Once you locate an adult day program that interests you, the program can provide information about their services and fee schedule.

How can I stay involved to see that my relative's needs are being met?

The adult day program needs to create a person-centered care plan which is focused on the needs and desires of the participant, and to review the plan on a regular basis. You are encouraged to communicate regularly with the adult day program staff so that you'll know what is happening with your loved one while he or she is attending the program.

Where can I obtain more information?

Your doctor can help you determine whether your family member would benefit from attending an adult day program. A list of licensed adult day programs can be found at www.adulthoodservicesnh.org, by visiting the Health Facilities Administration website at www.dhhs.nh.gov/oos/bhfa or call 1-800-852-3345, Ext. 9499. The NH ServiceLink Network (call 1-866-634-9412 toll-free) can also help you locate adult day programs in your area. It is best to visit the adult day programs you are considering, discuss the needs of your family member, and obtain information about key issues such as staffing, available program activities and costs.

Paula Faist is program director at the Silverthorne Adult Day Center in Salem, NH, and is currently president of the NH Adult Day Services Association, a nonprofit organization of adult day care providers.

Veterans Home Plans 125th Anniversary Celebration

Please join the residents and staff of the New Hampshire Veterans Home for the 125th anniversary of the Home, which opened on December 3, 1890.

On December 3, 2015, there will be a coffee social with the residents at 10:15am, followed by the anniversary ceremony at 11:00am in the Veterans Home Town Hall. We hope you'll join us in celebrating this historic milestone! RSVP to (603) 527-4400. The Veterans Home is located at 139 Winter St, Tilton, NH.



The NH Veterans Home (Tilton) in 1922

Preventing Falls Through Good Nutrition and Exercise ■ By Laurie Terwilliger

It is no surprise that as we age, we lose muscle mass, tone and strength which can lead to an increased risk for falls. Participating in classes to improve balance, strength and body awareness is a good first step towards counteracting these physical changes and reducing fall risk. The second step is checking your diet to make sure you are getting enough of the vitamins, minerals, and protein necessary to maintain muscle and bone health. Think of nutrition as your exercise partner, and here is why.

When we exercise, small amounts of muscle tissue are broken down. When the tissue is repaired, it is stronger and larger than before. Rebuilding muscle requires a source of amino acids, which are found in protein. Eating adequate amounts of protein promotes the rebuilding process. To maintain muscle mass, choose foods that are high in protein such as lean meats, poultry and fish, dairy, eggs, soy products and quinoa. Nuts and beans when combined with grains are good vegetarian sources of protein. Some medical conditions require limiting protein intake. Check with your provider or registered dietitian to determine your needs.

All movement, whether it is lifting weights, walking, or gardening cause muscles to contract. When a muscle contracts, it pulls on the bone it is attached to and the bone responds by growing stronger and thicker. Strength training exercises, in particular, reduce the risk of developing osteoporosis and can help existing weak or brittle bones become stronger. Strength training and other exercise programs may be available at your local senior center (see the listing on page 7 of *Aging Issues*).

Just as building muscle needs protein, building stronger, thicker bones requires adequate calcium and vitamin D in the diet. To promote bone health, it is recommended that women over the age of 50 get 1200 mg of calcium each day. The daily calcium recommendation for men under age 70 is 1000 mg, increasing to 1200 mg after age 70.

Dairy products and dairy alternatives such as soy or almond milk are good choices as well as calcium fortified orange juice. Nuts and green vegetables also contain calcium and are good nondairy sources of calcium.

Vitamin D is needed for calcium to be absorbed and is added to dairy foods, orange juice, and cereal. Natural sources of vitamin D are limited; the best sources are fish such as salmon, tuna, and mackerel. Current daily recommendations for vitamin D increase from 600 IU before age 70, and to 800 IU after age 70.

As you can see, proper nutrition and exercise are essential for building and maintaining muscle and bone strength. To get the most benefit from your workout, try these snacks that are loaded with muscle-building protein and bone strengthening calcium and vitamin D.

