Project Title: New Hampshire Aging and Disability Resource Center Project

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Executive Summary

New Hampshire developed, implemented, and enhanced a statewide Aging and Disability Resource Center (ADRC) system, known as the ServiceLink Resource Center (SLRC) Network, in 2003-2009, with two consecutive federally funded ADRC grants. Since 2003, New Hampshire has set and met goals and objectives that supported the development of the fully-functioning ADRC program. Implementing, sustaining, and enhancing a state-wide single-point of entry into the long-term care system has proven successful in New Hampshire. Indicators of this success include high levels of satisfaction of SLRC consumers, consistent increase in contacts to an SLRC each year, the development and implementation of streamlining access projects, securing additional funding to support the work, and the establishment of strong partnerships.

A number of major activities took place in the course of the six years which contributed to the success of the SLRC network. These activities include establishing an ADRC Advisory Council; developing standardized outcome and evaluation measures; automating the information and referral system and updated the telecommunication system; standardizing information in the referral database; establishing co-location of Medicaid eligibility processes across all sites and expanded the role of a Long Term Support Counselor; streamlining multiple eligibility processes through the ADRC Options Counseling Model and development of consumer guide; developing standards of practice and training workshops for SLRC's Long-Term Care Support Counselor's; coordinating with New Hampshire's Systems Transformation Grant in the development of a self-directed service system; and establishing an ongoing partnership with the DHHS Access Front Door project to centralize long-term care eligibility.

Introduction

The federal Aging and Disability Resource Center (ADRC) program was launched in 2003, as a joint venture between the Administration on Aging (AoA) and the Centers for Medicare and Medicaid Services (CMS) to streamline access to long-term care (LTC). The goal is to have the ADRCs to serve "as highly visible and trusted places available in every community across the country where people of all ages, incomes and disabilities go to get information on the full range of long-term support options." According to AoA, "ADRC programs provide information and assistance to individuals needing either public or private resources, to professionals seeking assistance on behalf of their clients and to individuals planning for their future long-term care needs. ADRC programs also serve as the entry point to publicly administered long-term supports including those funded under Medicaid, the Older Americans Act and state revenue programs."

New Hampshire developed, implemented, and enhanced a statewide ADRC system, known as the ServiceLink Resource Center (SLRC) Network, in 2003-2009, with two consecutive ADRC grants. The SLRC network is coordinated through a partnership between the New Hampshire Department of Health and Human Services (NH DHHS), Bureau of Elderly and Adult Services (BEAS) and the New Hampshire Institute for Health Policy and Practice (NHIHPP) at the University of New Hampshire (UNH). NHIHPP acts as an instrument of the state.

Over the course of the grant periods, New Hampshire has made tremendous strides in achieving the ADRC project vision of having access to LTC information available in every

community. The SLRC project is currently state-wide, with offices located in each of New Hampshire's ten counties; three counties support additional satellite offices.

Based on the criteria set forth by the AoA and CMS, New Hampshire's SLRC network is a fully functioning ADRC. According to a March 2008 assessment from The Lewin Group (*New Hampshire: Progress towards a Fully Functioning Single Entry Point System/ADRC)*, the major ADRC strengths in New Hampshire are: 1) Integrated/centralized ADRC, achieved through co-location of eligibility staff; 2) State has achieved state-wide ADRC coverage; and 3) ADRCs represent true single entry point in terms of maintaining a comprehensive database of resources and services, providing options counseling, required referral to ADRC for pre-admission screening, uniformity and consistency across multiple sites, and training and professional development of staff.

Since 2003, New Hampshire has set and met goals and objectives that supported the development of the fully-functioning ADRC program. Overall, the project's goals were to improve access to long term support services through the Resource Center with a one-stop system, and to utilize the ADRC model to develop/enhance the self-directed service delivery system for older people and for adults with chronic conditions and disabilities. This report describes the activities, objectives, lessons learned, and sustainability planning for the ADRC program through its history of development.

New Hampshire Demographic Background

New Hampshire is a rapidly aging state. In 2000, the 65+ population made up 12.0% of the total NH population; by 2030, the 65+ population is predicted to account for 21.4% - an

increase of 138% in 30 years. Additionally, NH is expected to shift from having one of the smallest percentages of 65+ populations in the U.S., ranked 37 in 2000, to having one of the largest – a predicted rank of 17th by 2030 .

	Census 2000		Projection 2030		2000-2030 Change
Age Group	Number	Percent of Total Population	Number	Percent of Total Population	Percent
Total	1,235,786	100	1,646,471	100%	33.2%
65+	147,970	12.0%	352,786	21.4%	138.4%
85+	18,231	1.5%	44,874	2.7%	146.1%

Data Source: File 3. Population Pyramids and Demographic Summary Indicators for States. U.S. Census Bureau, Population Division, Interim State Population Projections, 2005. US Census Bureau visited 7/17/09 http://www.census.gov/.

These population figures represent a growing strain on NH's resources. The increasing number of persons 65 and older means fewer working taxpayers in NH relative to the older adult population, straining the state's ability to both fund and staff older adult support services. Long term care costs are of great concern, as the state has seen a 41% increase in Medicare long term spending since 2002, costing NH $364 million in 2007. Additionally, those who are most likely to need long term care services– the 85 and over population – are predicted to increase 146% by 2030. Though it is early, national research shows promising evidence that the federal ADRC program has a positive impact on reducing long- term care costs, primarily through adults gaining access to home and community-based services (HCBS) instead of Medicaid-supported institutional services.

The SLRC Network provides clients with the tools they need to remain in their own homes and communities, if they desire. Because the centers are community-based, they increase the visibility of long term care issues and promote public knowledge through community outreach activities. The SLRC offers options counseling for long term care, aids clients in determining their health and financial needs, and develops an appropriate care program. Counseling ensures that clients are made aware of all long term care options, including HCBS, and can make an informed decision about the most appropriate long term care plan for the individual.

Activities and Accomplishments

The major goal of NH's ADRC program from 2003-2009 was *to use the ADRC functionality as the State's single point of entry for long-term supports to enhance consumer access and consumer-directed service options statewide, thus advancing the State's long-term care systems transformation initiatives for creating enduring systems change.* In the description of activities that follows, some responses are broken into two phases. Phase 1 reflects the initial round of funding in New Hampshire from 2003-2006. During this phase, New Hampshire emphasized developing and implementing a state-wide ADRC model. Phase 2 reflects the second round of funding from 2006-2009, which emphasized streamlining and standardizing the model across the state.

To achieve these overarching goals and outcomes several major activities took place in the course of the six years. These included:

- Established a planning team for development and implementation of ADRC model in New Hampshire;
- Established an ADRC Advisory Council, which continues to meet in order to address on-going objectives;
- Engaged with stakeholder groups including Granite State Independent Living (GSIL) and Real Choice Consumer Advisor Group;
- Developed, piloted, and modified the New Hampshire ADRC model for state-wide implementation;
- Developed outcome and evaluation components standard across all centers;
- Automated the information and referral system and updated the telecommunication system across SLRC sites;
- Implemented New Hampshire's ADRC model, the SLRC, state-wide;
- Standardized information in the referral database and created a public searchable website;
- Established co-location of Medicaid eligibility processes across all sites and expanded the role of a Long Term Support Counselor to include processing and financial pre-screening for all Medicaid-funded LTC applications.
- Streamlined multiple eligibility processes (e.g Medicaid long-term care) through the ADRC Options Counseling Model and development of consumer guide (appendix C);

- Developed standards of practice and training workshops for SLRC's Long-Term Care Support Counselor's (appendix B);
- Coordinated with New Hampshire's Systems Transformation Grant (STG) in the development of a self-directed service system;
- Partnered with the STG project in the development, implementation, and analysis of a New Hampshire Direct Care Workforce Survey and report (appendix D) and;
- Established an ongoing partnership with the DHHS Access Front Door project to centralize long-term care eligibility.

What measurable outcome did you establish for this project and what indicators did you use to measure performance? To what extent did your project achieve the outcomes?

Phase 1

Major Goal: When fully implemented, the SLRC project will ensure that there is a single, enticing, comfortable, and accessible place in the community that provides effective delivery of information and referral services, counseling, education, and case management support pertaining to long-term support services for all older adults, adults with disabilities, and their caregivers throughout New Hampshire. The SLRC project should provide the information and support necessary to enable more consumers wishing to continue residing in the community rather than in an institution to do so. For the State, the SLRC project will also enable a more efficient use of scarce resources, and provide critical information to policy makers regarding long-term support system gaps.

Tables 1 and 2 below summarize goals, objectives, indicators, and results for both phases of the New Hampshire grant period. During evaluation design, it was determined to utilize the Granite State Poll (GSP), an existing state-wide telephone survey system administered by UNH's Survey Center (UNH-SC), to evaluate awareness of the Resource Centers within the general public as a whole. From 2003-2006, the questions were only asked in the two SLRC pilot communities. Since 2007, the questions have been asked state-wide. The October 2009 GSP report is located in appendix A. In addition, customer satisfaction surveys were designed during Phase 1 to measure satisfaction of consumers, providers, and state agencies. Those were redesigned in 2009 to reflect the current suite of SLRC services. The Fall 2009 SLRC Survey Report is located in appendix A along with the current survey tools. The report includes all of the following measures:

- Families/individuals: Awareness and satisfaction of SLRC services are measured using customer satisfaction surveys distributed monthly by site staff and returned to the UNH-SC.
- Providers/referring agencies: Awareness of SLRC services are measured through surveys of health care providers who refer people to ServiceLink, as well as providers who may not be aware of the services available to patients. Annual evaluation is performed by the UNH-SC.
- Community members: Awareness of New Hampshire adults are surveyed annually through a statewide random digit dialing (RDD) survey of NH households conducted by UNH-SC through the GSP.
- State and government officials: Awareness of all DHHS staff is measured by using a web-based survey of state agencies.

Table 1: SLRC Performance Goals and Indicators, Phase 1 (2003-2006)

The SLRC will ensure effective delivery of information and referral services	
1. The SLRC will ensure that elderly and disabled New Hampshire citizens and their caregivers, and particularly those seeking long-term supports, are aware of the Resource Centers and what they offer, and are knowledgeable about their long-term support services option	
Indicators:	**Results:**
1. % of elderly and disabled persons and their informal and formal caregivers surveyed indicated that they were aware of the SLRC and its role, and felt that they understood that there is an array of available long-term support service options. (Target: 30%)	In 2009 GSP when asked "how familiar are you with ServiceLink" 16% are "very" or "somewhat" familiar. While this % is lower than our target, there was a significant decrease between 2007 and 2009 of the NH adults reporting they are "not familiar at all". Of those in the GSP who have called a ServiceLink, 76% report they were "very" or "somewhat" satisfied with the information provided by the Resource Center. There has not been a significant change over time. In 2009, the Customer Satisfaction surveys were redesigned and now include the question "I understand how SLRC can assist me." Well over 90% of the respondents 'strongly' or 'somewhat' agree.
2. The number of contacts from each of the target populations to the SLRC for its information on assistance with obtaining long-term support increases	In 2003, the three pilot sites had 14,505 contacts (a contact includes calls, emails, faxes, and walk-ins). By 2007, the first full year of state-wide implementation, there were 48,701 contacts. In 2009 SLRC sites across NH received 83,872contacts.
2. The SLRCwill ensure that individuals and families throughout New Hampshire can easily access comprehensive and up to date information on available long-term support service options in their area and statewide	

Indicators:	Results:
1. % of elderly and disabled persons and their informal and formal caregivers who contacted the SLRC indicated that they were able to easily access the SLRC and they received information or services, they were given comprehensive, current and useful information (Target: 90%)	Since 2006, when the SLRC went state-wide, approximately 95% of those who left a message at an SLRC received a call back within 24 hours. When asked if the SLRC representative understood their needs and answered all their questions, respondents report they 'strongly' or 'somewhat' agree well over 90% of the time.
The SLRC will ensure effective delivery of counseling and case management support	
1. The SLRC will ensure consumers have the support and assistance they need to make informed choices among service options, and to remain independent in their own homes and communities, if they desire.	
Indicators:	**Results:**
1. % of elderly and disabled persons and their informal caregivers who contacted the SLRC seeking long-term supports surveyed indicated that they were given the assistance they needed, were made aware of the long-term support options, were assisted in exercising their choice to remain independent and/or residing in community setting, as they desired. (Target: 90%)	Since the state-wide roll-out in 2006, over 90% of respondents stated that the assistance they received at the SLRC helped them make informed decisions about care and services. In 2009, a few questions were added to examine this indicator more closely. Respondents indicated that over 95% of the time, the contact with the SLRC led to an appropriate follow-up/referral(s). In addition, over 95% agree that the referral(s) resulted in their needs being met. The Long Term Care Support Counselor position, whose primary role is to guide individuals through the options for LTC, was standardized across the SLRCs. This was accomplished by the development of LTS counselor competencies, standards, and a consistent job description (appendix B).

2. The SLRC will ensure that there will be uniform clinical eligibility assessments of each nursing facility applicant who has applied for or has been determined to be financially eligible for Medicaid benefits	
Indicators:	**Results:**
1. The State has successfully implemented a uniform clinical eligibility determination process using a uniform assessment tool for determining nursing facility level care statewide	A uniform clinical eligibility determination process was created. Please see NH Assessment Tool in appendix E.
2. When tested quarterly, there is an 85% or better inter-rater reliability among staff performing nursing facility level of care assessments using the same assessment tool	The design of the uniform assessment tool incorporates an automated algorithm that measures acuity based on numerical ranking of the individual's ADL capacity.
3. When audited annually by DEAS, the SLRCs demonstrated that the Nurse Assessors have made the correct nursing facility level of care determinations 95% of the time	See comments above. Additionally, every denial for long term care is reviewed in depth by the Deputy Director of the Division for Community Based Services, and all applicants have the right of appeal.
The SLRC will ensure efficiency	
1. The Resource Centers will ensure effective coordination with other state agencies and programs serving the target populations e.g., better coordination with the BEAS decreasing eligibility determining turn-around time, development of collaborative education and information dissemination approaches with the family caregiver support program, and better integration of the PASARR process with the Medicaid clinical eligibility determination process	
1. % of staff of other relevant state agencies are made aware of the role of the SLRC and how it's relates to their program/activities (Target: 90%)	In 2008, 93% of non-BEAS staff in the NH DHHS were familiar with SLRC state-wide program. In addition, 93% report that the SLRC is a single entry point for information about, and referrals for, long-term support services for elderly adults and persons with disabilities.
2. The SLRC will ensure that the current multitude of information, referral and assessment and counseling services are efficiently combined to eliminate duplication of effort among state staff and burden on consumers on multiple application processes at multiple sites	

Indicators:	Results:
1. The number of places consumers and their caregivers must go for information on long-term support has been greatly reduced without a corresponding decrease in volume of persons seeking services and information	This objective has been met through the establishment of the SLRC project in every county and the streamlining of services. The SLRC program has been established as the entry point for family caregivers through the NH Family Caregiver Support program. In 2009 SLRC sites across NH received 83,872 contacts (a contact includes calls, emails, faxes, and walk-ins). In 2003, the three pilot sites had 14,505. By 2007, the first full year of state-wide implementation, there were 48,701 contacts.
The Resource Centers will ensure effectiveness as a resource to policy makers	
3. The Resource Centers will ensure that periodic review and reporting of service gaps within the Resource Center's geographic area will be routinely reported to policymakers.	
Indicators:	**Results:**
1. Policymakers will be provided information on service gaps in their geographic area was timely and useful.	Communication with policy makers occurred over the course of the grant period in the following ways: presentations at Legislative Briefings on long-term care, annual SLRC report sent to policy makers, meetings with Governor and NH DHHS Commissioner, and testifying at long-term care commissions. The 2007 Annual Report provides service gap information.
2. The Resource Centers provide quarterly and annual reports analyzing the long-term support gaps indentified in their geographic areas.	Reports submitted. See appendix F for sample report.

Phase 2

Major Goal: Complete state-wide implementation of the SLRC model state-wide and coordinate the existing ADRC model with the work of the Systems Transformation Grant to create community capacity for enhanced access and consumer direction.

Table 2: SLRC Performance Goals and Indicators (written in 2006)

To improve access to long term support services through the SLRC model of a one-stop system	
1. *Provide awareness, information, and assistance to stakeholders*	
Indicators: 1. Increase the percentage of stakeholders with awareness of the needs of older adults and persons with disabilities, where to turn for assistance, utilization of community-based support networks for accessing information and assistance.	**Results:** As described earlier, awareness of the SLRCs in the general public has not met the goal, but satisfaction among those who use the SLRC is high. (See GSP and Consumer Satisfaction Survey Report in appendix A)
2. Streamline multiple eligibility process	
Indicator: Reduction in repetitive and redundant eligibility interviews for consumers, decrease in the time information about eligibility statue is available to providers and improved data integrity	**Results:** Through process changes within DHHS, a LTC medical assessment is good for 365 days. Prior to this change, assessments were done any time a change in status occurred. This reduces the number of assessments that have to be completed on an individual. SLRC LTS Options Counselors are trained to pre-screen and initiate Medicaid LTC financial eligibility applications. In some cases, they initiate and process presumptive eligibility, eliminating a Medicaid face-to-face interview, streamlining the process for individuals .
3. Target individuals who are at imminent risk for admission to an institution	

Indicator:	Results:
1. Increase in the timely identification of needs, eligibility, determination, and service authorization	Needs are identified quicker through the streamlined clinical assessment. Service Authorizations are established and amended by the HCBC-ECI (the Medicaid Community Based Care waiver program) Case managers. These case managers now have access and authorization to systems.
Objectives and indicators developed during course of award period	
Indicator: 1. Update and enhance New Hampshire's publicly accessible resource database	**Results:** Completed. The website is public and a procedure for updating resources was established.
2. Assess and upgrade the SLRC telecommunication system	Completed in 2008. The upgrade included private mailboxes for all staff, call transfer ability between 9 county's, call volume reporting, improved internet access in some sites.
3. Develop, implement, and report on a direct care workforce survey	Completed. Survey instrument and reports located in appendix D.

What, if any, challenges did you face during the project and what actions did you take to address these challenges? What policy barriers did you encounter that made your goals difficult to achieve? How were the actions you took effective in resolving challenges?

One of the major challenges of this project was the need to include a broad and diverse group of stakeholders on the development of the SLRC model, and, in some cases, prove the value of the project to necessary partners. To address these issues, Planning and Advisory Councils that included all the stakeholders were formed early in the development process. Also, adjustments were made in a real-time fashion, based on evaluation data and operational lessons.

Many discussions occurred at both the State and the community levels to present the model, refine it; develop the roles, responsibilities and protocols for the SLRC teams, train the staff and the providers who interface with the SLRC, monitor the implementation, and attend to trouble-shooting. Some providers had to be persuaded of the value of a single point of entry model, maintaining that the SLRC model was duplicative of their function. Other providers questioned why the State was investing scarce resources in the model instead of giving more to direct services. Working with these groups directly and demonstrating the value with the results of the evaluation were key to addressing these concerns.

Over the course of the project, the SLRCs became established components of New Hampshire's home and community-based infrastructure and a resource for nursing home and community-based providers. This acceptance of the SLRCs as integral resource was not immediate, and was supported by the graduated implementation schedule. It was important to implement in a thoughtful way to establish proof of concept for stakeholders. At the end of the first year, two pilot sites became operational; at the end of the second year, three more sites were implemented. The implementation schedule was planned to enable all planned SLRC sites state-wide and the State implementation team to focus on the intensive outreach to consumers, families, and providers that needed to occur prior to full implementation. The gradual implementation strategy was beneficial. Field-testing the model before implementing it statewide allowed most major operational problems to be worked out before the model was finalized.

In addition, during the first four years of the grant, New Hampshire was challenged to balance the need for program awareness statewide and direct service funding. Funds under the ADRC project have been utilized for localized marketing materials by each SLRC, tables at conferences which target the general public (Annual Real Choices, Lutheran Social Services, and Conference on Aging) and converting brochures and materials into French and Spanish. However, a broader marketing campaign to increase the awareness within the general public was never implemented, due largely to the resistance of using funds for this purpose.

One of the unexpected challenges during the course of the grant period for SLRCs was associated the implementation of Medicare Part D. During the first open enrollment period, all the SLRC's experienced higher volumes as individuals sought information and assistance regarding the prescription drug program. While the implementation of the Medicare Part D Program strained capacity of SLRCs, the assistance and counseling staff provided helped to solidify the community's perception of the SLRCs as reliable and helpful sources of information and assistance about a wide range of programs and services besides Medicare.

An early challenge that the project still faces today is how to balance compliance with the federal standards for a fully functioning ADRC system against the needs and expectations of New Hampshire's legislature and state agencies, as well as those of each independent SLRC, which represents the interests of the community level. Over the past two years, the DHHS has been implementing new strategies for streamlining access to long term care. Two notable examples of these initiatives include the adoption of presumptive eligibility in the State's Home and Community Based Care Waiver for the Elderly and Chronically Ill (HCBC-ECI) and the

centralization of the Medicaid long term care financial and clinical eligibility into a single unit. Both of these initiatives have been priority projects that impact the SLRC's. While the intent of these initiatives, to increase and enhance consumer access to long term care, is certainly consistent with federal, state, and community expectations, some of the operational aspects are still being developed. Regardless of changes that may be made to its business model, ServiceLink will still continue to be the community access point for Medicaid long term care eligibility in New Hampshire.

One particular area of attention for the SLRC program has been the incorporation of the adult disabled community needs into the SLRC program. Disabled adult support services had previously been maintained separately from elderly adult services, and integration of these two distinct communities proved challenging for the SLRCs. However, integrating the disabled community will be of continued importance for NH, given the state's growing disabled adult population; the number of adults reporting themselves as limited in any activities because of physical, mental, or emotional problems has increased nearly 50 percent since 2001. With 2009 ADRC Enhancement Grant funding, NH plans to achieve continued integration of aging & disabled support systems within the ADRC program.

What impact on the consumer and the service area's long-term care system do you think this project has had to date, i.e. What ADRC functions are firmly embedded in the service areas's long-term care system? What are the lessons you learned from undertaking this project? Please note your significant partners in this project and if/how you will continue to work on this activity.

The NH SLRC project has realized the following accomplishments that are important impacts on the LTC system:

- The centralization at the local level of a complex, formerly fragmented process for accessing long term care supports to streamline both clinical and financial eligibility, resulting in a reduction between the time an individual applies and services are initiated
- The implementation of an integrated staffing model in which staff from multiple agencies work together as a team in a process that is seamless for the consumer so that consumers have one place to contact for information and assistance in accessing services and supports
- The recognition of the SLRCs as highly visible and trusted community resources by consumers, families, providers, legislators and funders, enhancing its potential for sustainability

According to the AoA definitions, NH has a fully-functioning ADRC system, which provides the full suite of services that ADRCs should offer. More specifically, all SLRC offices in NH include:

1) Access to comprehensive information referral and assistance about services for individuals with public or private payment mechanisms (Information and Awareness function)

2) A single point of entry into public programs, including Medicaid funded in-home care and nursing home care (Streamlined Access function)

3) Screening for and assessment of Medicaid eligibility (Streamlined Access function);

4) Options Counseling (Options Counseling function)

5) Long-term care counseling (Information and Awareness function)

6) Tools for short term case-tracking (Quality Assurance and Evaluation function)

7) Counseling, respite care counseling, and other supports for family caregivers (Information and Awareness function)

8) Statewide coordination and counseling to Medicare beneficiaries under the State Health Insurance Assistance Program (SHIP) (Streamlined Access function).

9) Statewide coordination and counseling to Medicare and Medicaid beneficiaries under the Senior Medicare Patrol Project (SMP) (Streamlined Access function).

Reflecting on the successes and challenges of the NH SLRC program development and implementation, NH's major lessons learned focus primarily on how to structure a group to advise project development and to be thoughtful in the overall approach. The major stakeholders for the NH ADRC project could be important supporters or detractors for the project, depending on how they are engaged. For example, the provider community is important for referral to SLRCs, but if their concerns are not addressed, they could detract from the development of the model. Having the full range of stakeholders on the Advisory Council to inform development at the outset and throughout the development process is important. Also, to create a fully-functioning ADRC across the entire state, the NH ADRC program was served well by a gradual implementation process. This allowed us to being with pilot sites, evaluate implementation and operational needs thoroughly, and develop a full implementation strategy that was reactive to those needs. The NH ADRC continually evaluates the SLRCs, and through active advisory groups, can continue to make changes as necessary, in a timely way.

Throughout the grant period, there have been many significant partners including:

- The University of New Hampshire Institute for Health Policy and Practice, Institute on Disability, and Survey Center;
- The New Hampshire Department of Health and Human Services, particularly the Division of Community Based Care Services (DCBCS). Within DCBCS, BEAS is the state administrative office for the ServiceLink program;
- The SLRC Advisory Board Members, which includes;
- All 13 SLRC fiscal sponsors, staff, and advisory boards;
- Real Choice Consumer Advisory Group;
- Granite State Independent Living (Center for Independent Living serving all New Hampshire); and
- The Lewin Group (Technical assistance provided under the ADRC project).

Each of these partners, and the stakeholders they represent, continue to play a role in New Hampshire's SLRC program and are partners in the current (2009-2012) NH ADRC Enhancement Grant. The relationship between BEAS and NHIHPP has proven to provide the NH ADRC project with a strong balance between program implantation and program evaluation.

What will happen to the project after this grant has ended, i.e. is there state level and/or legislative support for this project to continue? Will Project activities be sustained? Will project activities be replicated? If the project will be sustained/replicated what other funding sources and/or potential legislative activities will allow this to occur?

The Department of Health and Human Services supports the ServiceLink program as a foundation for its overall Systems Transformation program. The SLRCs around the state play a critical role in providing access, choice, and a trusted place for NH residents to go to get information. To that end the state of NH has consistently supported the SLRC program. Financial support comes in various forms. The SLRC program received SHIP and SMP funding to provide Medicare counseling and Medicaid/Medicare fraud and abuse reporting. The SLRC is identified as the lead program in providing all family caregiver support for the state. The SLRC received funding through the National Family Caregiver Program, the Community Living Program, and Title XX. The SLRC also received state general fund dollars to provide information, referral, and assistance and federal dollars to provide long-term support options counseling. None of the ADRC grant funding is directed at on-going operational costs or supports.

In the current economic recovery, New Hampshire is experiencing the same resource constraints as its sister States. While the SLRC Program was able to preserve its State funding base in the last budget development, it must still continue to justify the expenditure of State funds. The Program has established a strong network of advocates who testify at budget hearings about the benefits of ServiceLink in facilitating access to less costly home and community based care.

An important aspect of sustainability for the NH ADRC project is SLRC integration with related programs that can be administered by the SLRCs. BEAS administers the NH Family Caregiver Support Program (NHFCSP), funded by the AoA, and the state general funded

Alzheimer's Disease and Related Disorders (ADRD) respite grant program for caregivers. Both programs work with persons who are not Medicaid eligible to provide timely intervention and supports to caregivers so that they can continue in their caregiving roles and avoid spend down and placement of the care recipient. The NHFCSP utilizes a consumer-directed model that allows consumers to choose and supervise their respite provider and use supplemental services flexibly. This process has been streamlined and decentralized to the community level through the SLRC's.

BEAS administers NH's State Health Insurance Program (NH SHIP) at the community level through the SLRC's. The primary mission of NH SHIP is to provide information, counseling and assistance relating to the procurement of adequate and appropriate health insurance coverage including such topics as Medicare coverage, Medicare Prescription Drug Benefit, Medicare Supplemental Plans, and long term care insurance to Medicare eligible persons, their families and caregivers. NH SHIP also strives to recruit, train, and maintain a network of volunteers to help with providing these services in the SLRC regions.

BEAS administers NH's Senior Medicare Patrol Project (SMP) at the community level through the SLRC's. The SMP's primary mission is to a) increase community awareness of the importance of health care fraud control though education, counseling, assistance and outreach to people with Medicare; b) recruit, train, and maintain a network of volunteers to help with providing these services in the SLRC region; and c) refer potential fraudulent cases for further investigation. The program makes Medicare and Medicaid beneficiaries more informed health care consumers and enables them to play an important role in helping to avoid payment errors.

New Hampshire was successful in securing a third round of ADRC federal funding for 2009-2012. The 2009 ADRC Enhancement Grant will create a five-year operational plan with technical assistance from the funder. This plan will be utilized as tool with policy makers and in NH DHHS budget planning. Other major objects during this grant period are to develop and implement a person-centered hospital discharge planning model, develop and implement a "no-wrong door" model, continue to streamline access and information, and improve project evaluation tools. The 2009 ADRC Enhancement Grant will allow New Hampshire to continue to strengthen and sustain the state-wide ADRC model.

What were the most effective strategies you used to streamline consumers' access to long term services and supports?

Streamlining consumers' access to long-term care services and supports stems partly from the technology used to support the SLRCs. Within the course of this grant period, the NH Team provided input to the process for updating the long-term care information system for Medicaid, known as "Options." Long-term support counselors at each ServiceLink are able to initiate long-term care applications from this system. Options has the ability to capture and report on much of the data needed for information delivery related to Medicaid funded long-term care. As a result of using the Options system there are several streamlining activities. These include discontinuing several data elements, steps, and functions in the Refer 7 system (the SLRC information and referral system). The Refer 7 system does track the application status and next steps to inform consumers and identify action points in the application process. Some of the

action points triggers a letter to the consumer to notify them of next steps, or missing information.

Over the course of the grant period New Hampshire established best practices as it relates to the eligibility process for NH's Choices for Independence (CFI) program (the HCBC ECI-Waiver) and nursing home applications. A workgroup, with the assistance of consumer feedback, established a consumer guide for the CFI program. This guide assists consumers in understanding the process for eligibility including the steps, average timeframes, applicant responsibility, and process for accessing services once determined eligible. A collapsed version for providers and other stakeholders has also been developed (appendix C).

Over the course of this grant period, BEAS has been involved in the DHHS Access Front Door project to centralize long-term are eligibility. The purpose of the project is to improve the quality of financial eligibility decision, reduce the processes time, and to provide consistent reliable service to the public. While Access Front Door aims at centralizing key functions of the eligibility process, the SLRCs will provide the community a one-stop-shop system for Medicaid funded long-term care. Access Front Door is in the development phase and is anticipated to begin rolling out in June 2010.

As mentioned previously, the SLRC program in NH has been integrated and involved in many related programs, including the Systems Transformation project, the NH Family Caregiver Support Program, Senior Medicare Patrol Project, State Health Insurance Program, and the Alzheimer's disease and Related Disorders respite grant program for caregivers. At the

individual site level, the SLRC staff have participated and taken leadership roles in key projects since 2003.

In addition, staff from BEAS and SLRC offices participate in a number of related state agency meetings in order to increase program visibility, coordinate services, and avoid duplication of efforts in the delivery system. Examples include the statewide suicide prevention council, the Veterans Community Programs sub-committee, the statewide elder abuse council, the quality council for the Choices for Independence (HCBC-ECI) program, and the Access Front Door Project through the Department of Health and Human Services.

Conclusion

Implementing, sustaining, and enhancing a state-wide single-point of entry into the long-term care system has proven successful in New Hampshire. Indicators of this success include high levels of satisfaction of SLRC consumers, consistent increase adults and adults with disability contacting a SLRC each year, the development and implementation of streamlining access projects, securing additional funding to support the work, and the establishment of strong partnerships. The successes and lessons learned over the past six years in New Hampshire have provided a foundation from which NH can build to continue to streamline long-term care services. The support from state general funds, other federal funding streams, and the 2009 ADRC Enhancement Grant will continue to sustain the ADRC project in New Hampshire and enhance a person-centered approach for New Hampshire's long-term care system.

Appendix

A. Evaluation

B. Long-Term Support Counselor Project

C. Choices For Independence Guide

D. NH Direct Care Workforce Project

E. Uniform Assessment Tool

F. SLRC Annual Report

A.) Evaluation

ServiceLink Resource Center (SLRC) of Belknap County
Consumer Satisfaction Survey

1-866-634-9412
www.ServiceLink.org

At the ServiceLink Resource Center, we want to continually improve the quality of the assistance we provide to our valued clients. Please tell us about your most recent experience with SLRC by taking a few minutes to complete this survey. Just circle the number of the response that best represents your opinion. If the question does not apply to you, circle the "5". When you're finished, place the survey in the return envelope provided, and drop it in the mail. You do NOT have to put a stamp on the envelope.

1. What is the primary reason you most recently contacted ServiceLink?
1. Medicare **2.** Medicaid **3.** Long Term Care Planning **4.** General Information **5.** Help Finding Services **6.** Caregiver Support **7.** Other _____

2. Who did you contact SLRC for help about?
1. Myself **2.** My spouse / partner **3.** Parent **4.** Other _____

Your Most Recent Contact	Strongly Agree	Agree Somewhat	Disagree Somewhat	Strongly Disagree	Doesn't Apply
3. (If you left a message) The SLRC representative called me back within 24 hours.	1	2	3	4	5
4. The SLRC representative understood my needs.	1	2	3	4	5
5. The SLRC representative answered all my questions.	1	2	3	4	5
6. The SLRC representative referred me to the appropriate agency/agencies for service.	1	2	3	4	5
7. The SLRC representative was courteous and friendly.	1	2	3	4	5
8. I understand how SLRC can assist me	1	2	3	4	5
9. I trust the information provided by SLRC.	1	2	3	4	5
10. I would use the SLRC again.	1	2	3	4	5
11. I would recommend SLRC to a friend or relative.	1	2	3	4	5
12. Overall, I am satisfied with my experiences with the SLRC.	1	2	3	4	5

13. During this most recent contact, was there a staff member that was very helpful? If yes, please tell us about your experience? _____

_____

14. Did the assistance you received from SLRC help you make more informed decisions about care and services?
1. Yes **2.** No → What could we do better? _____

Contact Results	Strongly Agree	Agree Somewhat	Disagree Somewhat	Strongly Disagree	Doesn't Apply
15. If needed, my SLRC representative followed-up within a reasonable time	1	2	3	4	5
16. My contact with SLRC led to an appropriate follow-up / referral(s)	1	2	3	4	5
17. The referral(s) I received resulted in my needs being met	1	2	3	4	5

>----------<

Optional: Please sign and print your name here if you agree to allow us to use your comments for public awareness of SLRC.

Sign _____ Print _____

ServiceLink Resource Center Survey

1-866-634-9412
www.ServiceLink.org

At the ServiceLink Resource Center (SLRC), we want to continually improve the quality of the assistance we provide to consumers and health care providers. We need your help in providing us information about what you as someone who works for a state agency believes about the SLRC. Please tell us about your experience with SLRC by taking a few minutes to complete this survey.

About you and your organization:

1. What is the name of your Agency/Department? _____

2. Are you familiar with the ServiceLink Resource Center?
- □ YES – Please continue below
- □ NO – Check here and return the survey

Based on what you know about the SLRC, please indicate how strongly you agree or disagree with the following statements.	Strongly Agree	Agree Somewhat	Disagree Somewhat	Strongly Disagree	Doesn't Apply
3. I regularly refer clients to SLRC	1	2	3	4	5
4. I am familiar with the type of assistance the SLRC offers.	1	2	3	4	5
5. I trust the SLRC to appropriately refer their clients to my organization / agency.	1	2	3	4	5
6. I trust the SLRC to make appropriate referrals on behalf of my clients / patients.	1	2	3	4	5
7. SLRC staff are very knowledgeable about local services for older adults, persons with disabilities and their caregivers.	1	2	3	4	5
8. I would refer clients / patients to the SLRC again.	1	2	3	4	5
9. Overall, I am satisfied with my relationship with the SLRC.	1	2	3	4	5

10. What are the primary reasons you refer people to the ServiceLink Resource Center? (Check all that apply)

__ 1. Medicare Counseling
__ 2. Medicaid Counseling
__ 3. Long Term Care Counseling
__ 4. Caregiver Support Counseling
__ 5. Help Completing Forms
__ 6. Education / Outreach
__ 7. Transportation Options
__ 8. Housing Options
__ 9. Veterans Resources
__ 10. Help finding services
__ 11. Other State Program / Assistance
__ 12. Resources (Brochures / Pamphlet
__ 13. Have NOT referred to SLRC
__ 14. Other Specify _____

11. What are the primary reasons you do not refer people to the ServiceLink Resource Center? _____

_____

12. Do you think the SLRC provides a single point of entry where older adults, persons with disabilities and their caregivers can obtain information about, and referrals for, long-term support services.
- □ YES – Why? _____
- □ NO – Why not? _____

13. What would be the best way to get you information about ServiceLink?

1. Mail
2. E-mail
3. Brochures / Flyer
4. Telephone calls from SLRC staff
5. SLRC Web Site (www.ServiceLink.org)
6. Other _____

If you want more information about the ServiceLink Resource Center, please contact Wendi Aultman (WAultman@dhhs.state.nh.us), or call 1-800-351-1888 extension 4640.

ServiceLink Resource Center Survey

1-866-634-9412
www.ServiceLink.org

At the ServiceLink Resource Center (SLRC), we want to continually improve the quality of the assistance we provide to consumers and health care providers. Please tell us about your experience with SLRC by taking a few minutes to complete this survey. When you're finished, fold the survey so the SLRC address is on top, and drop it in the mail. You do NOT have to put a stamp on the survey. If you would like to complete this survey on-line, please go to: www.unh.edu/survey-center/nhslrc1.htm

About you and your organization:

1. What is the name of your organization? _____
2. What is your e-mail address? _____
3. What is your title / position / specialty? _____
4. Are you familiar with the ServiceLink Resource Center?
   - ☐ YES – Please continue below
   - ☐ NO – Check here and return the survey

Based on what you know about the SLRC, please indicate how strongly you agree or disagree with the following statements.	Strongly Agree	Agree Somewhat	Disagree Somewhat	Strongly Disagree	Doesn't Apply
5. I regularly refer clients to SLRC	1	2	3	4	5
6. I am familiar with the type of assistance the SLRC offers.	1	2	3	4	5
7. I trust the SLRC to appropriately refer their clients to my organization / practice.	1	2	3	4	5
8. I trust the SLRC to make appropriate referrals on behalf of my clients / patients.	1	2	3	4	5
9. SLRC staff are very knowledgeable about local services for older adults, persons with disabilities and their caregivers.	1	2	3	4	5
10. I would refer clients / patients to the SLRC again.	1	2	3	4	5
11. Overall, I am satisfied with my relationship with the SLRC.	1	2	3	4	5

12. With which SLRC do you primarily work?

__ 1. Belknap	__ 3. Coos	__ 5. Hillsborough	__ 7. Monadnock Region	__ 9. Strafford
__ 2. Carroll	__ 4. Grafton	__ 6. Merrimack	__ 8. Rockingham	__ 10. Sullivan

13. What are the primary reasons you refer people to the ServiceLink Resource Center? (Check all that apply)

__ 1. Medicare Counseling	__ 6. Education / Outreach	__ 11. Other State Program / Assistance
__ 2. Medicaid Counseling	__ 7. Transportation Options	__ 12. Resources (Brochures / Pamphlet
__ 3. Long Term Care Counseling	__ 8. Housing Options	__ 13. Have NOT referred to SLRC
__ 4. Caregiver Support Counseling	__ 9. Veterans Resources	__ 14. Other Specify _____
__ 5. Help Completing Forms	__ 10. Help finding services	

14. What are the primary reasons you do not refer people to the ServiceLink Resource Center? _____
_____

15. Do you think the SLRC provides a single point of entry where older adults, persons with disabilities and their caregivers can obtain information about, and referrals for, long-term support services.
   - ☐ YES – Why? _____
   - ☐ NO – Why not? _____

16. What would be the best way to get you information about ServiceLink?

1. Mail	3. Brochures / Flyer	5. SLRC Web Site
2. E-mail	4. Telephone calls from SLRC staff	6. Other _____

Thank you for your time. Please fold survey, tape and return by mail.

DRAFT

GRANITE STATE POLL

FOR

SERVICELINK RESOURCE CENTER

Prepared by:

Tracy Fowler, M.A.

The Survey Center
University of New Hampshire

October, 2009

The University of New Hampshire

Survey Center

The UNH Survey Center is an independent, non-partisan academic survey research organization and a division of the UNH Carsey Institute.

The Survey Center conducts telephone, mail, e-mail, Internet, and intercept surveys, as well as focus groups and other qualitative research for university researchers, government agencies, public non-profit organizations, private businesses, and media clients.

Our senior staff has over 40 years experience in designing and conducting custom research on a broad range of political, social, health care, and other public policy issues.

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EXECUTIVE SUMMARY

The University of New Hampshire Survey Center included a series of questions on its September 2009 Granite State Poll for the ServiceLink Resource Center (SLRC). The major purpose of these questions was to assess the level of familiarity and knowledge of New Hampshire residents regarding SLRC. These questions were asked on the February, 2005, October, 2005, November 2006, January 2008, and September 2008 Granite State Polls and several questions were also asked on the Spring, 2004 Granite State Poll.

Five-hundred and fifty (502) New Hampshire adults were interviewed by telephone between October 2 and October 9, 2009. The margin of sampling error for survey is +/- 4.2%. (See Technical Report below for a more detailed description of survey methods.) In the February, 2005 Poll an oversample of residents of Belknap and Strafford counties was interviewed so that a better understanding of how aware people in the pilot counties were of the SLRC. There was no oversample in the five subsequent Polls.

The following figures display survey results, detailed tabular results can be found in Appendix A, open-ended responses are found in Appendix B, & the questionnaire can be found in Appendix C.

