AGING WITH DIGNITY

Missouri's Master Plan on Aging

www.health.mo.gov/aging

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

A&M

Advisory Council Q4 2023 Meeting

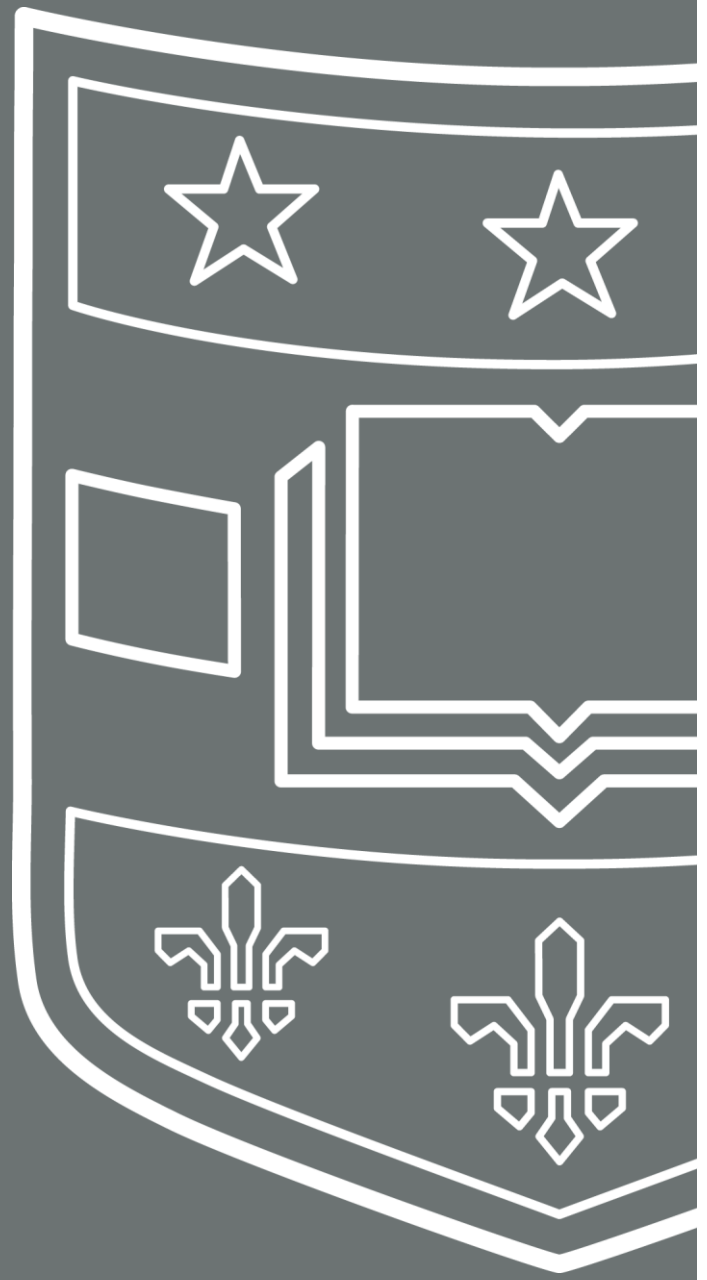
October 20, 2023
10am CDT

Agenda

- Reframing Aging Training part 2
- Cabinet presentations
- Missouri Surveys / Needs Assessments Overview
- What’s Next
- Future meetings

Reframing Aging

Nancy Morrow-Howell
Washington University in St. Louis



Washington University in St. Louis

Today's Agenda

Part 1

Aging 101 REFRAMED

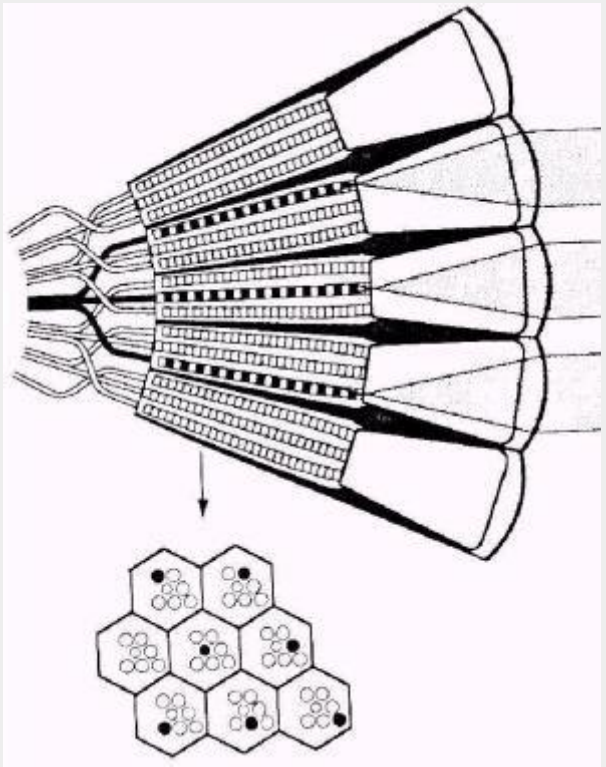
Confronting Ageism

Q & A

Part 2

Best communications practices to reframe aging

AGING 101



A new lens on aging

- Social construction of AGE
- Heterogeneity of the older population
- Multiple determinants of health
- Long lives, unequal distribution
- Age interacts with other risk factors
- Ageism hurts all of us
- Death rate is still 100%

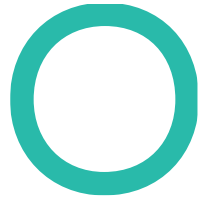
Why Framing Matters

Framing Is about Choices

Frames are sets of choices about how information is presented.

What to emphasize

How to explain it



What to leave unsaid

The Big Idea in 4 Minutes

“How will we come of age in an aging America?”

My freshman class: Here's the deal

- You will probably live into your 8th or 9th decade; many of you will live to 100
- You will live in a "top-heavy" society where there are more old people than young people
- You will live in a society where expectations, attitudes, organizations, and physical structures were developed when life expectancy was half of what it is today

- We need a new vision, new models….we need a new story.