- ½ cup plain Greek yogurt topped with granola and ½ cup fresh berries
- Tuna or salmon salad on whole grain crackers
- Celery or apple slices topped with peanut/almond butter and raisins
- Hummus with pita slices and a glass of milk or small smoothie
- Smoothies: ½ cup yogurt, ½ cup milk, banana and a tablespoon of almond butter
- ½ cup low-sodium cottage cheese topped with ½ cup fresh fruit
- Black beans and cheese warmed in a whole grain flour tortilla
- Meat and cheese roll-up: 2 slices turkey with one slice cheese rolled in a lettuce leaf

References:

1. Dietary Supplement Fact Sheets (2014). National Institute for Health. <https://ods.od.nih.gov/factsheets/>
 2. Nieves, JW. (2003). Calcium, vitamin D, and nutrition in elderly adults. *Clinics in Geriatric Medicine*. 19(2):321-35
 3. Morin, K. (2014). 31 healthy and portable high-protein snacks. <http://greatist.com/health/high-protein-snacks-portable>
- Laurie Terwilliger is a recent graduate of the Dietetic Internship program at Keene State College*

NOTE: Falls are NOT a normal part of aging! For more information on preventing falls, visit www.nhfalltaskforce.org/wordpress/, the website for the NH Falls Risk Reduction Task Force.

The Name of the Game is Access! ■ By Mark M.E. Frank

Whether you are a merchant and want to sell your products or services or a consumer who wants to spend their hard earned money, shopping for the most part can't happen unless you can get into the store. Access is needed.

The village center in many New Hampshire towns typically has older buildings, which are often occupied by merchants who have been doing business there for a long time. Consumers have had to climb the steps in order to get in and do their shopping.

In years past, when many people shopped locally, these merchants had little competition.

Today many of us can drive to larger regional stores which have accessible entrances. If merchants located in older buildings who have not already made their businesses more accessible want to stay in the game and sell their products, they need to adapt to the changing needs of consumers, including those who are older and/or have limited mobility.

Recently I stopped at "The Lancaster Eye Care" office of Nathan Drum, O.D. He does eye testing and sells eye glasses. I spoke to Kathy Burns who works for him and asked her about their sign. She said they wanted to convert their step to a ramp but the ramp would either be too steep for a wheelchair or extend into the town's sidewalk. That would trip people and be unsafe and make snow removal hard to do. So they came up with an alternative, a safe manufactured portable ramp available upon request for those that need it.

I think that is brilliant and makes great business sense! One size does not fit all, so this bit of Yankee ingenuity worked here. Now Lancaster residents or tourists will find it easier to access Lancaster Eye Care and can choose to go there if they prefer, rather than drive to a store that is further away.

A town has the moral and regulatory responsibility to provide access from the public street to the public sidewalk. The sidewalks must be safe to get on and walk on. The town is also entrusted by the voters to preserve and enhance the unique quality of life and culture here in New Hampshire.

You live in a village where you know your neighbor and they know you. You help your neighbor and they help you. And you care about your neighbor and they care about you.

Mark M.E. Frank is a member of the NH State Committee on Aging (SCOA) representing Coos County, and currently serves as SCOA Chair.

The Americans with Disabilities Act and Accessibility

Twenty-five years ago, The Americans with Disabilities Act (ADA) was enacted into federal law. The ADA gives civil rights protection to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for indi-

viduals with disabilities with respect to employment, transportation, State and local government services, telecommunications, and in the goods and services provided by businesses.

Here in New Hampshire, The Governor's Commission on Disability (GCD), a statewide agency, serves people with disabilities, advises the governor, legislature and other state agencies regarding disability-related compliance, and provides assistance with the ADA and other disability law compliance.

The staff at GCD includes a variety of individuals, consisting of an Executive Director, Accessibility Specialist, Research and Information Specialist, Client Assistance Program Specialist, and Business and Office Support staff.

The Governor's Commission on Disability works closely with New England ADA, which provides guidance and training regarding The Americans with Disabilities Act. The New England ADA can be reached toll-free at **1-800-949-4232**.

For information on accessibility-related issues, contact Accessibility Specialist Colleen Durkin-Blackburn at the GCD office (Telephone: **603-271-2773**). You can find more information about the GCD's activities, working groups and committees, news and special events on their website located at <http://www.nh.gov/disability/index.htm>. The website also provides links to numerous other organizations that assist people with disabilities, including but not limited to:

- The Disability Rights Center. Website: www.drnh.org, Telephone: **1-800-834-1721**, V/TTY-fax: **(603) 225-2077**
- Granite State Independent Living. Website: www.gsil.org Telephone: **(603) 228-9680** or **1-800-826-3700**
- Easter Seals of NH. Website: www.easterseals.com, Telephone: **(603) 623-8863**.
- The Alzheimer's Association MA/NH Chapter. Website: www.alz.org/manh, Telephone 24/7: **1-800-272-3900** (V), TTY: **1-866-403-3073**.