- Respondents are quite confident that they would be able to find out about long-term support in their community if they, or someone in their household, had a condition or illness that required such support. Fifty percent said they are "very confident" they could find such supports, 29 percent said they are "somewhat confident", 14 percent are "not very confident," 5 percent are "not confident at all," and 2 percent "don't know." There is a significant increase between 2007 and 2009 of NH adults reporting they are "very confident". *Figure 1*

- When asked who they would contact to find out about long-term support service, 27 percent said they would contact a hospital or clinic, 18 percent would contact their doctor, 13 percent say they would contact a Government office, 11 percent say they would contact the VNA, 9 percent say they would contact a local or state social services agency, and 12 percent say they would contact a family member (8%) or friend (4%). *Figure 2*

- When asked how familiar they are with ServiceLink only 6 percent say they are "very familiar," 10 percent say they are "somewhat familiar," while 12 percent are "not very familiar," and 72 percent are "not familiar at all." There is a significant decrease between 2007 and 2009 of NH adults reporting they are "not familiar at all". *Figure 3*

- The great majority of New Hampshire adults have never called ServiceLink (SLRC). Eighty-nine percent of New Hampshire adults say they have never called ServiceLink. There is a significant decrease between 2007 and 2009 of NH adults reporting they have "Never Called ServiceLink". *Figure 4*

- Of the 11 percent that say they have called ServiceLink (N=44), 46 percent say they were "very satisfied," 30 percent say they were "somewhat satisfied." In the October 2009 Granite State Poll, 10 percent say they were "not very satisfied" and 8 percent say they were "not satisfied at all." *Figure 5*
  - When asked how they had heard of ServiceLink (SLRC), 6 percent say they heard of ServiceLink from a newspaper, 25 percent from a friend (11%) or family member (14%), 6 percent from a government office, 8 percent say they heard of ServiceLink (SLRC) from a brochure or flyer, 2 percent from a doctor, and 7 percent from a local social service agency. *Figure 6*

- Fifty-two percent of New Hampshire adults said they are "very likely" and 28 percent say they are "somewhat likely" to call ServiceLink (SLRC) if they, or someone in else their household needed information about services for elderly adults or persons with disabilities in their community. Eight percent say they are "not very likely," 9 percent say they are "not likely at all," and 3 percent "don't know" if they would call ServiceLink if a household member needed it. *Figure 7*

Figure 1

Confidence in Finding Long-Term Support Services in Community

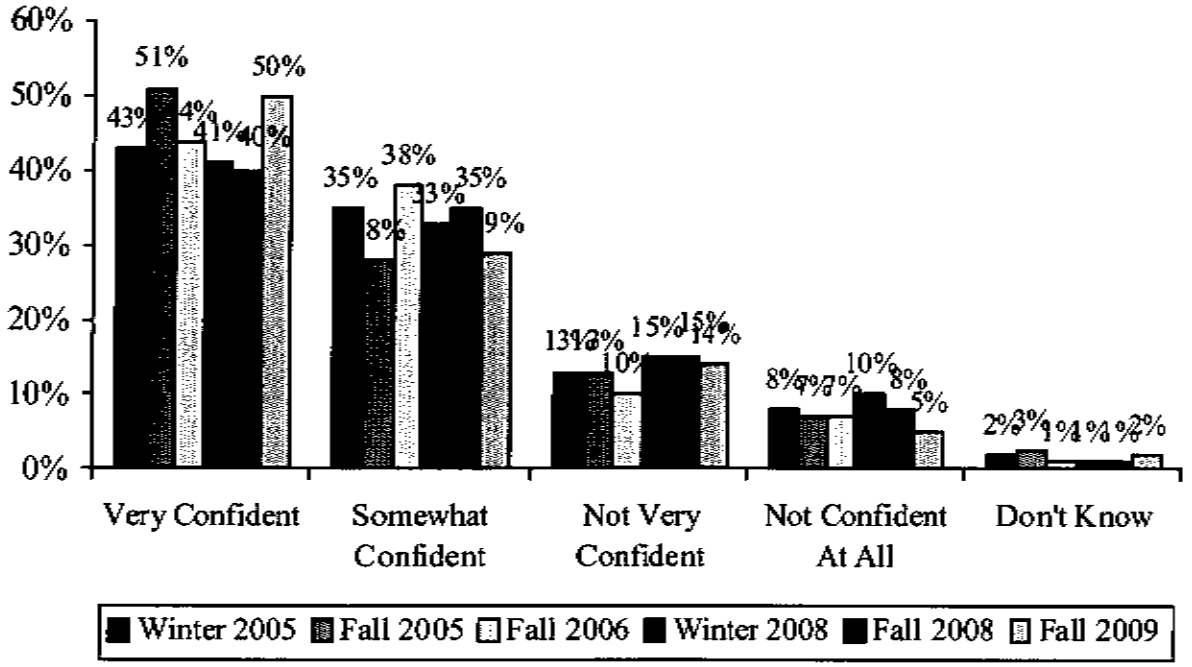


Figure 2

Who to Contact to Find Out More About Long-Term Support Services
(Multiple response possible. Percentages sum to more than 100%.)

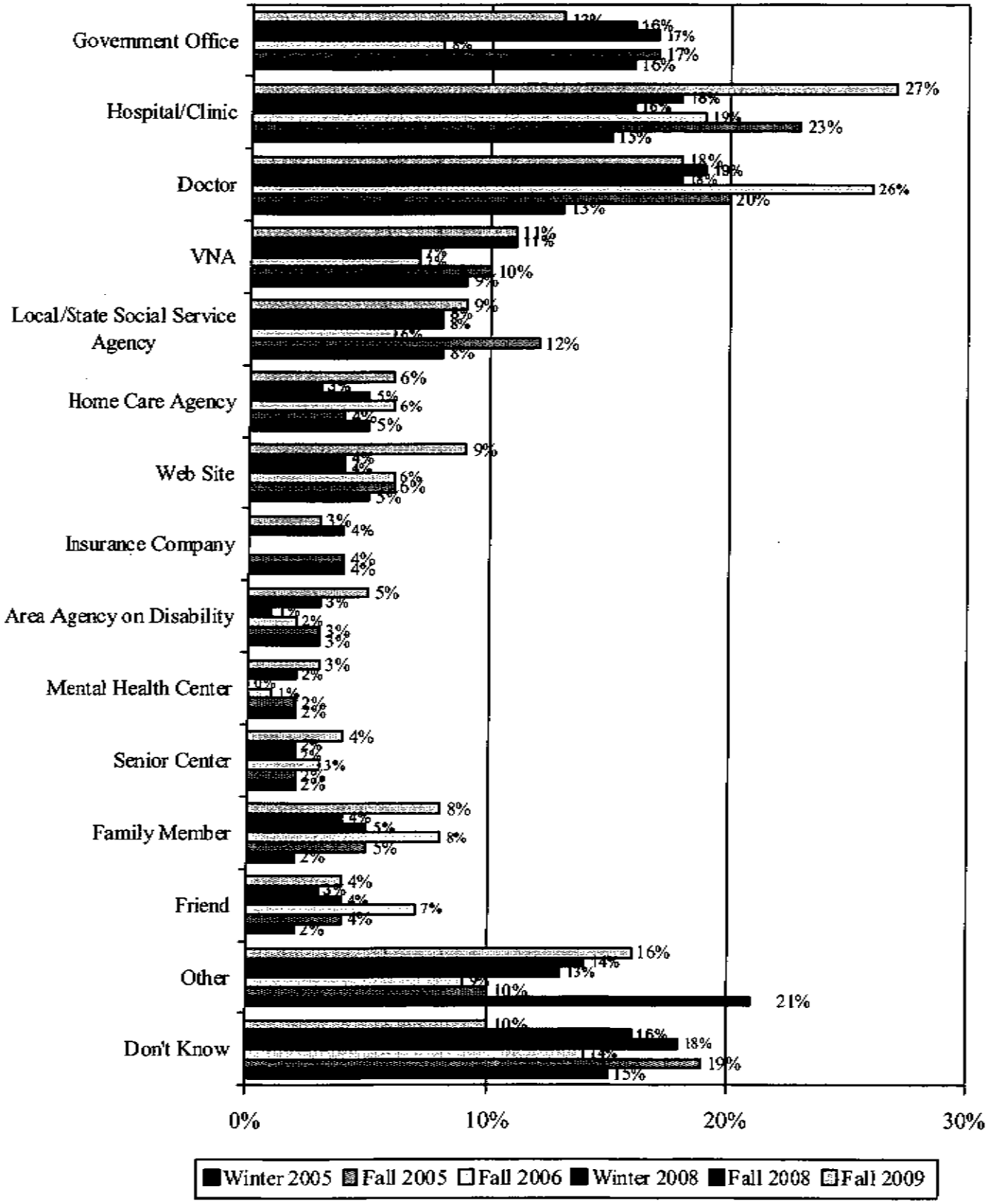


Figure 3

Familiarity with ServiceLink Resource Center Statewide

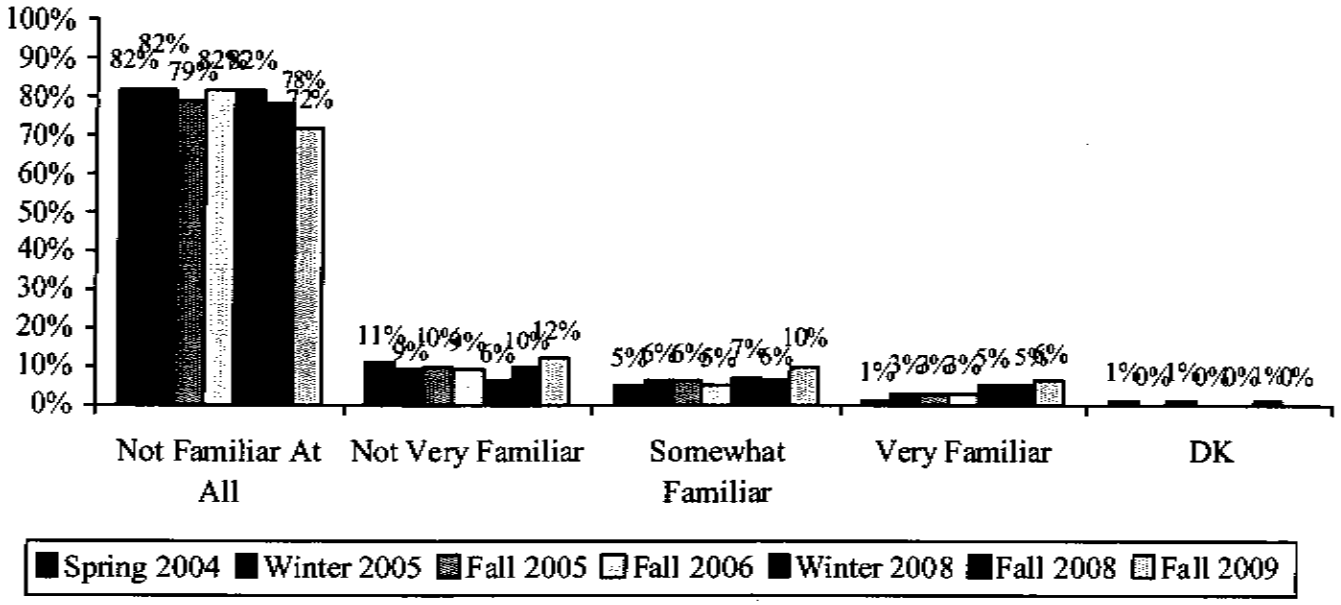


Figure 4

When was the Last Time Anyone in Your Household Ever Called ServiceLink Resource Center
Statewide

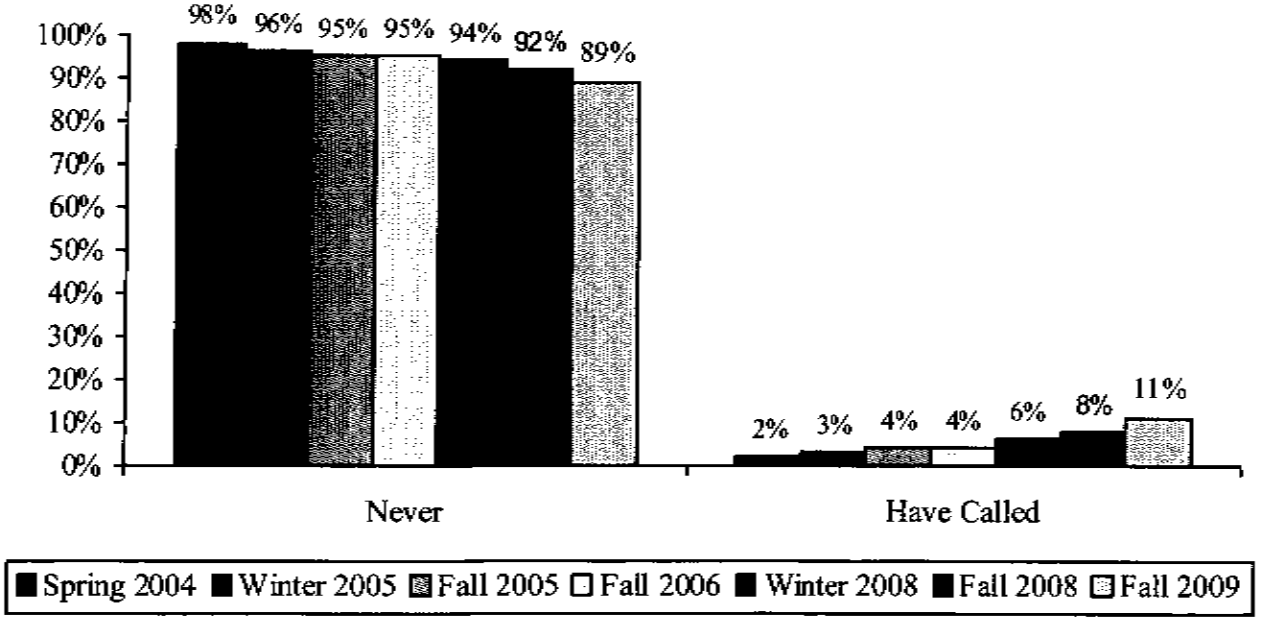


Figure 5

Satisfaction with Information Provided by ServiceLink Resource Center
(Those who said they "have" called ServiceLink)

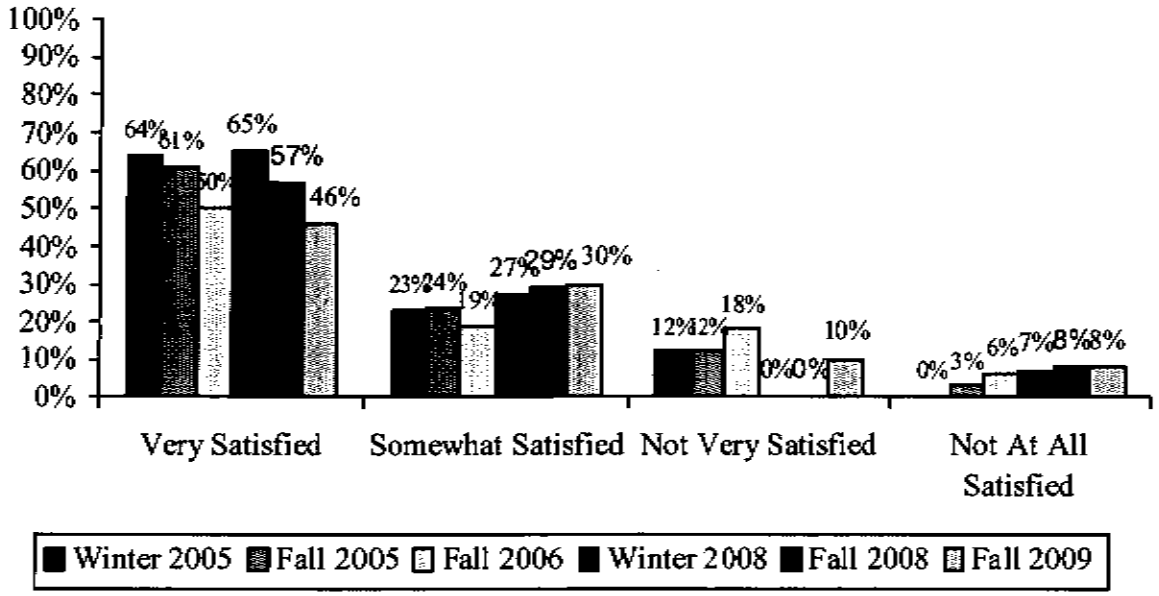


Figure 6

Where Did You Learn of ServiceLink
(Multiple response possible. Percentages sum to more than 100%.)

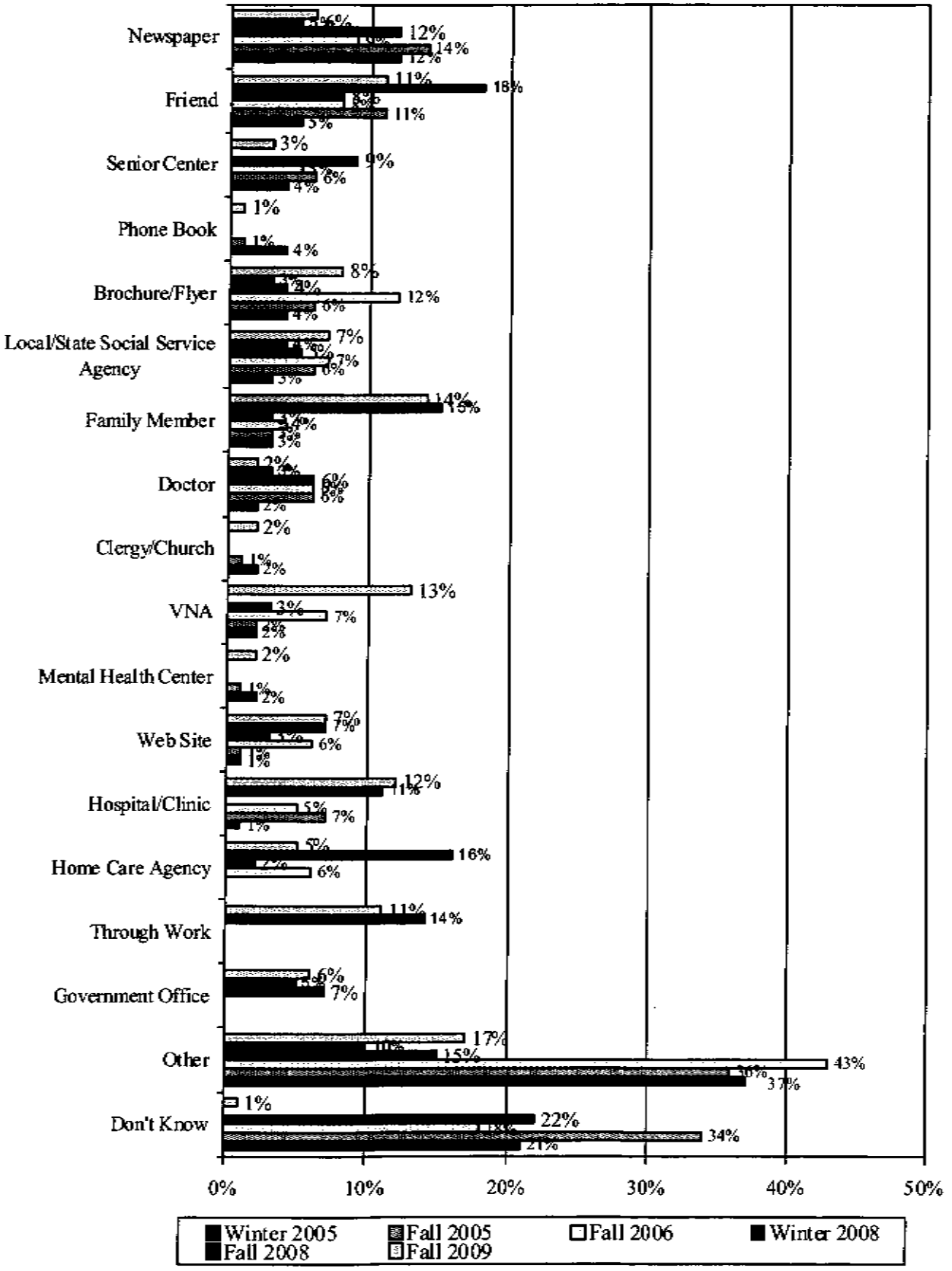
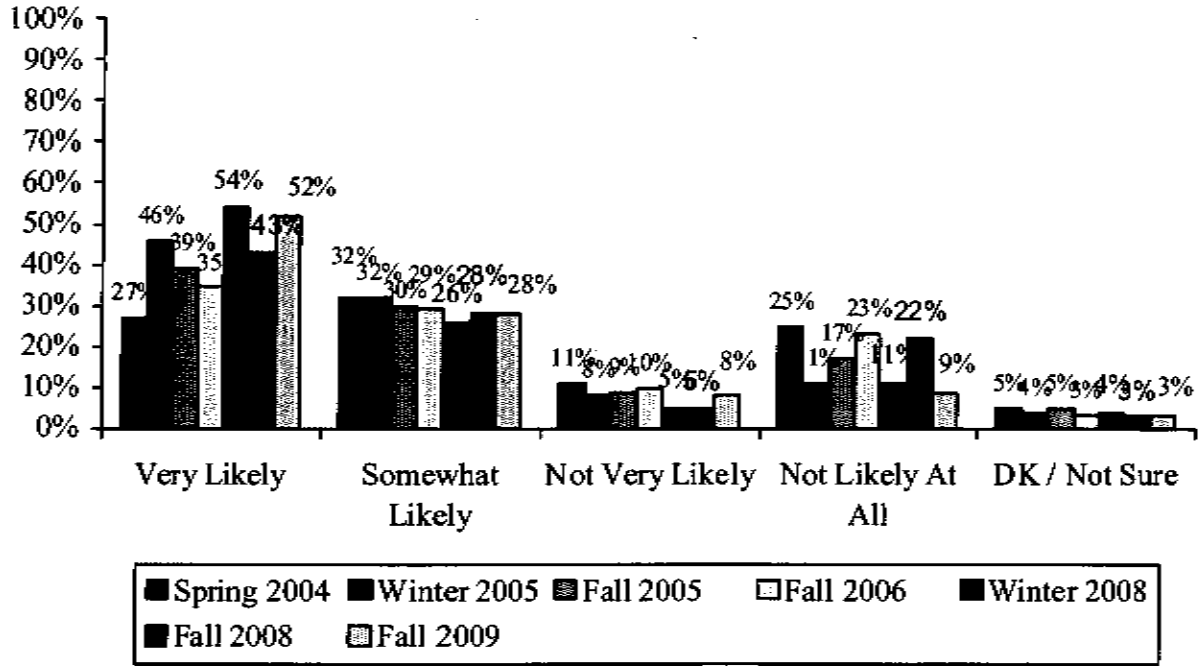


Figure 7

Likelihood of Calling ServiceLink Resource Center if Household Member Needed Information About Elderly or Disability Services Statewide



TECHNICAL REPORT

How the Sample Was Selected

The Fall, 2009 Granite State Poll was a survey of randomly selected adults in the state of New Hampshire. This survey was conducted using a procedure called Random Digit Dialing (RDD) which is described below.

A sample of households in the area was selected by a procedure known as random digit dialing. The way this works is as follows. First, with the aid of the computer, one of the three-digit telephone exchanges that are currently used in the area (e.g., 772) is randomly selected. The computer then randomly selects one of the "working blocks"--the first two of the last four numbers in a telephone number (e.g., 64)--and attaches it to the randomly selected exchange. Finally, the computer program then generates a two-digit random number between 00 and 99 (e.g., 57) which is attached to the previously selected prefix (772), and the previously selected working block (64) resulting in a complete telephone number -- i.e., 772-6457. This procedure is then repeated numerous times by the computer to generate more random numbers, so that we have a sufficient quantity to conduct the survey. The end result is that each household in the area in which there is a telephone has an equally likely chance of being selected into the sample.

The random sample used in the Granite State Poll was purchased from Scientific Telephones Samples (STS), Foothill Ranch, California. STS screens each selected telephone number to eliminate non-working numbers, disconnected numbers, and business numbers to improve the efficiency of the sample, reducing the amount of time interviewers spend calling non-usable numbers.

Each of these randomly generated telephone numbers is called by one of our interviewers from a centrally supervised facility at the UNH Survey Center. If the number called is found not to be a residential one, it is discarded and another random number is called. (Approximately forty-five percent of the numbers were discarded because they are found to be businesses, institutions, or not assigned.) If it is a residential number, the interviewer then randomly selects a member of the household by asking to speak with the adult currently living in the household who has had the most recent birthday. This selection process ensures that every adult (18 years of age or older) in the household has an equally likely chance of being included in the survey. No substitutions are allowed. If, for example, the randomly selected adult is not at home when the household is first contacted, the interviewer cannot substitute by selecting someone else who just happens to be there at the time. Instead, he or she must make an appointment to call back when the randomly selected adult is at home. In this way, respondent selection bias is minimized.

When the Interviewing Was Done

New Hampshire adults in the Granite State Poll were interviewed between October 2 and October 9, 2009. Each selected respondent was called by a professional UNH Survey Center interviewer from a centrally supervised facility at the UNH Survey Center. Telephone calls during the field period were made between 9:00 AM and 9:00 PM.

Response Rates

Interviews were completed with 502 randomly selected adults in New Hampshire from a sample of 4,222 randomly selected telephone numbers. Using American Association for Public Opinion (AAPOR) Response Rate 4, the response rate for the Fall, 2009 Granite State Poll was 30 percent. The formula to calculate standard AAPOR response rate is:

$$\frac{I}{((I+P) + (R+NC+O) + e(UH+UO))}$$

I=Complete Interviews, **P**=Partial Interviews, **R**=Refusal and break off, **NC**=Non Contact, **O**=Other, **e**=estimated portion of cases of unknown eligibility that are eligible, **UH**=Unknown household, **UO**=Unknown other.

Weighting of Data

The data have been weighted to account for known biases of telephone surveys. The data in the Granite State Poll are weighted by the number of adults and telephone lines within households to equalize the chances that any one adult would be selected for inclusion. The data are also weighted by respondent sex, and region of the state.

Sampling Error

The Granite State Poll, like all surveys, is subject to sampling error due to the fact that all residents in the area were not interviewed. For those questions asked of five hundred (500) or so respondents, the error is +/-4.4%. For those questions where fewer than 500 persons responded, the sampling error can be calculated as follows:

$$\text{Sampling error} = +/- (1.96) \sqrt{\frac{P(1-P)}{N}}$$

Where **P** is the percentage of responses in the answer category being evaluated and **N** is the total number of persons answering the particular question.

For example, suppose you had the following distribution of answers to the question, "Should the state spend more money on road repair even if that means higher taxes?" Assume 1,000 respondents answered the question as follows:

YES	- 47%
NO	- 48%
DON'T KNOW	- 5%

The sampling error for the "YES" percentage of 47% would be

$$+/-(1.96) \sqrt{\frac{(47)(53)}{1,000}} = +/-3.1\%;$$

for the "NO" percentage of 48% it would be

$$+/-(1.96) \sqrt{\frac{(48)(52)}{1,000}} = +/-3.1\%;$$

and for the "DON'T KNOW" percentage of 5% it would be

$$+/-(1.96) \sqrt{\frac{(5)(95)}{1,000}} = +/-1.4\%;$$

In this case we would expect the true population figures to be within the following ranges:

YES	43.9% - 50.1% (i.e., 47% +/-3.1%)
NO	44.9% - 51.1% (i.e., 48% +/-3.1%)
DON'T KNOW	3.6% - 6.4% (i.e., 5% +/-1.4%)

APPENDIX A:

DETAILED TABULAR RESULTS

SLRC1: "Now let's talk about a different topic ... Suppose you or someone else in your household had a condition or illness that required long-term supports, such as help with bathing or dressing, preparing meals, help with medications, help with chores, or help with transportation. How confident are you that you could find out about how to get long-term support services in your community if you or someone in your household needed them ... very confident ... somewhat confident ... not very confident ... not confident at all?"

	Very Confident	Somewhat Confident	Not Very Confident	Not Confident At All	Don't Know/ Not Sure	Number Responding
All NH Adults, Feb. 2005	**43%**	**35%**	**13%**	**8%**	**2%**	**544**
All NH Adults, Oct. 2005	**51%**	**28%**	**13%**	**7%**	**2%**	**510**
All NH Adults, Nov. 2006	**44%**	**38%**	**10%**	**7%**	**1%**	**507**
All NH Adults, Jan. 2008	**41%**	**33%**	**15%**	**10%**	**1%**	**553**
All NH Adults, Sept 2008	**40%**	**35%**	**15%**	**8%**	**1%**	**548**
All NH Adults, Oct. 2009	**50%**	**29%**	**14%**	**5%**	**2%**	**502**
Pilot/Non-Pilot Counties						
Belknap & Strafford Counties	52%	27%	12%	6%	2%	67
Non-Pilot Counties	50%	30%	14%	5%	1%	435
Sex of Respondent						
Male	52%	26%	16%	5%	1%	243
Female	48%	33%	13%	5%	2%	259
Age						
18 to 29	70%	25%	2%	2%	0%	28
30 to 39	40%	27%	21%	12%	0%	47
40 to 49	44%	36%	13%	4%	2%	104
50 to 59	50%	29%	15%	6%	1%	151
60 to 69	54%	30%	11%	4%	1%	85
70 or older	54%	23%	15%	3%	4%	69
Education						
High school or less	47%	35%	9%	6%	3%	108
Technical school/Some college	46%	26%	24%	2%	2%	105
College graduate	49%	35%	12%	4%	0%	169
Postgraduate work	56%	20%	14%	9%	1%	116
Income						
Less than $30,000	61%	11%	24%	3%	0%	33
$30,000 to $44,999	38%	31%	24%	7%	0%	28
$45,000 to $59,999	59%	34%	3%	2%	2%	36
$60,000 to $74,999	52%	29%	12%	6%	0%	53
$75,000 to $99,999	39%	37%	13%	12%	0%	42
$100,000 or more	59%	24%	12%	5%	0%	107
Marital Status						
Married	49%	30%	14%	6%	2%	367
Divorced/Separated	50%	28%	17%	3%	2%	77
Never married	58%	30%	9%	3%	0%	53
Adults in Household						
One	55%	26%	12%	5%	2%	66
Two	49%	30%	14%	5%	2%	290
Three or more	52%	28%	14%	5%	0%	135
Children in Household						
No children	54%	26%	14%	4%	1%	324
One	41%	42%	10%	6%	1%	67
Two or more	42%	31%	17%	7%	2%	100

SLRC1:"Now let's talk about a different topic ... Suppose you or someone else in your household had a condition or illness that required long-term supports, such as help with bathing or dressing, preparing meals, help with medications, help with chores, or help with transportation. How confident are you that you could find out about how to get long-term support services in your community if you or someone in your household needed them ... very confident ... somewhat confident ... not very confident ... not confident at all?"

	Very Confident	Somewhat Confident	Not Very Confident	Not Confident At All	Don't Know/ Not Sure	Number Responding
All NH Adults, Feb. 2005	**43%**	**35%**	**13%**	**8%**	**2%**	**544**
All NH Adults, Oct. 2005	**51%**	**28%**	**13%**	**7%**	**2%**	**510**
All NH Adults, Nov. 2006	**44%**	**38%**	**10%**	**7%**	**1%**	**507**
All NH Adults, Jan. 2008	**41%**	**33%**	**15%**	**10%**	**1%**	**553**
All NH Adults, Sept 2008	**40%**	**35%**	**15%**	**8%**	**1%**	**548**
All NH Adults, Oct. 2009	**50%**	**29%**	**14%**	**5%**	**2%**	**502**
Religion						
Protestant	52%	33%	11%	4%	0%	181
Catholic	45%	30%	17%	4%	3%	167
Other	53%	24%	16%	7%	0%	128
Party Identification						
Democrat	52%	28%	13%	6%	1%	199
Independent	50%	27%	15%	5%	2%	126
Republican	47%	32%	17%	3%	1%	156
Political Ideology						
Liberal	56%	27%	10%	7%	0%	105
Moderate	48%	31%	14%	6%	1%	203
Conservative	50%	30%	17%	1%	1%	141
Years Lived in NH						
5 years or less	40%	43%	12%	5%	0%	35
6 to 10 years	44%	29%	24%	3%	0%	41
11 to 20 years	45%	31%	18%	3%	2%	105
More than 20 years	54%	27%	11%	6%	2%	315
Region						
North Country	56%	34%	0%	10%	0%	32
Central / Lakes	50%	28%	15%	6%	1%	84
Connecticut Valley	50%	26%	16%	6%	1%	84
Mass Border	44%	38%	14%	2%	2%	153
Seacoast	61%	17%	17%	2%	3%	81
Manchester Area	46%	29%	15%	11%	0%	67
Executive Council Districts						
1st District	49%	31%	10%	9%	2%	111
2nd District	49%	27%	17%	6%	1%	94
3rd District	52%	23%	19%	3%	3%	101
4th District	42%	38%	13%	6%	1%	92
5th District	56%	29%	13%	1%	1%	104

SLRC2: "Who would you contact to find out more about long-term support services and to arrange to receive them?" (Multiple response possible. Percentages sum to more than 100%.)

	Family Member	Friend	Doctor	Clergy	Web Site	Phonebook	Newspaper	Brochure/Flyer
All NH Adults, Feb. 2005	**2%**	**2%**	**13%**	**1%**	**5%**	**1%**	**0%**	-
All NH Adults, Oct. 2005	**5%**	**4%**	**20%**	**1%**	**6%**	**2%**	**0%**	-
All NH Adults, Nov. 2006	**8%**	**7%**	**26%**	**1%**	**6%**	**2%**	**0%**	-
All NH Adults, Jan. 2008	**5%**	**4%**	**18%**	**0%**	**4%**	**1%**	**0%**	**0%**
All NH Adults, Sept 2008	**4%**	**3%**	**19%**	**3%**	**4%**	**1%**	**0%**	**0%**
All NH Adults, Oct. 2009	**8%**	**4%**	**18%**	**2%**	**9%**	**2%**	**1%**	**0%**
Pilot/Non-Pilot Counties								
Belknap & Strafford Counties	14%	3%	11%	0%	5%	0%	1%	1%
Non-Pilot Counties	7%	4%	19%	2%	10%	3%	1%	0%
Sex of Respondent								
Male	11%	4%	15%	2%	11%	2%	0%	0%
Female	5%	4%	20%	1%	8%	3%	2%	0%
Age								
18 to 29	5%	5%	13%	7%	12%	0%	0%	0%
30 to 39	12%	5%	29%	2%	11%	0%	0%	0%
40 to 49	7%	5%	13%	1%	15%	1%	1%	0%
50 to 59	10%	4%	19%	2%	10%	2%	1%	0%
60 to 69	5%	2%	19%	1%	8%	3%	0%	0%
70 or older	7%	3%	12%	2%	4%	8%	2%	1%
Education								
High school or less	15%	4%	14%	0%	7%	0%	0%	0%
Technical school/Some college	8%	3%	16%	4%	10%	3%	0%	0%
College graduate	5%	2%	19%	2%	10%	2%	2%	1%
Postgraduate work	4%	6%	20%	2%	10%	4%	1%	0%
Income								
Less than $30,000	12%	3%	6%	1%	4%	0%	0%	0%
$30,000 to $44,999	2%	0%	8%	3%	11%	0%	0%	0%
$45,000 to $59,999	10%	3%	21%	0%	3%	1%	0%	0%
$60,000 to $74,999	12%	9%	11%	8%	10%	7%	3%	0%
$75,000 to $99,999	6%	8%	22%	1%	6%	3%	0%	0%
$100,000 or more	6%	1%	16%	0%	14%	1%	1%	0%
Marital Status								
Married	7%	3%	19%	2%	10%	3%	1%	0%
Divorced/Separated	10%	3%	13%	1%	4%	1%	0%	0%
Never married	7%	6%	17%	2%	18%	0%	0%	0%
Adults in Household								
One	7%	5%	15%	1%	6%	2%	0%	0%
Two	8%	4%	20%	2%	10%	3%	1%	0%
Three or more	7%	3%	15%	3%	10%	2%	2%	1%
Children in Household								
No children	7%	4%	18%	2%	8%	3%	1%	0%
One	7%	5%	20%	4%	16%	2%	2%	0%
Two or more	9%	0%	17%	0%	9%	2%	0%	0%

SLRC2: "Who would you contact to find out more about long-term support services and to arrange to receive them?" (Multiple response possible. Percentages sum to more than 100%.)

	Family Member	Friend	Doctor	Clergy	Web Site	Phonebook	Newspaper	Brochure/Flyer
All NH Adults, Feb. 2005	**2%**	**2%**	**13%**	**1%**	**5%**	**1%**	**0%**	**-**
All NH Adults, Oct. 2005	**5%**	**4%**	**20%**	**1%**	**6%**	**2%**	**0%**	**-**
All NH Adults, Nov. 2006	**8%**	**7%**	**26%**	**1%**	**6%**	**2%**	**0%**	**-**
All NH Adults, Jan. 2008	**5%**	**4%**	**18%**	**0%**	**4%**	**1%**	**0%**	**0%**
All NH Adults, Sept 2008	**4%**	**3%**	**19%**	**3%**	**4%**	**1%**	**0%**	**0%**
All NH Adults, Oct. 2009	**8%**	**4%**	**18%**	**2%**	**9%**	**2%**	**1%**	**0%**
Religion								
Protestant	7%	3%	16%	2%	8%	3%	1%	0%
Catholic	10%	6%	15%	3%	7%	2%	0%	0%
Other	6%	2%	21%	1%	13%	1%	1%	0%
Party Identification								
Democrat	7%	3%	20%	1%	10%	2%	1%	0%
Independent	7%	6%	18%	1%	7%	1%	0%	0%
Republican	8%	3%	15%	3%	8%	4%	1%	0%
Political Ideology								
Liberal	10%	4%	21%	1%	6%	2%	2%	0%
Moderate	6%	5%	17%	1%	11%	3%	0%	0%
Conservative	7%	3%	19%	4%	8%	3%	1%	0%
Years Lived in NH								
5 years or less	7%	2%	28%	0%	13%	0%	3%	0%
6 to 10 years	13%	12%	13%	1%	15%	0%	0%	0%
11 to 20 years	6%	1%	19%	0%	15%	2%	0%	0%
More than 20 years	8%	4%	17%	3%	7%	3%	1%	0%
Region								
North Country	13%	10%	13%	0%	10%	0%	0%	0%
Central / Lakes	7%	3%	23%	1%	4%	3%	1%	1%
Connecticut Valley	5%	2%	17%	0%	4%	2%	0%	0%
Mass Border	5%	4%	18%	3%	13%	2%	1%	0%
Seacoast	10%	5%	17%	1%	5%	3%	0%	0%
Manchester Area	14%	4%	17%	4%	20%	2%	5%	1%
Executive Council Districts								
1st District	9%	4%	13%	0%	7%	2%	0%	0%
2nd District	8%	3%	23%	1%	3%	3%	1%	1%
3rd District	6%	5%	16%	0%	10%	4%	0%	0%
4th District	13%	2%	21%	4%	19%	2%	3%	1%
5th District	4%	6%	17%	4%	10%	2%	1%	0%

SLRC2: "Who would you contact to find out more about long-term support services and to arrange to receive them?" (Multiple response possible. Percentages sum to more than 100%.)

	Poster or Billboard	Local Social Service Agency	VNA	Home Care Agency	Senior Center	Hospital/ Clinic	Mental Health Center	Government Office
All NH Adults, Feb. 2005	0%	8%	9%	5%	2%	15%	2%	16%
All NH Adults, Oct. 2005	0%	12%	10%	4%	2%	23%	2%	17%
All NH Adults, Nov. 2006	0%	6%	7%	6%	3%	19%	1%	8%
All NH Adults, Jan. 2008	0%	8%	7%	5%	2%	16%	0%	17%
All NH Adults, Sept 2008	0%	8%	11%	3%	2%	18%	2%	16%
All NH Adults, Oct. 2009	1%	9%	11%	6%	4%	27%	3%	13%
Pilot/Non-Pilot Counties								
Belknap & Strafford Counties	0%	3%	11%	7%	5%	24%	1%	9%
Non-Pilot Counties	1%	10%	11%	6%	4%	27%	3%	14%
Sex of Respondent								
Male	0%	10%	7%	5%	4%	24%	3%	15%
Female	1%	8%	15%	7%	4%	30%	3%	12%
Age								
18 to 29	0%	18%	10%	10%	0%	27%	0%	13%
30 to 39	0%	10%	10%	3%	0%	23%	4%	7%
40 to 49	1%	8%	10%	5%	2%	27%	2%	10%
50 to 59	0%	6%	9%	4%	3%	20%	3%	17%
60 to 69	0%	14%	19%	12%	7%	35%	5%	12%
70 or older	1%	8%	14%	8%	8%	34%	1%	17%
Education								
High school or less	0%	8%	11%	7%	4%	28%	2%	4%
Technical school/Some college	0%	8%	7%	2%	2%	22%	3%	22%
College graduate	1%	9%	11%	8%	4%	28%	5%	15%
Postgraduate work	1%	12%	15%	8%	4%	26%	1%	13%
Income								
Less than $30,000	0%	12%	11%	15%	2%	22%	3%	11%
$30,000 to $44,999	0%	14%	9%	0%	2%	29%	3%	20%
$45,000 to $59,999	0%	13%	11%	11%	5%	50%	1%	10%
$60,000 to $74,999	2%	12%	11%	3%	5%	20%	3%	13%
$75,000 to $99,999	0%	2%	19%	7%	1%	17%	5%	4%
$100,000 or more	1%	9%	14%	7%	4%	25%	4%	12%
Marital Status								
Married	1%	7%	11%	6%	4%	27%	3%	15%
Divorced/Separated	0%	12%	14%	8%	5%	29%	2%	9%
Never married	0%	19%	9%	6%	2%	25%	4%	11%
Adults in Household								
One	0%	17%	10%	10%	7%	35%	3%	11%
Two	1%	10%	12%	8%	4%	25%	4%	12%
Three or more	1%	5%	10%	1%	1%	26%	1%	19%
Children in Household								
No children	1%	10%	12%	6%	6%	26%	3%	16%
One	0%	9%	5%	6%	0%	30%	0%	6%
Two or more	0%	8%	14%	7%	0%	28%	4%	10%

SLRC2: "Who would you contact to find out more about long-term support services and to arrange to receive them?" (Multiple response possible. Percentages sum to more than 100%.)