AGING 101: Reframed

1. Social construction of AGE: Reinvent aging
2. Vast variation: Tell a fuller, more accurate story
3. Multiple determinants: Design for health
4. Long lives, unequal distribution: Maximize the gift, for everyone
5. It is never ‘just old age’: Prevent accumulating disadvantage
6. Ageism is pervasive and hurts all of us: Confront it
7. Death rate is still 100%: Real versus artificial limits

AGEISM….recap

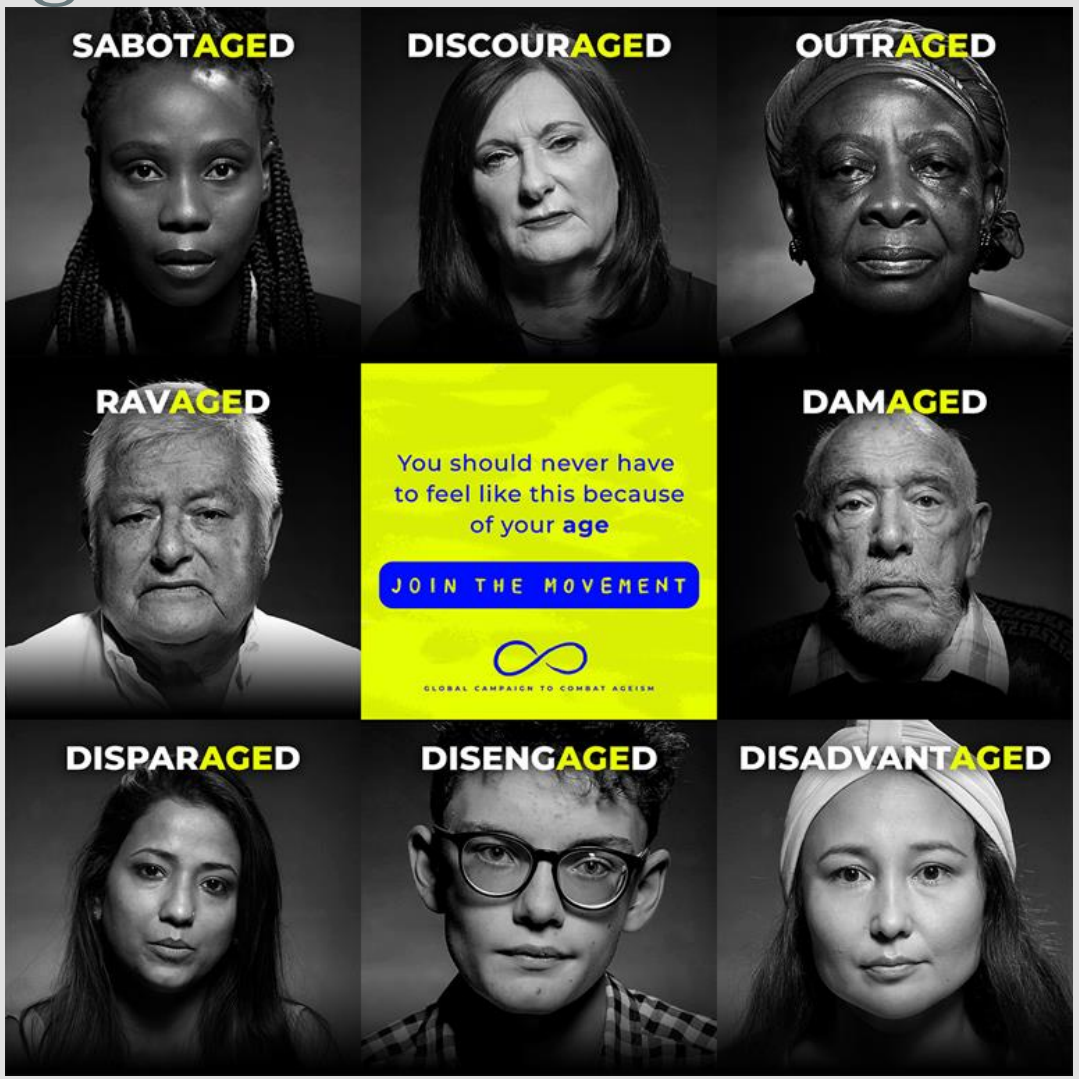
- Ageism refers to **discrimination** (how people act), **prejudice** (how people feel) & **stereotyping** (how people think) based on age.
- Ageism hurts our health and our pocketbooks.
- Ageism is invisible and pervasive.
- Ageism in later life will be something everyone will face.

Global report on ageism. Geneva: World Health Organization; 2021.

We can counter ageism…and we must to ensure that all of us can lead long and healthy lives.

Global report on ageism. Geneva: World Health Organization; 2021

National & International Campaigns to end Ageism



- World Health Organization Global Campaign to Combat Ageism
- Gerontological Society of America's National Center to Reframe Aging
- AARP Disrupt Aging Classroom

Reframing Aging

A Social Change Endeavor designed to improve the public's understanding of aging

@ReframingAging

Original research conducted by the FrameWorks Institute and sponsored by the Leaders of Aging Organizations

Leaders of Aging Organizations (LAO)

Funding Provided by:

Reframing Aging

The John A. Hartford Foundation

ARCHSTONE FOUNDATION

RRF Foundation for Aging

THE scan FOUNDATION.

Reframing Aging

FRAME WORKS

Nonprofit think tank with the mission to advance the nonprofit sector's capacity to reframe social issues

Conducts original, scholarly research on the communications aspects of social and scientific issues

Recognized in 2015 with the MacArthur Award for Creative and Effective Institutions

Concepts presented today w/ permission, courtesy of the Reframing Aging Initiative and the FrameWorks Institute

FrameWorks Research

Quantitative and Qualitative Methods N=12,185	
Expert interviews	21
Cultural models interviews	40
Media content/field frame analyses	592
On-the-street interviews	146
Persistence trials	60
Usability trials	26
Survey experiments	11,300