The ADA website located at www.ada.gov includes a number of publications to assist businesses, state and local governments and other entities regarding compliance with the ADA, and on making their facilities accessible to people with disabilities. Among these publications are:

- ADA Questions and Answers;
- The ADA Standards for Design;
- The ADA Guide for Small Businesses;
- The ADA Guide for Small Towns.

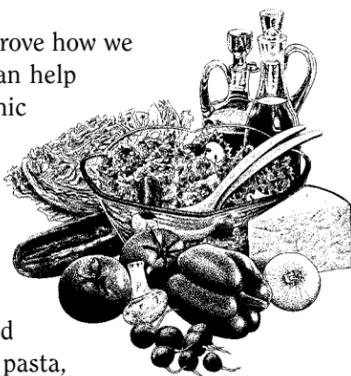
The Commodity Supplemental Food Program: Promoting Healthy Eating As We Age

As we age, healthy eating can make a difference in our health, help to improve how we feel, and encourage a sense of well-being. Eating healthy has benefits that can help older adults in many ways, including reducing the risk of developing chronic diseases such as high blood pressure, diabetes, hypertension, and heart disease. If you have a chronic disease, eating well can help to manage the disease. A healthy diet can also help prevent falls (see the article by Laurie Terwilliger in this edition of *Aging Issues*).

The New Hampshire Commodity Supplemental Food Program (CSFP) can help adults age 60 and older, with low incomes to eat healthier. CSFP provides a monthly box that includes a variety of foods, such as nonfat dry and ultra-high temperature fluid milk, juice, farina, oats, ready-to-eat cereal, rice, pasta, peanut butter, dry beans, canned meat, poultry, or fish, and canned fruits and vegetables.

To apply for CSFP, call **1-800-942-4321** or **603-271-4546** or visit the website at <http://www.dhhs.nh.gov/dphs/nhp/wic/csfpm.htm>

For more nutrition information, go to <http://www.choosemyplate.gov/older-adults>



CALENDAR

For information on State Committee on Aging Meetings, call 1-800-351-1888, Ext. 9215.

AREA COMMITTEES ON AGING

Join your Area Committee on Aging! We encourage you to join the Area Committee on Aging (ACOA) in your area. ACOAs are independent local advocacy groups comprised of older adults, service providers and other members of the public who share a common interest in issues that affect older adults. ACOA meeting schedules and locations, as well as the names of ACOA Chairs and/or contacts, are listed below. All telephone numbers listed are area code 603 unless otherwise indicated. Please note that meeting schedules and locations may be subject to change, especially during the summer months.

Belknap - Meets the second Friday of each month at 10am, in the Wesley Woods Community Room off Rte 11A, behind the First United Methodist Church in Gilford. For more information, contact Stace Dicker-Hendricks (Co-Chair) at 528-2555 or sdhendricks@wesleywoodsnh.org or Brenda Stark Fortier at 267-9867.

Carroll - This committee is restructuring. Interested persons should contact Catherine Cauble at 539-6747 or email kemc226@aol.com

Cheshire (Monadnock Senior Advocates, covering Cheshire County and western Hillsborough County) - The committee no longer holds monthly meetings, but hosts special events during the year. An informal group meets periodically for planning purposes, and publicizes events through email and newspaper advertising. People interested in joining the group or in being added to the email list can call Bob Ritchie at 209-5104 or email Bob at fictionfitz@gmail.com.

Coos - An update will be available at a later date.

Grafton - For information contact Chuck Engborg at 536-5990 or email eengborg@roadrunner.com

Greater Manchester - Meets the third Wednesday of each month (September to June) at 10:00 am at the William B. Cashin Senior Center Activity Center, 151 Douglas St. in Manchester (Telephone: 624-6536). For more information, call Dottie Gove at 518-4305.