	Poster or Billboard	Local Social Service Agency	VNA	Home Care Agency	Senior Center	Hospital/ Clinic	Mental Health Center	Government Office
All NH Adults, Feb. 2005	**0%**	**8%**	**9%**	**5%**	**2%**	**15%**	**2%**	**16%**
All NH Adults, Oct. 2005	**0%**	**12%**	**10%**	**4%**	**2%**	**23%**	**2%**	**17%**
All NH Adults, Nov. 2006	**0%**	**6%**	**7%**	**6%**	**3%**	**19%**	**1%**	**8%**
All NH Adults, Jan. 2008	**0%**	**8%**	**7%**	**5%**	**2%**	**16%**	**0%**	**17%**
All NH Adults, Sept 2008	**0%**	**8%**	**11%**	**3%**	**2%**	**18%**	**2%**	**16%**
All NH Adults, Oct. 2009	**1%**	**9%**	**11%**	**6%**	**4%**	**27%**	**3%**	**13%**
Religion								
Protestant	1%	9%	15%	5%	3%	27%	2%	10%
Catholic	0%	10%	11%	8%	5%	27%	2%	17%
Other	1%	6%	7%	5%	2%	24%	5%	13%
Party Identification								
Democrat	1%	10%	14%	7%	2%	27%	2%	13%
Independent	0%	12%	9%	6%	7%	24%	3%	15%
Republican	1%	6%	10%	5%	4%	25%	4%	13%
Political Ideology								
Liberal	1%	7%	14%	11%	5%	21%	3%	17%
Moderate	0%	11%	11%	5%	5%	26%	2%	14%
Conservative	1%	10%	11%	5%	1%	28%	4%	13%
Years Lived in NH								
5 years or less	3%	7%	5%	1%	1%	20%	4%	8%
6 to 10 years	0%	14%	11%	2%	5%	10%	0%	12%
11 to 20 years	0%	6%	14%	5%	2%	25%	6%	14%
More than 20 years	1%	10%	11%	8%	4%	30%	2%	14%
Region								
North Country	0%	5%	19%	4%	5%	27%	3%	15%
Central / Lakes	1%	4%	12%	4%	3%	22%	1%	14%
Connecticut Valley	0%	13%	15%	9%	4%	28%	4%	10%
Mass Border	0%	10%	6%	6%	3%	24%	3%	16%
Seacoast	0%	7%	12%	10%	6%	36%	1%	9%
Manchester Area	3%	13%	14%	3%	2%	28%	6%	14%
Executive Council Districts								
1st District	0%	4%	19%	7%	6%	27%	2%	12%
2nd District	1%	8%	10%	4%	2%	24%	1%	13%
3rd District	0%	10%	10%	6%	9%	32%	3%	18%
4th District	2%	12%	9%	2%	0%	22%	3%	17%
5th District	0%	13%	6%	11%	2%	29%	6%	8%

SLRC2: "Who would you contact to find out more about long-term support services and to arrange to receive them?" (Multiple response possible. Percentages sum to more than 100%.)

	Area Agency on Disability	Disability Rights Center	Granite State Independent Living	ServiceLink	Insurance	Other	Don't Know	Number Responding
All NH Adults, Feb. 2005	**3%**	**0%**	**1%**	**-**	**-**	**11%**	**15%**	**543**
All NH Adults, Oct. 2005	**3%**	**0%**	**1%**	**-**	**-**	**4%**	**10%**	**508**
All NH Adults, Nov. 2006	**2%**	**0%**	**1%**	**-**	**-**	**5%**	**14%**	**504**
All NH Adults, Jan. 2008	**1%**	**0%**	**0%**	**-**	**-**	**13%**	**18%**	**548**
All NH Adults, Sept 2008	**3%**	**1%**	**1%**	**2%**	**4%**	**6%**	**16%**	**541**
All NH Adults, Oct. 2009	**5%**	**2%**	**1%**	**1%**	**3%**	**6%**	**10%**	**501**
Pilot/Non-Pilot Counties								
Belknap & Strafford Counties	0%	1%	1%	4%	3%	5%	21%	67
Non-Pilot Counties	6%	3%	1%	0%	3%	6%	9%	433
Sex of Respondent								
Male	3%	4%	1%	0%	4%	6%	11%	242
Female	6%	1%	1%	1%	3%	5%	10%	259
Age								
18 to 29	0%	0%	0%	0%	0%	0%	8%	28
30 to 39	3%	2%	2%	0%	3%	3%	13%	47
40 to 49	3%	3%	1%	0%	3%	6%	15%	104
50 to 59	8%	2%	1%	1%	4%	7%	10%	149
60 to 69	5%	2%	1%	2%	2%	5%	5%	85
70 or older	4%	5%	2%	1%	1%	7%	8%	69
Education								
High school or less	4%	0%	1%	0%	2%	4%	17%	108
Technical school/Some college	6%	7%	1%	2%	3%	5%	9%	105
College graduate	5%	2%	1%	1%	5%	7%	9%	169
Postgraduate work	5%	1%	1%	0%	3%	5%	8%	116
Income								
Less than $30,000	8%	0%	0%	2%	4%	6%	19%	33
$30,000 to $44,999	8%	11%	3%	0%	0%	3%	10%	28
$45,000 to $59,999	0%	0%	0%	0%	0%	9%	0%	36
$60,000 to $74,999	10%	3%	0%	0%	8%	7%	13%	53
$75,000 to $99,999	6%	0%	0%	2%	0%	2%	12%	42
$100,000 or more	3%	2%	1%	0%	6%	8%	6%	107
Marital Status								
Married	5%	2%	1%	1%	4%	6%	10%	365
Divorced/Separated	4%	0%	1%	2%	1%	6%	15%	77
Never married	2%	5%	1%	0%	0%	5%	6%	53
Adults in Household								
One	4%	1%	3%	2%	1%	6%	11%	66
Two	6%	2%	1%	0%	4%	4%	10%	289
Three or more	4%	4%	0%	1%	3%	8%	10%	135
Children in Household								
No children	6%	4%	1%	1%	3%	5%	9%	324
One	4%	0%	0%	0%	4%	9%	12%	67
Two or more	4%	0%	2%	0%	5%	4%	15%	100

SLRC2: "Who would you contact to find out more about long-term support services and to arrange to receive them?" (Multiple response possible. Percentages sum to more than 100%.)

	Area Agency on Disability	Disability Rights Center	Granite State Independent Living	ServiceLink	Insurance	Other	Don't Know	Number Responding
All NH Adults, Feb. 2005	**3%**	**0%**	**1%**	-	-	**11%**	**15%**	**543**
All NH Adults, Oct. 2005	**3%**	**0%**	**1%**	-	-	**4%**	**10%**	**508**
All NH Adults, Nov. 2006	**2%**	**0%**	**1%**	-	-	**5%**	**14%**	**504**
All NH Adults, Jan. 2008	**1%**	**0%**	**0%**	-	-	**13%**	**18%**	**548**
All NH Adults, Sept 2008	**3%**	**1%**	**1%**	**2%**	**4%**	**6%**	**16%**	**541**
All NH Adults, Oct. 2009	**5%**	**2%**	**1%**	**1%**	**3%**	**6%**	**10%**	**501**
Religion								
Protestant	4%	4%	1%	1%	3%	7%	8%	181
Catholic	5%	0%	1%	1%	4%	3%	10%	167
Other	4%	2%	1%	0%	2%	7%	15%	128
Party Identification								
Democrat	7%	3%	0%	0%	4%	3%	7%	199
Independent	5%	1%	2%	0%	4%	9%	14%	125
Republican	2%	4%	1%	2%	2%	6%	13%	156
Political Ideology								
Liberal	7%	2%	2%	0%	6%	8%	5%	105
Moderate	5%	3%	1%	1%	3%	5%	11%	203
Conservative	5%	2%	0%	1%	2%	4%	11%	139
Years Lived in NH								
5 years or less	2%	3%	0%	0%	4%	13%	15%	33
6 to 10 years	3%	3%	0%	0%	5%	5%	14%	41
11 to 20 years	6%	2%	3%	1%	2%	3%	12%	105
More than 20 years	5%	2%	0%	1%	3%	6%	9%	315
Region								
North Country	2%	0%	0%	0%	0%	8%	10%	32
Central / Lakes	6%	2%	0%	3%	2%	6%	9%	84
Connecticut Valley	4%	3%	2%	1%	4%	6%	10%	83
Mass Border	4%	2%	0%	0%	5%	9%	7%	153
Seacoast	6%	3%	2%	0%	2%	2%	21%	81
Manchester Area	7%	4%	2%	0%	3%	1%	9%	67
Executive Council Districts								
1st District	2%	0%	1%	2%	2%	9%	10%	111
2nd District	7%	5%	1%	2%	3%	3%	18%	94
3rd District	5%	2%	2%	0%	1%	7%	11%	101
4th District	6%	3%	2%	0%	6%	4%	5%	92
5th District	5%	1%	0%	0%	6%	5%	9%	103

SLRC3: "How familiar are you with an information and referral service called the ServiceLink Resource Center ... very familiar ... somewhat familiar ... not very familiar ... or not familiar at all?"

	Very Familiar	Somewhat Familiar	Not Very Familiar	Not Familiar At All	Don't Know/ Not Sure	Number Responding
All NH Adults, Feb. 2005	**3%**	**6%**	**9%**	**82%**	**0%**	**543**
All NH Adults, Oct. 2005	**3%**	**7%**	**10%**	**79%**	**1%**	**508**
All NH Adults, Nov. 2006	**3%**	**5%**	**9%**	**82%**	**0%**	**507**
All NH Adults, Jan. 2008	**5%**	**7%**	**6%**	**82%**	**0%**	**555**
All NH Adults, Sept 2008	**5%**	**6%**	**10%**	**78%**	**1%**	**548**
All NH Adults, Oct. 2009	**6%**	**10%**	**12%**	**72%**	**0%**	**502**
Pilot/Non-Pilot Counties						
Belknap & Strafford Counties	12%	10%	11%	67%	0%	67
Non-Pilot Counties	5%	10%	12%	72%	1%	435
Sex of Respondent						
Male	2%	6%	12%	80%	0%	243
Female	9%	14%	12%	64%	1%	259
Age						
18 to 29	3%	8%	20%	68%	0%	28
30 to 39	5%	11%	12%	70%	2%	47
40 to 49	3%	7%	15%	74%	0%	104
50 to 59	8%	14%	5%	74%	0%	151
60 to 69	9%	6%	16%	70%	0%	85
70 or older	5%	10%	15%	69%	2%	69
Education						
High school or less	4%	14%	14%	67%	1%	108
Technical school/Some college	6%	13%	15%	66%	0%	105
College graduate	4%	10%	11%	74%	0%	169
Postgraduate work	9%	6%	9%	76%	1%	116
Income						
Less than $30,000	15%	6%	14%	65%	0%	33
$30,000 to $44,999	5%	14%	6%	75%	0%	28
$45,000 to $59,999	4%	18%	15%	60%	3%	36
$60,000 to $74,999	2%	6%	20%	72%	0%	53
$75,000 to $99,999	7%	4%	18%	71%	0%	42
$100,000 or more	5%	7%	10%	78%	0%	107
Marital Status						
Married	6%	9%	12%	72%	1%	367
Divorced/Separated	7%	16%	11%	67%	0%	77
Never married	5%	10%	12%	73%	0%	53
Adults in Household						
One	7%	14%	14%	65%	0%	66
Two	6%	6%	12%	75%	1%	290
Three or more	5%	17%	12%	67%	0%	135
Children in Household						
No children	8%	11%	11%	70%	0%	324
One	0%	10%	17%	73%	0%	67
Two or more	4%	9%	12%	74%	1%	100

SLRC3: "How familiar are you with an information and referral service called the ServiceLink Resource Center ... very familiar ... somewhat familiar ... not very familiar ... or not familiar at all?"

	Very Familiar	Somewhat Familiar	Not Very Familiar	Not Familiar At All	Don't Know/ Not Sure	Number Responding
All NH Adults, Feb. 2005	**3%**	**6%**	**9%**	**82%**	**0%**	**543**
All NH Adults, Oct. 2005	**3%**	**7%**	**10%**	**79%**	**1%**	**508**
All NH Adults, Nov. 2006	**3%**	**5%**	**9%**	**82%**	**0%**	**507**
All NH Adults, Jan. 2008	**5%**	**7%**	**6%**	**82%**	**0%**	**555**
All NH Adults, Sept 2008	**5%**	**6%**	**10%**	**78%**	**1%**	**548**
All NH Adults, Oct. 2009	**6%**	**10%**	**12%**	**72%**	**0%**	**502**
Religion						
Protestant	5%	14%	12%	69%	0%	181
Catholic	7%	8%	11%	73%	0%	167
Other	6%	9%	13%	71%	1%	128
Party Identification						
Democrat	7%	13%	9%	71%	0%	199
Independent	6%	10%	11%	72%	1%	126
Republican	4%	8%	18%	70%	1%	156
Political Ideology						
Liberal	9%	10%	14%	65%	2%	105
Moderate	5%	11%	12%	72%	0%	203
Conservative	5%	10%	12%	73%	0%	141
Years Lived in NH						
5 years or less	3%	6%	2%	89%	0%	35
6 to 10 years	5%	13%	5%	78%	0%	41
11 to 20 years	3%	7%	10%	79%	0%	105
More than 20 years	7%	11%	15%	66%	1%	315
Region						
North Country	9%	12%	10%	63%	7%	32
Central / Lakes	11%	9%	7%	73%	0%	84
Connecticut Valley	10%	10%	14%	66%	0%	84
Mass Border	2%	7%	15%	77%	0%	153
Seacoast	4%	15%	14%	67%	0%	81
Manchester Area	3%	14%	7%	76%	0%	67
Executive Council Districts						
1st District	11%	10%	12%	66%	2%	111
2nd District	7%	13%	8%	71%	0%	94
3rd District	2%	12%	15%	70%	0%	101
4th District	2%	13%	8%	77%	0%	92
5th District	7%	4%	15%	74%	0%	104

SLRC4: "As you may know, the ServiceLink Resource Center is a free service that provides information about programs and services that are available to elderly adults and persons with disabilities. Have you or anyone in your household, ever called the ServiceLink Resource Center for information about services available for elderly adults and persons with disabilities?" IF YES: "How recently did you LAST call the ServiceLink Resource Center ... within the last 6 months ... between 6 months and one year ago ... or more than one year ago?"

	Within Last 6 Months	6 Months to 1 Year Ago	More Than 1 Year Ago	Never Called ServiceLink	Don't Know/ Not Sure	Number Responding
All NH Adults, Feb. 2005	**2%**	**1%**	**0%**	**96%**	**1%**	**543**
All NH Adults, Oct. 2005	**2%**	**0%**	**2%**	**95%**	**1%**	**508**
All NH Adults, Nov. 2006	**2%**	**1%**	**1%**	**95%**	**0%**	**507**
All NH Adults, Jan. 2008	**3%**	**1%**	**1%**	**94%**	**1%**	**555**
All NH Adults, Sept 2008	**3%**	**1%**	**1%**	**92%**	**3%**	**548**
All NH Adults, Oct. 2009	**4%**	**2%**	**3%**	**89%**	**2%**	**501**
Pilot/Non-Pilot Counties						
Belknap & Strafford Counties	8%	2%	4%	83%	2%	67
Non-Pilot Counties	3%	2%	3%	90%	2%	434
Sex of Respondent						
Male	4%	1%	2%	92%	2%	243
Female	4%	3%	4%	87%	2%	258
Age						
18 to 29	0%	2%	0%	98%	0%	28
30 to 39	10%	0%	0%	90%	0%	47
40 to 49	2%	0%	3%	90%	5%	104
50 to 59	4%	4%	3%	87%	1%	151
60 to 69	5%	2%	4%	87%	1%	85
70 or older	3%	1%	4%	89%	4%	69
Education						
High school or less	5%	2%	1%	89%	2%	108
Technical school/Some college	1%	4%	3%	90%	2%	105
College graduate	7%	1%	4%	87%	2%	168
Postgraduate work	2%	2%	3%	91%	2%	116
Income						
Less than $30,000	9%	4%	4%	83%	0%	33
$30,000 to $44,999	0%	4%	0%	96%	0%	28
$45,000 to $59,999	2%	6%	1%	91%	0%	36
$60,000 to $74,999	6%	0%	0%	94%	0%	53
$75,000 to $99,999	11%	0%	4%	86%	0%	42
$100,000 or more	2%	1%	3%	93%	1%	107
Marital Status						
Married	4%	2%	3%	90%	2%	366
Divorced/Separated	5%	2%	5%	87%	0%	77
Never married	4%	3%	1%	88%	4%	53
Adults in Household						
One	5%	4%	5%	87%	0%	66
Two	4%	1%	2%	91%	2%	289
Three or more	3%	3%	5%	85%	4%	135
Children in Household						
No children	5%	3%	4%	86%	3%	324
One	3%	0%	2%	95%	0%	66
Two or more	3%	0%	1%	95%	1%	100

SLRC4: "As you may know, the ServiceLink Resource Center is a free service that provides information about programs and services that are available to elderly adults and persons with disabilities. Have you or anyone in your household, ever called the ServiceLink Resource Center for information about services available for elderly adults and persons with disabilities?" IF YES: "How recently did you LAST call the ServiceLink Resource Center ... within the last 6 months ... between 6 months and one year ago ... or more than one year ago?"

	Within Last 6 Months	6 Months to 1 Year Ago	More Than 1 Year Ago	Never Called ServiceLink	Don't Know/ Not Sure	Number Responding
All NH Adults, Feb. 2005	**2%**	**1%**	**0%**	**96%**	**1%**	**543**
All NH Adults, Oct. 2005	**2%**	**0%**	**2%**	**95%**	**1%**	**508**
All NH Adults, Nov. 2006	**2%**	**1%**	**1%**	**95%**	**0%**	**507**
All NH Adults, Jan. 2008	**3%**	**1%**	**1%**	**94%**	**1%**	**555**
All NH Adults, Sept 2008	**3%**	**1%**	**1%**	**92%**	**3%**	**548**
All NH Adults, Oct. 2009	**4%**	**2%**	**3%**	**89%**	**2%**	**501**
Religion						
Protestant	5%	4%	2%	87%	3%	181
Catholic	4%	2%	5%	88%	2%	167
Other	4%	1%	2%	93%	0%	127
Party Identification						
Democrat	5%	2%	3%	90%	0%	198
Independent	4%	1%	4%	88%	3%	126
Republican	3%	2%	2%	89%	4%	156
Political Ideology						
Liberal	1%	2%	6%	90%	1%	105
Moderate	5%	2%	2%	89%	2%	202
Conservative	4%	3%	3%	87%	3%	141
Years Lived in NH						
5 years or less	0%	0%	0%	100%	0%	35
6 to 10 years	6%	3%	0%	91%	0%	40
11 to 20 years	2%	1%	2%	92%	2%	105
More than 20 years	5%	2%	4%	87%	2%	315
Region						
North Country	7%	4%	5%	79%	4%	32
Central / Lakes	6%	3%	5%	86%	0%	84
Connecticut Valley	3%	2%	1%	92%	3%	84
Mass Border	1%	2%	3%	93%	1%	152
Seacoast	6%	0%	1%	91%	2%	81
Manchester Area	4%	3%	4%	84%	4%	67
Executive Council Districts						
1st District	5%	3%	4%	88%	1%	111
2nd District	5%	4%	3%	85%	3%	94
3rd District	4%	1%	0%	94%	0%	101
4th District	3%	1%	6%	85%	5%	92
5th District	3%	1%	2%	93%	1%	103

SLRC5: "How satisfied were you with the information provided by the ServiceLink Resource Center ... very satisfied ... somewhat satisfied ... not very satisfied ... or not satisfied at all?"

	Very Satisfied	Somewhat Satisfied	Not Very Satisfied	Not Satisfied At All	Don't Know/ Not Sure	Number Responding
All NH Adults, Feb. 2005	**64%**	**23%**	**12%**	**0%**	-	**17**
All NH Adults, Oct. 2005	**61%**	**24%**	**12%**	**3%**	-	**19**
All NH Adults, Nov. 2006	**50%**	**19%**	**18%**	**6%**	**7%**	**23**
All NH Adults, Jan. 2008	**65%**	**27%**	-	**7%**	-	**29**
All NH Adults, Sept 2008	**57%**	**29%**	-	**8%**	**6%**	**27**
All NH Adults, Oct. 2009	**46%**	**30%**	**10%**	**8%**	**5%**	**44**
Pilot/Non-Pilot Counties						
Belknap & Strafford Counties	63%	37%	0%	0%	0%	10
Non-Pilot Counties	41%	28%	13%	11%	7%	35
Sex of Respondent						
Male	34%	38%	9%	10%	9%	15
Female	52%	26%	11%	7%	3%	29
Age						
18 to 29	0%	100%	0%	0%	0%	1
30 to 39	25%	45%	31%	0%	0%	5
40 to 49	55%	25%	0%	20%	0%	6
50 to 59	40%	41%	9%	4%	6%	18
60 to 69	55%	14%	0%	18%	14%	10
70 or older	65%	9%	26%	0%	0%	5
Education						
High school or less	53%	0%	24%	23%	0%	9
Technical school/Some college	43%	57%	0%	0%	0%	9
College graduate	37%	30%	13%	8%	13%	19
Postgraduate work	64%	36%	0%	0%	0%	8
Income						
Less than $30,000	68%	0%	0%	32%	0%	6
$30,000 to $44,999	100%	0%	0%	0%	0%	1
$45,000 to $59,999	14%	64%	22%	0%	0%	3
$60,000 to $74,999	0%	0%	78%	22%	0%	3
$75,000 to $99,999	28%	48%	23%	0%	0%	6
$100,000 or more	60%	23%	0%	0%	16%	6
Marital Status						
Married	42%	36%	10%	4%	8%	30
Divorced/Separated	56%	19%	15%	10%	0%	10
Never married	50%	15%	0%	34%	0%	5
Adults in Household						
One	77%	13%	0%	10%	0%	9
Two	48%	14%	12%	14%	12%	20
Three or more	25%	61%	14%	0%	0%	15
Children in Household						
No children	47%	28%	8%	10%	6%	37
One	56%	44%	0%	0%	0%	3
Two or more	29%	35%	36%	0%	0%	4

SLRC5:"How satisfied were you with the information provided by the ServiceLink Resource Center ... very satisfied ... somewhat satisfied ... not very satisfied ... or not satisfied at all?"

	Very Satisfied	Somewhat Satisfied	Not Very Satisfied	Not Satisfied At All	Don't Know/ Not Sure	Number Responding
All NH Adults, Feb. 2005	**64%**	**23%**	**12%**	**0%**	-	**17**
All NH Adults, Oct. 2005	**61%**	**24%**	**12%**	**3%**	-	**19**
All NH Adults, Nov. 2006	**50%**	**19%**	**18%**	**6%**	**7%**	**23**
All NH Adults, Jan. 2008	**65%**	**27%**	-	**7%**	-	**29**
All NH Adults, Sept 2008	**57%**	**29%**	-	**8%**	**6%**	**27**
All NH Adults, Oct. 2009	**46%**	**30%**	**10%**	**8%**	**5%**	**44**
Religion						
Protestant	42%	29%	13%	4%	13%	19
Catholic	45%	38%	4%	12%	0%	17
Other	58%	16%	16%	10%	0%	9
Party Identification						
Democrat	40%	32%	15%	8%	5%	20
Independent	61%	6%	12%	10%	12%	12
Republican	38%	54%	0%	7%	0%	11
Political Ideology						
Liberal	63%	16%	10%	0%	11%	9
Moderate	44%	42%	4%	10%	0%	18
Conservative	40%	29%	9%	12%	9%	15
Years Lived in NH						
6 to 10 years	62%	38%	0%	0%	0%	4
11 to 20 years	16%	25%	36%	0%	23%	6
More than 20 years	50%	30%	7%	11%	3%	35
Region						
North Country	79%	0%	0%	21%	0%	5
Central / Lakes	48%	38%	8%	6%	0%	11
Connecticut Valley	61%	0%	0%	39%	0%	5
Mass Border	21%	37%	15%	0%	26%	9
Seacoast	40%	35%	24%	0%	0%	6
Manchester Area	45%	46%	9%	0%	0%	8
Executive Council Districts						
1st District	84%	0%	0%	16%	0%	12
2nd District	34%	51%	9%	6%	0%	11
3rd District	18%	39%	26%	0%	18%	6
4th District	38%	39%	8%	0%	15%	9
5th District	31%	31%	23%	16%	0%	6

SLRC6: "How did you hear of the ServiceLink Resource Center?" (Multiple response possible. Percentages sum to more than 100%.)

	Family Member	Friend	Doctor	Clergy	Web Site	Phonebook	Newspaper	Brochure/ Flyer	Local Social Service Agency	VNA
All NH Adults, Feb. 2005	**3%**	**5%**	**2%**	**0%**	**1%**	**0%**	**12%**	**4%**	**3%**	**2%**
All NH Adults, Oct. 2005	**3%**	**11%**	**6%**	**0%**	**1%**	**0%**	**14%**	**6%**	**6%**	**2%**
All NH Adults, Nov. 2006	**4%**	**8%**	**6%**	**0%**	**6%**	**0%**	**9%**	**12%**	**7%**	**7%**
All NH Adults, Jan. 2008	**3%**	**8%**	**6%**	**0%**	**3%**	**0%**	**12%**	**6%**	**5%**	**3%**
All NH Adults, Sept 2008	**15%**	**18%**	**3%**	**0%**	**7%**	**0%**	**5%**	**3%**	**4%**	**0%**
All NH Adults, Oct. 2009	**14%**	**11%**	**2%**	**2%**	**7%**	**1%**	**6%**	**8%**	**7%**	**13%**
Pilot/Non-Pilot Counties										
Belknap & Strafford Counties	22%	20%	0%	0%	0%	0%	5%	10%	0%	25%
Non-Pilot Counties	12%	8%	3%	3%	10%	2%	6%	7%	9%	10%
Sex of Respondent										
Male	18%	0%	7%	7%	11%	0%	17%	11%	0%	6%
Female	13%	15%	0%	0%	6%	2%	2%	7%	10%	17%
Age										
18 to 29	0%	0%	0%	0%	0%	0%	100%	0%	0%	0%
30 to 39	45%	0%	0%	0%	0%	0%	0%	0%	0%	50%
40 to 49	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
50 to 59	6%	11%	5%	5%	10%	0%	0%	5%	13%	12%
60 to 69	39%	26%	0%	0%	0%	7%	0%	0%	6%	13%
70 or older	0%	9%	0%	0%	26%	0%	35%	44%	0%	0%
Education										
High school or less	10%	6%	9%	9%	11%	0%	5%	5%	0%	27%
Technical school/Some college	0%	17%	0%	0%	0%	0%	8%	11%	21%	0%
College graduate	20%	0%	0%	0%	9%	0%	9%	12%	6%	10%
Postgraduate work	25%	31%	0%	0%	9%	7%	0%	0%	0%	19%
Income										
Less than $30,000	26%	9%	15%	15%	13%	9%	9%	9%	0%	0%
$30,000 to $44,999	0%	0%	0%	0%	100%	0%	0%	0%	0%	0%
$45,000 to $59,999	43%	43%	0%	0%	0%	0%	21%	0%	14%	0%
$60,000 to $74,999	0%	0%	0%	0%	0%	0%	0%	0%	31%	69%
$75,000 to $99,999	0%	8%	0%	0%	23%	0%	23%	23%	0%	0%
$100,000 or more	21%	0%	0%	0%	0%	0%	0%	0%	0%	20%
Marital Status										
Married	17%	11%	0%	0%	5%	0%	5%	10%	9%	12%
Divorced/Separated	10%	10%	9%	9%	10%	0%	5%	5%	5%	15%
Never married	11%	11%	0%	0%	16%	11%	15%	0%	0%	16%
Adults in Household										
One	6%	17%	10%	10%	0%	6%	13%	6%	5%	0%
Two	11%	0%	0%	0%	14%	0%	8%	16%	6%	15%
Three or more	23%	19%	0%	0%	5%	0%	0%	0%	9%	19%
Children in Household										
No children	18%	13%	2%	2%	9%	1%	7%	10%	8%	9%
One	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Two or more	0%	0%	0%	0%	0%	0%	0%	0%	0%	59%

SLRC6: "How did you hear of the ServiceLink Resource Center?" (Multiple response possible. Percentages sum to more than 100%.)

	Family Member	Friend	Doctor	Clergy	Web Site	Phonebook	Newspaper	Brochure/ Flyer	Local Social Service Agency	VNA
All NH Adults, Feb. 2005	**3%**	**5%**	**2%**	**0%**	**1%**	**0%**	**12%**	**4%**	**3%**	**2%**
All NH Adults, Oct. 2005	**3%**	**11%**	**6%**	**0%**	**1%**	**0%**	**14%**	**6%**	**6%**	**2%**
All NH Adults, Nov. 2006	**4%**	**8%**	**6%**	**0%**	**6%**	**0%**	**9%**	**12%**	**7%**	**7%**
All NH Adults, Jan. 2008	**3%**	**8%**	**6%**	**0%**	**3%**	**0%**	**12%**	**6%**	**5%**	**3%**
All NH Adults, Sept 2008	**15%**	**16%**	**3%**	**0%**	**7%**	**0%**	**5%**	**3%**	**4%**	**0%**
All NH Adults, Oct. 2009	**14%**	**11%**	**2%**	**2%**	**7%**	**1%**	**6%**	**8%**	**7%**	**13%**
Religion										
Protestant	14%	8%	5%	5%	10%	0%	4%	3%	14%	13%
Catholic	23%	16%	0%	0%	0%	3%	3%	3%	0%	6%
Other	0%	6%	0%	0%	16%	0%	16%	27%	5%	28%
Party Identification										
Democrat	22%	5%	0%	0%	4%	2%	0%	5%	14%	22%
Independent	0%	5%	0%	0%	23%	0%	24%	18%	0%	9%
Republican	14%	29%	8%	8%	0%	0%	0%	5%	0%	0%
Political Ideology										
Liberal	11%	5%	0%	0%	8%	0%	0%	10%	10%	16%
Moderate	14%	11%	0%	0%	0%	3%	6%	3%	3%	14%
Conservative	20%	12%	7%	7%	20%	0%	12%	16%	12%	0%
Years Lived in NH										
6 to 10 years	0%	0%	0%	0%	0%	0%	0%	0%	38%	25%
11 to 20 years	0%	32%	0%	0%	16%	0%	0%	0%	0%	32%
More than 20 years	18%	9%	3%	3%	7%	2%	8%	10%	4%	9%
Region										
North Country	0%	0%	15%	15%	0%	0%	0%	0%	0%	0%
Central / Lakes	0%	13%	0%	0%	6%	0%	0%	13%	8%	19%
Connecticut Valley	32%	22%	0%	0%	22%	11%	0%	0%	0%	0%
Mass Border	39%	23%	0%	0%	22%	0%	22%	22%	0%	0%
Seacoast	35%	8%	0%	0%	0%	0%	8%	8%	0%	40%
Manchester Area	0%	0%	0%	0%	0%	0%	9%	0%	24%	12%
Executive Council Districts										
1st District	4%	8%	7%	7%	8%	4%	0%	0%	0%	12%
2nd District	0%	13%	0%	0%	6%	0%	4%	17%	21%	15%
3rd District	56%	9%	0%	0%	0%	0%	0%	0%	0%	26%
4th District	0%	0%	0%	0%	0%	0%	9%	0%	6%	12%
5th District	50%	30%	0%	0%	29%	0%	29%	29%	0%	0%

SLRC6: "How did you hear of the ServiceLink Resource Center?" (Multiple response possible. Percentages sum to more than 100%.)

	Home Care Agency	Senior Center	Hospital/ Clinic	Mental Health Center	Government Office	Through work	Other	Don't Know	Number Responding
All NH Adults, Feb. 2005	**0%**	**4%**	**1%**	**0%**	**0%**	**0%**	**37%**	**21%**	**93**
All NH Adults, Oct. 2005	**0%**	**6%**	**7%**	**0%**	**0%**	**0%**	**34%**	**34%**	**90**
All NH Adults, Nov. 2006	**6%**	**5%**	**5%**	**0%**	**0%**	**0%**	**37%**	**18%**	**17**
All NH Adults, Jan. 2008	**2%**	**9%**	**0%**	**0%**	**7%**	**0%**	**17%**	**22%**	**87**
All NH Adults, Sept 2008	**16%**	**0%**	**11%**	**0%**	**5%**	**14%**	**10%**	**0%**	**26**
All NH Adults, Oct. 2009	**5%**	**3%**	**12%**	**2%**	**6%**	**11%**	**17%**	**1%**	**41**
Pilot/Non-Pilot Counties									
Belknap & Strafford Counties	5%	0%	15%	0%	5%	12%	10%	5%	10
Non-Pilot Counties	5%	4%	11%	3%	7%	11%	19%	0%	32
Sex of Respondent									
Male	0%	7%	17%	7%	0%	12%	17%	0%	12
Female	8%	2%	10%	0%	9%	11%	17%	2%	29
Age									
18 to 29	0%	0%	0%	0%	0%	0%	0%	0%	1
30 to 39	0%	0%	0%	0%	0%	5%	0%	0%	5
40 to 49	0%	0%	24%	0%	0%	56%	20%	0%	6
50 to 59	7%	0%	16%	5%	12%	0%	21%	0%	18
60 to 69	0%	12%	10%	0%	0%	13%	20%	7%	7
70 or older	20%	9%	0%	0%	9%	4%	13%	0%	5
Education									
High school or less	5%	0%	0%	9%	13%	0%	29%	0%	9
Technical school/Some college	0%	0%	0%	0%	0%	30%	8%	5%	9
College graduate	11%	8%	22%	0%	9%	2%	7%	0%	16
Postgraduate work	0%	0%	19%	0%	0%	23%	34%	0%	8
Income									
Less than $30,000	0%	15%	13%	15%	0%	0%	30%	0%	6
$30,000 to $44,999	0%	0%	0%	0%	0%	0%	0%	0%	1
$45,000 to $59,999	0%	0%	0%	0%	22%	0%	0%	0%	3
$60,000 to $74,999	0%	0%	0%	0%	0%	0%	0%	0%	3
$75,000 to $99,999	0%	0%	0%	0%	25%	20%	24%	0%	6
$100,000 or more	0%	0%	29%	0%	0%	30%	0%	0%	5
Marital Status									
Married	4%	0%	10%	0%	8%	15%	20%	2%	27
Divorced/Separated	5%	5%	22%	9%	5%	5%	0%	0%	10
Never married	13%	19%	0%	0%	0%	0%	38%	0%	5
Adults in Household									
One	12%	15%	8%	10%	6%	5%	19%	0%	9
Two	7%	0%	8%	0%	0%	14%	27%	3%	17
Three or more	0%	0%	19%	0%	14%	11%	5%	0%	15
Children in Household									
No children	7%	4%	11%	2%	4%	9%	19%	1%	34
One	0%	0%	41%	0%	44%	0%	14%	0%	3
Two or more	0%	0%	0%	0%	0%	41%	0%	0%	4

SLRC6: "How did you hear of the ServiceLink Resource Center?" (Multiple response possible. Percentages sum to more than 100%.)

	Home Care Agency	Senior Center	Hospital/ Clinic	Mental Health Center	Government Office	Through work	Other	Don't Know	Number Responding
All NH Adults, Feb. 2005	**0%**	**4%**	**1%**	**0%**	**0%**	**0%**	**37%**	**21%**	**93**
All NH Adults, Oct. 2005	**0%**	**6%**	**7%**	**0%**	**0%**	**0%**	**34%**	**34%**	**90**
All NH Adults, Nov. 2006	**6%**	**5%**	**5%**	**0%**	**0%**	**0%**	**37%**	**18%**	**17**
All NH Adults, Jan. 2008	**2%**	**9%**	**0%**	**0%**	**7%**	**0%**	**17%**	**22%**	**87**
All NH Adults, Sept 2008	**16%**	**0%**	**11%**	**0%**	**5%**	**14%**	**10%**	**0%**	**26**
All NH Adults, Oct. 2009	**5%**	**3%**	**12%**	**2%**	**6%**	**11%**	**17%**	**1%**	**41**
Religion									
Protestant	7%	3%	21%	5%	0%	8%	11%	0%	17
Catholic	7%	0%	0%	0%	17%	20%	20%	3%	16
Other	0%	10%	17%	0%	0%	0%	24%	0%	9
Party Identification									
Democrat	11%	0%	14%	0%	13%	2%	12%	0%	20
Independent	0%	0%	13%	0%	0%	17%	27%	5%	10
Republican	0%	13%	7%	8%	0%	24%	14%	0%	10
Political Ideology									
Liberal	5%	0%	31%	0%	5%	19%	8%	0%	9
Moderate	9%	3%	7%	0%	12%	3%	32%	3%	18
Conservative	0%	7%	6%	7%	0%	20%	4%	0%	12
Years Lived in NH									
6 to 10 years	0%	0%	37%	0%	0%	0%	0%	0%	4
11 to 20 years	0%	0%	0%	0%	15%	5%	16%	0%	5
More than 20 years	7%	4%	11%	3%	6%	13%	19%	1%	33
Region									
North Country	32%	0%	0%	15%	0%	32%	42%	0%	5
Central / Lakes	0%	0%	25%	0%	0%	13%	18%	4%	11
Connecticut Valley	0%	19%	16%	0%	0%	0%	11%	0%	5
Mass Border	0%	8%	0%	0%	0%	23%	8%	0%	6
Seacoast	8%	0%	0%	0%	8%	0%	16%	0%	6
Manchester Area	0%	0%	18%	0%	28%	0%	9%	0%	8
Executive Council Districts									
1st District	14%	7%	18%	7%	0%	24%	23%	4%	12
2nd District	0%	0%	13%	0%	0%	2%	28%	0%	11
3rd District	9%	0%	0%	0%	9%	0%	0%	0%	6
4th District	0%	0%	18%	0%	28%	18%	9%	0%	8
5th District	0%	10%	0%	0%	0%	0%	10%	0%	5

SLRC7: "If you or someone else in your household, needed information about services for elderly adults or persons with disabilities in your community, how likely would you be to call the ServiceLink Resource Center ... very likely ... somewhat likely ... not very likely ... or not likely at all?"

	Very Likely	Somewhat Likely	Not Very Likely	Not Likely At All	Don't Know/ Not Sure	Number Responding
All NH Adults, Feb. 2005	**46%**	**32%**	**8%**	**11%**	**4%**	**542**
All NH Adults, Oct. 2005	**39%**	**30%**	**9%**	**17%**	**5%**	**507**
All NH Adults, Nov. 2006	**35%**	**29%**	**10%**	**23%**	**3%**	**505**
All NH Adults, Jan. 2008	**54%**	**26%**	**5%**	**11%**	**4%**	**553**
All NH Adults, Sept 2008	**43%**	**28%**	**5%**	**22%**	**3%**	**546**
All NH Adults, Oct. 2009	**52%**	**28%**	**8%**	**9%**	**3%**	**502**
Pilot/Non-Pilot Counties						
Belknap & Strafford Counties	55%	26%	7%	7%	4%	67
Non-Pilot Counties	52%	28%	8%	10%	3%	435
Sex of Respondent						
Male	41%	34%	9%	12%	4%	243
Female	63%	21%	7%	6%	2%	259
Age						
18 to 29	42%	52%	5%	0%	2%	28
30 to 39	47%	39%	10%	4%	0%	47
40 to 49	61%	20%	6%	10%	3%	104
50 to 59	53%	29%	7%	11%	0%	151
60 to 69	58%	21%	11%	7%	2%	85
70 or older	39%	27%	10%	14%	9%	69
Education						
High school or less	59%	23%	6%	8%	3%	108
Technical school/Some college	55%	32%	5%	3%	4%	105
College graduate	51%	28%	6%	11%	3%	169
Postgraduate work	45%	27%	14%	12%	1%	116
Income						
Less than $30,000	64%	27%	5%	4%	0%	33
$30,000 to $44,999	67%	23%	7%	4%	0%	28
$45,000 to $59,999	57%	28%	2%	10%	3%	36
$60,000 to $74,999	62%	30%	5%	3%	1%	53
$75,000 to $99,999	35%	39%	14%	12%	0%	42
$100,000 or more	52%	23%	12%	12%	2%	107
Marital Status						
Married	52%	28%	9%	9%	3%	367
Divorced/Separated	51%	21%	7%	16%	6%	77
Never married	54%	38%	2%	5%	1%	53
Adults in Household						
One	46%	21%	7%	18%	8%	66
Two	53%	26%	9%	9%	3%	290
Three or more	52%	34%	8%	5%	1%	135
Children in Household						
No children	50%	29%	8%	10%	3%	324
One	56%	26%	6%	6%	5%	67
Two or more	58%	25%	8%	8%	1%	100

SLRC7: "If you or someone else in your household, needed information about services for elderly adults or persons with disabilities in your community, how likely would you be to call the ServiceLink Resource Center ... very likely ... somewhat likely ... not very likely ... or not likely at all?"

	Very Likely	Somewhat Likely	Not Very Likely	Not Likely At All	Don't Know/ Not Sure	Number Responding
All NH Adults, Feb. 2005	**46%**	**32%**	**8%**	**11%**	**4%**	**542**
All NH Adults, Oct. 2005	**39%**	**30%**	**9%**	**17%**	**5%**	**507**
All NH Adults, Nov. 2006	**35%**	**29%**	**10%**	**23%**	**3%**	**505**
All NH Adults, Jan. 2008	**54%**	**26%**	**5%**	**11%**	**4%**	**553**
All NH Adults, Sept 2008	**43%**	**28%**	**5%**	**22%**	**3%**	**546**
All NH Adults, Oct. 2009	**52%**	**28%**	**8%**	**9%**	**3%**	**502**
Religion						
Protestant	57%	22%	8%	10%	3%	181
Catholic	55%	25%	7%	9%	3%	167
Other	42%	40%	8%	9%	2%	128
Party Identification						
Democrat	56%	26%	9%	6%	2%	199
Independent	53%	28%	5%	8%	6%	126
Republican	46%	29%	9%	14%	2%	156
Political Ideology						
Liberal	61%	24%	7%	5%	3%	105
Moderate	49%	34%	7%	8%	1%	203
Conservative	49%	24%	11%	15%	2%	141
Years Lived in NH						
5 years or less	60%	27%	6%	6%	1%	35
6 to 10 years	42%	29%	15%	12%	2%	41
11 to 20 years	60%	21%	10%	7%	3%	105
More than 20 years	50%	30%	7%	10%	3%	315
Region						
North Country	65%	21%	5%	6%	3%	32
Central / Lakes	51%	23%	13%	10%	4%	84
Connecticut Valley	52%	21%	10%	16%	2%	84
Mass Border	45%	35%	6%	10%	4%	153
Seacoast	58%	29%	3%	7%	3%	81
Manchester Area	58%	28%	10%	3%	1%	67
Executive Council Districts						
1st District	58%	19%	9%	11%	2%	111
2nd District	52%	25%	11%	10%	2%	94
3rd District	53%	32%	3%	9%	3%	101
4th District	51%	35%	7%	5%	2%	92
5th District	46%	29%	9%	11%	5%	104

APPENDIX B:

OPEN-ENDED RESPONSES

SLRC2: "Who would you contact to find out more about long-term support services and to arrange to receive them?" (Multiple response possible. Percentages sum to more than 100%.)