Changing the narrative

Why we need to reframe aging

Aging Field

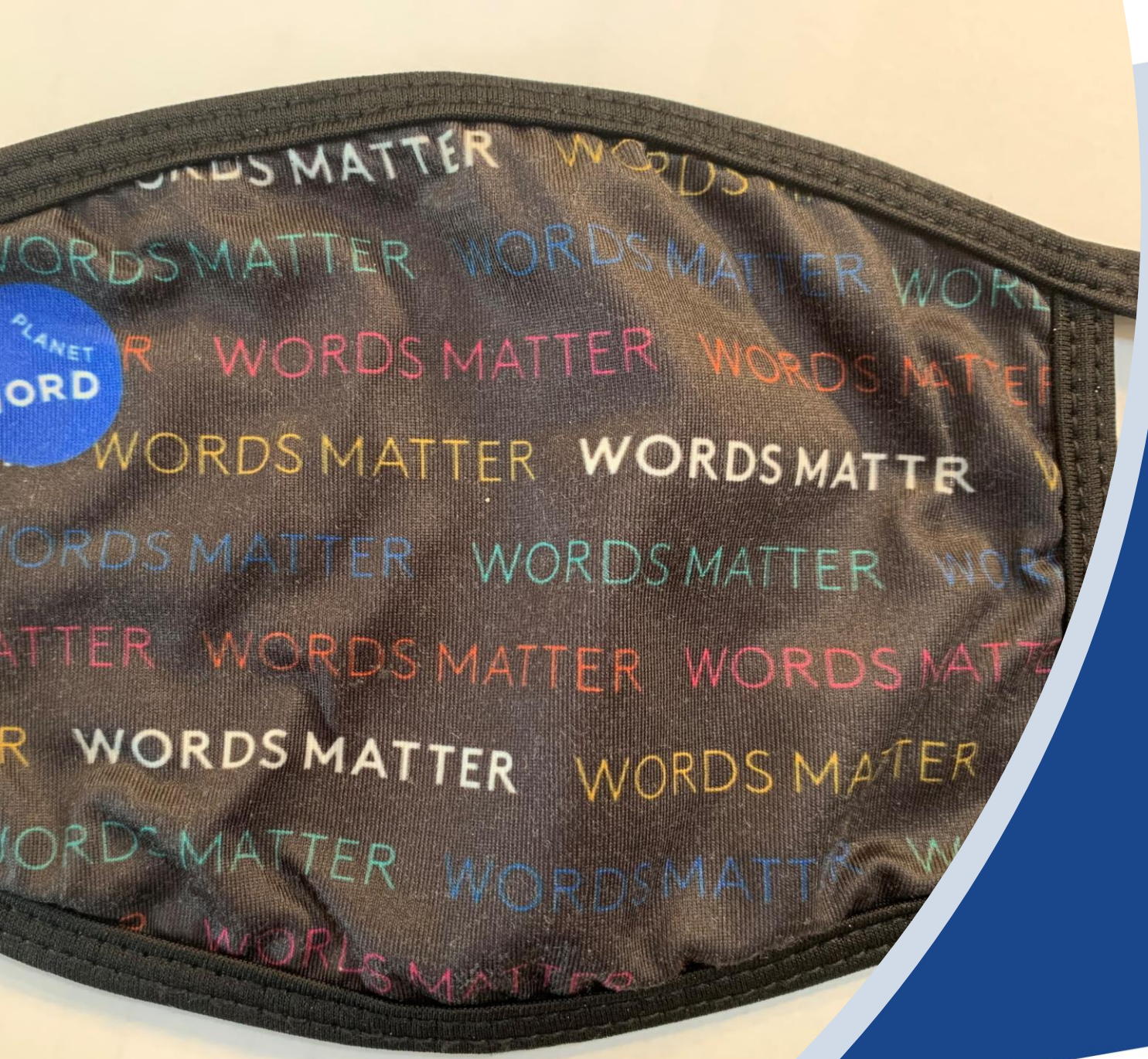
Public

Aging Field		Public
Embrace	How should we approach aging?	Battle
Environments	What determines outcomes and who is responsible?	Individuals
Important concern	How big of a concern is ageism?	Absent from thinking
Plenty	What can be done to ensure wellbeing in older age?	Nothing much
Central	What is the role of public policy?	Limited role

How Does Reframing Work?