Greater Nashua - Meets the fourth Friday of each month, from 12:00-1:00pm, at the Nashua Senior Center, 70 Temple St. in Nashua. Call Margo Bell, Director of the senior center at 889-6155 for more information.

Merrimack - Contact Joan Barretto at 225-3295 or email jbarretto@bm-cap.org

Rockingham - Meetings are scheduled periodically based on committee consensus. For more information, call Connie Young at 893-9769.

Strafford - Meets monthly at varying locations in Strafford County. The committee has an executive council consisting of Sharon Vien, Ellie Kimball, Harriet Gowen, Susan Hatfield, and Dr. Candace Cole-McCrea. For more information, contact Dr. Cole-McCrea at 652-7594 or email her at snowyowl@metrocast.net.

Sullivan (Senior Advocates) - Meets the fourth Monday of each month, from 10:00-11:30 a.m., at the Community Transportation Services Building, 941 John Stark Highway (Rtes 11 and 103) in Newport. All interested persons are invited to attend. For more information, call Larry Flint at 863-6397 or email Larry at www.recman@comcast.net.

Providers of Case Management Services

The following agencies provide case management services to participants in the Choices for Independence (CFI) Program, a program of home and community-based services funded under the Medicaid waiver and administered by the NH Department of Health and Human Services (NH DHHS). Case management services are provided under a rule adopted by NH DHHS (He-E 805). The case manager works with the program participant to create a comprehensive care plan, monitors service provision and assists with issues that may arise.

Speciality Case Management Services of NH.....	225-8400
Crotched Mtn Community Care.....	431-3042 (Portsmouth) or 668-7584 (Manchester)
Gateways Community Services	882-6333
Heritage Case Management.....	228-2400
Life Coping, Inc.....	888-3588
Pilot Health.....	352-9354
Community Crossroads.....	893-1299

Reminder: Aging Issues Available Online

Enjoy a printed copy of *Aging Issues* or read it online by visiting the website at www.dhhs.nh.gov/dcbcs/beas

Stagecoach Transportation Services Expands Services on I-91 Corridor

Improvements will benefit some NH communities



STAGECOACH

Bradford, Vermont. Stagecoach Transportation Services, Inc., a nonprofit organization, was established in 1976 to create a network of community transportation alternatives that connect the people and places of Orange and Northern Windsor Counties of Vermont. Our purpose is to enhance the economic, social and environmental health of the region by providing safe, reliable, affordable and accessible community transportation services for everyone.

Effective in mid-November, Stagecoach is expanding services on the I-91 Corridor to better meet the transportation needs of the community. Improvements to the existing River Route, which provides access to employment, shopping, and other services in White River Junction, and the Hanover-Lebanon NH, include the following:

- **Provides More Trips for Everyone** - Late morning and mid-day trips have been added to provide more access for everyone.
- **Simplifies Routing** - All trips to follow a common alignment that is consistent with market demand and minimizing onboard travel times for most customers. Intervals between runs are more consistent to keep the schedule simple and efficient.
- **Provides New Service to Centerra Business Park** - Trips to operate via Centerra Parkway across NH 120 from the DHMC campus to accommodate requests from current riders.
- **Reverse Commute Service** - Adds AM northbound and PM southbound trips to the timetable to provide customers with more travel opportunities.
- **Provides More Trips to VA Medical Center** - Daily service to VA Medical Center increases to six trips (presently two trips).

Concurrently, Stagecoach will launch The Circulator, a new deviated fixed-route service which will run Monday-Friday between 8:30am and 3:00pm providing local service to the Vermont communities of Bradford, Newbury, and Wells River, and to Woodsville, NH. The Circulator:

- **Creates** - New consistent local service for the community.
- **Expands** - Provides more access for senior citizens and people with disabilities to essential trips to the grocery store, pharmacy, and personal trips, in addition to those presently made to the Upper Valley Senior Center (NH) and Upper Valley Services.
- **Connects** - Anyone can use this service to connect with the River Route for access to New Hampshire's Upper Valley and beyond.

To learn more about Stagecoach, please call our office at 802-728-3773 or shoot us an email at info@stagecoach-rides.org.

NH State Council on the Arts Announces 2016 Arts in Health Grant Awards

Five New Hampshire organizations have been selected to receive Arts in Health grants from the N.H. State Council on the Arts, for projects to be completed in the coming year.