- Prayer partner
- Insurance company
- Easter seals
- "our insurance company"
- Employer
- Home health
- Churches
- State
- Senor center
- Local care givers
- Insurance company
- Local hospice
- Insurance company
- Keene visiting nurses association
- Probably a health and human services center
- Town hall
- Social workers
- Health and human services
- Self knowledge
- VNA local home care service
- He would research to see who he would contact
- Care van, hand in hand van. Will drive you to your appts.
- Start with the town hall
- My insurance
- Gateway for the seniors run in Nashua
- Public library
- Medical equipment supplier
- Church and counseling services
- Social services
- Health & human services
- Town hall
- Check with insurance
- Service link
- Do some research first
- Library
- Works for VNA
- Medicare
- HMO, husband in the service
- Insurance agency and community care givers
- Herself
- Human and social services
- Department of health and human services through the state of new Hampshire
- CTS transportation
- ServiceLink
- United way
- Various support agencies in the Keene area.
- Hospice
- Put an add in the paper to take care of his wife
- A social worker in Boston
- My insurance company
- Internet
- Health and hospice
- Internet
- CMC
- ServiceLink
- Different programs
- Geriatric care manager
- Medical colleagues
- Local church
- Through Dartmouth
- Charitable organizations
- Insurance
- Medical insurance and through the teamsters union
- Insurance company
- Social worker or welfare agency
- Internet
- Town hall
- Town hall
- Health care provider
- ServiceLink
- State agency
- Health and hospice and community resource
- VNA
- Call 211
- Hospice
- Insurance agency
- Insurance provider
- Someone I work with
- Use the internet
- Health department

SLRC6: "How did you hear of the ServiceLink Resource Center?" (Multiple response possible. Percentages sum to more than 100%.)

- Used to work at NH help line
- New Hampshire human services department.
- Works in the health community
- His daughter works at Easter Seals and steered him to go there
- The storefront right downtown
- The office is in the same building as her office.
- HMO
- Through volunteering
- In the medical field, so from work
- Senior housing.
- They just showed up
- Through work
- A radio program on N.P.R
- District office
- Professional contact
- I'm a registered and certified nurse.
- TV
- Social services

NH ServiceLink Resource Center

Evaluation Update

November 17, 2009

SLRC Evaluation Update

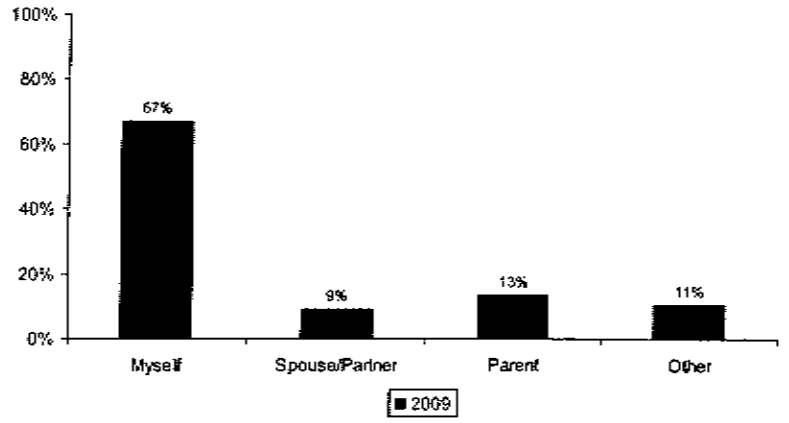
- Customer Satisfaction Surveys
- Granite State Poll
- State Agency Surveys*
- Provider Surveys*
- Hard-to-Reach Provider Survey*

* These surveys will be completed in the spring 2010

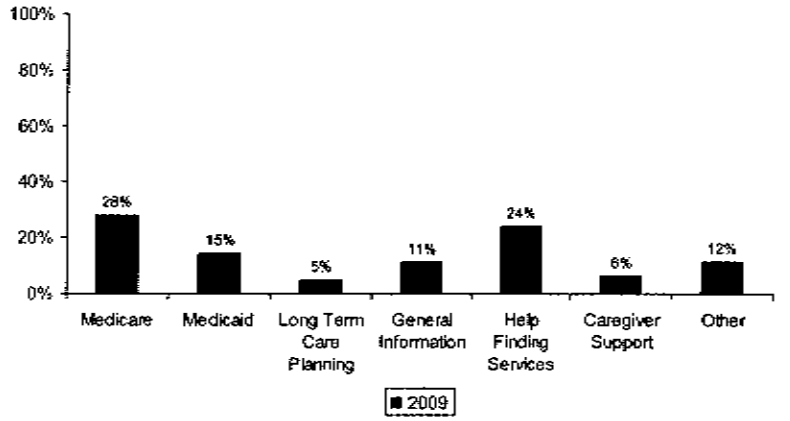
Customer Satisfaction Goals

- 90% + (of people who give a valid answer) will agree with each statement
- Have achieved this level of satisfaction in all areas.
- Since the SLRC provides coverage across the state, all data is now presented for the entire state instead of pilot Counties only.
  - This report reflects changes that were made to the survey in April 2009

Who did you contact SLRC for help about?



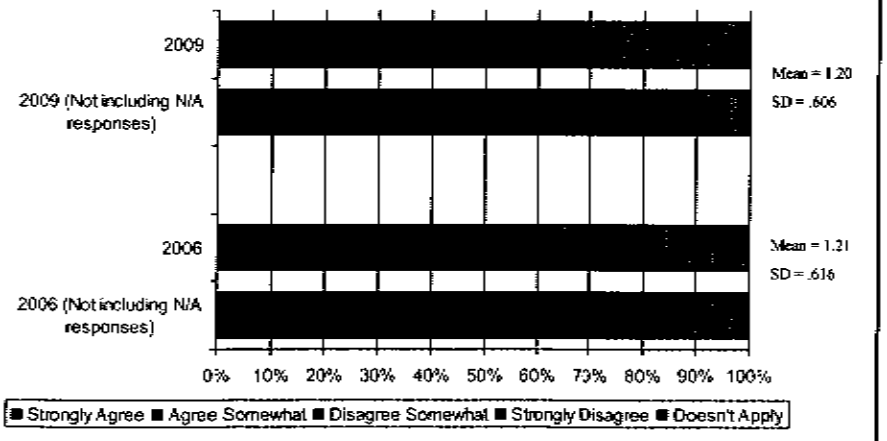
What is the primary reason you most recently contacted ServiceLink?



November 17, 2009 UNH Survey Center

(If you left a message) The SLRC representative called me back within 24 hours

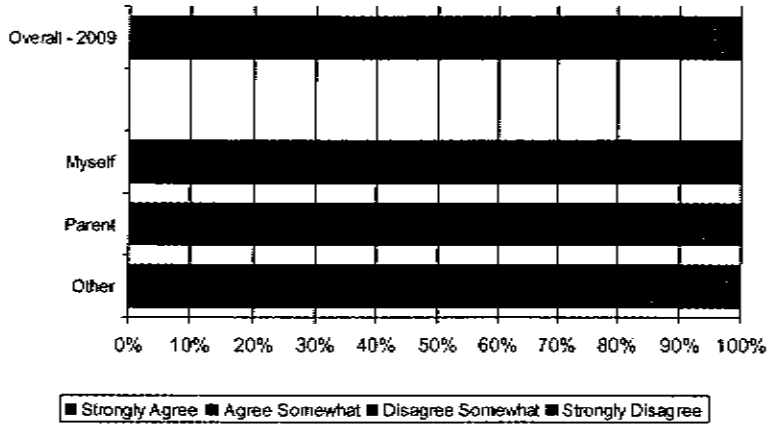
A* – There is no significant difference between 2006 and 2009, X^2 (df = 4) = 8.743, NS, p = .068



November 17, 2009 UNH Survey Center

(If you left a message) The SLRC representative called me back within 24 hours

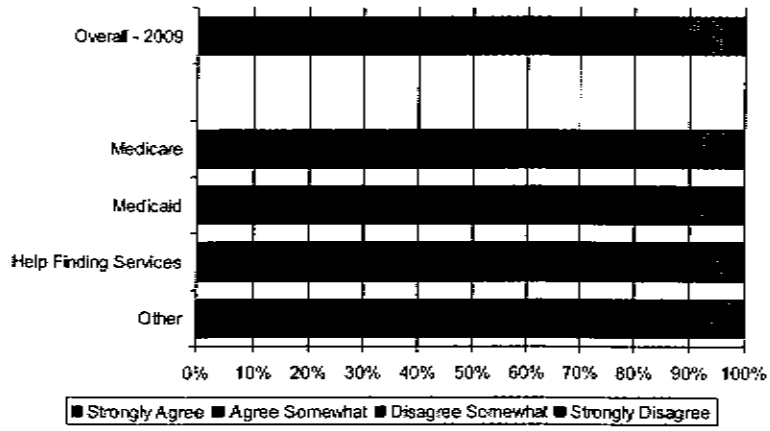
X² – There is a significant difference in agreement that the SLRC representative called them back within 24 hours depending on who they called for. X^2 (df = 6)=13.796, p = .032



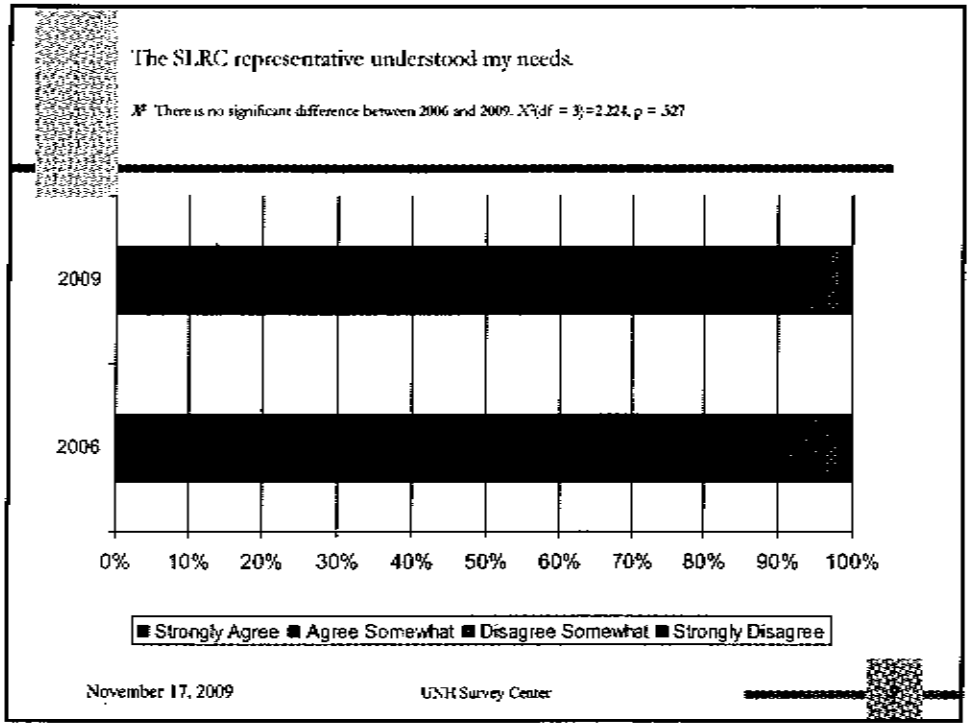
November 17, 2009 UNH Survey Center

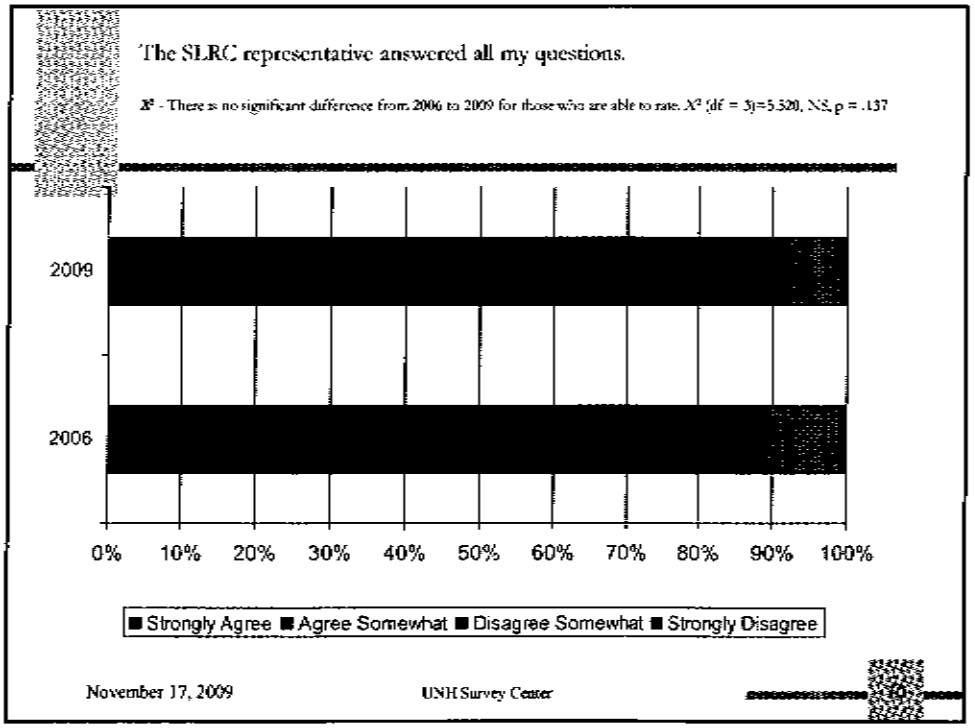
(If you left a message) The SLRC representative called me back within 24 hours

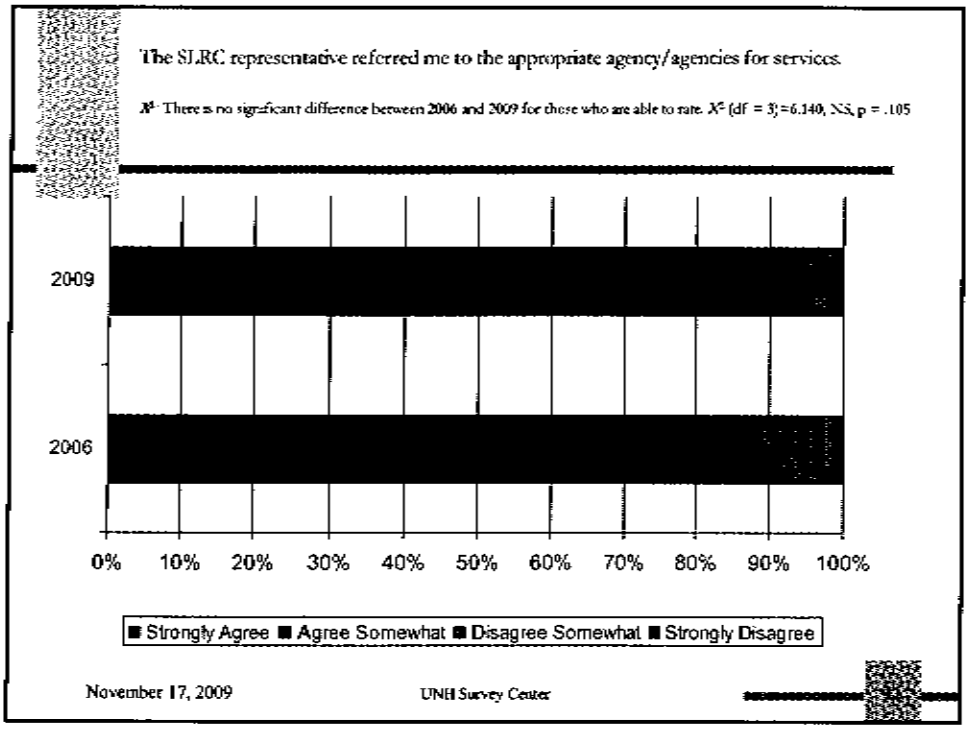
X² – Those whose primary reason for calling was for Medicaid are most likely to agree that the SLRC representative called them back within 24 hours. X^2 (df = 9)=22.783, p = .007

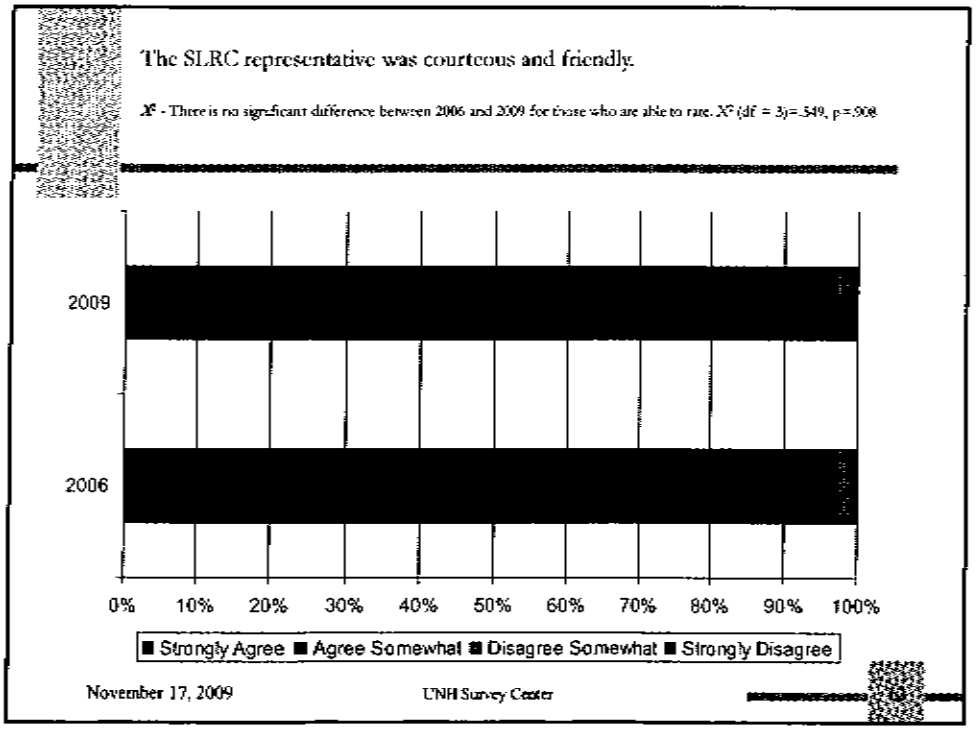


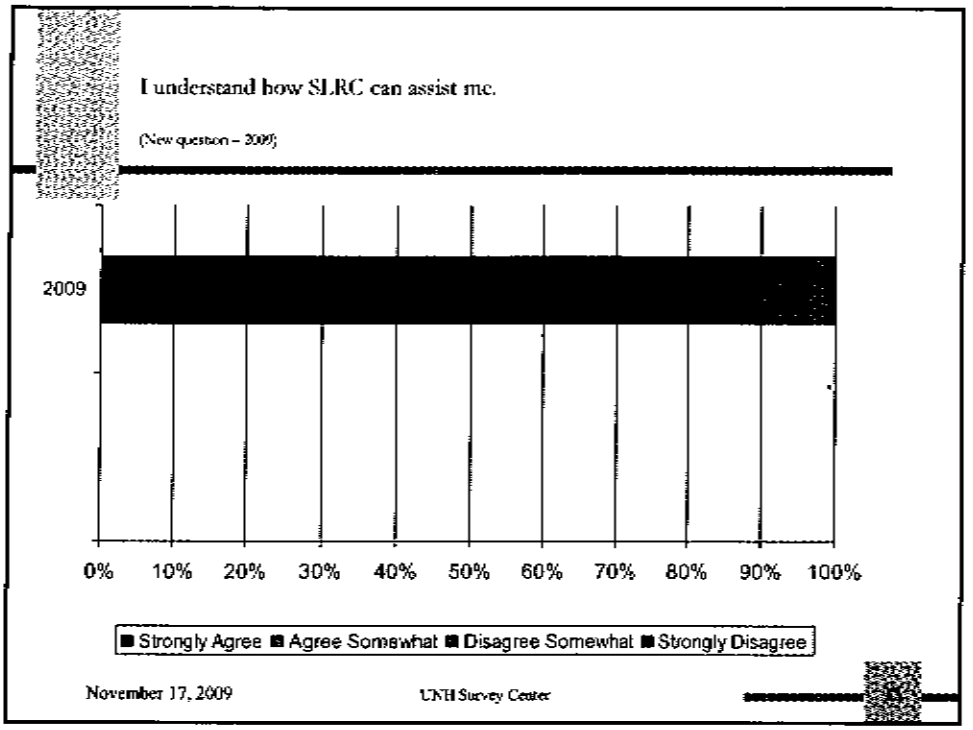
November 17, 2009 UNH Survey Center

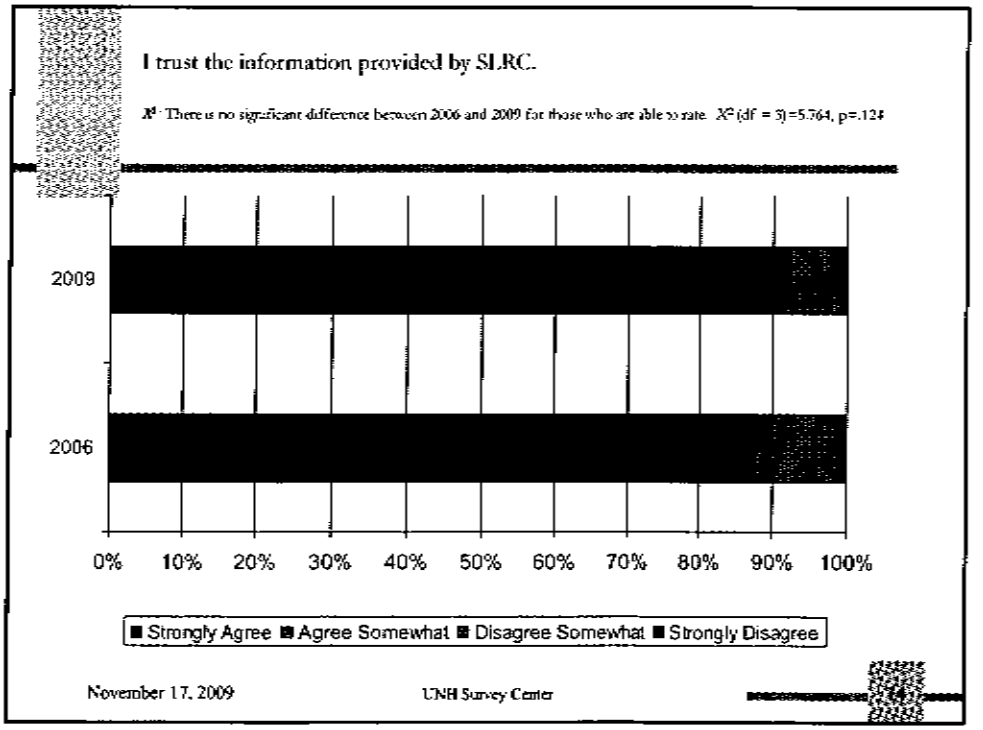

The SLRC representative understood my needs.
There is no significant difference between 2006 and 2009. X²(df = 3)=2.224, p = .527
2009
2006
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Strongly Agree
Agree Somewhat
Disagree Somewhat
Strongly Disagree
November 17, 2009
UNH Survey Center

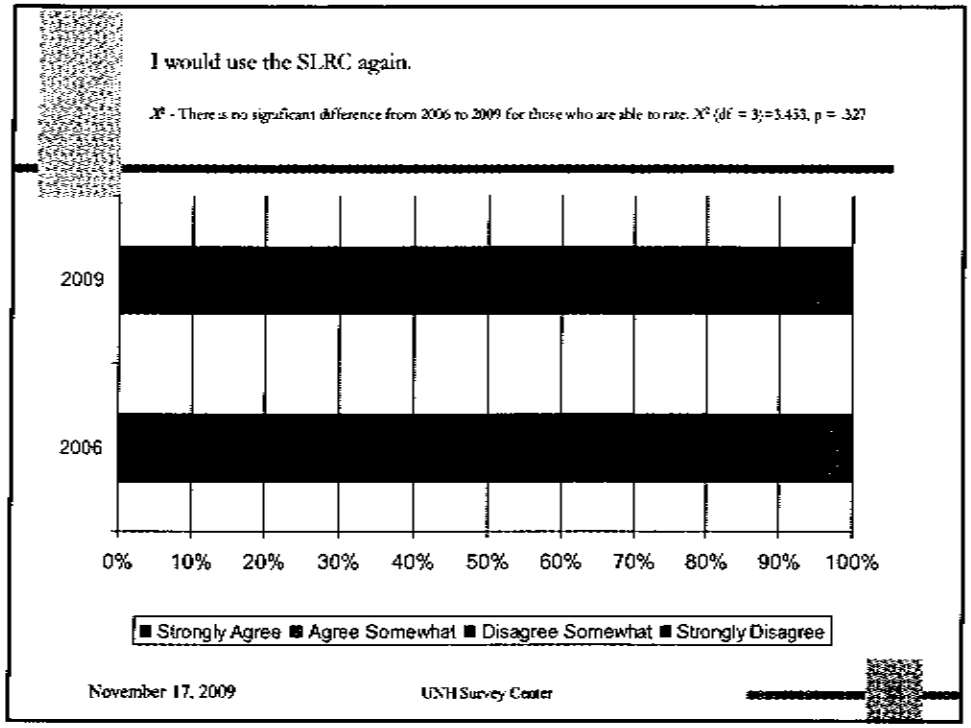

The SLRC representative answered all my questions.
There is no significant difference from 2006 to 2009 for those who are able to rate. X² (df = 3)=5.520, NS, p = .137
2009
2006
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Strongly Agree
Agree Somewhat
Disagree Somewhat
Strongly Disagree
November 17, 2009
UNH Survey Center

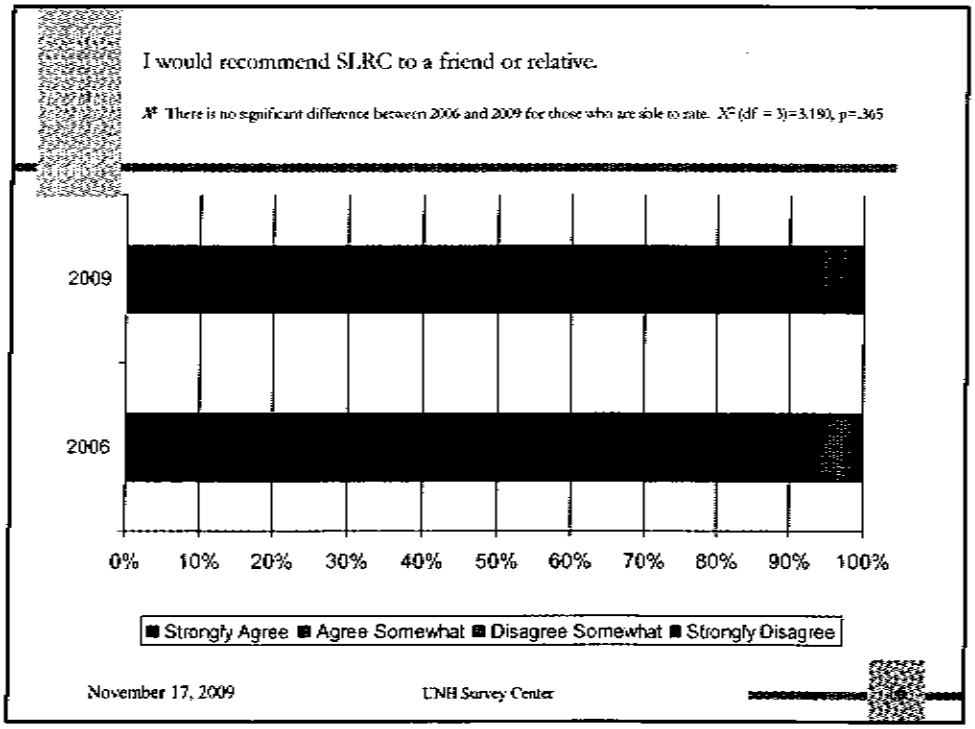

The SLRC representative referred me to the appropriate agency/agencies for services.
X^2: There is no significant difference between 2006 and 2009 for those who are able to rate. X^2 (df = 3) = 6.140, NS, p = .105
2009
2006
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Strongly Agree
Agree Somewhat
Disagree Somewhat
Strongly Disagree
November 17, 2009
UNH Survey Center


The SLRC representative was courteous and friendly.
X^2 - There is no significant difference between 2006 and 2009 for those who are able to rate. X^2 (df = 3) = .549, p = .908
2009
2006
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Strongly Agree
Agree Somewhat
Disagree Somewhat
Strongly Disagree
November 17, 2009
UNH Survey Center


I understand how SLRC can assist me.
(New question – 2009)
2009
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Strongly Agree
Agree Somewhat
Disagree Somewhat
Strongly Disagree
November 17, 2009
UNH Survey Center

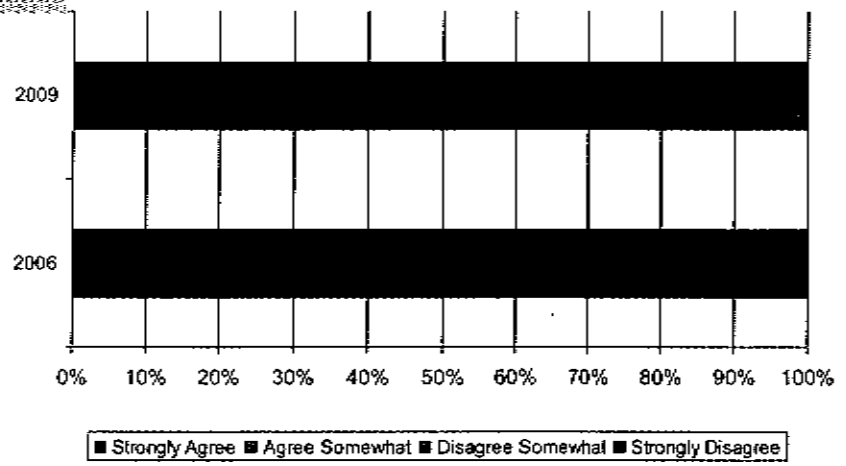

I trust the information provided by SLRC.
There is no significant difference between 2006 and 2009 for those who are able to rate. X^2 (df = 3)=5.764, p=.124
2009
2006
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Strongly Agree
Agree Somewhat
Disagree Somewhat
Strongly Disagree
November 17, 2009
UNH Survey Center


I would use the SLRC again.
X^2 - There is no significant difference from 2006 to 2009 for those who are able to rate. X^2 (df = 3)=3.433, p = .327
2009
2006
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Strongly Agree
Agree Somewhat
Disagree Somewhat
Strongly Disagree
November 17, 2009
UNH Survey Center


I would recommend SLRC to a friend or relative.
X^2 There is no significant difference between 2006 and 2009 for those who are able to rate. X^2 (df = 3)=3.180, p=.365
2009
2006
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Strongly Agree
Agree Somewhat
Disagree Somewhat
Strongly Disagree
November 17, 2009
UNH Survey Center

Overall, I am satisfied with my experience with the SLRC.

A* - There is no significant difference from 2006 to 2009 for those who are able to rate. X^2 (df = 3)=4.349, p= .226



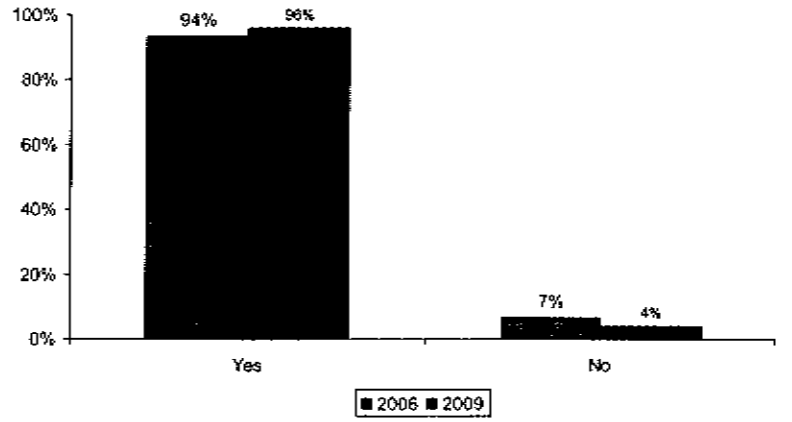
During this most recent contact, was there a staff member that was very helpful? If yes, please tell us about your experience?

- Out of 759 completed surveys in 2009 with the new format, 595 responded to this question (78%)
- Below is a sample of responses

- Eager to help. Very knowledgeable and helpful
- Every staff member I was in contact with was 100% helpful
- Every staff member that I have used has been more than helpful and very polite. They coufdn't be nicer!!
- Explains everything to me, is very funny and great to work with.
- Helped me to know when to use the prescription drug insurance, and when to go to Walmart, ect.
- I am from out of state and communicated mostly by email. I received very prompt response
- Your staff member was helpful and efficient and I left very satisfied.

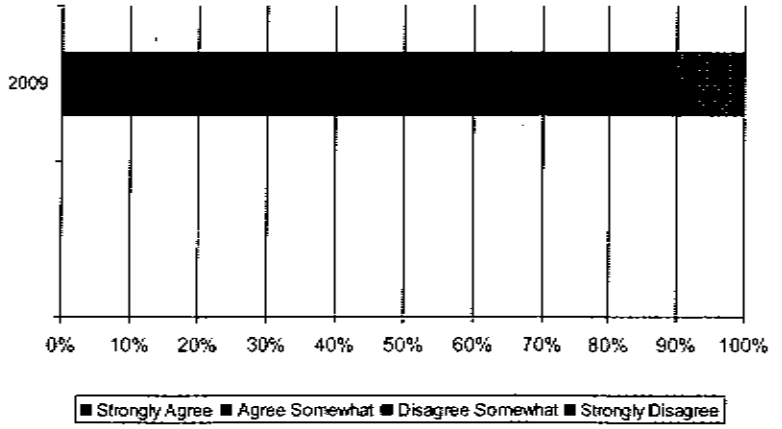
Did the assistance you received from SLRC help you make more informed decisions about care and services?

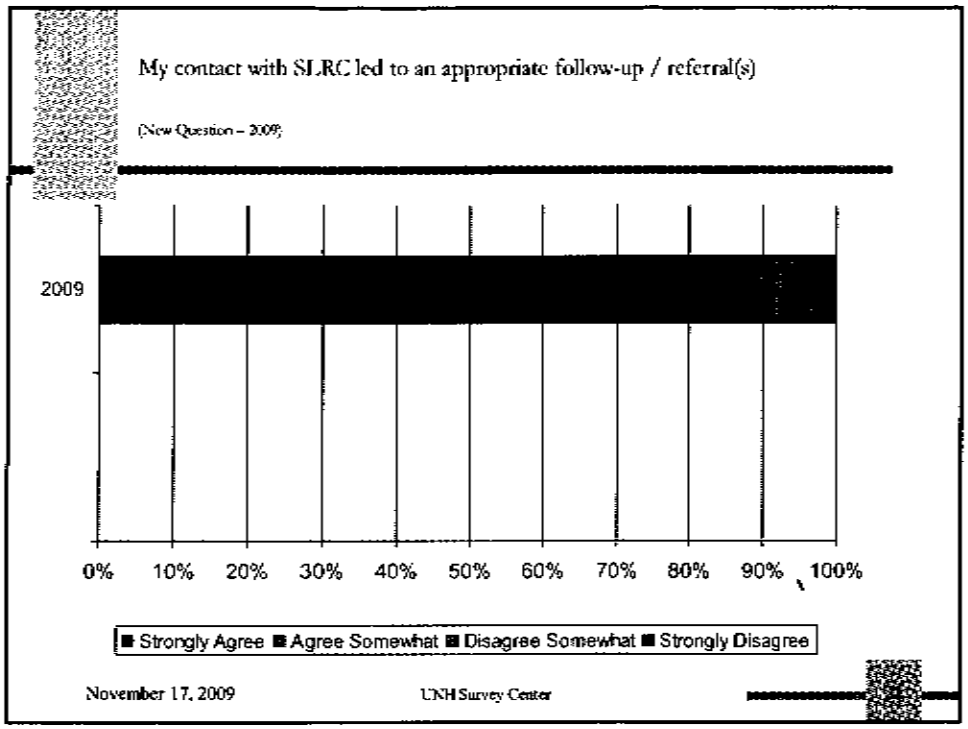
X^2 - There is a significant increase from 2006 to 2009, X^2 (df = 1) =6.746, p = .009

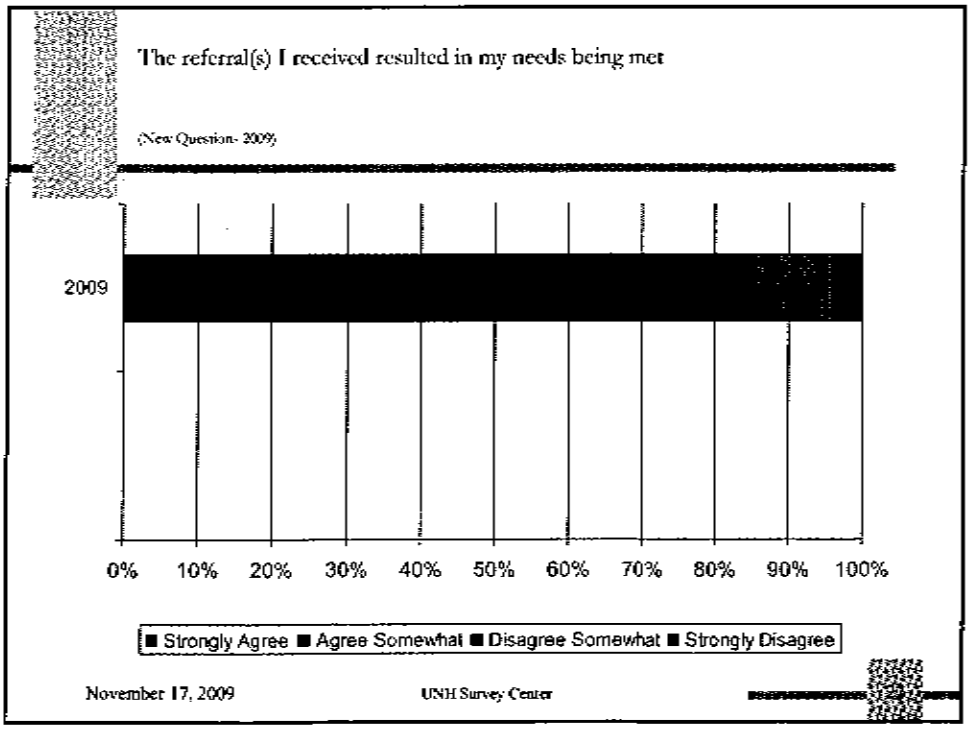


If needed, my SLRC representative followed-up within a reasonable time.

(New question – 2009)




My contact with SLRC led to an appropriate follow-up / referral(s)
(New Question – 2009)
2009
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Strongly Agree
Agree Somewhat
Disagree Somewhat
Strongly Disagree
November 17, 2009
UNH Survey Center

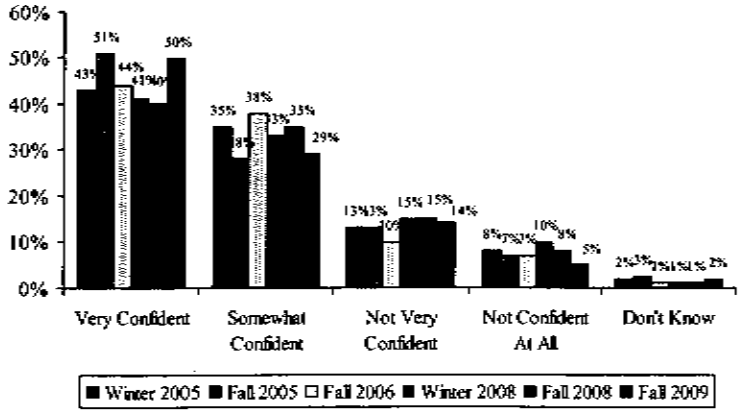

The referral(s) I received resulted in my needs being met
(New Question- 2009)
2009
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Strongly Agree
Agree Somewhat
Disagree Somewhat
Strongly Disagree
November 17, 2009
UNH Survey Center

Granite State Poll

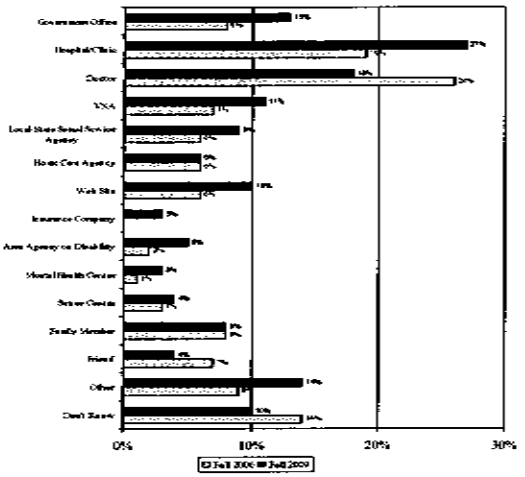
- Since the SLRC provides coverage across the state, all data is now presented for the entire state instead of pilot Counties.
  - Awareness: 30% of NH adults will be "very" or "somewhat" familiar with ServiceLink name
    - Has not been achieved
  - Likelihood of Using: 75% of NH adults will be "very" or "somewhat" likely to call ServiceLink if they needed information
    - Achieved

Confidence in Finding Long-Term Support Services in Community

A* There is a significant increase between winter 2008 and fall 2009 for those who are very confident compared with those who are not. X^2 (df = 1)= 8.508, p = .004



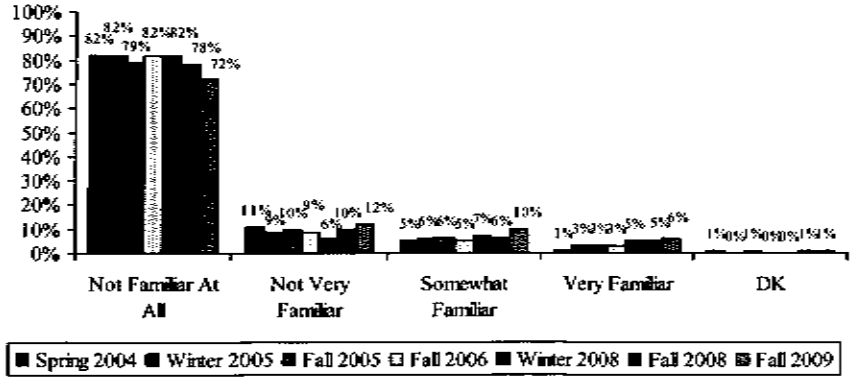
Who to Contact to Find Out More About Long-Term Support Services (Multiple response possible. Percentages sum to more than 100%.)