REFRAMING AGING INITIATIVE

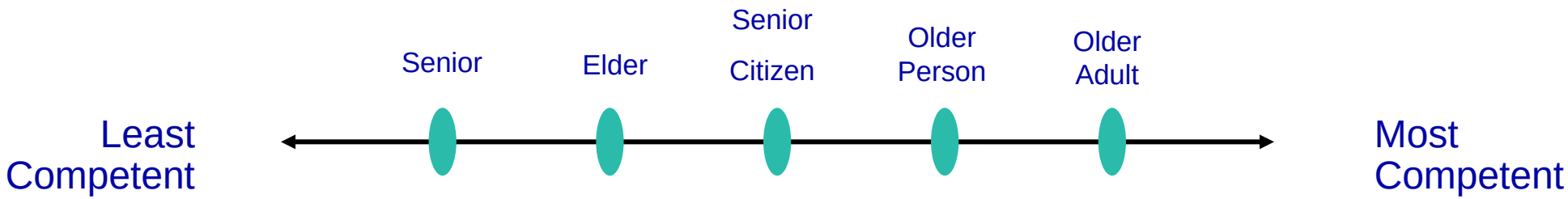
COUNTERING AGEISM BY CHANGING HOW WE TALK ABOUT AGING



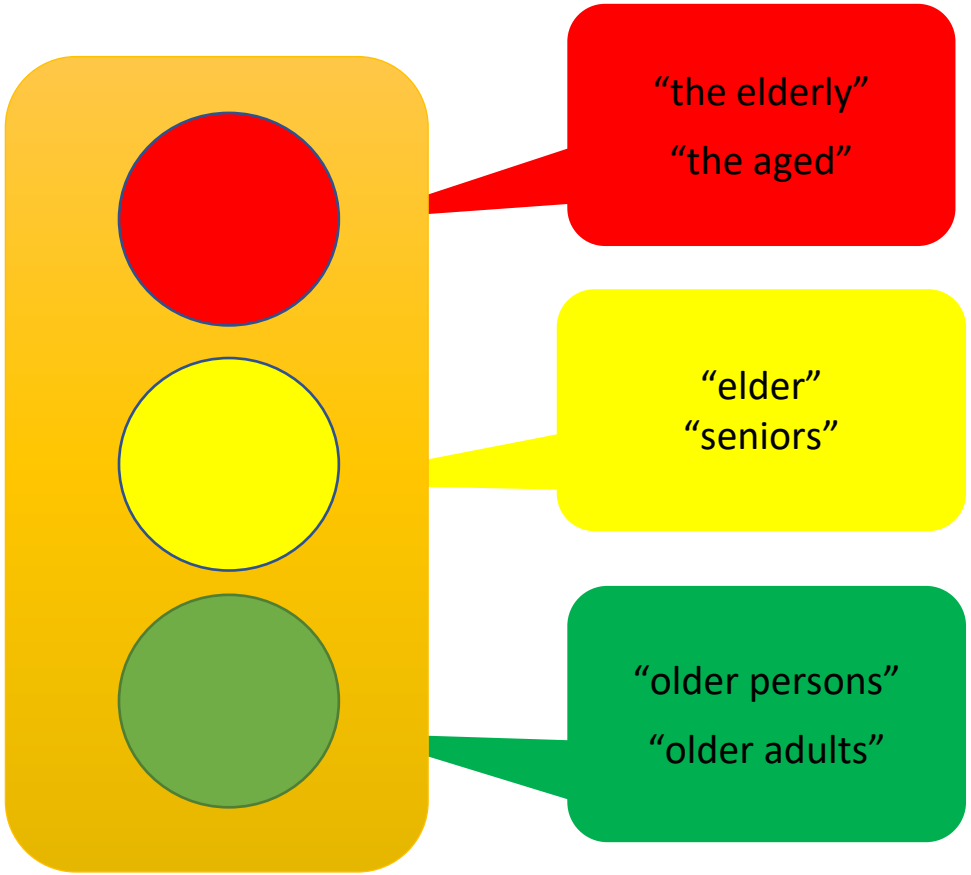
Reframing Aging

Words Matter

Words matter

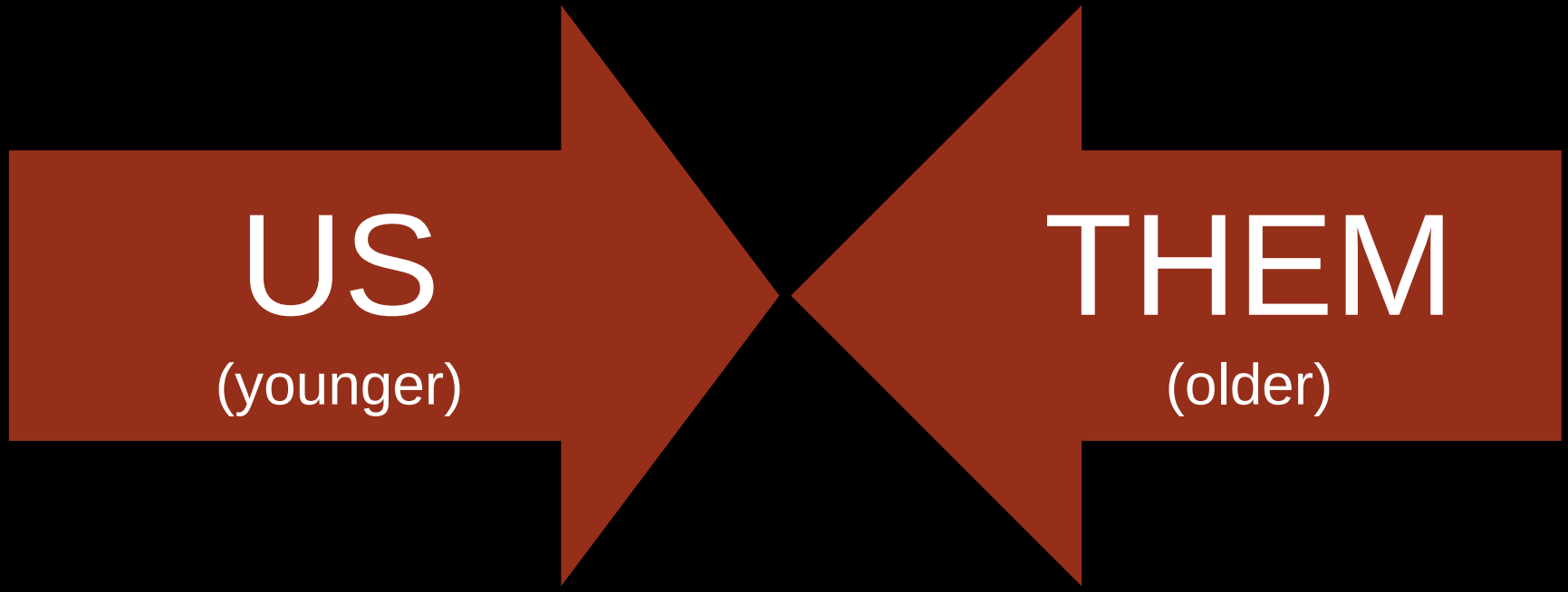


Can we agree ?…


“the elderly”
“the aged”
“elder”
“seniors”
“older persons”
“older adults”

COMMUNICATION BEST PRACTICES

1. Use Language That Is Inclusive and Free of Age Bias


US
(younger)
THEM
(older)