Studies indicate that the arts activities can help individuals decrease anxiety, stress and mood disturbances, and find the strength to heal.

Arts in Health project grants support arts activities, presentations and artist residencies in health care facilities, rehabilitation centers and in facilities that serve the needs of the elderly.

Programs receiving 2016 N.H. Arts in Health Care grants are:

- Behavioral Health and Developmental Services of Strafford County, to support an artist residency at Riverside Rest Home;
- Crotched Mountain Rehabilitation Center, to continue the expansion and development of its adaptive dance program;
- Easter Seals N.H., for a program that integrates visual arts practices into its Alzheimer's Café;
- Keene Senior Center, to help fund an artist residency with traditional musicians; and
- The NH Veterans Home, to support two concerts for New Hampshire veterans, their families and the public.

For more information about the Arts in Health grants and related programs and services provided through the NH Council on the Arts, contact Catherine O'Brian, Arts in Health Programs Coordinator at 603-271-0795, or visit nh.gov/nharts.

The Division of the Arts is a publicly funded agency within the New Hampshire Department of Cultural Resources. It began in 1965 with legislation designed "to insure that the role of the arts in the life of our communities will continue to grow and play an ever more significant part in the education and welfare of our citizens." Funding comes from state appropriations, the National Endowment for the Arts and the Conservation License Plate fund. Learn more at nh.gov/nharts.

NEW HAMPSHIRE DEPARTMENT OF HEALTH AND HUMAN SERVICES MISSION STATEMENT

The mission of the NH Department of Health and Human Services is to join communities and families in providing opportunities for citizens to achieve health and independence.

NH ServiceLink Resource Center Network

ServiceLink is a program of the NH Department of Health and Human Services and a full partner in the NH CarePath Initiative. ServiceLink Aging and Disability Resource Centers are located statewide and assist people of all ages, income levels and abilities. The Centers collaborate with other community partners to connect people with long-term services and supports, help them explore long-term options and understand and access Medicare and Medicaid. Call toll-free **1-866-634-9412** to connect with any Resource Center or visit the website at www.servicelink.org

Resource Center Location	Telephone*
Belknap County (Laconia).....	528-6945
Carroll County (Chocorua).....	323-2043
Coos County (Berlin).....	752-6407
Grafton County	
Lebanon	448-1558
Littleton.....	444-4498
Hillsborough County	
Manchester	644-2240
Nashua.....	598-4709
Merrimack County (Concord).....	228-6625
Monadnock Region (Keene).....	357-1922
Rockingham County	
Portsmouth.....	334-6594
Atkinson	893-9769
Strafford County (Rochester)	332-7398
Sullivan County (Claremont)	542-5177

*All area codes are 603

Bureau of Behavioral Health: Community Mental Health Centers

Community Mental Health Centers (CMHCs) are located in 10 regions of New Hampshire and are administered by the NH Department of Health and Human Services, Bureau of Behavioral Health (BBH). Services provided by CMHCs include, among others, assessment and evaluation, individual and group therapy, case management, medication management and 24-hour emergency services. CMHCs provide services to people of all ages, and there are specialized older adult services. For more information, visit the website at www.dhhs.state.nh.us/dcbcs/bbh. You can also call NH ServiceLink at **1-866-634-9412** to locate the CMHC in your area.

Location	Telephone*
Concord (Riverbend Community Mental Health)	228-1551
Conway, Littleton, Berlin and Colebrook areas (Northern Human Services)	447-3347
Dover (Community Partners of Strafford County).....	516-9300
Keene (Monadnock Family Services).....	357-4400
Laconia (GENESIS Behavioral Health).....	524-1100
Lebanon/Claremont (West Central Behavioral Health Inc.).....	448-0126
Manchester (Mental Health Center of Greater Manchester).....	668-4111
Nashua (The Greater Nashua Mental Health Center).....	889-6147
Portsmouth (Seacoast Mental Health Center)	431-6703
Salem/Derry (Center for Life Management).....	434-1577

*All area codes are 603

Bureau of Developmental Services: Area Agencies

The Area Agencies administered by the NH Department of Health and Human Services, Bureau of Developmental Services, are located in 10 regions of New Hampshire and offer services to consumers with developmental disabilities and acquired brain disorders. These services include, but are not limited to: service coordination, community support, assistive technology, day and vocational services, personal care, and flexible family support, including respite care. For more information, contact the Bureau's main office at **1-800-852-3345, Ext. 5034** or visit the website at www.dhhs.state.nh.us/dcbcs/bds