November 17, 2009 UNH Survey Center

Familiarity with ServiceLink Resource Center

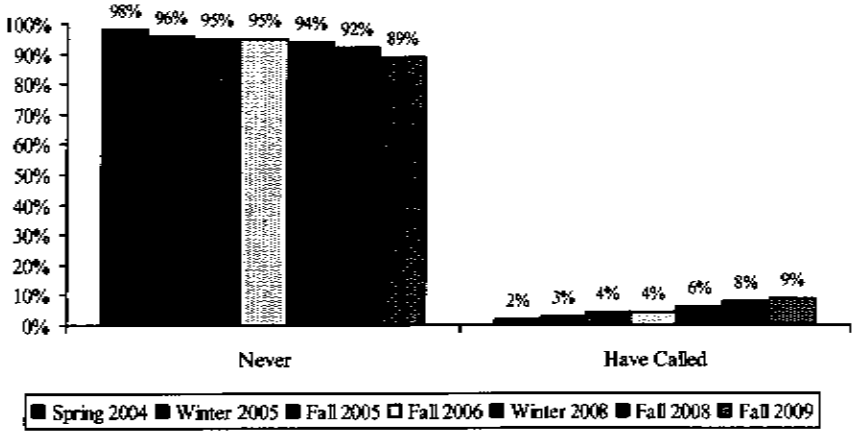
X^2: There is a significant decrease between winter 2008 and fall 2009 for those who are not familiar at all compared with those who have some familiarity. X^2 (df = 1)=15.184, p < .0001



November 17, 2009 UNH Survey Center

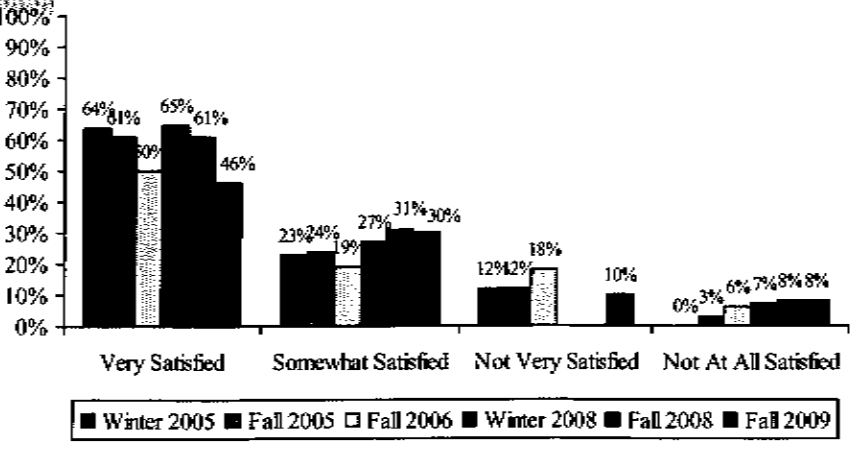
When was the Last Time Anyone in Your Household Ever Called ServiceLink Resource Center

There is a significant increase in calls between winter 2008 and fall 2009 for those who have called compared with those who have never called. X^2 (df = 1)=8.728, p = .0031

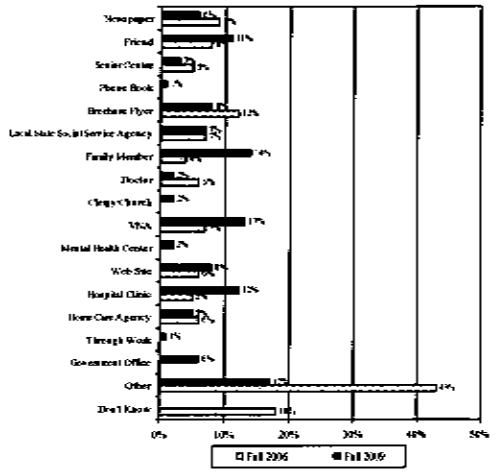


Satisfaction with Information Provided by ServiceLink Resource Center (Those who said they "have" called ServiceLink)

There is no significant difference between winter 2008 and fall 2009. X^2 (df = 1)=2.828, NS, p = .093



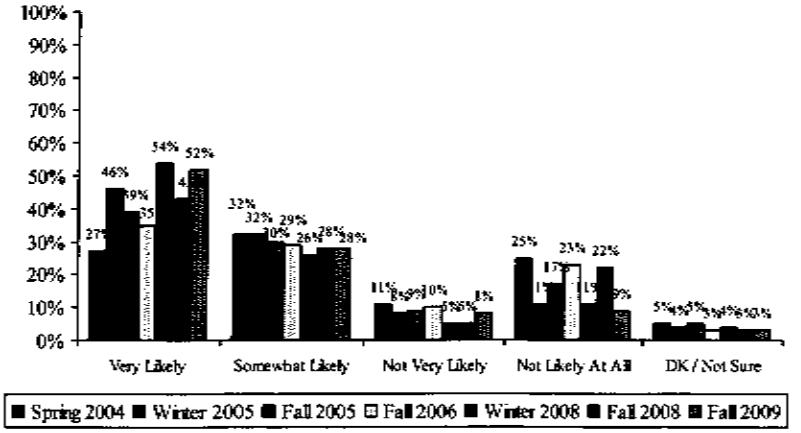
Where Did You Learn of ServiceLink
(Multiple response possible. Percentages sum to more than 100%.)



November 17, 2009 UNH Survey Center

Likelihood of Calling ServiceLink Resource Center if Household Member Needed Information About Elderly or Disability Services

X^2: There is no significant change in likelihood of calling between winter 2008 and fall 2009 for those who have are very likely to call compared with those who are not. X^2 (df = 1)=.456, p = .4995



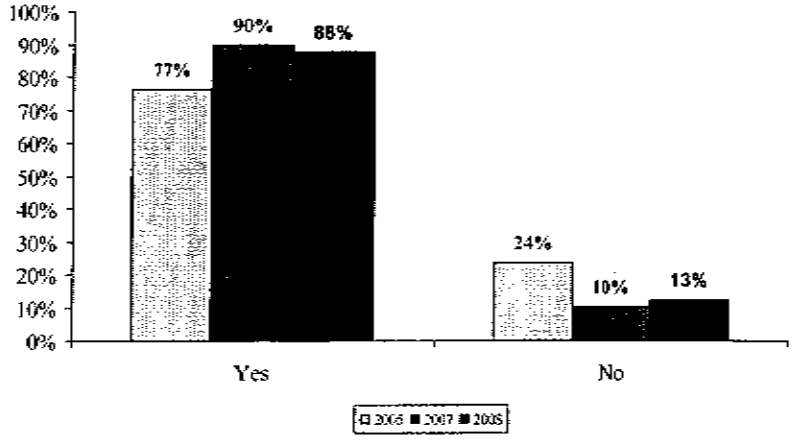
November 17, 2009 UNH Survey Center

Provider Survey

- Surveys sent to providers identified by SLRC staff (this year we have assumed all providers to be of the same awareness level). For comparison purposes, aware and unaware providers have been combined in past years.
- Surveys mailed to providers and data collected in Spring 2005 & 2007, and summer 2008
  - 40 Completed surveys (22% RR)
- 90% of selected long term support providers in the geographical area served by the SLRC (PCPs, hospital discharge planners, ER staff) will be aware of SLRC and options for community-based long term support
- The provider survey measures only those providers identified in Strafford and Belknap Counties (This will go statewide next year)

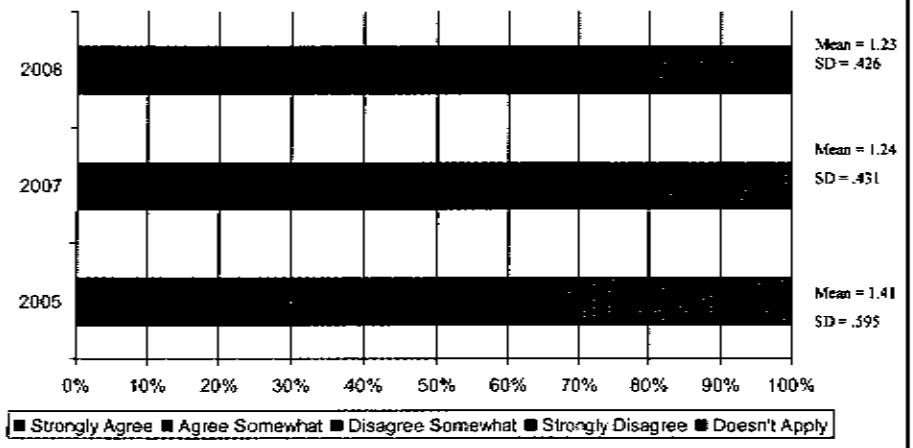
Are you familiar with the ServiceLink Resource Center?

H^0 - There is no significant difference in familiarity from 2005 to 2008. X^2 (df = 1)=1.795, p = .180



I am familiar with the SLRC and the services provided by SLRC.

X^2 - There is no significant change in agreement from 2005 to 2008 for those who are able to rate. X^2 (df = 2)=2.669, p= .263
T-test - There is no significant difference between 2005 and 2008 for those who are able to rate, (t=1.522, NS, p = .133 assuming unequal variances).

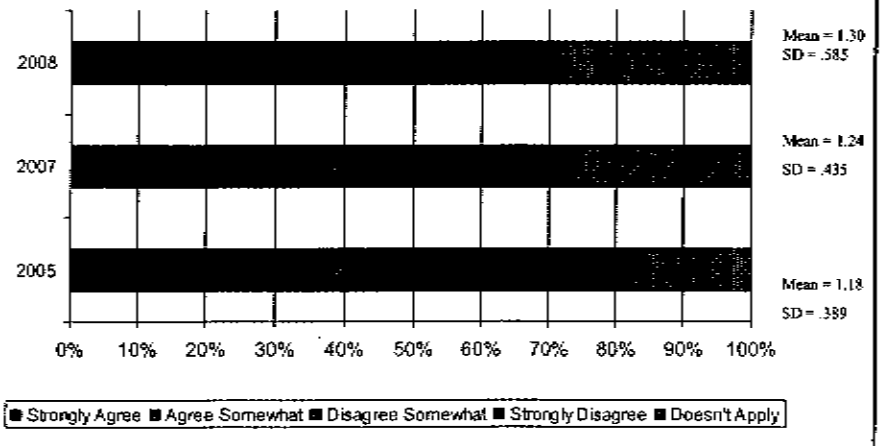


October 14, 2008

UNH Survey Center
Carsey Institute

I trust the SLRC to make appropriate referrals to me and elsewhere on behalf of clients.

X^2 - There is no significant change in agreement from 2005 to 2008 for those who are able to rate. X^2 (df = 2)=2.454, p= .293
T-test - There is no significant difference between 2005 and 2008 for those who are able to rate, (t=-1.034, NS, p = .306 assuming unequal variances).

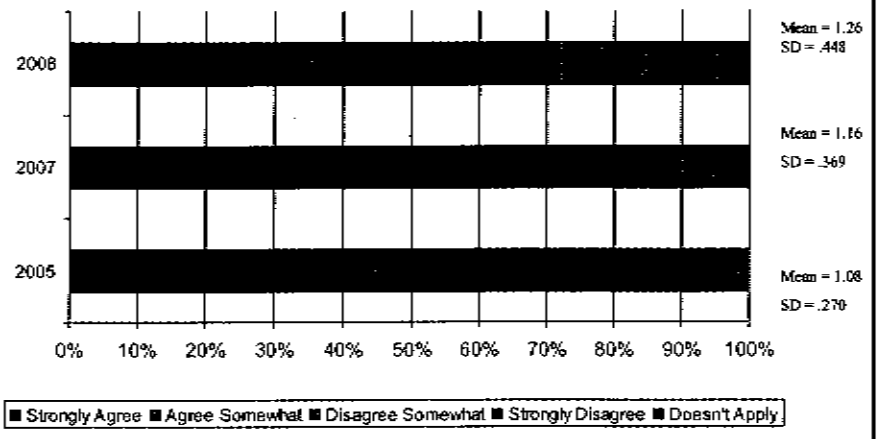


October 14, 2008

UNH Survey Center
Carsey Institute

SLRC Staff are very knowledgeable about local services for elderly and adults with disabilities.

X^2 - There is a significant change in agreement from 2005 to 2008 for those who are able to rate. X^2 (df = 1)=4.663, p= .031
T-test - There is a significant difference between 2005 and 2008 for those who are able to rate, (t=-2.131, p = .038 assuming unequal variances).

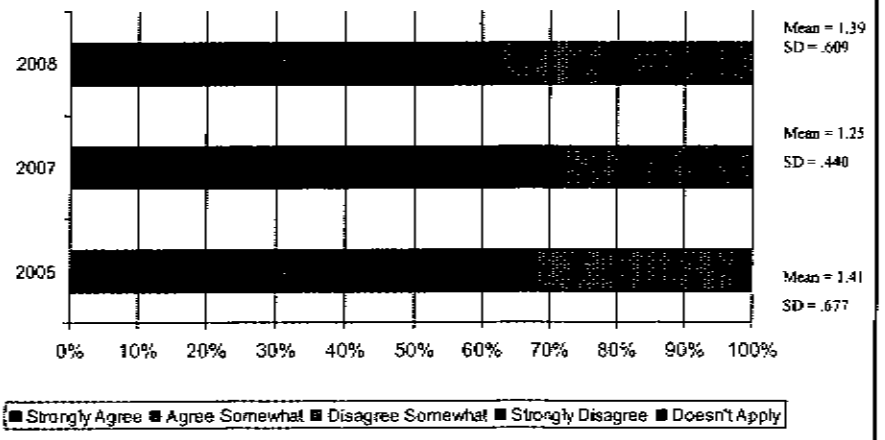


October 14, 2008

UNH Survey Center
Carsey Institute

SLRC provides a single entry point for information about, and referrals for, long-term support services for elderly adults and persons with disabilities.

X^2 - There is no significant change in agreement from 2005 to 2008 for those who are able to rate. X^2 (df = 3)=1.376, p= .711
T-test - There is no significant difference between 2005 and 2008 for those who are able to rate, (t=.107, NS, p = .915 assuming equal variances).



October 14, 2008

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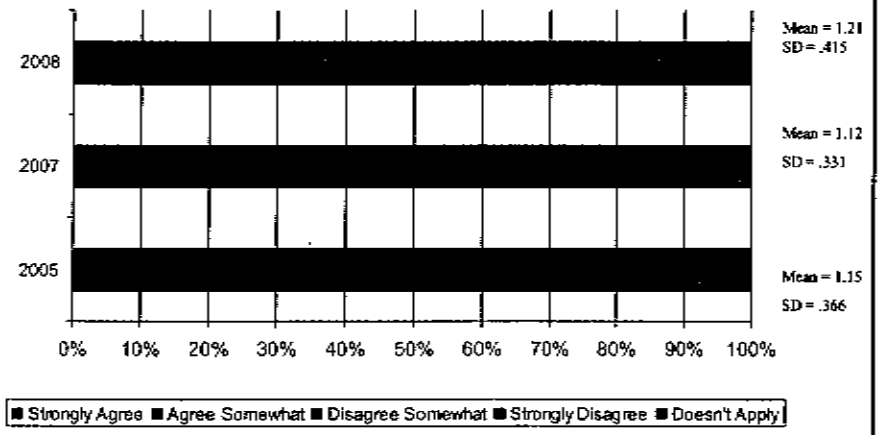
Carsey Institute

I would refer clients/patients to the SLRC again.

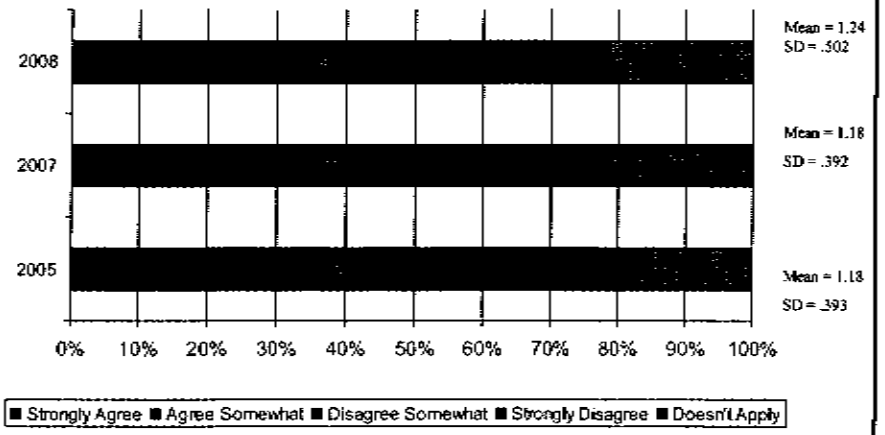
X^2 - There is no significant change in agreement from 2005 to 2008 for those who are able to rate. X^2 (df = 1) = .410, p = .522
T-test - There is no significant difference between 2005 and 2008 for those who are able to rate, (t=-.633, NS, p = .529 assuming equal variances).



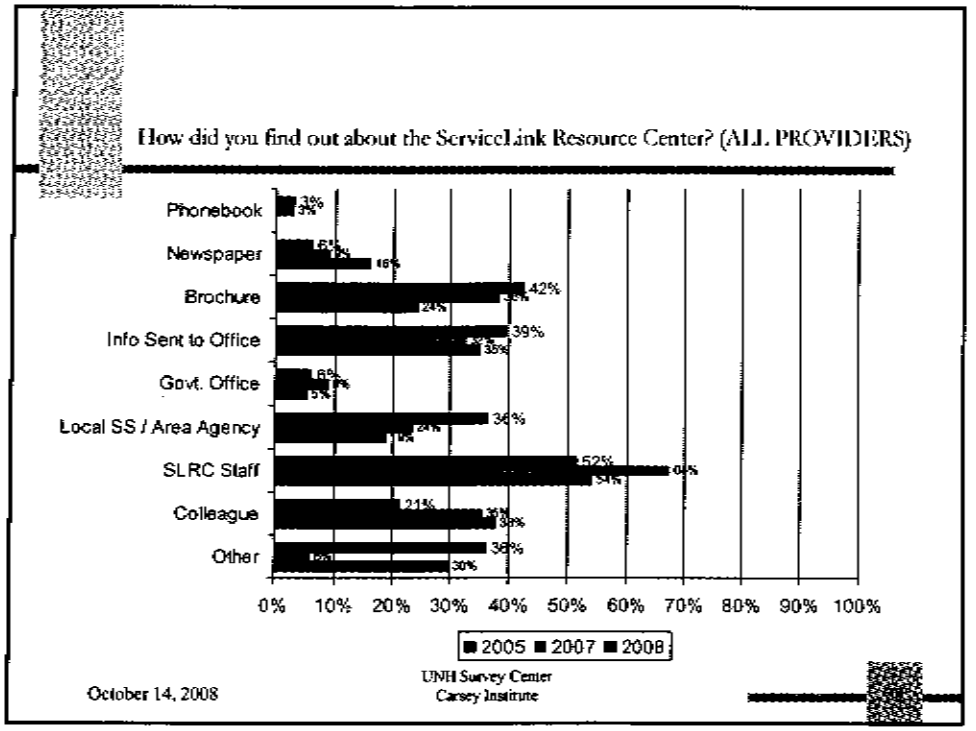
October 14, 2008 — UNH Survey Center, Carsey Institute

Overall, I am satisfied with my relationship with the SLRC.

X^2 - There is no significant change in agreement from 2005 to 2008 for those who are able to rate. X^2 (df = 2) = 1.169, p = .557
T-test - There is no significant difference between 2005 and 2008 for those who are able to rate, (t=-.548, NS, p = .586 assuming equal variances).



October 14, 2008 — UNH Survey Center, Carsey Institute



Hard-to-Reach Survey

- Surveys sent to hard-to-reach providers identified by SLRC staff in Strafford and Belknap Counties (This will go statewide next year)
- Surveys e-mailed or mailed to staff and data collected in August 2008, March 2007 and June 2006
  - E-mail
    - E-mails sent = 276
    - Mail surveys sent = 15
    - Total = 291
- Number of Respondents & Response Rates
  - 2008 Total: 82 – 28%
  - 2007 Total: 51 – 14%
  - 2006 Total: 47 – 13

October 14, 2008

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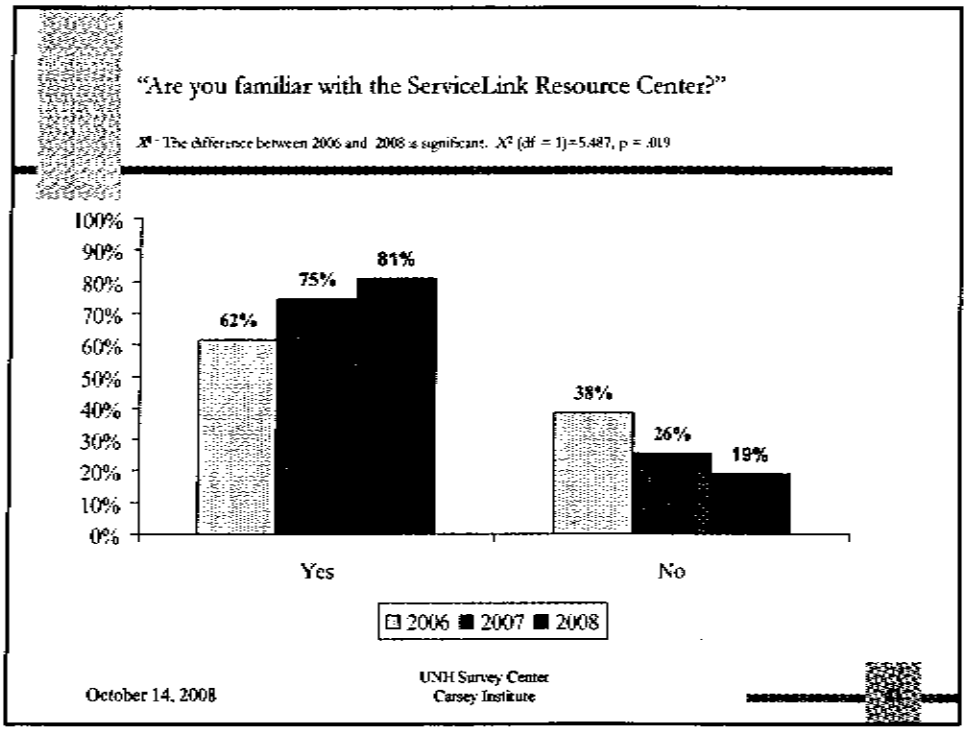
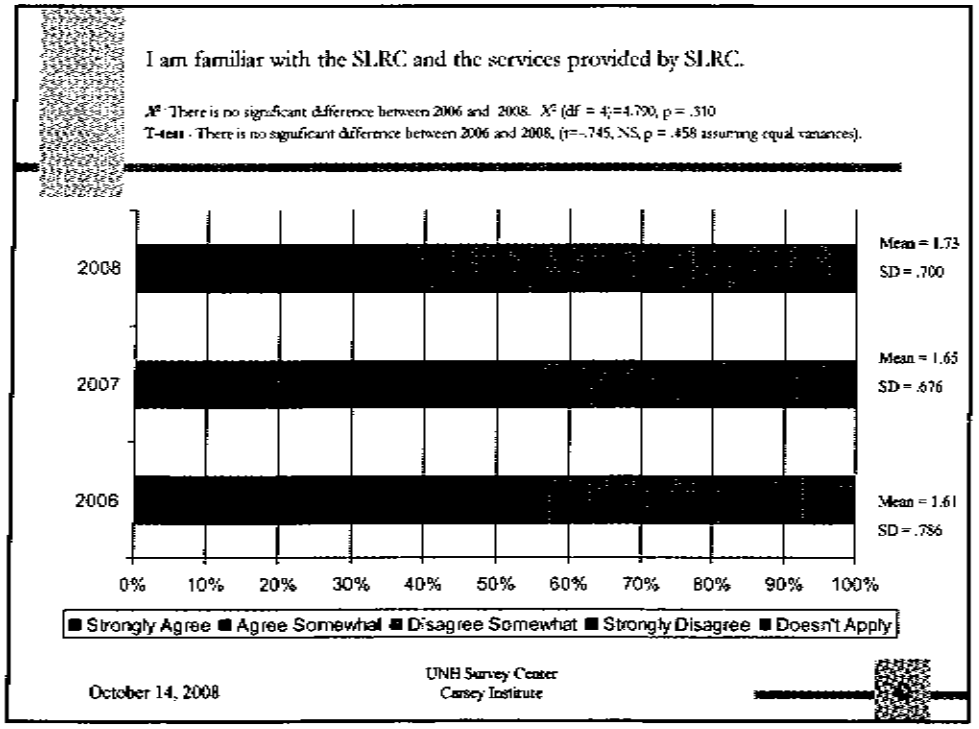
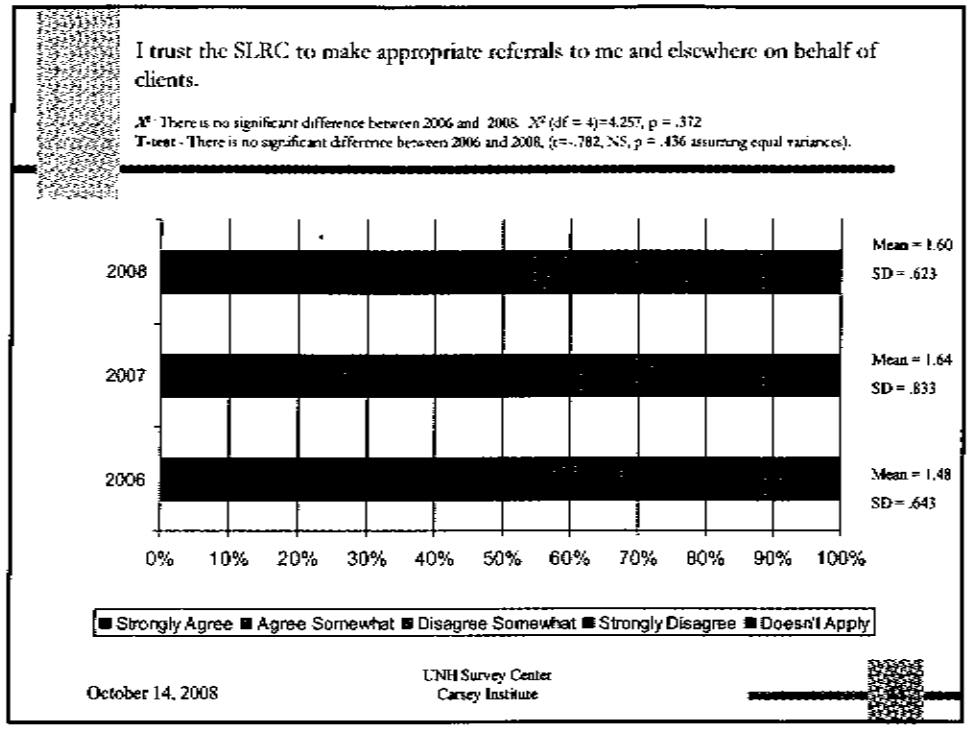
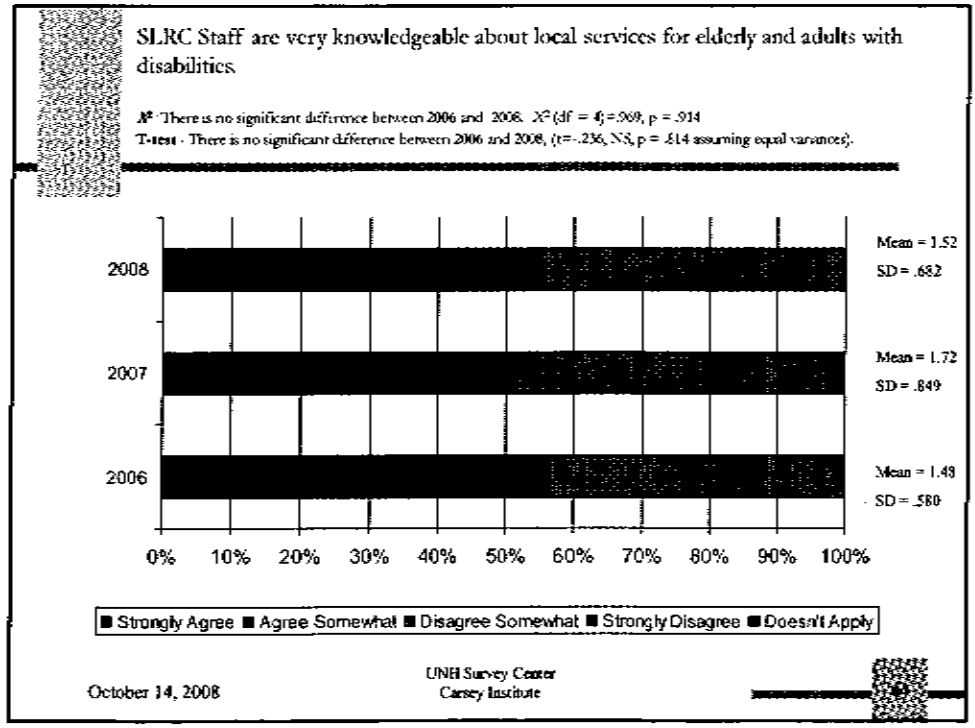
Carsey Institute


"Are you familiar with the ServiceLink Resource Center?"
X^2 - The difference between 2006 and 2008 is significant. X^2 (df = 1)=5.487, p = .019
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
62%
75%
81%
38%
26%
19%
Yes
No
2006 2007 2008
October 14, 2008
UNH Survey Center
Carsey Institute

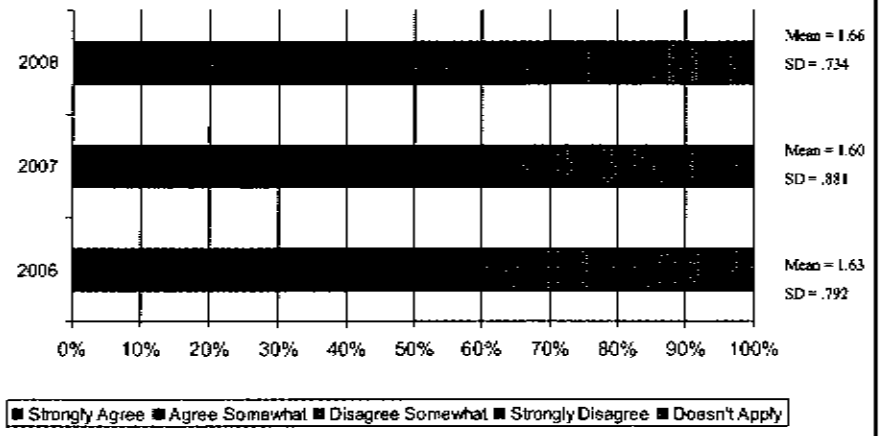

I am familiar with the SLRC and the services provided by SLRC.
X^2 - There is no significant difference between 2006 and 2008. X^2 (df = 4;=4.700, p = .310
T-test - There is no significant difference between 2006 and 2008, (t=-.745, NS, p = .458 assuming equal variances).
2008
2007
2006
Mean = 1.73
SD = .700
Mean = 1.65
SD = .676
Mean = 1.61
SD = .786
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree Doesn't Apply
October 14, 2008
UNH Survey Center
Carsey Institute


I trust the SLRC to make appropriate referrals to me and elsewhere on behalf of clients.
X^2 - There is no significant difference between 2006 and 2008. X^2 (df = 4)=4.257, p = .372
T-test - There is no significant difference between 2006 and 2008, (t=-.782, NS, p = .436 assuming equal variances).
2008
2007
2006
Mean = 1.60
SD = .623
Mean = 1.64
SD = .833
Mean = 1.48
SD = .643
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree Doesn't Apply
October 14, 2008
UNH Survey Center
Carsey Institute


SLRC Staff are very knowledgeable about local services for elderly and adults with disabilities.
X^2 - There is no significant difference between 2006 and 2008. X^2 (df = 4)=.969, p = .914
T-test - There is no significant difference between 2006 and 2008, (t=-.236, NS, p = .814 assuming equal variances).
2008
2007
2006
Mean = 1.52
SD = .682
Mean = 1.72
SD = .849
Mean = 1.48
SD = .580
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Strongly Agree Agree Somewhat Disagree Somewhat Strongly Disagree Doesn't Apply
October 14, 2008
UNH Survey Center
Carsey Institute

SLRC provides a single entry point for information about, and referrals for, long-term support services for elderly adults and persons with disabilities.

X^2 - There is no significant difference between 2006 and 2008. X^2 (df = 4)=.725, p = .948
T-test - There is no significant difference between 2006 and 2008, (t=-.180, NS, p = .858 assuming equal variances).

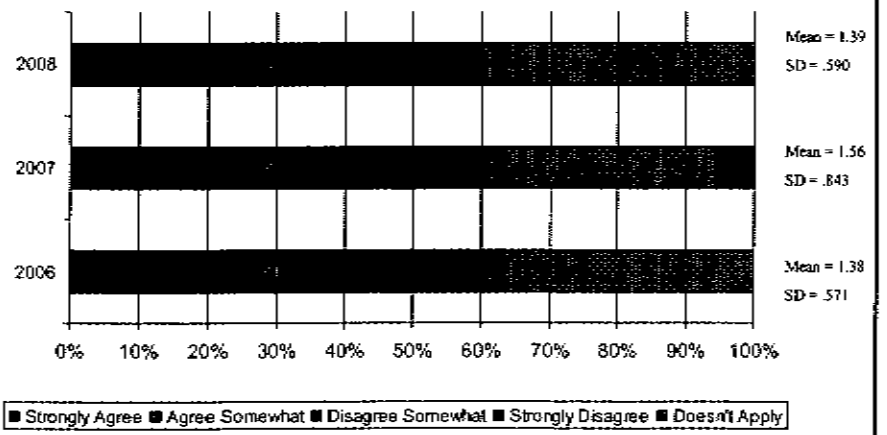


October 14, 2008

UNH Survey Center
Carsey Institute

I would refer clients/patients to the SLRC again.

X^2 There is no significant difference between 2006 and 2008. X^2 (df = 4)=2.718, p = .606
T-test - There is no significant difference between 2006 and 2008, (t=-.010, NS, p = .992 assuming equal variances).

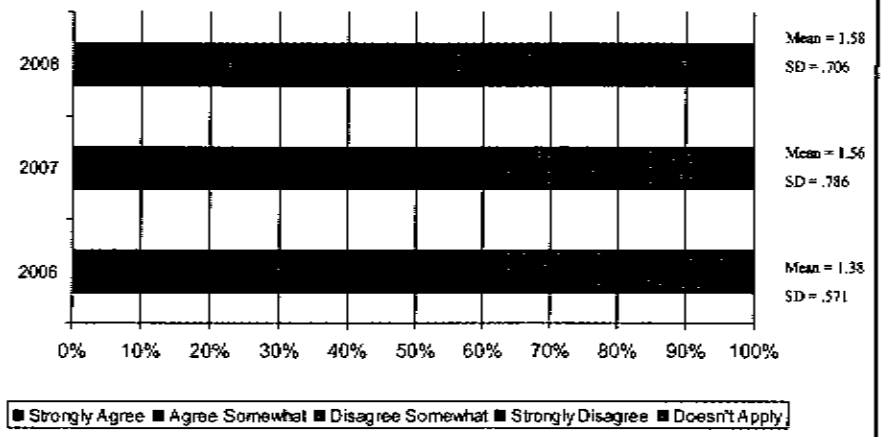


October 14, 2008

UNH Survey Center
Carsey Institute

Overall, I am satisfied with my relationship with the SLRC.

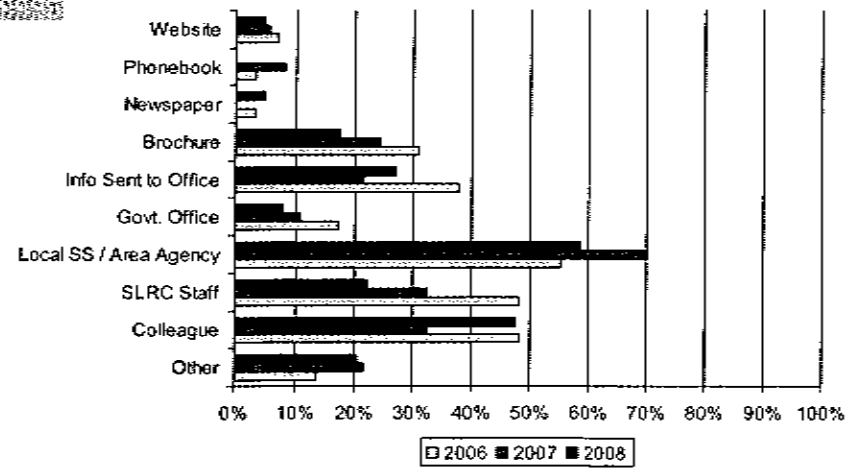
X^2 - There is no significant difference between 2006 and 2008. X^2 (df = 4)=1.595, p = .809
T-test - There is no significant difference between 2006 and 2008, (t=-1.231, NS, p = .222 assuming equal variances).



October 14, 2008

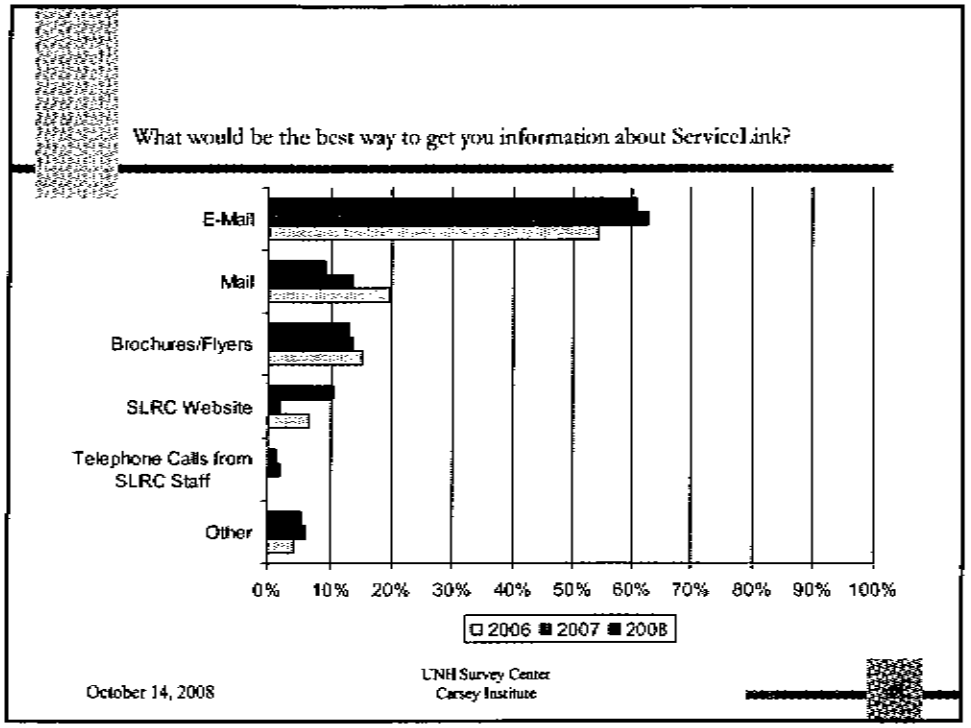
UNH Survey Center
Carsey Institute

How did you find out about the ServiceLink Resource Center?



October 14, 2008

UNH Survey Center
Carsey Institute

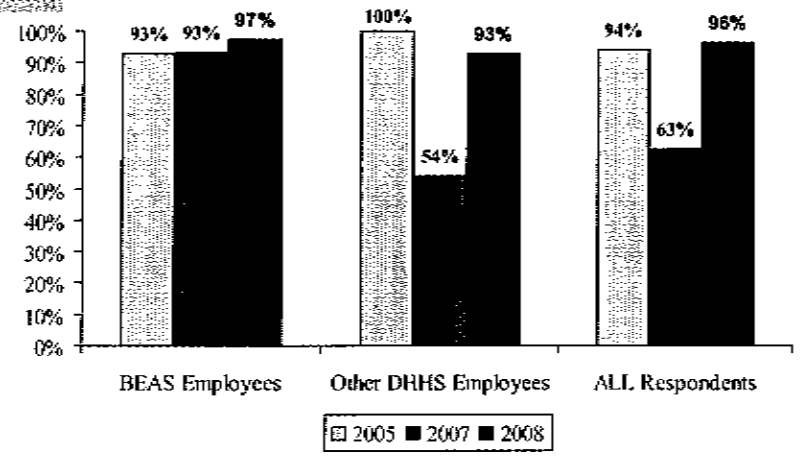


State Agency Survey

- Surveys sent to staff at over 30 agencies identified by SLRC staff
- State Agency Survey
  - Fielded in Spring, 2005 & 2007 and Summer 2008
  - Conducted by e-mail
    - 2008 - 54 completed
    - 2007 - 80 completed
    - 2005 - 65 completed
- Most respondents (74%) are DHHS BEAS employees.
    - 2008 – 74% BEAS
    - 2007 – 20% BEAS
    - 2006 – 83% BEAS
- Goal – After 3 years, 90%+ of relevant state agencies will be aware of SLRC role and how it relates to their program.