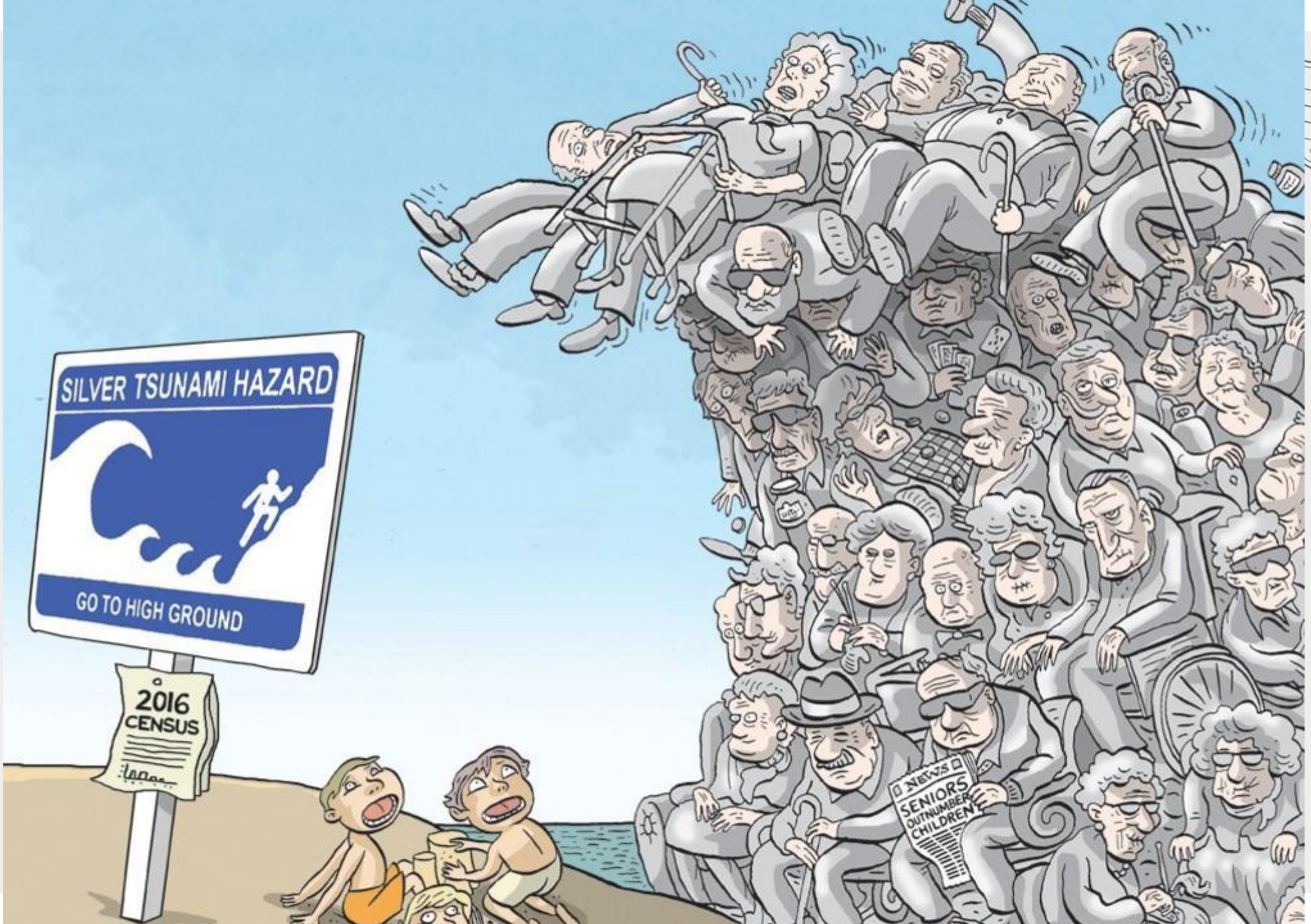
US . . . . . THEM

COMMUNICATION BEST PRACTICES

2. Highlight the Diversity That Exists in the Older Population

COMMUNICATION BEST PRACTICES

3. Talk Affirmatively About Changing Demographics


SILVER TSUNAMI HAZARD
GO TO HIGH GROUND
2016 CENSUS
NEWS
SENIORS OUTNUMBER CHILDREN

COMMUNICATION BEST PRACTICES

4. Emphasize Collective Responsibility and Social Context

Individualism

- Lifestyle choices
- Financial planning

Super Senior

- "Aging well" is a determined by individual choices.
- "Positive aging" only means doing extraordinary things late in life.

COMMUNICATION BEST PRACTICES

5. Talk About Aging as a Dynamic Process That Can Benefit Society

AGING.
SO COOL THAT EVERYBODY'S DOING IT!
AGE-FRIENDLY
WORTHINGTON
worthington.org/agefriendly

COMMUNICATION BEST PRACTICES

6. Always Define Ageism When You Use the Term

AGEISM: Discrimination against persons of a certain age group, especially older adults

Stereotypes (how we think)

Prejudices (how we feel)

Discrimination (how we act)

It can be:

- **Interpersonal**
- **Compassionate**
- **Institutional**
- **Self-directed**

COMMUNICATION BEST PRACTICES

7. Include Concrete, Systems-Level Solutions

Community centers with intergenerational programs

Advisory committees that require diversity of ages

Transportation systems that include bus stops in front of senior centers, libraries

Age-neutral workplace policies on hiring and advancement

COMMUNICATION BEST PRACTICES

8. Incorporate the Concepts of Justice and Ingenuity

Justice

Ingenuity

Framing Example

BEFORE

The population of seniors in the United States is expected to grow, as is the number of seniors who have a chronic disease or functional limitation. The current U.S. housing stock is ill equipped to meet the needs of this population.

By partnering with health service providers to link health care and housing, and matching services and amenities to resident needs, local governments and housing providers can help these seniors meet their needs and age outside of an institutional setting.

Framing Example

Reframing Aging

BEFORE

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By partnering with health service providers to link health care and housing, and matching services and amenities to resident needs, local governments and housing providers can help these seniors meet their needs and age outside of an institutional setting.

REFRAMED

As our population ages, there are innovations to employ to address the challenges that come with changing demographics. The current U.S. housing stock is ill equipped to meet the needs of people with chronic disease or functional limitations. Now is the time to show our resourcefulness to help people remain rooted in their communities.

By partnering with health service providers to link health care and housing, and matching services and amenities to resident needs, local governments and housing providers can address unmet needs while allowing us to remain in our communities for as long as possible.