Region	Location	Telephone*
I	Northern Human Services (Conway).....	447-3347
II	Pathways of the River Valley (Claremont)	542-8706
III	Lakes Region Community Services Council (Laconia)	524-8811 or 800-649-8817
IV	Community Bridges, Inc. (Concord)	225-4153 or 800-499-4153
V	Monadnock Developmental Services, Inc. (Keene)	352-1304 or 800-469-6082
VI	Gateways Community Services	882-6333
VII	Moore Center Services, Inc. (Manchester).....	206-2700
VIII	One Sky Community Services (Portsmouth).....	436-6111 or.....800-660-4103
IX	Community Partners, Inc. (Dover)	516-9300
X	Community Crossroads (Atkinson).....	893-1299

*All area codes are 603

Adult Day Programs In New Hampshire

Adult day programs are community-based services that provide a planned program of health, social and supportive services during daytime hours in a protective setting. Participants can attend an adult day program for all or part of the day. The following is a list of the licensed adult day programs currently operating in New Hampshire. For more information, contact the NH Department of Health and Human Services, Bureau of Health Facilities Administration (**Telephone: 1-800-852-3345, Ext. 9499**) or visit the website at:

www.dhhs.state.nh.us/oos/bhfa

Location	Telephone*
Concord (TLC Medical Day Care For Adults).....	224-8171
Derry (Vintage Grace)	425-6339
Hampstead (SarahCare Adult Day Services).....	329-4401
Hampton (Seaside Elderly Day Out Center).....	929-5988
Hooksett (Managing Independence Adult Day Services).....	568-9237
Hudson (Gateways Adult Day Service Program)	883-0994
Jaffrey (Monadnock Adult Care Center)	532-2428
Keene (Castle Center for Adult Group Day Care)	352-2253
Lebanon (Upper Valley Good Day Respite Program).....	526-4077
Manchester (Easter Seal Society of NH)	623-8863
Nashua (All Generations Adult Day Program)	880-3473
New London (Kearsage Good Day Respite Program).....	526-4077
Newport (Connecticut Valley Home Care Day Out).....	542-7771
Portsmouth (Mark Wentworth Adult Day Program)	430-0070
Rochester (Homemaker Home Health Services).....	335-1770
Salem (Silverthorne Adult Day Care Center)	893-4799
Wolfeboro (Huggins Hospital-Adult Day Care).....	569-7500

*All area codes are 603.

Senior Centers

Senior centers provide a wide range of important services to help older persons live independently in their communities. Services include, but are not limited to, meals, transportation, health screenings, exercise programs, educational programs and opportunities to socialize and make new friends. To find out about the senior center near you, consult the list below (*please note that all phone numbers are area code 603*), visit the NH Association of Senior Centers (NHASC) website at www.nhasc.org or call NH ServiceLink at **1-866-634-9412**.