"Are you familiar with the ServiceLink Resource Center?" **Percent "Yes"**

X^2: There is no significant difference in familiarity among between 2005 and 2008 overall X^2 ($df = 1$)=.397, $p = .528$. In addition, there is no significant difference among type of DHHS employees between 2005 and 2008.

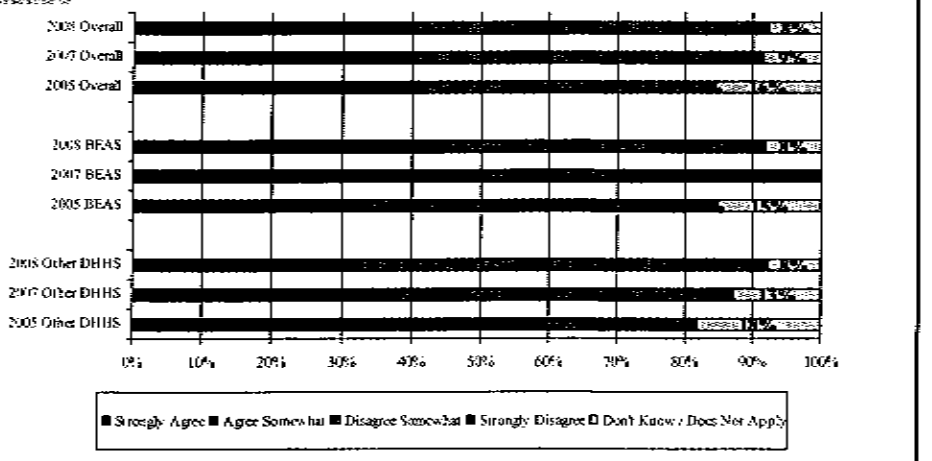


October 14, 2008

UNH Survey Center
Carsey Institute

I trust the SLRC to make appropriate referrals to me and elsewhere on behalf of clients.

X^2: There is no significant difference between 2005 and 2008 overall [X^2 ($df = 4$)=2.139, $p = .699$]. In addition, there is no significant difference among type of DHHS employees between 2005 and 2008.

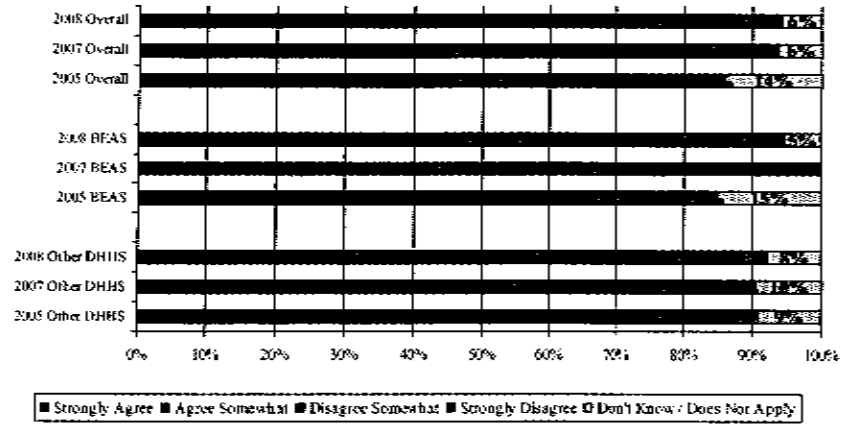


October 14, 2008

UNH Survey Center
Carsey Institute

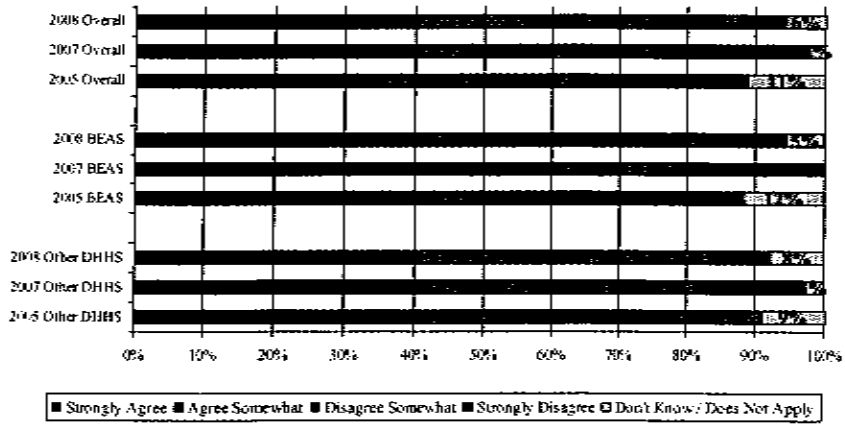
SLRC Staff are very knowledgeable about local services for elderly and adults with disabilities.

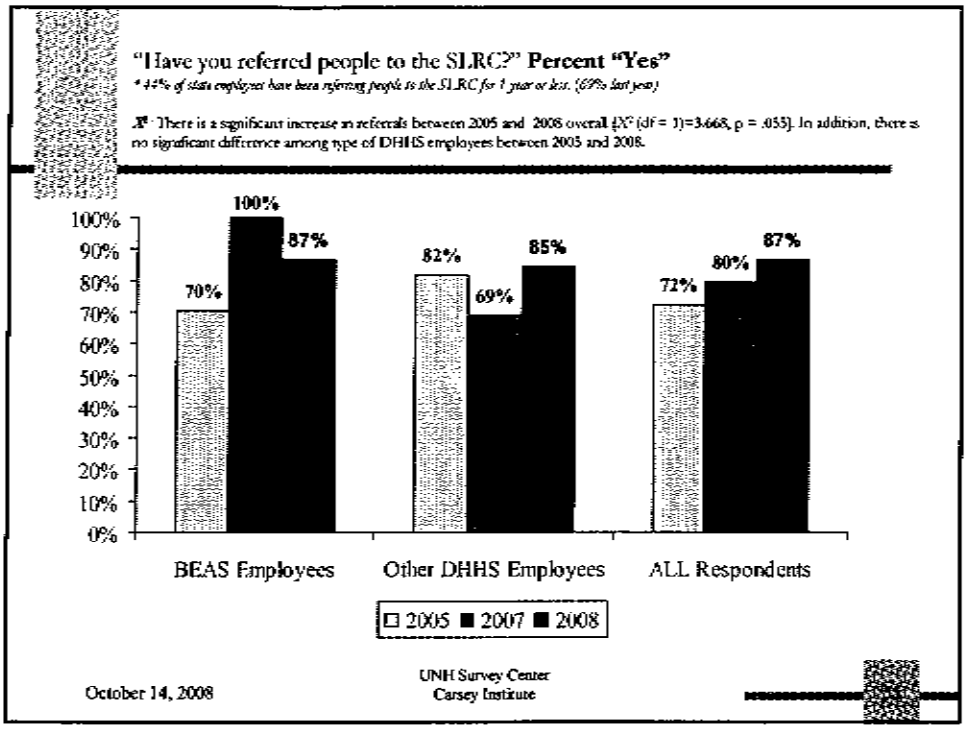
X^2: There is no significant difference between 2005 and 2008 overall [X^2 (df = 4) = 4.033, p = .401]. In addition, there is no significant difference among type of DHHS employees between 2005 and 2008.

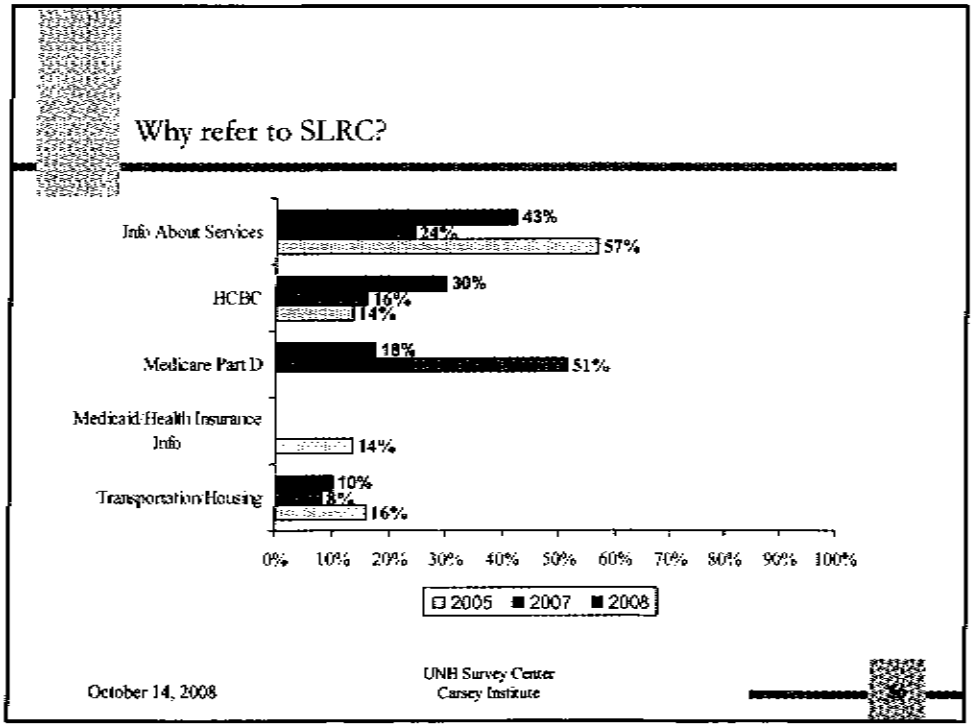


SLRC provides a single entry point for information about, and referrals for, long-term support services for elderly adults and persons with disabilities.

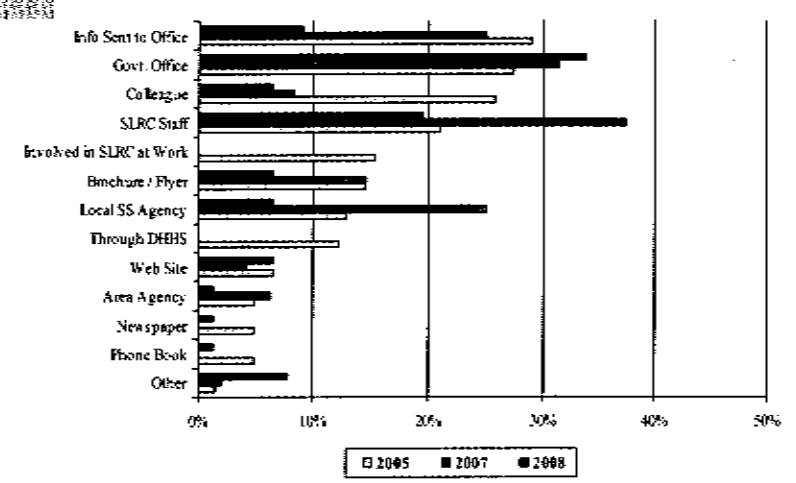
X^2: There is no significant difference between 2005 and 2008 overall [X^2 (df = 4) = 6.721, p = .151]. In addition, there is no significant difference among type of DHHS employees between 2005 and 2008.




"I have you referred people to the SLRC?" Percent "Yes"
* 44% of state employees have been referring people to the SLRC for 1 year or less. (69% last year)
X² - There is a significant increase in referrals between 2005 and 2008 overall [X² (df = 1)=3.668, p = .055]. In addition, there is no significant difference among type of DHHS employees between 2005 and 2008.
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
70%
100%
87%
82%
69%
85%
72%
80%
87%
BEAS Employees
Other DHHS Employees
ALL Respondents
2005 2007 2008
October 14, 2008
UNH Survey Center
Carsey Institute


Why refer to SLRC?
Info About Services
43%
57%
HCBC
30%
16%
14%
Medicare Part D
18%
51%
Medicaid/Health Insurance Info
14%
Transportation/Housing
10%
16%
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
2005 2007 2008
October 14, 2008
UNH Survey Center
Carsey Institute

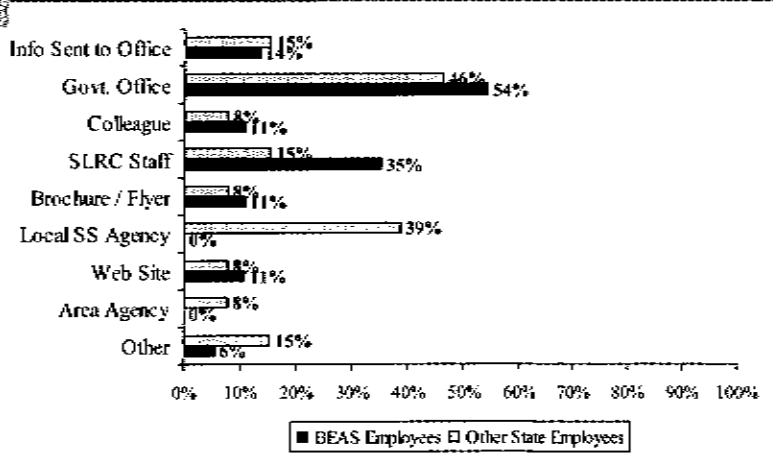
State employees heard of SLRC through their staff



October 14, 2008

UNH Survey Center
Carsey Institute

State employees heard of SLRC through their staff (2008 ONLY)



October 14, 2008

UNH Survey Center
Carsey Institute

B.) Long-Term Support Counselor Project

Proposed Competencies

ServiceLink Resource Center

Long Term Support Counselor

Competencies are a tool for defining skills and abilities, behaviors and motivations needed to perform a specific role or activity. They can be used to determine potential employees abilities to fulfill role responsibilities as well as for measuring performance, recommending training and professional development needs, career planning, and promotion or lateral transfer of current employees. Orientation to the long term support counselor role and responsibilities should include a competency assessment to determine the current level of achievement. Opportunities will need to be provided for attaining basic competence within a stated time frame. In addition to basic competence, long term support counselors are expected to seek advanced levels of competence through continuing education, workshops, seminars, courses and other forms of self development. The organization and managers will need to ensure that LTSC are provided resources including time and educational support to achieve basic and advanced level of competency.

Competencies can be used not only to measure performance but to improve performance. If competencies are to be used as part of performance evaluation, managers should be trained in how to evaluate competencies. The long term support counselors should be informed on conducting self evaluation based on competencies. It will be necessary to develop consensus on the level of performance (behaviors, motivations, contributions, skills, knowledge) needed to meet the standards of acceptability as well as advanced standards.

It is essential that there be congruity between job description, standards of practice, competencies, and performance criteria if the evaluation process is to be effective in measuring performance, improving performance, and motivating staff to grow professionally and be committed to improving the quality of care.

Actively pursues new knowledge and skills as the Long Term Support Counselor role, services available, benefit criteria and options for long term support evolve.

Serves as leader and partner in SLRC teams, interprofessional, intra professional and intra agency relationships for advancing and advocating for services for older adults and people with disabilities and their families.

Communicates effectively orally and in writing to achieve quality outcomes in assessment, planning, coordination and integration of services for consumers.

Participates in cost and outcome evaluation and quality improvement activities such as developing, collecting, analyzing, or interpreting current program data; designing, developing, implementing or evaluating new programs; sitting on committees to evaluate or improve services; and bringing issues of concern to the attention of SLRC managers and other appropriate venues to improve services.

Maintains ethical and professional behavior in fulfilling long term counselor role responsibilities, accountabilities, and obligations.

Demonstrates commitment to person centered counseling with attention to consumer preferences, strengths, culture and individual situation when meeting with consumers and their representatives.

Recognizes and promotes consumer strengths and abilities when considering current and future needs and preferences for long term care options and services.

Uses information resources and technology to ensure up to date information and services to consumers and to improve long term planning processes and outcomes.

Assumes professional accountability for quality of counseling services including assessment, planning and coordination of services, and follow up based on consumer needs, preferences and individual situation.

Uses effective active listening and presentation skills including current information, materials and technology to promote education about long term support counseling services to consumers, organizations, communities, partner agencies, and peers.

Proposed Standards of Practice

ServiceLink Resource Center
Long Term Support Counselor

Introduction

The role of the LTSC is a specialized one. Individuals currently in the LTSC role come from a diverse set of educational backgrounds and career experience resulting in a wide variation in practice. This diversity makes it difficult for LTSC to monitor their own practice and for others to determine if they are meeting practice expectations. Standards of practice help maintain the integrity of the long-term support counseling role and process.

- Standards of practice establish, define and maintain uniform expectations for meeting the goals, outcomes and professional performance of long-term support counselors and the long-term support counseling process. Practice standards respect the necessity for LTSC to use independent judgment when working with consumers and facilitating decision-making.

- Standards are used to guide the self assessment, self evaluation and professional development of the individual long term support counselor, provide consumers and the general public with a better understanding of the services and responsibilities provided and for employers, managers, and other stake holders to measure actual performance.

The proposed standards outlined below are based on insights and perspectives of individuals familiar with LTSC role and process, review of the literature, and expert opinion.

- The Long Term Support Counselor uses professional knowledge and skills in providing person centered care to consumers.

- The Long Term Support Counselor ensures that consumers and their representatives are active participants in all phases of the long term care assessment, planning and decision making process.

- The Long Term Support Counselor collaborates with the consumer in conducting a confidential, comprehensive assessment and developing a plan consistent with consumer preferences for current or future long term services.

- The Long Term Support Counselor uses principles of informed consent and confidentiality to ensure consumer's understanding and agreement in all phases of the long term support counseling assessment, planning and decision making processes.

- The Long Term Support Counselor negotiates with the consumer in conducting referral, follow-up and home visits to ensure agreed upon services and activities are meeting consumer needs, preferences and satisfaction.

- The Long Term Support Counselor negotiates, collaborates and coordinates with consumers, families and providers when planning and managing availability, accessibility and delivery of direct services and benefits.

- The Long Term Support Counselor advocates at the system level for accessibility and availability of needed services and benefits.

- The Long Term Support Counselor actively engages in evaluative and quality assurance activities to ensure consumers receive effective and satisfactory activities, services and care consistent with the self defined needs and preferences of consumers.

- The Long Term Support Counselor uses reflective practice, peer support and counseling and ongoing education and training to ensure professional responsibility, professional accountability and implementation of best practice standards in providing activities, services and care to consumers.

- The Long Term Support Counselor engages in interprofessional, intraprofessional, and interagency cooperation and education to promote awareness of long term support counseling services on behalf of current and future consumers.

Proposed Job Description

ServiceLink Resource Center
Long Term Support Counselor

Title:

Long Term Support Counselor

Basic Purpose:

The Long Term Support Counselor, under the direction of the ServiceLink Resource Center Manager, provides person centered needs assessments, counseling and referrals, preliminary care planning and short-term tracking based on consumer needs, preferences and situational context for persons in need of Long Term Supports.

(Essential) Accountabilities:

1. Performs person centered comprehensive needs assessments, including mental, physical, functional, cultural, financial, environmental, and life goals to determine appropriate referrals;
2. Provides clinical eligibility counseling and financial prescreening for State and Federal Programs;
3. Develops preliminary care planning, long term support counseling, conducts information gathering and provides limited follow-up based on consumer preferences;
4. Assures all client records are maintained accurately by following LTSC documentation policies and Network standards for the use of Refer7
5. Responsible for team coordination of long-term support counseling referral process within ServiceLink Resource Center Model;
6. Provides long term support counseling to select persons in hospitals, rehab facilities, or nursing homes, or at home;
7. Conducts and/or attends team meetings with appropriate staff from the ServiceLink Resource Center, New Hampshire Department of Health and Human Services (DHHS) District Office, private Home and Community Based Care case managers, and other human service providers as necessary. These meetings include but are not limited to local Elder Wrap meetings and BEAS coordinated meetings;
8. Assists with/provides periodic public education sessions;
9. Engages in interprofessional and interagency collaboration and education regarding long term support counseling services;
10. Participate in continuing education and peer counseling workshops and activities;
11. Participates in evaluative and quality assurance activities;

12. Provides information, referrals and assistance through telephone, walk-in or email intake as needed; and

13. Provides home and community visits.

Non-essential accountabilities: Performs other duties as assigned by SLRC Center manager that will assist with Resource Center team functions.

(Required) **Education:**

The Long Term Care Support Counselor shall have a baccalaureate or graduate degree in human or health care services or related field. Knowledge and skills shall demonstrate competence as well as compassion to perform person centered long term support counseling with older adults and persons with disabilities and their families.

Acquire the Alliance of Information Referral Specialist (AIRS) certification within one year of hire. Obtain certification as a State Health Insurance Assistance Program (SHIP) Counselor and Senior Medicare Patrol (SMP) within one year of hire.

Experience:
Minimum of three years social work or case management experience, preferably in the areas of aging, disabilities, community health, nursing home or hospital discharge planning. Experience working with older adults and or adults with disabilities preferred.

Skills:

- Knowledge of the principles and methods of person centered relationship focused option counseling including availability and use of community resources;
-
- Ability to exercise good judgment in evaluating situations, and conducting person centered planning and decision making;
- Ability to write case histories and related reports;
- Ability to communicate effectively, summarize data, prepare reports and make recommendations based on findings which contribute to solving problems and achieving work objectives;
- Ability to establish and maintain effective working relationships with representatives of other social agencies, institution officials, the public and clients;
- Good interpersonal and computer skills, openness and flexibility in working with diverse groups, and enthusiasm for working collaboratively and with a team; and
- Ability to work independently.
- Knowledge physical, cognitive, social, and psychological aspects of aging and disability
- Ability to be consistent and flexible as circumstances warrant.
- Ability to effectively weigh and evaluate personal needs, client needs and the aims and policies of the agency and to respond and negotiate these competing needs as appropriate.
- Ability to remain calm and supportive in psychological emergencies and/or crises
- Ability to conduct self evaluation and effectively modulate personal style as situation warrants
- Ability to receive and utilize constructive feedback regarding performance, presentation and relationships with others.

Other Requirements:

- Completion of a New Hampshire Department of Health and Human Services, Bureau of Elderly and Adult Services Central Registry record check and acceptance by the Bureau;

- Completion of a New Hampshire Department of Safety criminal record check and acceptance by the agency;
- Must be able to answer telephone and perform light work that includes walking or operating computer and office equipment for extended periods of time – as well as occasional strenuous activity like reaching or bending;
- Maintain a valid driver's license, good driving record and access to a fully insured car;
- Maintain appearance appropriate to assigned duties and responsibilities as determined by the agency appointing authority; and
- Travel in state and occasional travel out of state for conference, trainings, and meetings.

This is a full time position that may include evenings and some weekends. Some travel required.

DISCLAIMER STATEMENT: The job description lists typical examples of work and is not intended to include every job duty and responsibility specific to a position. An employee may be required to perform other related duties not listed on the supplemental job description provided that such duties are characteristic of that position.

SIGNATURES:
I have reviewed the content of the above job description with my supervisor.

Employee Signature: _____ Date: _____

I have discussed the work responsibilities outlines by the job description with the above employee.

Supervisor signature: _____ Date: _____

C.) Choices For Independence Guide

Side one

DRAFT 12.09

ServiceLink
Resource Center
Connections for independent living and healthy aging

Toll Free 1-866-634-9412
www.servicelink.org

Welcome
Choices for Independence

New Hampshire is committed to providing home and community based services that promote independence, safety and dignity. Choices for Independence are a Medicaid Funded program that supports choices for adults who meet both financial and medical requirements: Whether your application is for home and community based care services or coverage of nursing home costs there is a "process ". See the following page that depicts this process.

Important Points:

- **Choices for Independence Program is not a program that provides emergency services.**
- The applicant must meet **both** financial and medical requirements to participate in this program
- Complete an application for the Choices for Independence to Indicate the applicant's full participation in the process.
- Choices for Independence are an "alternative" to nursing facility care. These services are also known as long-term services.
- If the applicant's needs would require the level and kinds of services provided in a nursing facility in the near future, the applicant will be given the a choice of receiving these services at home, or in a nursing facility.
- These services must be available in the applicant's community and adequate to ensure your health and safety.
- Remember, the applicant has the right to appeal if the application is denied.

ServiceLink and the Long Term Support Counselor will guide and support you every step of the way.

DRAFT 12.09

Side two **CHOICES FOR INDEPENDENCE PROGRAM**

New Hampshire is committed to providing home and community based services that promote independence, safety and dignity. Choices for Independence are a Medicaid Funded program that supports choices for adults who meet **both financial and medical requirements.** Whether your application is for home and community based care services or coverage of nursing home costs there is a "process "that is depicted below.

CONTACT SERVICELINK/LONG TERM SUPPORT COUNSELOR (LTS)

LTS Counselor will:

- Discuss the Choices for Independence (CFIP) with you.
- Conduct financial prescreening to ensure you meet the financial requirements of the program.
- Assist with Medicaid application and other documents
- Review the necessary verifications that you will need
- Schedule appointment interview with the Division of Family Assistance (DFA)

Up to 2 weeks

FINANCIAL ELIGIBILITY

Client or their representative will:

- Meet with DFA worker to review Medicaid application and verifications
- Return any additional documentation to DFA in a timely manner.

DFA worker will:

- Determine financial eligibility for the CFIP program.
- DFA will send you a Notice of Decision

MEDICAL ELIGIBILITY

- Health care provider/nurse will call to schedule an appointment for your clinical Assessment **OR** assessment your needs from your medical records.
- No physical exam is involved.
- A plan of care is developed
- Notice of medical decision will be sent to you

6-8 weeks

APPROVED

- Case-manager will be assigned (If you did not choose one)
- Case-manager will meet with you to discuss and implement your plan of care.

DENIED

Applicant can appeal the decision

LTS counselor can offer:

- Explore other options;
- Initiate Referrals; and
- Comprehensive needs assessment to assist in decision support and navigation of options.

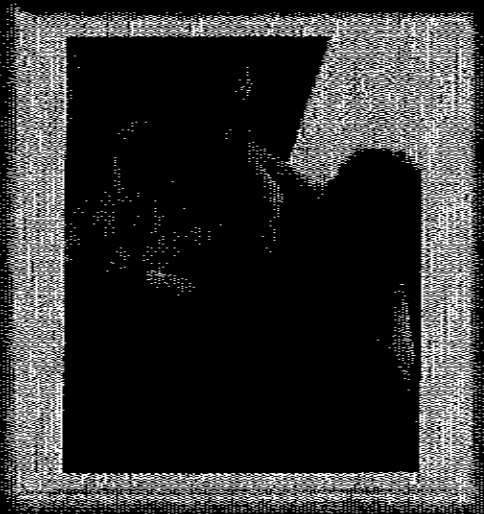
ServiceLink and the Long Term Support Counselor are here to guide and support you through out this process.

Call Toll Free 1-866-634-9412 **www.servicelink.org**

Choices For Independence

Draft
(not for public distribution)

Guidelines



prepared by

The Bureau of Elderly and Adult Services
Division of Community Based Care Services
New Hampshire Department of Health and Human Services

and

ServiceLink Resource Network

ServiceLink Locations

ServiceLink Resource Center of
Belknap County
67 Water St. Suite 105
Laconia, NH 03246
603-528-6945

ServiceLink Resource Center of
Carroll County
448 White Mountain Highway (Tamworth)
PO Box 420
Chocorua, NH 03817
603-323-9394

ServiceLink Resource Center of
Monadnock Region
105 Castle St.
Keene, NH 03431
603-357-1922

ServiceLink Resource Center of
Coos County
610 Sullivan Street, Suite 6
Berlin, NH 03570
603-752-6407

ServiceLink Resource Center of
Grafton County
– Lebanon –
10 Campbell Street
Lebanon, NH 03766
603-448-1558

-- Littleton --
262 Cottage Street Suite G-25
Mt. Eustis Commons
Littleton, NH 03561
603-444-4498

ServiceLink
Resource Center
Connections for independent living and healthy aging

ServiceLink Resource Center of
Hillsborough County
-- Manchester --
555 Auburn Street
Manchester, NH 03103
603-644-2240

-- Nashua –
70 Temple Street
Nashua, NH 03064
603-598-4709

ServiceLink Resource Center of
Merrimack County
2 Industrial Park Drive
Concord, NH 03302-1016
603-228-6625

ServiceLink Resource Center of
Rockingham County
-- Seacoast --
270 West Road
Portsmouth, NH 03801
603-334-6594

-- Southwest --
287 Lawrence Road
Salem, NH 03079
603-893-9769

ServiceLink Resource Center of
Strafford County
1 Wakefield Street, Suite 306
Rochester, NH 03867
603-332-7398

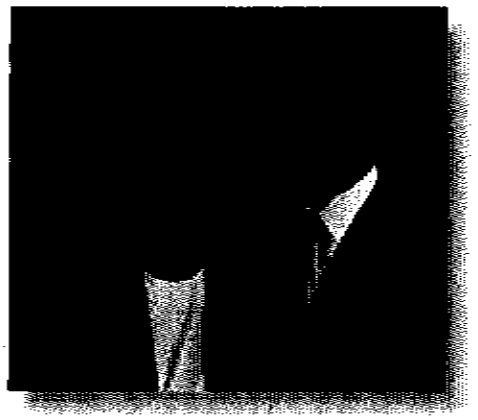
ServiceLink Resource Center of
Sullivan County
1 Pleasant Street Suite 105
Claremont, NH 03743
603-542-5177

DRAFT

Choices For Independence Program (CFI)

Choices for Independence

New Hampshire is committed to providing home and community based services as an alternative to nursing facility placement. The Choices for Independence program is a Medicaid funded program for adults who meet both its financial and medical requirements. **Choices for Independence is not a program that provides emergency services.**



Learn more about eligibility and receive assistance throughout the Choices for Independence process by contacting a Long Term Support Counselor at a ServiceLink office. The initial conversation about your eligibility can happen by phone, office interview or a home visit.

The Long Term Support Counselor will explain the financial and medical eligibility and provide you with the Exploring Choices for Independence brochure.

This brochure will outline the services that may be available to you through the program if you are eligible.

Steps in the CFI Program include: 1) meeting with a Long Term Support Counselor; 2) determining financial amd medical eligibility; and 3) choosing a Case Manager and developing a plan of care.

!

ServiceLink
Toll Free 1-866-634-9412
(NH Relay) 7-1-1
Language interpreters also available.

Financial Eligibility For The Choices For Independence Program

Financial eligibility involves a Medicaid application. The Long Term Support Counselor will complete a basic screening for financial eligibility. If it appears that you may qualify, the Long Term Support Counselor will discuss and provide you with the necessary documents and verification information. The counselor is available to answer questions and assist you through the process.

Once you have completed the documents and obtained the necessary verification information, the Long Term Support Counselor will schedule an appointment for you to meet with a representative from the New Hampshire Department of Health and Human Services (DHHS) Division of Family Assistance (DFA). The Division of Family Assistance administers financial eligibility for the Medicaid program in New Hampshire. You may choose to have your appointment scheduled at a ServiceLink office or with DHHS.

Part of your appointment at ServiceLink, may include briefly meeting with the Long Term Support Counselor to review program eligibility, outline next steps in the Choices for Independence process and initiate the Medical Eligibility Determination Application for Long Term Care Services (2 pages). This application requires your signature to ensure that you are fully participating in the process. This medical eligibility application may have already been completed by a health care provider (hospital or home care agency). If it has, the Long Term Care Counselor will be aware of the medical eligibility application and will not need to complete another one.

After your meeting with the DFA representative, you may be required to provide additional information to complete your application. The Long Term Care Support Counselor will provide you with reminders but it is your responsibility to return all necessary documents in a timely manner.

Don't forget to complete and promptly return all documents to your ServiceLink Long Term Support Counselor or DFA Representative.

Please remember, it is always your choice whether or not to continue with the application process.

You will receive a letter from the Division of Family Assistance explaining your financial eligibility status. Please read this letter carefully to understand your benefits. The Division of Family Assistance letter will explain steps you can take if you are denied

The financial eligibility process can take up to 8 weeks.

If during the financial screening for the Choices for Independence program it is indicated that you do not meet the financial eligibility requirements or your letter from the Division of Family Assistance states that you have been denied financial eligibility please speak with your Long Term Support Counselor. Your Long Term Support Counselor is available to discuss other options that may be available to you and to assist you with understanding the content of the DFA letter.

Are Additional Steps Required For The Medicaid Application?

If you are age 65 years or older, there are no additional steps to your application to the Medicaid Program.

If you are between the ages of 18 and 64 years, there are additional steps. Medicaid eligibility for individuals who are between the ages of 18 and 64 years is determined under:

- Aid to the Permanently and Totally Disabled (**APTD**)
- Aid to the Needy Blind (**ANB**)
- Temporary Assistance for Needy Families (**TANF**)

For APTD and ANB

Medical information will be required for review by the Disability Determination Unit (DDU) to verify your disability. The DDU will notify you of the approval to continue processing your application for Medicaid eligibility.

For TANF

You must have dependent children under the age of 17 who are full time students. During your appointment with DFA, you will be required to provide information about your family.

The process for individuals who are between the ages of 18 and 64 and eligible for Medicaid through APTD, ANB or TANF may take up to 12 weeks

Medical Eligibility For The Choice For Independence Program

The Choices for Independence program is an alternative to nursing facility care. These services are also known as long term care services. The application for medical eligibility may have started with the Long Term Support (LTS) Counselor or a health care provider (hospital or home care agency).

If the medical eligibility application was started by a health care provider, it will be submitted to the central Long Term Care office at the Bureau of Elderly and Adult Services in Concord. The medical information will be reviewed by a qualified clinical staff member for eligibility. The application will be sent to the ServiceLink LTS Counselor as a referral for long term support options counseling.

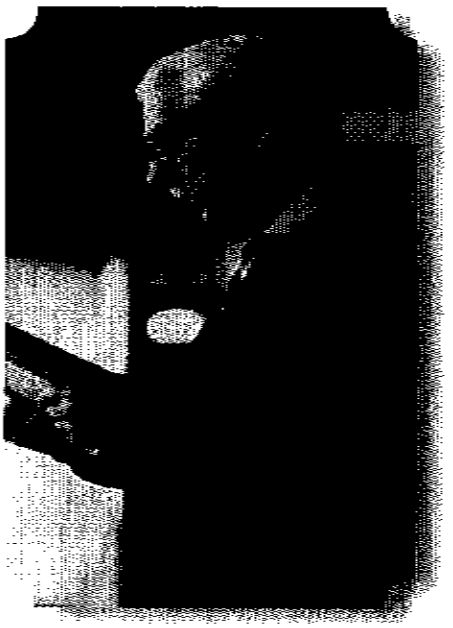
If the medical eligibility application started in the ServiceLink office, an appointment will be made between you and a nurse or other qualified clinical staff member who may come to your home for an assessment. The nurse or other qualified clinical staff member may also conduct a paper review of medical records. The nurse will ask questions about your medical condition and other daily living tasks. Please have your medications available to discuss with the nurse. The interview does not include a physical exam of any kind. The interview time ranges from one (1) to two (2) hours.

Whether your medical eligibility is done by a home assessment or through a review of medical records a plan of services will be developed. If your needs would require the level and types of services provided in a nursing facility in the near future, you will be given a choice of receiving the services in a nursing facility or in your home through the Choices for Independence program. However, services must be available in your community and be adequate enough to ensure your health and safety.

You will be asked to choose a Case Manager who will assist you to arrange for providers of services and will continue assisting you once you begin receiving services through the Choices for Independence program. If you do not have a Case Manager preference, one will be randomly chosen to serve you.

The medical eligibility process can take up to 8 weeks

If you are not medically eligible for long term care services, you will receive a letter from the Bureau of Elderly and Adult Services. Your ServiceLink Long Term Support Counselor will contact you to discuss other Medicaid options as well as other community service options that may be available. Remember, you do have the right to appeal this decision.



Services Through Choices for Independence Program

You will receive a letter from the Bureau of Elderly and Adult Services notifying you who your Case Manager is, how to contact him/her, what the Case Manager's role is in planning your services, and how/when your Case Manager will meet you and create a care plan with you. After you and the Case Manager develop the care plan, the Case Manager will contact providers to deliver your services.

It may take up to two weeks before a Case Manager is assigned.

The ServiceLink Long Term Support Counselor remains available to you as a community resource.

Remember !

- Send in your required documents in a timely manner.
- You must be Medicaid eligible to receive services through the **Choices for Independence Program.**
- You always have the right to appeal a denial of eligibility - both financial and medical.
- You have the ability to choose your Case Manager.
- Regardless of your Medicaid status, the Long Term Support Counselor is available to assist you.

Choic[illegible]ndence

New Hampshire Department of Health and Human Services

Division of Community Based Care Services

Bureau of Elderly and Adult Services (BEAS)

If you have any concerns about the Choices for Independence Program, call BEAS at 1-800-351-1888

(Relay NH Services) 7-1-1

Funding provided by the Real Choice Quality Assurance/Quality Improvement Grant, Center for Medicare and Medicaid Services

Form # 370

D.) NH Direct Care Workforce Project

New Hampshire Direct Care Workforce Employee Survey

As a community based direct care worker, you provide a very valuable service helping to care for New Hampshire residents who require assistance to remain in their own homes. As you know, it has become more and more difficult to hire and keep enough people to perform this important work. The University of New Hampshire was asked by the New Hampshire Direct Care Workforce stakeholder group to conduct an independent survey. The stakeholder group is interested in increasing the workforce and reducing turnover. We need your help so we can understand more about your job and your workplace.

Your participation in this research is voluntary and your answers to these questions will be combined with others from across the state and will be kept **completely confidential**. You may choose to not answer any or all questions. This survey will take approximately 10 minutes. If you have questions about this survey, please contact Tracy Fowler at UNH Survey Center 800-786-9760 or if you have questions about your rights as a research subject please call Julie Simpson at UNH Office of Sponsored Research 603-862-2003

Thank you for your time and participation. Your participation is critical to this project; In order to have your opinions heard please respond by **July 25, 2008**. As a way to say thank you, **we are offering 20 gas cards worth $100 each!** Please fill out the entry form and enclose it with your survey to be entered into the drawing.

Funding for this project was made possible through the Aging and Disability Resource Grant from CMS and AoA.

Background Information

1. For how many people are you currently providing paid in-home direct care services? _____

2. Do you provide paid in-home services for a: *Check all that apply*

   ____Family member ____Friend or neighbor ____Someone you didn't know before

3. From how many direct care agencies do you receive a paycheck? _____

4. From how many other employers (non direct care) do you receive a paycheck? _____

5. In a typical week, how many paid hours per week did you work at all jobs?

   _____ hours per week

6. How long have you been working in the direct care field? (all positions) _____months _____years

---

Please answer the following questions about your current position with MERGE AGENCY NAME

7. How long have you worked with this direct care agency?

   _____months _____years

8. In a typical week, how many paid hours per week did you work with this direct care agency?

   _____ hours per week

9. What is your job title?

   1. Licensed Nursing Assistant (LNA)
   2. Homemaker
   3. Companion
   4. Personal Care Service Provider (PCSP)
   5. Personal Care Assistant (PCA)
   6. Other: Please name: _____

10. What shifts do you currently work? *Check all that apply.*

    ____Nights ____Weekends ____Weekdays

11. Are you a per diem employee?

    1. Yes 2. No

12. What do you currently earn as a direct care worker from this agency? $_____ per hour

13. What type of job orientation did you receive when you first started your current position as a direct care worker?

    Check all that apply

    ____No orientation at all, just started to work

    ____A brief orientation to the work

    ____Formal orientation program, including instruction & materials such as a manual

    ____Opportunity to shadow a more experienced worker to "learn the ropes"

    ____Other, please describe: _____

14. Please mark the features that would make your job better, and circle the MOST important feature.

    ____Better supervision ____Increased wages

    ____More paid time off ____Improved access to benefits (health, dental, retirement)

    ____More or better training ____More participation in decision that affect my work

    ____More recognition and feedback ____More opportunities for advancement

    ____Other_____

Health Insurance and Other Benefits

15. Do you have health insurance? 1. Yes 2. No

16. If yes, where do you get it? *Check all that apply.*

___ From the direct care agency I am employed with
___ From another employer
___ From my spouse/partner's employer
___ Medicaid
___ Medicare
___ Privately purchased coverage
___ Other (specify) _____

17. If you do have health insurance, how much do you pay for health care insurance per month? $ _____ per month

18. If you do NOT have health insurance, what is the main reason you do not have it?

1. Too expensive (co-pay or deductibles)
2. Employer doesn't offer insurance
3. Don't like the plan available
4. Not eligible
5. Another reason (please explain): _____

19. If you have children in your household under age 18, do they have health insurance? 1. Yes 2. No

20. If yes, where do they get it? *Check all that apply*

___ From my plan
___ From my spouse's/partner's plan
___ NH Healthy Kids
___ Medicaid
___ Privately purchased coverage
___ Other (specify) _____

21. Do you receive any of the following from your direct care employer: *Check all that apply*

___ Paid Vacation leave
___ Paid Sick leave
___ Paid Holidays
___ Earned time (a substitute for leave, accrued as a percentage of hours worked)

22. What is the **one most important** factor you believe could encourage more people to work and continue working in direct care occupations? _____

_____

Demographic Information about You, the Direct Care Worker

23. Are you: 1. Male 2. Female

24. What is your age? _____ years old

25. What is your home zip code? _____

26. What is the highest education level you have completed?

1. Some high school
2. High school diploma or GED
4. Some college (no degree)
5. Associates degree
6. Bachelor's degree
7. Advanced degree (Master's, Ph.D.)

27. What is your marital status?

1. Never Married
2. Currently Married
3. Living with a partner
4. Separated or Divorced
5. Widowed

28. How many people, including yourself, live in your household? _____

29. How many children under age 18 live in your household? _____

30. What is your combined annual household income for 2007?

1. Less than $15,000
2. $15,000 - $19,999
3. $20,000 - $24,999
4. $25,000 - $29,999
5. $30,000 - $39,999
6. $40,000 - $49,999
7. $50,000 - $59,999
7. $60,000 and over

Thank you for your time and participation. As a way to say **THANK YOU** we are offering 20 gas cards worth $100 each!

Please fill out the entry form and enclose it with your survey to be entered into the drawing for a

chance to win a $100 gas card!

. Your entry form will not be associated with your responses in any way!