Reframing Aging – Words Matter

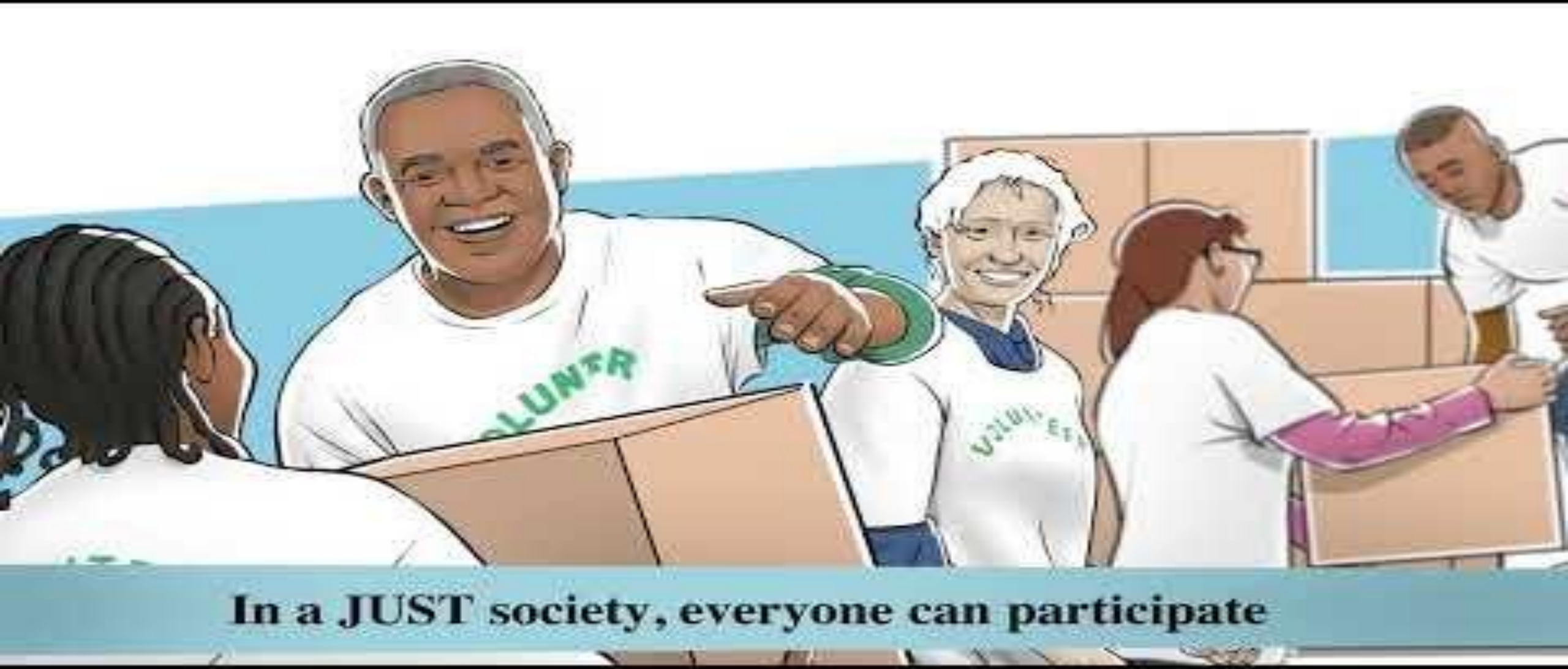
www.reframingaging.org

Quick Start Guide

Our Words Matter

Here Are Tips on How to Choose Them Well

Instead of these words and cues:	Try:
"Tidal wave," "tsunami," and similarly catastrophic terms for the growing population of older people	Talking affirmatively about changing demographics: "As Americans live longer and healthier lives..."
"Choice," "planning," "control," and other individual determinants of aging outcomes	Emphasizing how to improve social contexts: "Let's find creative solutions to ensure we can all thrive as we age."
"Seniors," "elderly," "aging dependents," and similar "other-ing" terms that stoke stereotypes	Using more neutral ("older people/Americans")and inclusive ("we" and "us") terms
"Struggle," "battle," "fight" and similar conflict oriented words to describe aging experiences	The Building Momentum metaphor: "Aging is a dynamic process that leads to new abilities and knowledge we can share with our communities."
Using the word "ageism" without explanation	Defining ageism: "Ageism is discrimination against older people due to negative and inaccurate stereotypes."
Making generic appeals to the need to "do something" about aging	Using concrete examples like intergenerational community centers to illustrate inventive solutions


In a JUST society, everyone can participate

Nancy Morrow-Howell

morrow-Howell@wustl.edu

te online

Agenda

- Reframing Aging Training part 2
- Cabinet presentations
- Missouri Surveys / Needs Assessments Overview
- What’s Next
- Future meetings

Missouri's Awesome Work

Department Surveys

Health and Senior Services	Mindy Ulstad, Chief, Bureau of Senior Programs, Division of Senior and Disability Services
Economic Development	Director Christina Carver, Community Solutions Division
Higher Education & Workforce Development	Deputy Commissioner Leroy Wade

MISSOURI DEPARTMENT OF
HEALTH &
SENIOR SERVICES

Overview of Programs and Services for Older Adults, Adults with Disabilities and Caregivers

High-level Overview

MISSOURI DEPARTMENT OF
HEALTH &
SENIOR SERVICES

Division of Regulation and Licensure

Tracy Niekamp
Section Administrator

Division of Regulation and Licensure

We license and certify for Medicaid/Medicare many of the people, places, and programs that will interface with the older adults during some of the most difficult times of their lives.

Health Standards and Licensure

- Bureau of Hospital Standards*
- Bureau of Ambulatory Care*
- Bureau of Home Care and Rehabilitative Standards (Home Health and Hospice)*
- Bureau of Narcotics & Dangerous Drugs
- Bureau of Emergency Medical Care Services

*Medicare certified entities

Long-Term Care Regulation

- License and inspect 1,150 long term care facilities and 250 Adult Day programs
- Complaint investigations
- Certified Nurse Aide, Medication Technician and Level I Medication Aide training programs and registries
- Level of Care assessment review for persons entering a Medicaid certified bed.