Cities/Towns	Telephone #	Cities/Towns	Telephone #
Alton, SP	875-7102	Littleton, SC**	444-6050
Atkinson, SC **	362-5531	Londonderry, SC**	432-8554
Belmont, SC	267-9867	Manchester, Wm. Cashin, SC ..	624-6533
Berlin SC **	752-2545	Merrimack, SP	424-1100
Bradford, Mountain View, SC...	938-2104	Milford, SP	249-0625
Bristol, Newfound Area, SP	744-8395	Milton, SP.....	652-9893
Canaan, Mascoma Area, SC	523-4333	Moultonborough, SP.....	476-5110
Center Ossipee SC**	539-6851	N. Conway, Gibson Ctr, SC** ..	356-3231
Charlestown, SC.....	826-5987	Nashua, SC.....	889-6155
Chester, SP	206-4786	New Boston, SP**	487-2884
Claremont, SC	543-5998	New London, Chapin, SC**	526-6368
Colebrook, Colby		Newmarket, SP**	659-8581
Commons, SP	237-4957	Newport, SC.....	863-3177
Concord, Goodlife SC**.....	228-6630	N. Haverhill, Horse	
Concord		Meadow, SC	787-2539
(Horseshoe Pond Place)	228-6956	Orford, SP	353-9107
Danbury, SP.....	768-3424	Pelham, SC**	635-3800
Derry, SP**	432-6136	Penacook, SC**	753-9700
Dover, SC**	516-6436	Pittsfield, SC	435-8482
Exeter, SP	778-8196	Plaistow, Vic Geary, SC**	382-9276
Franklin, Twin Rivers Intergenerational Program (TRIP), SC	934-4151	Plymouth, SC.....	536-1204
Hampton, SP.....	926-3257	Portsmouth, SC**	610-4433
Hanover, SP.....	643-5531	Raymond, Ray-Fre, SC	895-3258
Henniker, White Birch, SP	428-7860	Rochester, SC	332-7845
Hillsboro, SP**	464-5029	Salem, Ingram SC**	890-2190
Hinsdale, SC**	336-5726	Seabrook, SP	474-2139
Hopkinton, Slusser, SC*	746-3800	Somersworth, SP	692-5169
Hudson, SP**	578-3929	Suncook, SP	485-4254
Keene, SC**	352-5037	Tilton, SC	527-8291
Laconia, SC	524-7689	Whitefield, SP.....	837-2424
Lebanon, Upper Valley, SC** ..	448-4213	Windham, SC**	434-2411
Lincoln, Linwood Area, SP	745-4705	Wolfeboro, SP**	569-4933

Notes: SC = Senior Centers SP = Senior Programs (not open full time)
** = member NHASC

Guide to Services

NH Department of Health and Human Services, Office of Human Services, Elderly and Adult Services

The Bureau of Elderly and Adult Services (BEAS) is a state agency providing services and programs to adults aged 60 and over, and to adults between 18 and 60 years of age who have chronic illness or disability.

Mission Statement: BEAS shares leadership within NH in developing and funding long term supports and advocating for elders, adults with disabilities and their families, and caregivers. BEAS envisions a long-term system of supports that promotes and supports individual and family direction, provides supports to meet individual and family needs, provides high quality care and support, and promotes efficiency.

Associate Commissioner: Mary Ann Cooney
Central Office: 129 Pleasant Street, Brown Building
 Concord, NH 03301-3857
Toll Free Phone: 800-351-1888
TDD: 800-735-2964
Web Site: www.dhhs.nh.gov/dcbcs/beas
District Offices: For telephone numbers, see "Important NH Phone Numbers" below.

Information on BEAS Services and Programs:

Contact the District Office nearest your home (phone numbers are listed below). If you cannot reach the District Office, call **800-351-1888**.

NH ServiceLink Resource Center Network: 866-634-9412

Adult Protection: The Adult Protection Program is administered by BEAS and is intended to protect incapacitated adults who are unable to protect themselves or their own interests. Under the Adult Protection law, BEAS is responsible for receiving and investigating reports of suspected adult abuse, neglect, self-neglect or exploitation, and when necessary, for providing protective services. To make a report, or for more information, call the District Office in your area or if you cannot reach the District Office, you can call the Adult Protection Unit at the BEAS Central Office at **1-800-949-0470** (if calling within NH) or **603-271-7014** (if calling outside NH).

NH Family Caregiver Support Program: This program can assist family caregivers who need information and help in connecting with local resources, support groups, education programs and temporary respite care. For more information, call NH ServiceLink at **1-866-634-9412**.

Important New Hampshire Phone Numbers

District Offices

The Department of Health and Human Services has District Offices located throughout New Hampshire. BEAS staff are located at all of these offices. They provide key services on behalf of seniors and adults with chronic illnesses and/or disabilities, including information and referral, case management, and responsibilities related to the Adult Protection Program.

Berlin	800-972-6111	Littleton	800-552-8959
	603-752-7800		603-444-6786
Claremont	800-982-1001	Manchester	800-852-7493
	603-542-9544		603-668-2330
Concord	800-322-9191	Southern (Nashua & Salem Regions)	800-852-0632
			603-883-7726
Conway	800-552-4628	Seacoast	800-821-0326
	603-447-3841		603-334-4325
Keene	800-624-9700	Rochester	800-862-5300
	603-357-3510		603-332-9120
Laconia	800-322-2121		
	603-524-4485		