****

If you would be interested in participating in any follow-up surveys in the future,

please include your contact information on the card provided.

This is a University of New Hampshire (UNH) joint project between the Survey Center, Carsey Institute and Institute for Health Policy and Practice. Funding for this project was made possible through the Aging and Disability Resource Grant from CMS and AoA.

The three UNH institutions were asked by the New Hampshire Direct Care Workforce stakeholder group to conduct an independent survey. The stakeholder group is interested in increasing the direct care workforce and reducing turnover.

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For the purpose of this survey, a "direct care worker" is someone who provides hands-on-care or light housekeeping, support, or companionship in a home setting. These employees help clients bathe, dress, and eat, they perform chores, do errands and provide companionship, among other daily tasks. They may identify themselves as a Licensed Nursing Assistant (LNA), Homemaker, Companion, Personal Care Service Provider (PCSP), or Personal Care Assistant (PCA), or some similar title.

http://www.unh.edu/survey-center/dcwf08.htm

S. Your Organization

1. What is the name of your organization?

_____

2. Please indicate if your organization is one of the following:
Check all that apply.

- ☐ Private, not-for-profit
- ☐ Publicly owned/operated
- ☐ Private, for-profit
- ☐ Part of a health system or hospital

3. What counties do you serve?
Check all that apply.

- ☐ Belknap
- ☐ Carroll
- ☐ Chesire
- ☐ Coos
- ☐ Grafton
- ☐ Hillsborough
- ☐ Merrimack
- ☐ Rockingham
- ☐ Strafford
- ☐ Sullivan

4. How many years has your organization been in operation?

- ○ Less than 1
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10
- ○ 11
- ○ 12
- ○ 13
- ○ 14
- ○ 15
- ○ 16
- ○ 17
- ○ 18
- ○ 19
- ○ 20 or more

S. Your Employees

5. How many total employees did you employ as of May 1, 2008 (include all staff, including administrative, direct care, and per diem employees)?

Please use whole numbers _____

Please estimate the number of direct care workers (by type outlined below) employed by your organization as of May 1, 2008.

6a. Licensed Nurse Assistant (LNA)/Home Health Aide

Number of Direct Care **Full and Part-Time** Employees

_____

Number of Direct Care **Per Diem** Employees _____

6b. Personal Care Attendant (PCA)/ Personal Care Service Providers (PCSP)

Number of Direct Care **Full and Part-Time** Employees

_____

Number of Direct Care **Per Diem** Employees _____

6c. Homemaker/Companion

Number of Direct Care **Full and Part-Time** Employees

_____

Number of Direct Care **Per Diem** Employees _____

S. Wages

Please provide hourly wages for each direct care employee title:

Employees (Not including per diem)

9a. Licensed Nurse Assistant (LNA)/Home Health Aide

Lowest hourly rate paid _____

Highest hourly rate paid _____

Average hourly rate paid _____

9b. Personal Care Attendant (PCA)/ Personal Care Service Providers (PCSP)

Lowest hourly rate paid _____

Highest hourly rate paid _____

Average hourly rate paid _____

9c. Homemaker/Companion

Lowest hourly rate paid _____

Highest hourly rate paid _____

Average hourly rate paid _____

S. Wages
Per Diem Employees

10a. Licensed Nurse Assistant (LNA)/Home Health Aide
Lowest hourly rate paid _____
Highest hourly rate paid _____
Average hourly rate paid _____

10b. Personal Care Attendant (PCA)/ Personal Care Service Providers (PCSP)
Lowest hourly rate paid _____
Highest hourly rate paid _____
Average hourly rate paid _____

10c. Homemaker/Companion
Lowest hourly rate paid _____
Highest hourly rate paid _____
Average hourly rate paid _____

11. Does the organization provide scheduled increases in wages for direct care workers?
- ○ Yes
- ○ No

S. BENEFITS

12. Do you offer health insurance to any of your employees?
- ○ Yes
- ○ No

13. Are direct care workers eligible to enroll in the health insurance you offer?
- ○ Yes
- ○ No

14. What is the waiting period for new hires to obtain health insurance?
(Please use whole numbers) _____

15. What is the minimum number of hours per week for employees to qualify for health insurance?
(Please use whole numbers) _____

16. What type of health insurance do you offer your direct care employees?
Check all that apply.
- ☐ Individual
- ☐ Family
- ☐ Employee + Children
- ☐ Two person (employee + spouse/civil union/domestic partner or employee + child)

17. Please indicate the amount paid for health insurance coverage by the employer and employee per month.

If you offer several plans, please refer to plan most frequently chosen by direct care workers.

	Employer Cost per Month	**Employee Cost per Month**
ull-time employee: Individual overage	_____	_____
ull-time employee: Family overage		
ull-time employee: Employee + hildren coverage		
ull-time employee: Two person overage		

17a. Is this health insurance coverage the same for all full-time direct care workers?

- O Yes
- O No , please explain

17b. _____

_____

_____

18. Please indicate the amount paid for health insurance coverage by the employer and employee per month.

If you offer several plans, please refer to plan most frequently chosen by direct care workers.

	Employer Cost per Month	**Employee Cost per Month**
art-time employee: Individual overage	_____	_____
art-time employee: Family overage		
art-time employee: Employee + hildren coverage		
art-time employee: Two person overage		

18a. Is this health insurance coverage the same for all part-time direct care workers?

- O Yes
- O No , please explain

18b. _____

_____

_____

19. Number of direct care employees eligible for health insurance coverage on May 1, 2008. (Please use whole numbers) _____

20. Number of direct care employees enrolled in your health care plan on May 1, 2008. (Please use whole numbers) _____

21 . Please indicate the reason(s) why you do not provide health insurance to direct care workers.
Check all that apply.

- ☐ Too expensive
- ☐ Too burdensome to administer
- ☐ No employee interest
- ☐ Employees already covered
- ☐ Other, please describe _____

22. What is the MOST important reason why you do not provide health insurance to direct care workers?

- ○ Too expensive
- ○ Too burdensome to administer
- ○ No employee interest
- ○ Employees already covered
- ○ Other, please describe _____

23. If the premium rates were lowered by 15-20%, would your organization consider offering health insurance?

- ○ Yes
- ○ No

24. By what percent would your premiums need to be lowered, for you to offer health insurance to your direct care workers?
(Please use whole numbers) _____

25. Do you offer some other type of health benefit other than health insurance? If so, please describe the benefit and provide the cost to the employer and the cost to the employee for this benefit.

_____
_____
_____

26. Do you offer any paid leave time to your eligible direct care employees?
Check all that apply.

- ☐ Paid vacation leave
- ☐ Paid sick leave
- ☐ Paid holidays
- ☐ Earned time (generally a substitute for above leave, accrued as a percentage of hours worked)
- ☐ No paid leave offered

27. Do you provide mileage reimbursement to your direct care employees?

- ○ Yes
- ○ No

28. If yes, how much do you reimburse for miles traveled?
Per mile _____
Other _____

S. RETENTION

29. Please indicate the degree to which **retention** of direct care workers is currently a problem for your organization:
- ❍ Very serious problem
- ❍ Somewhat serious problem
- ❍ Minor problem
- ❍ Not a problem

30. How many direct care workers would you need to hire to meet your organization's existing demand for services?
(Please use whole numbers) _____

31. In the past 12 months, how many direct care workers joined your organization?
(Please use whole numbers) _____

32. In the past 12 months, how many direct care workers left your organization?
(Please use whole numbers) _____

33. What is the one most important factor you believe could improve recruitment and retention of direct care workers?

_____
_____
_____

Thank you for your time and participation!

NH COALITION

FOR THE DIRECT CARE WORKFORCE

Strategies to Invest in the Future of the Direct Care Workforce

September 2009

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KEY MESSAGES

With a population that is aging at a faster rate than the national average, New Hampshire needs a qualified direct care workforce capable of supporting our state's older citizens and those with disabilities to continue living in their homes and communities. The capacity of the state's direct care workforce currently is not adequate to meet this increasing demand for home-based supports and services.
The following are among the New Hampshire Coalition for the Direct Care Workforce's recommendations to address this issue:

- **The New Hampshire Department of Health and Human Services should establish a rational rate setting and reimbursement process that will enable home care agencies to pay a livable wage to their direct care workers.**
- **New Hampshire stakeholders should work with its Congressional delegation to create federal reimbursement for the training of home and community-based workers. (Nursing facilities receive federal reimbursement for training their direct care workers.)**
- **New Hampshire home care agencies should implement a steady work week, create loan repayment programs for their direct care workers, and improve the quality of staff supervision.**

INTRODUCTION

With a population that is aging faster than the national average, New Hampshire can anticipate an increasing demand for healthcare and support services. Research shows that many Americans prefer home and community-based care facility-based services (HCBS). Further, providing care in home and community-based settings may be more cost-effective than institutional care. However, there is a real concern that resources for home and community-based care will be insufficient to meet demand in the coming years. This white paper explores the policy implications for New Hampshire as it confronts the challenge of how to attract and retain a direct care workforce capable of meeting the state's need for HCBS. It examines the state's current direct care workforce shortage and presents strategies for workforce retention. While direct care workers staff nursing facilities and other institutions, this paper focuses only on the direct care workforce employed in home and community-based settings.

Direct care workers provide essential HCBS for older adults and those who are chronically ill or have disabilities. The availability of this quality direct care is a critical factor in supporting people so they are able to continue to reside in their own homes as their needs increase, rather than in residential facilities, such as nursing homes. In New Hampshire, the number of residents 65 and older is growing at twice the rate of the total population (Gittell, 2006). As the population ages, New Hampshire is expected to rely more heavily on HCBS for long-term care, as opposed to placements in nursing facilities and other residential settings (PHI, 2001). In order to ensure that quality home and community-based services will be available to those who need them, the direct care workforce shortage must be addressed.

BACKGROUND

New Hampshire has made concerted efforts to increase the accessibility of HCBS. It was one of the first states in the nation to establish a statewide "single-point of entry" system for long-term care. This system provides information, counseling, and referrals to older adults and those who are chronically ill or have disabilities, helping them to access long-term care services, including HCBS. New Hampshire has been awarded federal grants to support the development of more flexible services and to improve accessibility to HCBS. In

2002, the State spent 9% ($24 million) of its Medicaid funding on HCBS. Following the expansion of HCBS, 2007 figures show that HCBS spending increased to 13% ($46 million) of the Medicaid long-term care budget, an increase of 44%. During this same time period, long-term care funding for nursing facilities decreased by 4% (Houser et al, 2009).

The shift in funding from institutional settings to home and community-based care represents a paradigm shift in how long-term care is delivered. The increasing demand for HCBS has resulted in a shortage of direct care workers. New Hampshire employers have experienced difficulty in recruiting and retaining direct care workers to provide HCBS, a problem that is expected to continue unless changes are made to address the quality of direct care jobs. Without an adequate and stable workforce, the State will not be able to meet the demands of the growing number of residents who need home and community-based services.

In 2007, the New Hampshire Community Loan Fund, as a state partner of the Paraprofessional Healthcare Institute's (PHI) LEADS Institute (Leadership, Education and Advocacy for Direct Care and Support), convened representatives from the American Association of Retired Persons (AARP), the Home Care Association of New Hampshire, the Institute on Disability (IOD), and the New Hampshire Bureau of Elderly and Adult Services (BEAS) to discuss potential strategies for addressing the direct care workforce shortage.

Later that year, through a grant from the Centers for Medicare and Medicaid Services (CMS), BEAS invited Robyn Stone, DPH, an expert in healthcare and aging policy, to help launch a statewide effort to address the direct care workforce shortage. As a result, the New Hampshire Coalition for the Direct Care Workforce (NHCDCW) was formed. The Coalition, which meets bimonthly, is focused on understanding the demographics of the direct care workforce, educating legislators and policy makers regarding the needs of this workforce, and providing training and education on best practices in the recruitment, training, and retention of direct care workers.

TYPES OF LONG-TERM CARE

Older adults and those with disabilities may require supports to meet their healthcare needs and assistance with personal care and activities of daily living (ADLs) (Super, 2002). Long-term care describes the range of healthcare and support services for people with disabilities or chronic illnesses. Long-term care encompasses both formal and informal supports and services and may be either medical or non-medical in nature. Most long-term care provides consumers with assistance in completing ADLs, such as dressing, bathing, and using the bathroom. Long-term can be provided in home and community-based settings, as well as in nursing homes and assisted living facilities (Medicare, 2009). Table 1 provides definitions of each type of care, based on criteria from the New Hampshire Department of Health and Human Services (NHDHHS).

Table 1: Types of Long Term Care

Type of Long Term Care	Description of Long Term Care Setting
Nursing Home Facility	Provides residency, meals, skilled nursing and rehabilitative care, medical services and protective supervision for eligible individuals who are ill, frail and need 24-hour supervision (NHDHHS, 2009).
Assisted Living Services	Provides care for adults who qualify for nursing home care and can no longer manage independent living in their own homes. Assisted living facilities provide support services based on the specific needs of the resident, and can include nursing care, personal care, homemaker services and medication management (NHDHHS, 2009).
Home and Community Based Services: Formal	Provides in-home nursing care, homemaker services, and respite care performed by an employee working for an HCBS agency (NHDHHS, 2009).
Home and Community Based Services: Informal	Provides in-home nursing care, homemaker services, and respite care performed by a close friend or family member, who is not paid to perform care (NHDHHS, 2009).

In 2003, the AARP conducted a survey of 805 randomly selected New Hampshire AARP members to inquire about their beliefs regarding long-term care options. Of the 805 respondents, 81% of those surveyed said that it was "very important" that people were provided with services that enabled them to remain in their homes (as compared to somewhat important, not important, or not sure). When asked about preferences for their own long-term care options, 70% reported that they would rather receive services at home than reside in a nursing home (6%) or in an assisted living facility (20%) (AARP, 2003).

Based on a multi-state analysis of Medicaid spending from 1995-2005, AARP found that states with established HCBS programs reduced their Medicaid spending over time (Mollica et al, 2009). These states were able to manage the growth in demand for long-term care services while maintaining control over their expenditures. Vermont's experience with HCBS expansion is worth considering. In 2005, Vermont implemented "Choices for Care," a long-term care Medicaid waiver. Under Choices for Care, older Vermonters and adults with physical disabilities who qualify for the waiver, are given an "allowance" of Medicaid dollars and may choose whether to receive services at home, in an assisted living facility, or in a nursing home. This program decreased the number of nursing home residents by 9% and increased HCBS caseloads by 155%. This included expanding HCBS services to 1,183 Vermonters in moderate-need of assistance. Choices for Care helped Vermont reduce long-term care spending growth by more than half of what was projected (State of Vermont, 2009).

Because direct care workers are generally paid lower wages than their nursing home counterparts, HCBS programs often save money. Additional savings take place as the number of HCBS hours required by individuals is significantly less than the 24 hour, 7 day per week care provided to patients in nursing facilities.

THE HCBS DIRECT CARE WORKFORCE

Across all long term care settings nationally, direct care workers provide an estimated 70 to 80% of the paid hands-on long-term care and personal assistance received by Americans who are over the age of 65 or who have disabilities or other chronic conditions. The direct care workforce is comprised of approximately of 80-90% women. The majority of direct care workers is in the 25-54 age range (Harris-Kojetin et al, 2004).

Table 2: Types of Direct Care Workers

Type of Direct Care Workers	Job Description	Funding
LNAs	Must complete 100 hours of training and attain a license. Operate under the supervision of a nurse and provide assistance with ADLs such as eating, dressing, bathing, and toileting. Perform clinical tasks such as range-of-motion exercises and blood pressure readings. In some states, may also assist in administering oral medications (which requires additional training in NH) (NHDHHS, 2009).	Medicaid, Medicare, Private Insurance.
PCSPs/PCAs	Must complete 10 hours of training to work for agency-directed programs or licensed home health agencies. Provide non-medical assistance with ADLs and often help with housekeeping chores, meal preparation, and medication management. Help individuals go to work and remain engaged in their communities (PHI, Facts 3, 2009).	Medicaid.
Homemakers/ Companions	Provide services which do not involve physical contact with the individual, such as light housekeeping and meal preparation (PHI, Facts 3, 2009).	Social Services Block Grant (Title XX), Older Americans Act (Title III), or Medicaid HCBS, known in New Hampshire as Choices for Independence.

For the purpose of this paper, New Hampshire's direct care workforce is comprised of three primary groups: Licensed Nursing Assistants (LNA), Personal Care Service Providers (PCSP)/ Personal Care Attendants (PCA), and Homemaker/Companions. Information about each category is provided in Table 2.

As previously discussed, demand for direct care workers in home and community settings is expected to increase significantly in the coming years. Although future demand cannot be predicted with complete certainty, demographic trends indicate a growing gap between the number of people who are likely to need care and the number of people who will be able to provide it. Finding qualified workers to fill these job openings will be challenging.

DIRECT CARE WORKFORCE SHORTAGE IN NEW HAMPSHIRE

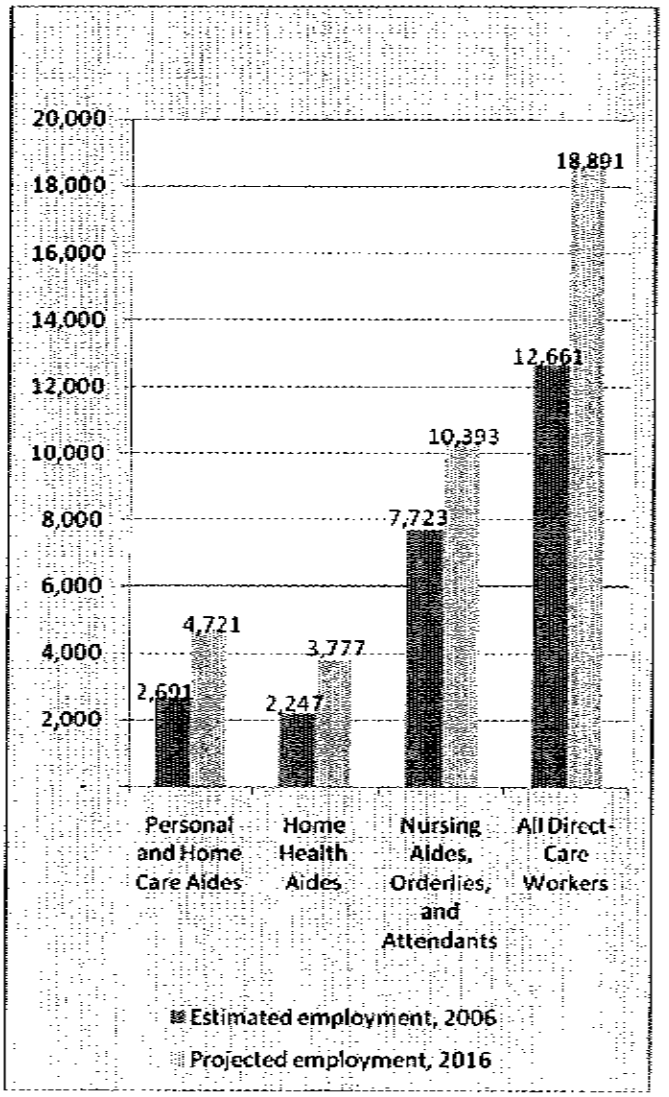
New Hampshire is a rapidly aging state. In 2000, New Hampshire was nationally ranked 42nd for the percentage of the population aged 65 and older. By 2030, it is estimated that New Hampshire will rank 17th in this category (U.S. Census, 2008). The number of New Hampshire residents 65 and older will have increased 138% in 30 years (U.S. Census, 2005). The group relying most heavily on the direct care workforce, those who are 85 and older, will have increased by 146% (U.S. Census, 2005).

According to 2007 estimates, there were approximately 26,000 working-age adults (ages 21-64) in New Hampshire who are living with a self-care disability. A self-care disability is defined as any disability—physical, mental, or emotional—that causes difficulty in dressing, bathing, or navigating the home (Erickson & Lee, 2008).

Employment security forecasters anticipate an increase in the need for direct care workers.

Occupational growth projections[1] from the New Hampshire Department of Employment Security (NHDES) for 2006-2016 show that direct care occupations—Personal Care Aides, Home Health Aides, and Nursing Aides/LNAs, Orderlies and Attendants—are expected to add over 6,000 jobs by 2016. This is a 50% growth rate over a decade (PHI Analysis, 2009), as shown in Figure 1.

Figure 1: Direct care Workforce Growth in NH, 2006-2016



[1] PHI's employment projections analysis takes into consideration both new job openings and openings arising from replacements (retirements, and /or people leaving the profession). 2016 projections on the NHDES website do not factor in job growth due to replacements.

Personal Care Aides and Home Health Aides are also among the fastest-growing occupations in New Hampshire. Among occupations expected to generate over 1,000 jobs by 2016, Personal Care Aides rank third, growing by 75%, and Home Health Aides rank fifth, growing by 68% (PHI Analysis, 2009). Table 3 provides more detail about this growth.

Table 3: Projected Job Growth in New Hampshire

Table 3: Projected Rank	Occupation Title	Estimated 2006 employment	Projected 2016 employment	Total openings 2006-2016	Growth Rate
1	Counter Attendants, Cafeteria, Food Concession, and Coffee Shop	2,906	5,406	2,500	86%
2	Hosts and Hostesses, Restaurant, Lounge, and Coffee Shop	1,859	3,429	1,570	84%
3	Personal and Home Care Aides	2,691	4,721	2,030	75%
4	Waiters and Waitresses	12,170	20,780	8,610	71%
5	Home Health Aides	2,247	3,777	1,530	68%

The projected growth in demand for workers, however, is not matched by a commensurate growth in the supply of workers. PHI's calculations, based on the New Hampshire Employment Security occupational projections, U.S. Census Bureau demographic projections data, and Bureau of Labor Statistics (BLS) labor force participation data, show that growth in demand for direct care workers is expected to outpace the growth in the supply of available workers, women aged 25-54, who are the core labor pool for this workforce.

Figure 2: New Hampshire's Projected Direct Care Workforce Shortage

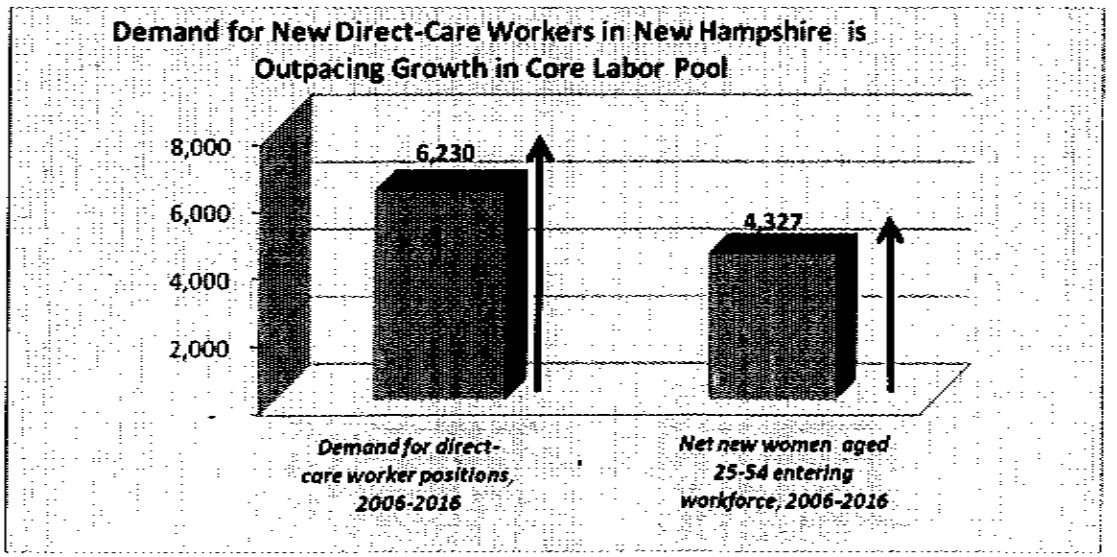


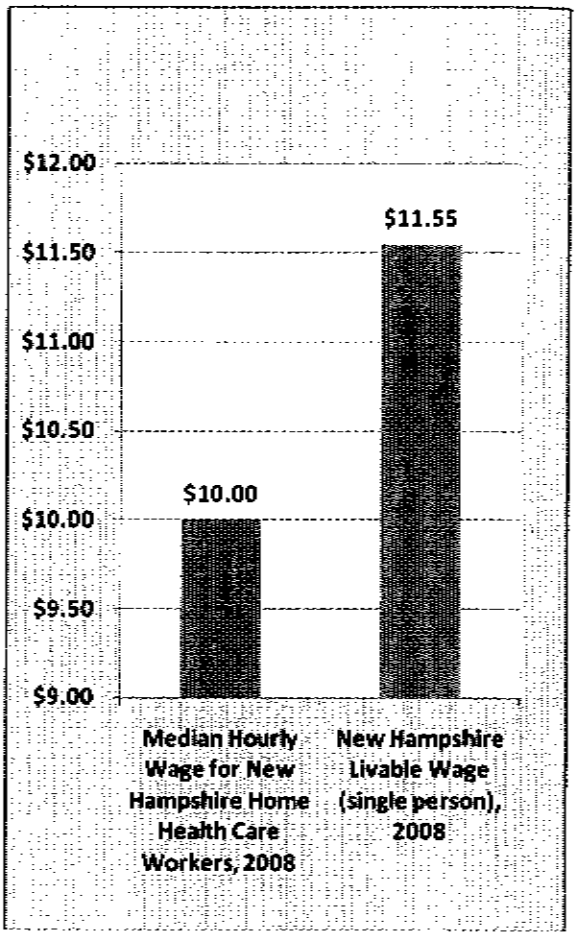
Figure 2 shows that from 2006-2016, the state will need an estimated 6,230 additional direct care workers, while the net number of new women, aged 25-54, entering the New Hampshire labor force is expected to be only 4,198 (PHI Analysis, 2009).

Fewer new workers are entering the long-term care workforce due to increased opportunities in other fields. As compared to 40 years ago, women in particular now are able to select from careers that pay far better and are less physically strenuous than direct care employment (Super, 2002).

PHI's calculations based on wage data from the BLS Occupational Employment Survey show that median hourly wages for New Hampshire's HCBS workers are lower than the state's livable wage, which is the estimated hourly wage that a New Hampshire resident needs to earn in order to meet basic needs such as housing, food, transportation, child care and healthcare (PHI Analysis, 2009). In 2008, the median hourly wage for Home Health Aides and Personal and Home Care Aides was $10, while the state's hourly livable wage for a single person was $11.55. These figures indicate that direct care wages are not adequate to meet the workers' basic needs. Low wages pose a major challenge in the recruitment and retention of this critical workforce.

A 2008 report published by the Carsey Institute at the University of New Hampshire indicates that of the forty occupations projected to grow the fastest from 2006 to 2016, only two occupations paid a median hourly wage below the state's 2007 livable wage: Home Health Aides and Personal Care Aides (Kenyan and Churilla, 2008).

Figure 3: New Hampshire HCBS Worker Wage Compared to State's Livable Wage, 2008



ISSUES IMPACTING THE NEW HAMPSHIRE HCBS DIRECT CARE WORKFORCE

A 2008 survey developed by the NHCDCW, New Hampshire Institute for Health Policy and Practice and Carsey Institute at the University of New Hampshire, and implemented by the University of New Hampshire Survey Center, provides detailed information about the issues impacting the State's direct care workforce. The purpose of the survey was to quantify the current workforce demographics, capture wage and benefit ranges, and identify recruitment and retention issues for home and community-based direct care workers.

It is expected that survey results will help to guide the NHCDCW and state policy makers in addressing New Hampshire's HCBS direct care workforce shortage.

The New Hampshire direct care workforce survey was conducted in two parts: an employer component and a separate employee component.[2]

Employer Perspective

The Survey Center contacted all 60 New Hampshire agencies that employ HCBS direct care workers and 38 agencies responded. All three types of direct care workers were represented in this sample. A summary of the types of agencies is provided in Table 4.

Table 4: Type of Agency

Type of Agency	Number of Agencies
Private, non-profit	22
Publicly owned and operated	3
Private, for profit	9
Associated with health system or hospital	5

According to the survey results:

- Almost three-quarters of employers reported offering health insurance benefits to employees. Most stipulated eligibility criteria, such as tenure at the agency and minimum hours worked per week, to qualify for health insurance benefits. Employers reported that the average monthly health insurance premium paid by employees for individual coverage is $91.
- 87% of employers surveyed reported that job retention was an issue.
- 81% reported a current need to hire direct care workers in order to meet service demands
- Eight in ten employers reported reimbursing for mileage. Of the agencies providing mileage reimbursement, the average reimbursement rate was $.49 per mile with a range of $.25 to $.585 per mile. [3]
- When driving between consumer homes, some direct care workers were paid a wage below their usual hourly rate and sometimes as little as minimum wage.[4]

Employee Perspective

The second component of the survey focused on HCBS direct care workers. The total number of respondents was 579. Table 5 displays the demographics of the survey respondents.

Factors Influencing Job Satisfaction

When direct care workers were asked what would improve their jobs, the greatest number identified increased pay, increased access to benefits, and more paid leave. Over three-quarters of the group identified the desire for higher pay, almost half expressed a need for increased access to benefits, and almost one-third reported a desire for more time off.

Hours & Wages

Less than one-third of direct care workers were employed by one employer on a full-time basis (35 or more hours per week). Over 15% reported working multiple jobs to achieve full-time work. This approach was effective in regards to increasing one's income, however, it did not increase benefits as full-time hours were not met at one company.

[2] For more information about the NH Direct Care Workforce Survey, see Smith, 2009.

[3] In June 2008, the federal mileage reimbursement rate was $.505 per mile. This figure jumped to $.585 per mile in July 2008.

[4] Federal law requires employers to pay their employees for time spent on work-related travel.

Over 46% of direct care workers had more than one job. On average, direct care workers worked 33 hours per week with 24 of the hours associated with direct care work.

Table 5: Demographics of Respondents to the Direct Care Worker Survey

Sex	90% female
Average Age	48 years old
Married	58%
Minor children living in-home	33%
Single mothers	11%
Education:	
High School Diploma or less	47%
Some college experience	40%
Associate's or bachelor's	13%
Family income less than $30,000	52%

The median hourly wage for HCBS workers was $10 for part-time workers and $10.25 for full-time workers. Among the categories of direct care workers, LNAs earned the highest median hourly wage at $11.77. PCSPs/PCAs earned a median hourly wage of $10.00 and homemaker/companions earned a median hourly wage of $8.98. These wages were not dependent on educational level. A direct care worker without a high school diploma earned the same wage as a worker with a college degree. Assuming that a full-time direct care worker worked 40 hours per week for 50 weeks per year, at the median hourly full-time rate of $10.25, she earns $20,500 per year. In comparison, the median annual salary in New Hampshire (in all job categories) is currently $40,000 (Smith, 2009).

Health Insurance

Over one-third of direct care workers did not have health insurance. Survey responses from direct care workers indicate that the primary reason for this was that the premiums on employer sponsored plans were too expensive. Other primary responses indicated that employers did not offer insurance or that employees were ineligible to qualify for employer sponsored insurance plans.

Less than one-fifth of direct care workers participated in employer sponsored health insurance. Using the monthly health insurance premium of $91 for an individual, over the course of a year, an employee earning $20,500 spends more than 5% of her income on health insurance.

Paid Leave

Only one-third of HCBS workers report receiving one or more types of paid leave. Employees who receive paid time off benefits, as with the health insurance benefit, must meet eligibility criteria such as tenure at agency and minimum hours worked per week.

IMPROVING DIRECT CARE JOBS: WORKFORCE RETENTION STRATEGIES

There is evidence demonstrating direct care needs will increase in the near future and that demand will outpace supply. The increased demand is due to the rapidly aging population in New Hampshire. The decreased supply of direct care workers is caused by a combination of factors: the aging of the current workforce, wages that are below the State's determined livable wage, and unaffordable or unavailable benefits. The strategies below outline initiatives that speak to the three systems needing change in order to address this multi-faceted problem— state government, federal government, and local agencies.

Identified Problem: The State of New Hampshire Medicaid reimbursement structure does not compensate agencies to adequately provide direct care workers with a livable wage and access to sufficient benefits.

The Coalition suggests the following initiatives to address this problem:

Change the reimbursement structure. Explore the establishment of a reimbursement incentive structure that pays agencies according to the level of wage and benefits that they provide to their direct care employees. Possible solutions include developing a tiered approach or a pay-for-performance model that would increase agency reimbursement as agencies improve employee wages and benefits. This restructuring could include such benchmarks as providing: a salary that meets the livable wage, access to affordable health insurance, paid leave, mileage reimbursement at the federal rate, and increasing travel pay to meet base rate of pay.

Establish a rational rate-setting process. Explore the establishment of a rational rate-setting process under New Hampshire Medicaid that examines the true cost of providing quality direct care. In developing rates, agency overhead - wages, benefits, administrative costs - should all be considered. Current reimbursement rates are inadequate, leaving employers unable to offer livable wages or provide adequate benefits. Provider agencies are forced to supplement direct care positions through other funding streams. Rhode Island has utilized a rational rate setting strategy for several years. Rhode Island provides a base rate of reimbursement for each 15 minute unit of time that an employee spends providing care. It increases the base rate of reimbursement when specific performance measures are provided. Measures utilized in Rhode Island include client satisfaction, continuity of care, worker satisfaction, accreditation, patient acuity, staff education and training, and shift differential. Rate increases can range from $.50 to $1.50 per hour (PHI, 2008).

Identified Problem: Federal reimbursement rates for agencies providing education, training benefits, and career advancement opportunities for direct care workers are biased towards institutional settings.

The Coalition suggests the following initiatives to address this problem:

Provide tuition support. Currently, the Centers for Medicare and Medicaid provide reimbursement to agencies that train direct care workers for employment in institutional settings. Agencies providing training to direct care staff who work in home and community-based settings are not reimbursed for the cost of training. Federally funded reimbursement should be available to home and community-based service agencies for training direct care workers. Opportunities to improve skills and increase career advancement will aid in retention of this workforce. Changes at the federal level will be needed to address this issue.

Fund peer mentor training programs. Research has shown that direct care workers who are trained as peer mentors provide effective support to new workers and decrease employee turnover rates. Due to the strenuous nature of direct care and the social isolation of home-based care, many workers leave their jobs during the initial weeks or months of work. By sharing their knowledge and skills, mentors can answer questions, acclimate workers to the job, and help new employees discover the rewards of providing quality direct care. A federally funded reimbursement program aimed at training veteran direct care workers to become peer mentors should be developed. Agencies have already begun implementing this strategy. Those providing a higher rate of pay to peer mentors have been most successful in implementing the program (PHI, 2009, Building Skills).

Identified Problem: New Hampshire's home care agencies have difficulty supporting and retaining their direct care workers.

The Coalition suggests the following initiatives to address this problem:

Implement a steady work program. A steady work program is designed to stabilize the fluctuating work-week experienced by direct care workers when the individual they are supporting enters the hospital or passes away. A steady work program replaces an employee's lost wages for up to two months in situations when her hours are decreased by at least 20%. The employee could be asked to perform tasks other than those of direct care work and might work outside of her normal schedule. If no work can be found, she will still paid. This program was successfully piloted at Quality Care Partners (QCP), a home care agency, in Manchester, New Hampshire. The expansion of a steady work program across the state could be a winning retention strategy for the home and community-based workforce (PHI, 2001).

Establish an employee loan program. An employee loan program offers access to immediate, interest-free loans. QCP provides this service to their employees and the program has been popular with its direct care workers. Utilizing the agency's reserves, employees can access loans of up to $250 after being employed by the agency for 90 days and are in good standing with the company. Loans are paid back in $25 or $50 installments via automatic withdrawal from the employee's paycheck. If the employee leaves QCP prior to paying the balance, the remainder is obtained from their last pay check. In the ten years the program has been in place, QCP has lost less than $500. In 2007 and 2008, they loaned $11,215 without any loss. While employee loan programs do not increase employee income, they do provide a no-interest alternative to other lenders. In addition, these programs can be offered at hardly any cost to the agency.

Incorporate a coaching supervision training program. Training in Coaching Supervision for facility managers has been found to improve the work environment for direct care workers in institutional settings (PHI Supervision, 2007). Given the similarities of the workforce, it is likely that expanding this initiative for supervisors in HCBS would be beneficial. Licensed nurses and other supervisors learn to support direct care staff while still holding them accountable. By building constructive, positive relationships, managers and supervisors show respect for staff, while at the same time helping them to become better communicators and more effective at problem solving (PHI Supervision, 2007). New Hampshire can build on the PHI Coaching Supervision program, which is currently being implemented at a few long-term care agencies in New Hampshire.

CONCLUSION

In order for New Hampshire to provide quality home and community-based services the state must be able to attract and retain an adequate direct care workforce. Projections show New Hampshire's population is rapidly aging at the same time that the pool of direct care workers is not adequate to meet the demand. The implication of this projected workforce shortage could mean that older adults and those who are chronically ill or have disabilities will have significantly fewer options for where and how they receive the care that they need. The State must act. The New Hampshire Coalition on the Direct Care Workforce will work with stakeholders to develop and implement the strategies proposed in this paper to improve the recruitment, training, and retention for this critical workforce. The Coalition welcomes the opportunity to collaborate with the Department of Health and Human Services, the State Legislature, direct care employees and employers, and other key stakeholders to address this crucial issue.

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E.) Uniform Assessment Tool

New Hampshire Medical Eligibility Determination (MED) Application

Last:	First:	MI:	MID:	Date:

Referral Source:
☐ Applicant ☐ Guardian ☐ Physician ☐ Power of Attorney
☐ Family ☐ Nursing Facility ☐ Other

Referral Agency/ Organization: ____	Name: ____	Phone: ____
Is this a transfer from a hospital to a Nursing Facility? ☐ Yes ☐ No	Swing Bed? ☐ Yes ☐ No	
Name of the facility requesting transfer:	Contact person:	Phone: ____
Projected Transfer/Discharge Date: ____	Is this a Medicare transfer? ☐ Yes ☐ No	

(Office Use Only) Assessment Trigger: ☐ 1. New Applicant: ☐ 2. Reassessment due	LTC Nurse: ____	Phone: ____
Long Term Care Counselor: ____	ServiceLink: ____	District Office: ____

DEMOGRAPHICS

1. SSN ____
2. DOB ____
3. Gender ☐ male ☐ female
4. Age ____
5. ☐ MR/DD ☐ Serious MI

6. Mailing Address: (primary residence)
Street ____
City ____ Zip ____ Phone ____ County ____

7. Secondary Address: (if indicated for legal guardian)
Street ____
City ____ Zip ____ Phone ____

8. Marital Status:
☐ 1. Never married ☐ 3. Widowed ☐ 5. Divorced
☐ 2. Married ☐ 4. Separated ☐ 6. Civil Union

9. Primary Language:
☐ 1. English ☐ 3. French
☐ 2. Spanish ☐ 4. Other: Specify: ____

10. Communication:
☐ 1. No assist necessary ☐ 3. Requires interpreter
☐ 2. Requires Asst. Device ☐ 4. Other: Specify

11. Usual place of residence:

	A. Usual place of residence	B. Location at Assessment		A. Usual place of residence	B. Location at Assessment
1. Own Home	☐	☐	7. Hospital	☐	☐
2. Another's Home	☐	☐	8. Hotel/Motel	☐	☐
3. Adult Family Home	☐	☐	9. Nursing Facility	☐	☐
4. Assisted Housing	☐	☐	10. Residential Care	☐	☐
5. Congregate Housing	☐	☐	11. Other:	☐	☐
6. Homeless	☐	☐	Specify ____		
		(Office Use Only)			(Office Use Only)

12. Usual Living Arrangements:
Lives with (check all that apply)
☐ a. Alone ☐ b. w/spouse ☐ c. w/family ☐ d. w/others e. # in household ____

13. Medicaid Status:
☐ Yes ☐ No 1. Application filed? Application date: ____
☐ Yes ☐ No 2. Eligible?
☐ Yes ☐ No 3. Eligibility pending?

14. Physician:
Type: ☐ Primary Name ____ Phone ____
Address ____ Last visit date ____
____

Type: ☐ Specialist Name ____ Phone ____

Last:	First:	MI:	MID:	Date:

Address _____ Last visit date _____

Type: ☐ Dentist Name _____ Phone _____
Address _____ Last visit date _____

Type: ☐ Eye Doctor Name _____ Phone _____
Address _____ Last visit date _____

15. Responsibility/Legal Guardian: (must have supporting documentation)
- ☐ 1. Self
- ☐ 2. Durable Power of Attorney
- ☐ 3. Guardian of Person
- ☐ 4. Authorized Representative
- ☐ 5. Power of Attorney
- ☐ 6. Durable Power of Attorney / HC Activated by Physician: ☐ Yes ☐ No
- ☐ 7. Guardian of Estate
- ☐ 8. Unknown

16. Advance Directives:
(only for those items with supporting documentation)
- ☐1. Living will
- ☐2. Organ donation
- ☐3. Other _____
- ☐4. Do not resuscitate
- ☐5. Autopsy request
- ☐6. Do not hospitalize
- ☐7. Unknown

17. Emergency Contact:
Name _____
Address _____
Phone _____
Relationship _____

Legal Guardian:
Name _____
Address _____
Phone _____
Relationship _____

Other Contact:
Name _____
Address _____
Phone _____
Relationship _____

I understand that I am agreeing to apply for a Medicaid program - Choices for Independence or Nursing Facility Care.

I understand that if I am not already a Medicaid recipient, I must become Medicaid eligible in order to receive services from the Choices for Independence program. I must also become Medicaid eligible if this will be the source of payment for Nursing Facility services.

I understand that I will participate in a Medical Eligibility Determination assessment, which is an interview conducted by a Registered Nurse in my home or current place of residence.

My signature below indicates my understanding of the application process and my desire to participate in the program.