Time Critical Diagnosis

- Surveys and designates hospitals as trauma centers and/or stroke and heart attack centers

Additional Programs

- **Board of Nursing Home Administrators** licenses administrators who oversee operations in long-term care facilities
- **Family Care Safety Registry:** registry for background screenings for caregivers and employees
- **Supplemental Health Care Services Agency:** registry for “staffing agencies” used in health care settings
- **Certificate of Need:** cost containment for health care services

MISSOURI DEPARTMENT OF
HEALTH &
SENIOR SERVICES

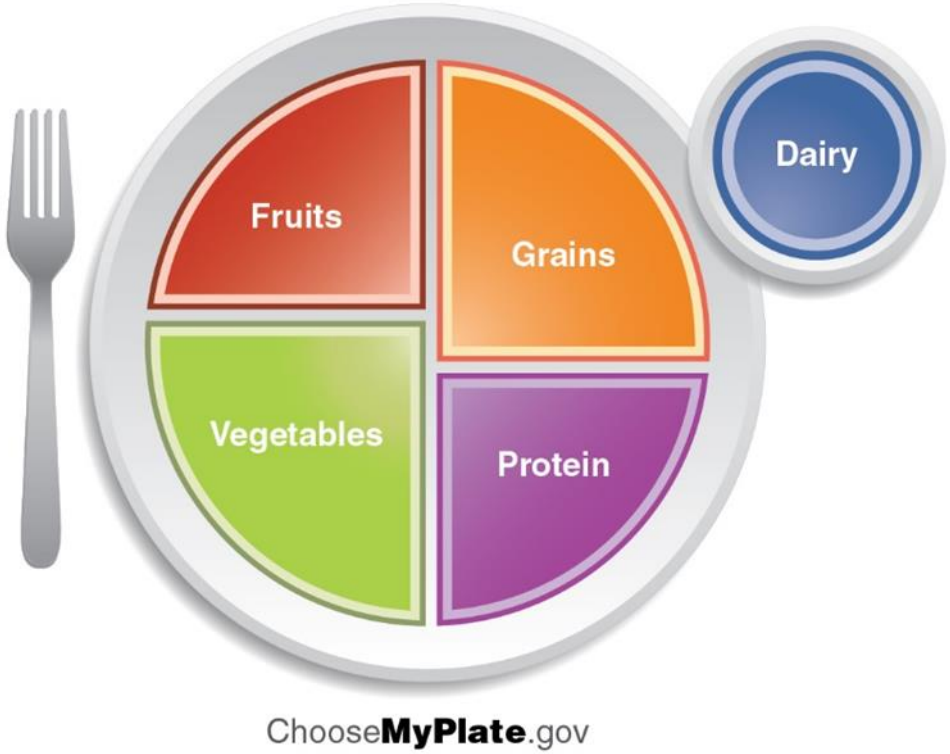
Division of Community and Public Health

Alicia Jenkins, MSA
Assistant Deputy

Commodity Supplemental Food Program

- Provides monthly supplemental nutritious food packages.
- Eligibility: Age 60 years and older, at or below 130% FPL.

Child and Adult Care Food Program



- Reimburses care centers for nutritious meals served to eligible clients.
- Eligibility: Adults age 60+ and those 18 and above with functional impairment who are enrolled in adult day care.

HIV Care Program

- Ryan White HIV/AIDS funding is used to provide HIV medical care.
- Eligibility: an HIV diagnosis, Missouri residency, and an income at or below 300% of FPL.

Adult Genetics Treatment Program

- Provides financial assistance for medical services as payer of last resort.
- Eligibility: Age 21 and older diagnosed with cystic fibrosis, hemophilia, or sickle-cell disease and income is at or below 185% of FPL.

Metabolic Formula Program

- Provides financial assistance for dietary formula and an annual examination as payer of last resort.
- Eligibility: Age 19 years and older; documented metabolic condition by physician, financial eligibility of 185% or lower of FPL with an adjustment of two for the family

Community Engagement - Partnerships

Paula J. Carter Center
on Minority Health and Aging
Lincoln University Cooperative Extension

LINCOLN UNIVERSITY
MISSOURI

MISSOURI DEPARTMENT OF
HEALTH &
SENIOR SERVICES

Office of Minority Health and Health Equity

MISSOURI DEPARTMENT OF
HEALTH &
SENIOR SERVICES

Division of Cannabis Regulation

Amy E. Moore
Director

Division of Cannabis Regulation

Benefits to Older Missourians and Missourians with Disabilities

- Creates safe, legal access to medical marijuana as an alternative or supplement to prescription medications.
- Protects rights to discuss potential benefits of use with a physician. Eases barriers to access by allowing caregivers to purchase/possess on their behalf.
- Maintains safety and security of licensed facilities through investigation and enforcement, creating consistent, safe product state-wide.
- Revenues go to Veterans Health and Care Fund and Veterans, Health, and Community Reinvestment fund.

MISSOURI DEPARTMENT OF
HEALTH &
SENIOR SERVICES

Division of Senior & Disability Services

Mindy Ulstad, Bureau Chief
Bureau of Senior Programs

Division of Senior and Disability Services

Home & Community Based Services | Adult Protective Services | Senior Programs (Older Americans Act) | Long-Term Care Ombudsman

- Provide individual assessment and care plan development for services to be provided in a Medicaid recipient's home or community rather than an institutional setting.
- Allows individuals to maintain independence as long as safely possible.
- Services include assistance with Activities of Daily Living such as dressing, grooming, meal preparation, bathing, toileting, etc.
- Targeted population groups include older adults, people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses, and children with complex medical needs.
- This program serves approximately 65,000 Medicaid HCBS participants per month across nearly 2,000 enrolled Medicaid provider agencies.

Division of Senior and Disability Services

Home & Community Based Services | **Adult Protective Services** | Senior Programs (Older Americans Act) | Long-Term Care Ombudsman

- Operate the Central Registry Hotline which is available 365 days per year from 7am to 8pm and includes an online reporting option available 24 hours a day.
  - Adult Abuse, Neglect, and Financial Exploitation Hotline calls that allege abuse, neglect, or financial exploitation of seniors age 60+ and adults with disabilities ages 18-59.
  - Point of entry for regulatory violations of nursing and residential care facilities, home health agencies, hospice agencies, and hospitals.
  - Process reports referred to other entities such as the Department of Mental Health, the Department of Social Services Missouri Medicaid Audit and Compliance Unit, and the Veterans Administration for intervention or review.

Division of Senior and Disability Services

Home & Community Based Services | **Adult Protective Services** | Senior Programs (Older Americans Act) | Long-Term Care Ombudsman

- Investigate hotline calls and coordinate short-term intervention services for individuals to remain in the least restrictive environment and prevent future incidents.
  - This work can include the assistance of department attorneys when seeking guardians or conservators for reported adults.
- Conduct criminal investigations alongside local law enforcement and prosecuting attorneys when reports involve a possible criminal component.

Adult Abuse & Neglect Hotline

1-800-392-0210

Make a difference. Make the call.