Commodity Supplemental Food Program	800-942-4321
Consumer Protection for Public Utilities	800-852-3793
NH Insurance Department Consumer Hotline	800-852-3416
Food Stamp Information	800-852-3345
Foster Grandparent Program	800-536-1193
Fuel Assistance Information	Your Local Community Action Office
Governor's Citizens Service	800-852-3456
Information about Helpful Services	Dial 2-1-1 (statewide)
Medicaid Information	800-852-3345
Medicare Claims Information	1-800-MEDICARE (1-800-633-4227)
Medicare Quality Improvement (Livanta)	866-815-5440
Foundation for Healthy Communities (Information on Advance Health Directives and other Initiatives)	603-225-0900
NH ServiceLink Network	866-634-9412
Poison Center Helpline	800-222-1222
Retired & Senior Volunteer Program	
Carroll County RSVP	603-356-9331
Coos County RSVP	603-752-4103
Friends RSVP (Covering Belknap, Merrimack, Strafford and Rockingham Counties)	800-536-1193
Monadnock RSVP	
Keene Office	603-357-6893
Peterborough Office	603-924-7350
RSVP of Grafton & Sullivan Counties	877-711-7787 (Toll Free)
Southern NH Services RSVP	603-668-8010
Senior Companion Program	800-856-5525
Senior Law Project	888-353-9944 or TTY: 800-634-8989
Social Security Administration	800-772-1213
Veterans Council	800-622-9230 or 603-624-9230

Office of the Long-Term Care Ombudsman

The Office of the Long-Term Care Ombudsman receives, services, investigates and resolves complaints or problems concerning residents of long-term health care facilities. The program also provides advocacy services to long-term health care residents, and comments on existing and proposed legislation, regulations and policies affecting long-term care residents. Education is provided to residents, family members and facility staff concerning the legal rights of residents. To contact the Office of the Long-Term Care Ombudsman, call **1-800-442-5640** (if calling within NH) or **603-271-4375** (if calling from outside NH).

Area Committees on Aging

The Area Committees on Aging (ACOA) are independent local advocacy groups comprised of older adults, service providers and other members of the public. The ACOAs hold community-based meetings to discuss legislation and other issues that affect seniors, and often sponsor educational programs. ACOAs work closely with the State Committee on Aging and other senior groups. ACOAs vary in terms of their meeting schedules and activities. Some may not meet during the summer. Please call your local ACOA contact below for more information.

BELKNAP COUNTY

Brenda Stark Fortier
267-9867
 Stace Dicker-Hendricks
528-2855

CARROLL COUNTY

Kathryn Cauble
539-6747

CHESHIRE COUNTY

Robert Ritchie
209-5104

COOS COUNTY

An update will be available at a later date.

GRAFTON COUNTY

Chuck Engborg
536-5990

HILLSBOROUGH COUNTY

(Greater Manchester)
 Dottie Gove **518-4305**

HILLSBOROUGH COUNTY

(Greater Nashua)
 Contact: Margo Bell
889-6155

MERRIMACK COUNTY

Contact: Joan Barretto
225-3295

ROCKINGHAM COUNTY

Connie Young, Co-Chair
 Salem **893-9769**

STRAFFORD COUNTY

Dr. Candace Cole-McCrea
652-7594

SULLIVAN COUNTY

Larry Flint
863-6397 or
 email: wrecman@comcast.net

State Committee on Aging

The State Committee on Aging (SCOA) is composed of 18 members, 15 of whom are appointed by the governor and three by the legislative leadership. SCOA identifies and represents the needs of senior citizens to state administrators and policymakers, facilitates participation by consumers in the program planning process and works closely with other advocacy groups on senior issues. SCOA meets monthly and meetings are open to the public. For more information, call **1-800-351-1888, Ext. 9215**.

Russell Armstrong Peterborough 759-2412	Mark M.E. Frank (Chair) Lancaster 788-4825
Dr. Candace Cole-McCrea Milton 652-7594	Sherri Harden Goffstown 497-2395
Richard Crocker Meredith 677-7781	Herbert Johnson Epsom 892-0701
Rep. Susan Emerson Rindge 899-6529	Sheila King Hampton 343-8249
Chuck Engborg Ashland 536-5990	Robert Ritchie Fitzwilliam 209-5104
Larry Flint Newport 863-6397	Joan Schulze (Vice-Chair) Nashua 888-3380