SIGNATURES:

Applicant: _____ Date: _____

Representative: _____ Date: _____

Relationship to Applicant: _____

(Office Use Only)
Long Term Support Counselor:

If the information for this application was gathered from a telephonic interview, indicate below and mail a copy of this application with the regular packet of information, requesting the form to be returned with the signature:

☐Telephonic Interview Date: _____ LTSC Signature: _____

Date Mailed: _____ Date Returned: _____

New Hampshire Medical Eligibility Determination (MED)

Last:	First:	MI:	MID:	Date:					
SECTION A PROFESSIONAL NURSING SERVICES									
	Using the following codes for section A.1-A.10. Indicate whether the individual will need care that is performed by or under the supervision of a registered professional nurse:	1. Monthly	2. Several Times per Month	3. One time per week	4. Several times per week	5. Daily	6. Multiple Hours per Day
1. INJECTIONS AND IV FEEDING	Injections/IV feeding for an unstable condition (excluding daily insulin for an individual whose diabetes is under control):	☐	☐	☐	☐	☐	☐
2. FEEDING TUBE	Feeding tube for new/ or unstable condition: *Insertion date:* _____	☐	☐	☐	☐	☐	☐
3. SUCTIONING AND TRACH CARE	a. Nasopharyngeal suctioning	☐	☐	☐	☐	☐	☐
	b. Tracheostomy care for a new or unstable condition Insertion date: _____	☐	☐	☐	☐	☐	☐
4. TREATMENTS/ DRESSINGS	Treatment and/or application of dressings for which the physician has prescribed irrigation, application of medications, or sterile dressings that require the skills of an RN:	☐	☐	☐	☐	☐	☐
5. OXYGEN	Administration of oxygen on a regular and continuing basis when recipient's condition warrants professional observation for a new or unstable condition. *Start date:* _____	☐	☐	☐	☐	☐	☐
6. ASSESSMENT/ MANAGEMENT	Professional nursing assessment, observation and management required for unstable medical conditions. Observation must be needed at least once every 8 hours. Specify condition for applicant's need: _____	☐	☐	☐	☐	☐	☐
7. CATHETER	Insertion and maintenance of a urethral or suprapubic catheter as an adjunct to the active treatment of a disease or medical condition.	☐	☐	☐	☐	☐	☐
8. COMATOSE	Professional care is needed to manage a comatose condition.	☐	☐	☐	☐	☐	☐
9. VENTILATOR/ RESPIRATOR	Care is needed to manage ventilator/respirator equipment.	☐	☐	☐	☐	☐	☐
10. UNCONTROLLED SEIZURE DISORDER	Direct assistance from others is needed for safe management of an uncontrolled seizure disorder.	☐	☐	☐	☐	☐	☐
	Check if None of the above pertain	☐					
11. THERAPY/ THERAPIES PROVIDED BY A QUALIFIED THERAPIST	Record the number of days each of the following therapies occurred or is anticipated to occur upon discharge and is being received **at least 15 minutes per day** based on specific goals. (Enter 0 if none or less than 15 minutes per day.)						
	a. Physical therapy						
	b. Speech/language therapy						
	c. Occupational therapy						
	d. Respiratory therapy						

Last:	First:	MI:	MID:	Date:

SECTION B. SPECIAL TREATMENTS AND THERAPIES

	Code for number of days care would be performed by or under the supervision of a registered nurse.	1. Twice a month	2. Weekly	3. Daily	4. Multiple Hours per Day	5. Other
1. TREATMENTS/ CHRONIC CONDITIONS	Monitoring of treatments, procedures, dressings and or medications, for post-operative or chronic conditions according to physician orders. Check only those that apply:					
	a. Medications via tube	☐	☐	☐	☐	☐ Specify: ____
	b Tracheostomy care–chronic stable	☐	☐	☐	☐	☐ Specify: ____
	c. Urinary catheter change	☐	☐	☐	☐	☐ Specify: ____
	d. Urinary catheter irrigation	☐	☐	☐	☐	☐ Specify: ____
	e. Venous puncture by RN	☐	☐	☐	☐	☐ Specify: ____
	f. Monthly injections	☐	☐	☐	☐	☐ Specify: ____
	g. Barrier dressings for Stage 1 or 2 ulcers	☐	☐	☐	☐	☐ Specify: ____
	h. Chest PT by RN	☐	☐	☐	☐	☐ Specify: ____
	i. O2 therapy by RN for chronic unstable condition	☐	☐	☐	☐	☐ Specify: ____
	j. Other: ____	☐	☐	☐	☐	☐ Specify: ____
	k. Teach/train specify: ____	☐	☐	☐	☐	☐ Specify: ____
	Check if none of the above pertain	☐				

	Code for number of days professional nursing is required.	1. Twice a month	2. Weekly	3. Daily	4. Multiple Hours per Day	5. Other
2. TREATMENTS/ PROCEDURES	a. Chemotherapy	☐	☐	☐	☐	☐ Specify: ____
	b. Radiation Therapy	☐	☐	☐	☐	☐ Specify: ____
	c. Hemodialysis	☐	☐	☐	☐	☐ Specify: ____
	d. Peritoneal Dialysis	☐	☐	☐	☐	☐ Specify: ____
	e. IV Therapy	☐	☐	☐	☐	☐ Specify: ____

3. PAIN/PAIN MANAGEMENT OVER THE PAST 7 DAYS	a. Frequency: ☐0. No pain ☐2. Daily, but not constant ☐1. Less often than daily ☐3. All of the time 4. Intensity (1 to 10) ____
	b. ☐Yes ☐No – Limitations: Interferes with activity or movement
	c. Location: ____
	d. Type: ☐acute ☐chronic
	e. Description: ☐sharp ☐dull ☐ache ☐burn ☐throb ☐other
	f. ☐Yes ☐No – Is there something that provides relief?

SECTION C. COGNITION/ORIENTATION

1. MINI-COG SCREEN FOR COGNITIVE IMPAIRMENT	1. Name 3 unrelated objects (e.g. "apple, house, book" or "pony, quarter, orange"). 2. Draw a large circle and ask the individual to put the numbers on the face of the clock and then to put the hands of the clock to indicate the time @11:20. ☐Yes ☐No 3. Ask for the individual to repeat the names of the 3 objects. ☐ ☐ ☐
	Note: If individual is unable to perform clock drawing test due to being unable to see or they lack the ability to use upper extremity (e.g. due to paralysis), then ask the individual to describe where they would place the numbers on the face of a clock represented by a circle (e.g. 12 at the top, 6 at the bottom) and where they would place the hands to indicate 11:20 (e.g., hour hand on 11, minute hand on 4).

Last:	First:	MI:	MID:	Date:
2. COGNITIVE SKILLS FOR DAILY DECISION MAKING	*Made decisions regarding tasks of daily life.* ☐0. Independent —decisions consistent/reasonable ☐1. Modified independence —some difficulty in new situations only ☐2. Moderately impaired —decisions poor; cues/supervision required ☐3. Severely impaired—never/rarely made decisions			
3. ASSESSMENT/ MANAGEMENT	Are monitoring and nursing care needed to manage the identified cognitive issues: ☐0. No ☐1. Once per month ☐2. Twice per month ☐3. Weekly ☐4. Daily ☐5. Other: Specify: _____			
SECTION D. COMMUNICATION/HEARING PATTERNS				
1. HEARING *(Choose only one)*	*(With hearing appliance, if used)* ☐0. HEARS ADEQUATELY – normal talk, TV, phone ☐1. MINIMAL DIFFICULTY – when not in quiet setting ☐2. HEARS IN SPECIAL SITUATIONS ONLY – speaker has to adjust tonal quality and speak distinctly ☐3. HIGHLY IMPAIRED – absence of useful hearing			
2. COMMUNICATION DEVICES/ TECHNIQUES	☐a. Hearing aid, present and used ☐b. Hearing aid, present and not used regularly ☐c. Adaptive phones ☐d. Lifeline ☐e. NONE OF THE ABOVE			
3. ABILITY TO UNDERSTAND OTHERS *(Choose only one)*	*(Understanding information content – however able)* ☐0. UNDERSTANDS ☐1. USUALLY UNDERSTANDS – may miss some part/intent of message ☐2. SOMETIMES UNDERSTANDS – responds adequately to simple, direct communication ☐3. RARELY/NEVER UNDERSTANDS			
SECTION E. VISION PATTERNS (Use of Standard Vision Card)				
1. VISION *(Choose only one)*	*(Ability to see in adequate light and with glasses if used)* ☐0. *ADEQUATE* – sees fine detail, including regular print in newspapers/books ☐1. *IMPAIRED* – sees large print, but not regular print in newspapers/books ☐2. *MODERATELY IMPAIRED* – limited vision; not able to see newspaper headlines, but can identify objects ☐3. *HIGHLY IMPAIRED* – object identification in question, but eyes appear to follow objects ☐4. *SEVERELY IMPAIRED* – no vision or sees only light, colors, or shapes; eyes do not appear to follow objects			
2. VISUAL APPLIANCES	☐Yes ☐No a. Glasses, contact lenses ☐Yes ☐No b. Other: _____			

Last:	First:	MI:	MID:	Date:

SECTION F. MOOD

MOOD

Over the past two weeks have you:
☐Yes ☐No – Felt little interest or pleasure in doing things
☐Yes ☐No – Felt down depressed or helpless
☐**Yes** ☐**No – If non-verbal, any visible evidence or report of depression.**

If "no" to both, skip to Section G
If "yes" to either, administer the Patient Health Questionnaire – 9

Patient Health Questionnaire – 9

Over the last 2 weeks, how often have you been bothered by any of the following problems?	0. Not at all	1. Several Days	2. More than half the days	3. Nearly every day
1. Little or no pleasure in doing things.	☐	☐	☐	☐
2. Feeling down, depressed or hopeless.	☐	☐	☐	☐
3. Trouble falling or staying asleep, or sleeping too much.	☐	☐	☐	☐
4. Feeling tired or having little energy.	☐	☐	☐	☐
5. Poor appetite or overeating.	☐	☐	☐	☐
6. Feeling bad about yourself. Or that you are a failure or have let yourself or your family down.	☐	☐	☐	☐
7. Trouble concentrating on things, such as reading the newspaper or watching television.	☐	☐	☐	☐
8. Moving or speaking so slowly that other people could have noticed. Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual.	☐	☐	☐	☐
9. Thoughts that you would be better off dead, or of hurting yourself in some way.	☐	☐	☐	☐
Add columns – Total:				

SECTION G. PROBLEM BEHAVIOR

1. Within the last 7 Days:
☐Yes ☐No a. WANDERING (moved with no rational purpose, seemingly oblivious to needs or safety.)
☐Yes ☐No b. VERBALLY ABUSIVE (Others were threatened, screamed at, cursed at)
☐Yes ☐No c. SOCIALLY INAPPROPRIATE/ DISRUPTIVE BEHAVIOR (made disruptive sounds, noisy, screams, self-abusive acts, sexual behavior or disrobing in public, smeared/threw food/feces, hoarding, rummaged through others' belongings)
☐Yes ☐No d. RESISTS CARE (resisted taking medications/injections, ADL assistance or eating.)
☐Yes ☐No e. MINOR PHYSICAL ABUSE (Others were shoved, pinched, or scratched, but did not result in physical injury)
☐Yes ☐No f. MAJOR PHYSICAL ABUSE (Others were hit, punched, sexually abused) resulting in bodily injury at least once in the past six months.

2. Are monitoring and nursing care needed to manage the identified behavioral issues?
☐0. No ☐1. Once per month ☐2. Twice per month
☐3. Weekly ☐4. Daily ☐5. Other: Specify: _____

If 3,4, or 5 are selected, please answer the supplemental questions that follow.

SECTION G.S. PROBLEM BEHAVIOR SUPPLEMENT

Enter the code that most accurately describes the individual's behavior within the last 7 days.

1. SLEEP PATTERNS
☐0. Unchanged from "normal" for the individual.
☐1. Sleeps noticeably more or less than "normal".
☐2. Restless, nightmares, disturbed sleep, increased awakenings.
☐3. Up wandering for all or most of the night, inability to sleep.

2. WANDERING
☐0. Does not wander.
☐1. Does not wander, i.e., is chair bound or bed bound.
☐2. Wanders within the facility or residence and may wander outside, but does not jeopardize health and safety.
☐3. Wanders within the facility or residence. May wander outside, health and safety may be jeopardized. Does not have a history of getting lost and is not combative about returning.
☐4. Wanders outside and leaves grounds. Has a consistent history of leaving grounds, getting lost or being combative about returning. Requires a treatment plan that may include the use of psychotropic drugs for management and safety.

Last:	First:	MI:	MID:	Date:

3. BEHAVIORAL DEMANDS ON OTHERS	☐0. Attitudes, habits and emotional states do not limit the individual's type of living arrangement and companions. ☐1. Attitudes, habits and emotional states limit the individual's type of living arrangement and companions. ☐2. Attitudes, disturbances and emotional states create consistent difficulties that are modifiable to manageable levels. The individual's behavior can be changed to reach the desired outcome through respite, in-home services, or existing facility staffing. ☐3. Attitudes, disturbances and emotional states create consistent difficulties that are not modifiable to manageable levels. The individual's behavior cannot be changed to reach the desired outcome through respite, in-home services, or existing facility staffing even given training for the caregiver.
4. DANGER TO SELF AND OTHERS	☐0. Is not disruptive or aggressive, and is not dangerous. ☐1. Is not capable of harming self or others because of mobility limitations (is bed bound or chair bound). ☐2. Is disruptive or aggressive, either physically or verbally, or extremely agitated or anxious, even after proper evaluation and treatment. ☐3. Is dangerous or physically abusive, and even with proper evaluation and treatment may require physician's orders for appropriate intervention. ☐4. Has caused serious bodily harm to another in the previous 6 months.
5. AWARENESS OF NEEDS/ JUDGEMENT	☐0. Understands those needs that must be met to maintain self-care. ☐1. Has difficulty understanding those needs that must be met but will cooperate when given direction or explanation. ☐2. Does not understand those needs that must be met for self care and will not cooperate even though given direction or explanation.

SECTION H. SOCIAL/COMMUNITY INFORMATION

1. ALCOHOL USE	☐Yes ☐No 1. Do you drink alcohol? If No, skip to Substance Use. If Yes, complete CAGE questions in 2 below:
	☐Yes ☐No 2a. Have you ever felt you should cut down on your drinking?
	☐Yes ☐No 2b. Have people annoyed you by criticizing your drinking?
	☐Yes ☐No 2c. Have you ever felt bad or guilty about your drinking?
	☐Yes ☐No 2d. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?
	Scoring: Item responses on the CAGE are scored 0 for "no" and 1 for "yes" answers, with a higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant.
2. SUBSTANCE USE *Check all that apply.*	☐Yes ☐No - Do you ever use drugs that your primary care provider did not prescribe? **If No, skip to next section.**
	☐Yes ☐No a. Caffeine ☐Yes ☐No f. Stimulants
	☐Yes ☐No b. Nicotine ☐Yes ☐No g. Inhalants
	☐Yes ☐No c. Marijuana ☐Yes ☐No h. Heroin
	☐Yes ☐No d. Cocaine ☐Yes ☐No i. Hallucinogen
	☐Yes ☐No e. Crack ☐Yes ☐No j. Other _____

SECTION I. PHYSICAL FUNCTIONING/STRUCTURAL PROBLEMS

1. ADL SELF-PERFORMANCE

0. INDEPENDENT — No help or oversight
1. SUPERVISION — Oversight, encouragement or cueing provided
2. LIMITED ASSISTANCE — Individual highly involved in activity; received physical help in guided maneuvering of limbs, or other non-weight bearing assistance
3. EXTENSIVE ASSISTANCE — While individual performed part of activity, help of the following type(s) provided 3 or more times: Weight bearing support
4. TOTAL DEPENDENCE — Full staff/caregiver performance of activity.
8. ACTIVITY DID NOT OCCUR.

2. ADL SUPPORT PROVIDED

0. No setup or physical help from staff
1. Setup help only
2. One-person physical assist
3. Two+ person physical assist
8. Activity did not occur during entire 7 days.

3. ADL CAPABILITY SOURCE OF INFORMATION

R. Reported (by individual or caregiver)
S. Seen (observed by assessor)
D. Document review

Last:	First:	MI:	MID:	Date:														
ACTIVITY	**DESCRIPTION**	**Self performance**						**Support**					**Source**		
		0. INDEPENDENT	1. SUPERVISION	2. LIMITED ASSISTANCE	3. EXTENSIVE ASSISTANCE	4. TOTAL DEPENDENCE	ACTIVITY DID NOT OCCUR	0. No setup or physical help from staff	1. Setup help only	2. One-person physical assist	3. Two+ person physical assist	Activity did not occur during entire 7 days.	R. Reported (by individual or caregiver)	S. Seen (observed by assessor)	D. Document review
a. Bed Mobility	How individual moves to and from lying position, turns side to side, and positions body while in bed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
b. Transfers	How individual moves between surfaces, to/from: bed, chair, wheelchair, standing position **(EXCLUDE to/from bath/toilet)**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
c. Locomotion	How individual moves between locations in his/her room and other areas on same floor. If in wheelchair, self-sufficiency once in chair	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
d. Primary Modes of Locomotion *(Choose only one)*	1. No assistive device	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	2. Cane	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	3. Walker/Crutch	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	4. Scooter (*e.g.* Amigo)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	5. Wheelchair	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
	8. Activity does not occur	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
e. Dressing	How individual puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
f. Eating	How individual eats and drinks (regardless of skill)	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
g. Toilet Use	How individual uses the toilet room (or commode, bedpan, urinal); transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
h. Personal Hygiene	How individual maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum **(Exclude baths and showers)**	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
i. Walking	How individual walks	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
j. Bathing	How individual takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
k. BLADDER CONTINENCE *(Choose only one)*	Control of urinary bladder ☐0. CONTINENT—Complete control ☐1. USUALLY CONTINENT — Incontinent episodes once a week or less ☐2. OCCASIONALLY INCONTINENT— 2 or more times a week but not daily ☐3. FREQUENTLY INCONTINENT— tended to be incontinent daily, but some control present ☐4. INCONTINENT—Bladder incontinent all (or almost all) of the time Does the incontinence occur during: ☐ wake hours ☐ sleep hours or ☐ both														

Last:	First:	MI:	MID:	Date:

I. BOWEL CONTINENCE *(Choose only one)*	Control of bowels ☐0. CONTINENT—Complete control ☐1. USUALLY CONTINENT — Bowel incontinent episodes less than weekly ☐2. OCCASIONALLY INCONTINENT— Bowel incontinent episode once a week ☐3. FREQUENTLY INCONTINENT— Bowel incontinent episodes 2-3 times a week ☐4. INCONTINENT— Bowel incontinent all (or almost all) of the time, daily Does the incontinence occur during: ☐ wake hours ☐sleep hours or ☐both

		Appl/Program			Support		
m. APPLIANCES/ PROGRAMS		0. Independent	1. Supervision	2. Hands on person assist	0. Independent	1. Supervision	2. Hands on person assist
	a. External (condom) catheter	☐	☐	☐	☐	☐	☐
	b. Indwelling catheter	☐	☐	☐	☐	☐	☐
	c. Intermittent catheterization	☐	☐	☐	☐	☐	☐
	d. Pads/briefs used	☐	☐	☐	☐	☐	☐
	e. Ostomy present	☐	☐	☐	☐	☐	☐
	f. Scheduled toileting other program	☐	☐	☐	☐	☐	☐
	g. *NONE OF ABOVE*	☐	☐	☐	☐	☐	☐

SECTION J. MEDICATIONS LIST

List all medications currently used.

1.Medication Name and Dosage	2. RA	3. Freq	Prescribed by:

Last:	First:	MI:	MID:	Date:

SECTION K MEDICATION

1a. PREPARATION/ADMINISTRATION

Did individual prepare and administer his/her own medications

☐ Yes ☐ No *If no, check all that apply:*.

- ☐ 1. Individual required medications to be prepared daily.
- ☐ 2. Individual required medications to be administered daily.
- ☐ 3. Individual able to prepare medications daily.
- ☐ 4. Individual able to administer medications daily.
- ☐ 5. Individual had no medications in the last 7 days.
- ☐ 6. Facility prepares and administers medications.

1b. SELF-ADMINISTRATION

Does the individual **self-administer** any of the following medications or treatments?

- ☐ a. Insulin
- ☐ b. Oxygen
- ☐ c. Nebulizers
- ☐ d. Nitropatch
- ☐ e. Glucometer
- ☐ f. Inhaler

1c. COMPREHENSION

☐ Yes ☐ No 1. Is the individual able to understand and adhere to medication regimen?

SECTION L. REPORTED CONDITIONS

EXISTING KNOWN CONDITIONS: Check existing known conditions that have a relationship to current status. If none apply, CHECK item for NONE OF THE ABOVE

ENDOCRINE/METABOLIC
- ☐ Diabetes
- ☐ Hyperthyroidism
- ☐ Hypothyroidism

HEART/CIRCULATION
- ☐ Arteriosclerotic heart disease (ASHD)
- ☐ Cardiac dysrhythmia
- ☐ Congestive heart failure
- ☐ Deep vein thrombosis
- ☐ Hypertension
- ☐ Hypotension
- ☐ Peripheral vascular disease
- ☐ Other cardiovascular disease

GASTRIC
- ☐ Gerd
- ☐ Other _____

MUSCULOSKELETAL
- ☐ Arthritis
- ☐ Hip fracture
- ☐ Missing limb (e.g., amputation)
- ☐ Osteoporosis
- ☐ Pathological bone fracture
- ☐ Other

NEUROLOGICAL
- ☐ Alzheimer's disease
- ☐ Aphasia
- ☐ Cerebral palsy
- ☐ Cerebrovascular accident (stroke)
- ☐ Dementia – other than Alzheimer's disease
- ☐ Hemiplegia/hemiparesis
- ☐ Multiple sclerosis
- ☐ Neuropathy
- ☐ Paraplegia
- ☐ Parkinson's disease
- ☐ Quadriplegia
- ☐ Seizure disorder
- ☐ Transient ischemic attack (TIA)
- ☐ Traumatic brain injury

PSYCHIATRIC/MOOD
- ☐ Anxiety disorder
- ☐ Depression
- ☐ Bipolar Disorder
- ☐ Schizophrenia

PULMONARY
- ☐ Asthma
- ☐ Emphysema/COPD

SENSORY
- ☐ Cataracts
- ☐ Diabetic retinopathy
- ☐ Glaucoma
- ☐ Macular degeneration

OTHER
- ☐ Allergies, Specify: _____
- ☐ Anemia
- ☐ Cancer
- ☐ Explicit terminal prognosis, Specify: _____
- ☐ Mental retardation *(e.g.,* Down's syndrome, autism, or other organic condition related to mental retardation or developmental disability (MR/DD)
- ☐ Obesity
- ☐ Other psychiatric diagnosis (e.g., paranoia, phobias, personality disorder) Specify: _____
- ☐ Renal failure
- ☐ Substance abuse (alcohol or drug)
- ☐ Tuberculosis-TB

☐ NONE OF THE ABOVE

OTHER CONDITIONS:

1. _____
2. _____
3. _____

SECTION M. BALANCE

1. FALLS	☐ Yes ☐ No a. Have you had any hospitalizations in the last 90 days for treatment of a bone fracture? Which bone: _____
2. FALL RISK *(Check all that apply)*	☐ a. Has unsteady gait ☐ b. Has balance problems when standing ☐ c. Limits activities because individual or family fearful of individual falling ☐ d. Furniture walking ☐ e. Non-compliant with assistive devices ☐ f. Substances or drug use as a contributing factor ☐ g. *NONE OF THE ABOVE*

SECTION N. NUTRITIONAL STATUS

1. WEIGHT *(Optional if info is not available)*	Approximate weight in pounds: _____ Approximate height: _____

Last:	First:	MI:	MID:	Date:
2. WEIGHT CHANGE *(Optional if info is not available)*	☐ Yes ☐ No – Has your weight changed in the last 30 days? ☐Gained or ☐Lost How much: _____ ☐Intended or ☐Unintended?			
3. NUTRITIONAL PROBLEMS OR APPROACHES *(Check all that apply)*	☐ a. Chewing or swallowing problem ☐ b. Missing teeth or dentures ☐ c. Special diet Specify: _____ ☐ d. Mechanically altered (or pureed) diet ☐ e. Noncompliance with diet ☐ f. Food Allergies, Specify: _____ ☐ g. Poor Appetite			

SECTION O. SKIN CONDITIONS

1. SKIN PROBLEMS	Any troubling skin conditions or changes? ☐ a. Abrasions (scrapes) or cuts ☐ b. Burns ☐ c. Bruises ☐ d. Rashes, itchiness, body lice, scabies ☐ e. Skin changes, ie, moles	☐ f. Skin cancer past / present ☐ g. Open sores, lesions, eczema ☐ h. Cellulitis ☐ i. NONE OF THE ABOVE
2. FOOT PROBLEMS *If "b" is coded Yes, check those items that apply.*	☐ Yes ☐ No a. Individual or another person inspects feet on a regular basis? ☐ Yes ☐ No b. One or more foot problems or infections such as: ☐corns ☐calluses ☐bunions ☐hammer toes ☐overlapping toes ☐pain ☐structural problems ☐gangrene toe ☐foot fungus ☐plantar fasciitis ☐nail fungus c. Do foot problems interfere with: ☐ Yes ☐ No – Standing ☐ Yes ☐ No - Ambulation	

Nurses Notes/Additional Information

Last:	First:	MI:	MID:	Date:
SUPPORT PLAN				
Nursing Facility:				
Identified Needs:				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

The Nurse Assessor has reviewed the identified needs listed above with the applicant. ☐Yes ☐No

The Applicant is or will be paticipating in the discharge planning process. ☐Yes ☐No

SIGNATURE:
Nurse Assessor: _____ Applicant Signature: _____

Date: _____ Date: _____

F.) SLRC Annual Report

ServiceLink Resource Center Annual Report

STATE FISCAL YEAR 2007

July 1, 2006 to June 30, 2007

ServiceLink
Resource Center
Connections for independent living and healthy aging

Call us toll-free: 1-866-634-9412
or visit us at: www.servicelink.org

VISION:

The New Hampshire ServiceLink Resource Center network envisions communities that empower and support citizens to make personal decisions, plans and social connections that allow them to live as independently and fully as possible.

STATEMENT OF PURPOSE:

The New Hampshire ServiceLink Resource Center program is a network of thirteen community-based sites and satellite offices with the common purpose of providing information, referrals, and assistance to connect older adults, adults living with disabilities, their families and caregivers with resources in their communities. The Resource Centers are available to help people learn about the full range of long-term supports spanning from home and community based care services to nursing facility care.

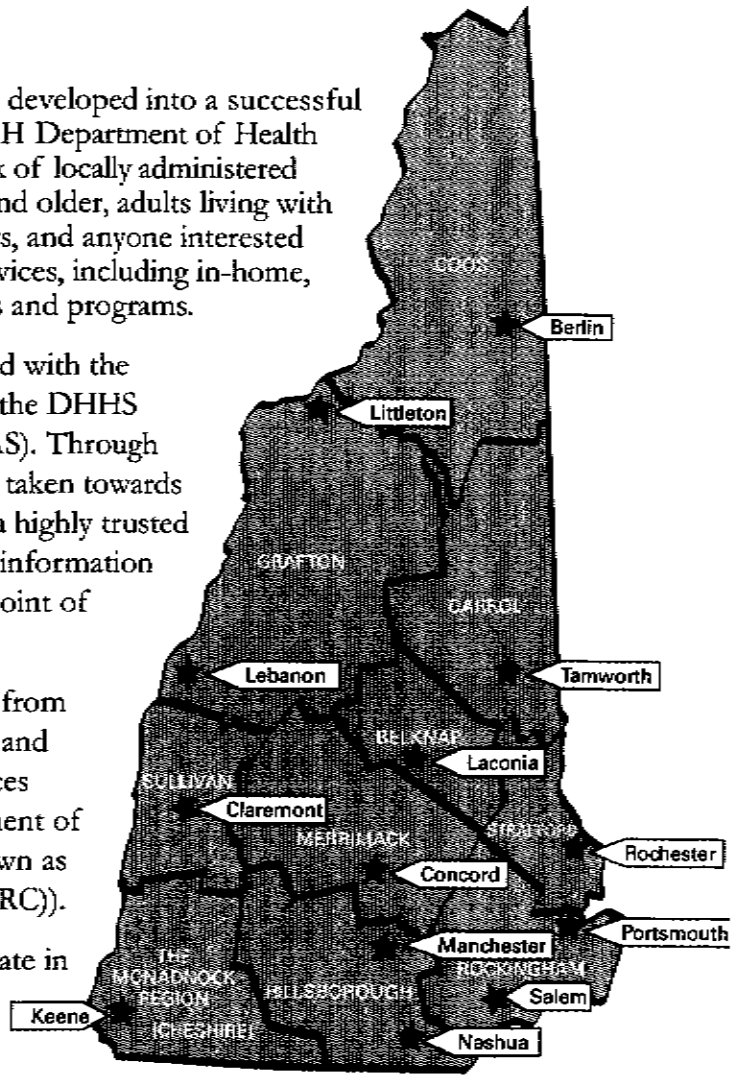
HOW WE GOT STARTED:

Since its inception in 2000, ServiceLink has developed into a successful public/private partnership between the NH Department of Health and Human Services (DHHS) and a network of locally administered non-profit agencies to serve people age 60 and older, adults living with a disability or chronic illness, their caregivers, and anyone interested in the wide range of long-term support services, including in-home, community-based, and institutional services and programs.

In 2003, an ongoing partnership was formed with the University of New Hampshire (UNH) and the DHHS Bureau of Elderly and Adult Services (BEAS). Through this partnership, significant steps have been taken towards realizing ServiceLink's vision of becoming a highly trusted resource where people can go for unbiased information by implementing a comprehensive "single point of entry" model.

BEAS and UNH have received grant funds from the federal Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS), which have supported the development of the "single point of entry" model (also known as Aging and Disability Resource Centers (ADRC)).

In 2006 the State of NH became the first state in the **Nation** to provide statewide coverage of the innovative ADRC model.



Prepared by the Bureau of Elderly and Adult Services
with the ServiceLink Resource Center Network
December 2007

WHAT WE DO...

The ServiceLink Resource Center (SLRC) program was created to provide easier and improved access to the kinds of resource information that help people live fully, enable them to learn more about options and to make plans that support their independence.

In 2007, the ServiceLink Resource Center services were expanded and now include:

- A single point of entry to public programs including Medicaid funded in-home care and nursing home care;
- Eligibility screening and assessment for Medicaid and Medicare Counseling;
- Counseling to help people plan ahead for their long-term care needs; and
- Centralized resource management, data collection, and evaluation.

The ServiceLink Resource Center staff consists of the following positions:

- Resource Center Manager
- Information & Referral Specialist
- Medicare Specialist
- Long-Term Support Counselor
- Caregiver Specialist

Staff members are trained and certified in national information, referral, and assistance standards through the Alliance for Information and Referral Systems (AIRS).

A BEAS long-term care nurse is co-located at the SLRC for medical assessments required for Medicaid long-term care.

A Division of Family Assistance, Family Services Specialist is also co-located for financial eligibility determinations for public programs, including Medicaid long-term care.

The New Hampshire ServiceLink Resource Center programs provide the following:

- National toll-free access to information, which is free and confidential;
- One-on-one counseling and assessment of needs in the SLRC office or in a home or community setting;
- Education on homecare, housing options, prescription drug assistance, health care benefits including Medicare, employment issues, financial/retirement planning, wellness and disease management;
- Assistance accessing services and help in taking the next steps;
- Information on volunteering and volunteer opportunities;
- Family Cargiver Support, Medicare Learning Centers; and
- Information about long-term support options.

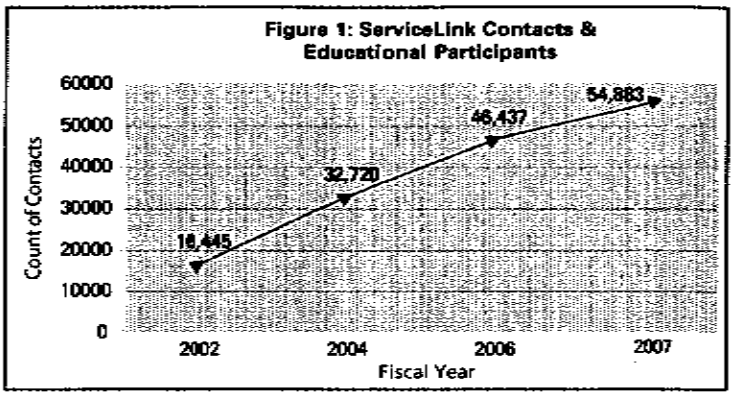
The SLRC serves anyone seeking information, referral, and assistance. There are no income requirements or eligibility criteria to receive services.

SFY 2007 HIGHLIGHTS

CONTACTS & CONNECTIONS

The SLRC has seen a significant increase in contacts since 2002. Figure 1 illustrates the increase in volume. In SFY 2007, 10,316 of the total contacts were Medicare related.

The number of total contacts includes the number of consumers who contacted ServiceLink by telephone, in writing, email or by visiting a SLRC site or by attending educational activities.



CONSUMER SATISFACTION:

It is important for the ServiceLink Resource Centers to receive feedback from their consumers about the services they received. A satisfaction survey was completed by 918 consumers. Over 93% of consumers responded saying:

- They considered the ServiceLink Resource Center a trusted place to get information and assistance;
- They would recommend the ServiceLink Resource Center to a friend or relative; and
- They were satisfied with their experience with the ServiceLink Resouce Center and would contact ServiceLink again.

TOP SERVICE REFERRALS:

While utilizing objective outcomes measured to track program effectiveness, the SLRC network has worked to increase the use of the ServiceLink website **(www.servicelink.org)** and to increase public awareness of ServiceLink.

The following is a list of the top 10 service referrals for SFY 07

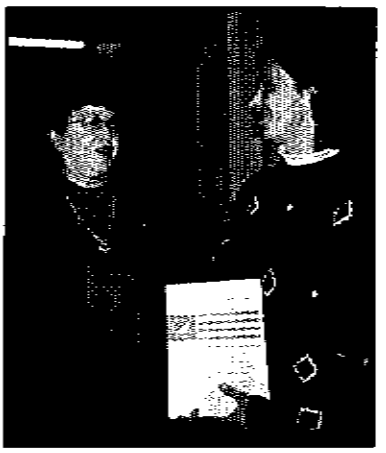
1. Home and Community-Based Care, Elderly and Chronically Ill Waiver & Nursing Facility Applications and Assessments
2. Medicare Information, Education & Assistance
3. Basic Needs Information & Referral
4. Assistance with Completing Applications
5. Counseling in Long Term Care Options
6. Property Tax Rebate Information
7. Home Maintenance & Repair Services
8. Financial Information & Assistance
9. Legal Counseling
10. Homemaker Assistance

MEDICARE

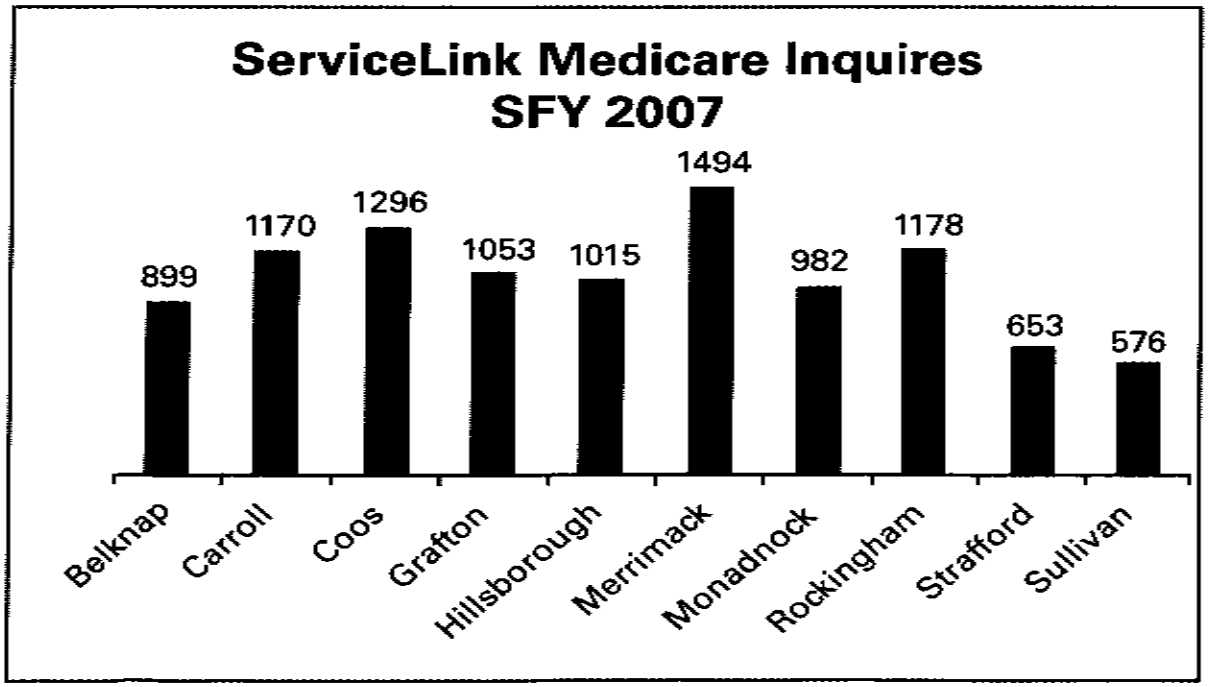
People can access Medicare information through the Medicare Learning Centers located at ServiceLink sponsored sites. Each location includes a trained counselor and a library of Medicare publications, as well as a computer with internet access to Medicare and other informational web sites pertaining to aging and caregiving. The objective of the Medicare Learning Center is to empower people to make informed decisions regarding their Medicare options.

In SFY 2007 the SLRC took on the DHHS contract to provide health insurance assistance counseling and education including ways to protect against healthcare fraud to the residents of New Hampshire. There is now a designated staff person in every SLRC office who is certified to provide one-on-one counseling.

Nancy Sevigny (left) & Joanna Theberge (right), Hillsborough County



Fran Ingersoll (left) & Alice Corbit (right), Coos County



ServiceLink Resource Center Annual Report

STATE FISCAL YEAR 2007

July 1, 2006 to June 30, 2007

ServiceLink
Resource Center
Connections for independent living and healthy aging

Call us toll-free: 1-866-634-9412
or visit us at: www.servicelink.org

WHAT IS NEXT...

The New Hampshire Long-Term Support System is focusing on a person-centered approach, promoting the right and ability of individuals, families, and caregivers in need of supports to exercise choice and direction, thus maximizing the independence, dignity and quality of life of the individual receiving care. DHHS shares leadership within New Hampshire in developing and funding long-term supports and in advocating for elders, adults with disabilities and caregivers.

The ServiceLink Resource Center Network has successfully exceeded programmatic goals set in SFY 2007. One of these was to transition the DHHS contract for the State Health Insurance and Assistance Program (SHIP) and the Senior Medicare Patrol program (SMP), which provides Medicare education, to the ServiceLink contracts. Consumer satisfaction has also increased from 90% in SFY 2006 to 93% in SFY 2007.

"The NH ServiceLink Resource Center Program strives to focus on person centered care: a system that encourages an individual to have choice, flexibility and control over the supports they need to live within their community. The Bureau of Elderly and Adult Services is proud to continue its partnership with ServiceLink to streamline access to long term supports by the people who need them. Providing information and assistance are the first steps in ensuring that individuals and families receive the care they need in a timely and responsive way. This demonstrates our commitment to excellence."

—Kathleen Otte, Bureau Administrator, DHHS

SFY 2008 GOALS:

- Continue to provide quality information, referral and assistance;
- Further develop the SLRC model by enhancing the person-centered focus;
- Continue implementation of a publicly accessible resource database of long-term care services, disability services and caregiver supports;
- Review implementation benchmarks and staff development programs to ensure quality and continuous process improvement;
- Continue to educate consumers about caregiver support and resources by integrating a Caregiver Resource Specialist into the SLRC model;
- Improve the quality of telecommunications at local sites; and
- Add additional staff and operational support to higher volume sites.

TOLL-FREE: 1-866-634-9412

www.servicelink.org

SERVICELINK LOCATIONS

Over the next several decades, the number of Americans needing long-term care support services is expected to reach unprecedented levels as the baby boomers reach retirement age. NH's ServiceLink Resource Centers are ready to meet the challenge as the places for NH residents to go for free information, referral and assistance.

ServiceLink Resource Center of Belknap County
67 Water St., Suite 105
Laconia, NH 03246
Local Line: 528-6945 — Fax: 527-3790

ServiceLink Resource Center of Carroll County
448 White Mountain Highway, P.O. Box 420
Chocorua, NH 03817
Local Line: 323-8394 — Fax: 323-7508

ServiceLink Resource Center of Coos County
610 Sullivan St., Suite 8
Berlin, NH 03570
Local Line: 752-5407 — Fax: 752-1824

ServiceLink Resource Center of Grafton County
Lebanon
10 Campbell St., P.O. Box 433
Lebanon, NH 03766
Local Line: 448-1835 — Fax: 448-6820

Littleton
Mt. Eustis Commons
262 Cottage St., Suite G-51
Littleton, NH 03561
Local Line: 444-4486 — Fax: 444-0379

ServiceLink Resource Center of Hillsborough County
Manchester
265 Auburn St.
Manchester, NH 03103
Local Line: 644-2240 — Fax: 644-2301

Nashua
70 Temple St.
Nashua, NH 03064
Local Line: 598-4789 — Fax: 598-4491

ServiceLink Resource Center of Merrimack County
2 Industrial Park Drive, PO Box 1016
Concord, NH 03302
Local Line: 228-6623 — Fax: 228-6623

ServiceLink Resource Center of the Monadnock Region
105 Castle St.
Keene, NH 03431
Local Line: 357-1922 — Fax: 352-6622

ServiceLink Resource Center of Rockingham County
Seacoast
270 West Rd., Unit 1A
Portsmouth, NH 03801
Local Line: 334-6394 — Fax: 334-6596

Salem
287 Lawrence Rd., PO Box 1353
Salem, NH 03079
Local Line: 893-9769 — Fax: 893-1339

ServiceLink Resource Center of Strafford County
1 Wakefield St., Suite 308
Rochester, NH 03867
Local Line: 332-7898 — Fax: 335-9010

ServiceLink Resource Center of Sullivan County
1 Pleasant St., Suite 105
Claremont, NH 03743
Local Line: 542-9177 — Fax: 542-2640

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