Report online at Health.Mo.Gov/abuse.

Relay Missouri 1-800-735-2966

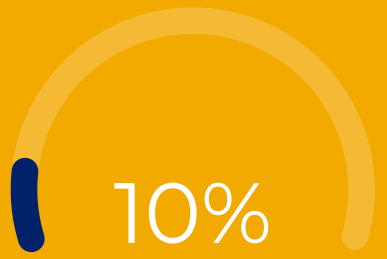
Central Registry Unit Intake Actions

30,248

Adult Abuse & Neglect Reports

12,013

LTC Facility Complaints



4,768

Information & Assistance

2,610

Other

Division of Senior and Disability Services

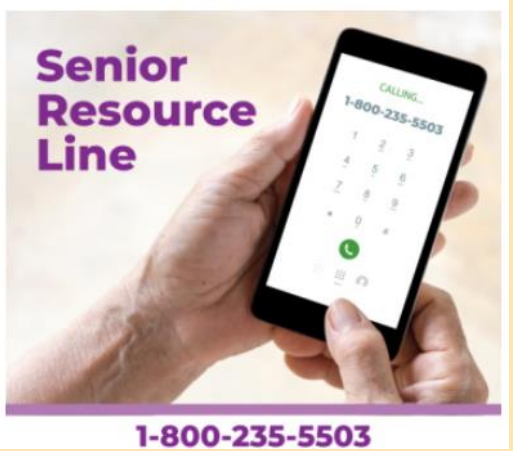
Home & Community Based Services | Adult Protective Services | **Senior Programs (Older Americans Act)** | Long-Term Care Ombudsman

- Distribute federal Older Americans Act funds, monitor, and provide technical assistance to the ten Area Agencies on Aging (AAA)
  - Funds are distributed using a federally approved intrastate funding formula
- Examples of AAA senior programs:
  - Congregate meals
  - Home-delivered meals,
  - Supportive services such as in-home services, care coordination, benefits enrollment, transportation, home modifications, caregiver support, and evidence-based wellness programs

Division of Senior and Disability Services

Home & Community Based Services | Adult Protective Services | **Senior Programs (Older Americans Act)** | Long-Term Care Ombudsman

- The AAAs and DSDS maintain a close working relationship throughout the state to foster the information-sharing necessary to sustain a coordinated network of aging services to help prevent unnecessary or premature placement in a long-term care facility
- DSDS also administers the following senior service grants and programs:
  - Customized Caregiver Training and Relief Program
  - Senior Independent Living Programs
  - Senior Employment and Community Service Programs
  - Senior Immigrant and refugee services
  - Give 5 Volunteer Matching Program
  - Missouri Alzheimerr's State Taskforce
  - Century Club
  - Medicare Improvements for Patients and Providers Act (MIPPA)

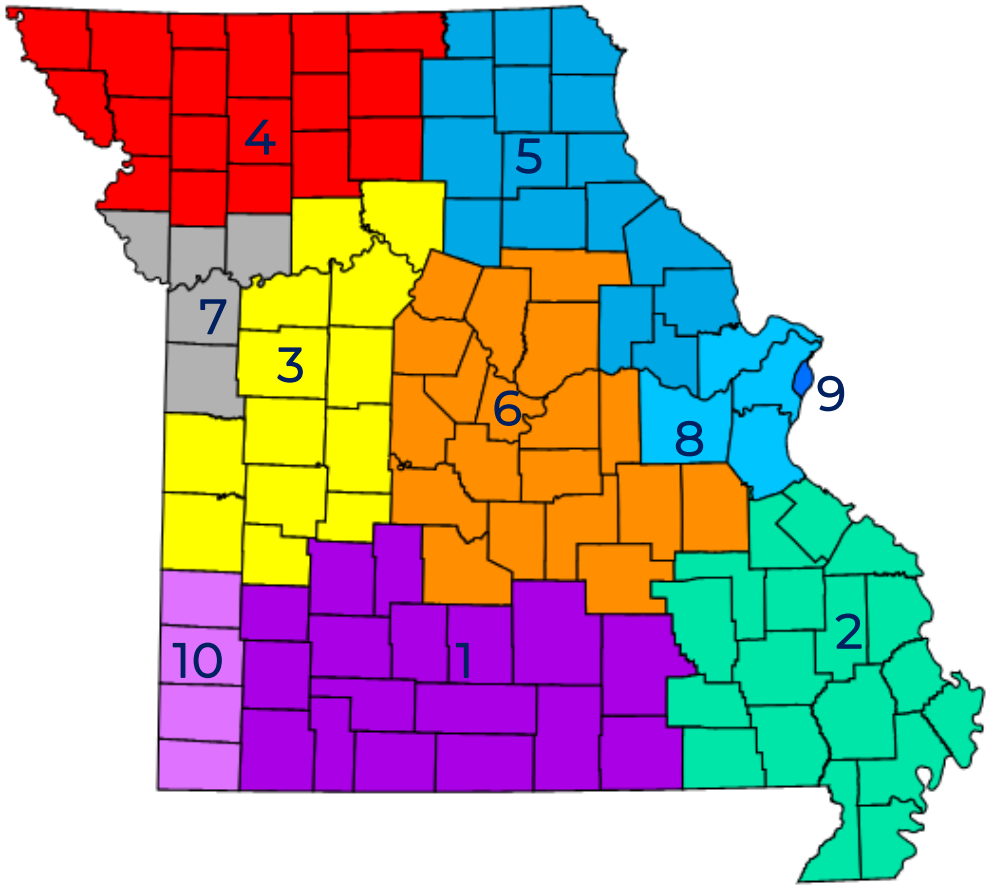


Division of Senior and Disability Services

Home & Community Based Services | Adult Protective Services | Senior Programs (Older Americans Act) | **Long-Term Care Ombudsman**

- Advocate for the rights of over 55,000 residents residing in approximately 1,180 licensed long-term care facilities across the state, including Missouri State Veterans Homes.
- The state ombudsman oversees a network of:
  - 18 regional ombudsman coordinators through the AAAs who recruit and train volunteers
  - 78 current volunteers to resolve complaints, such as resident rights and quality of care.

Long-Term Care Ombudsman



Region	Contact	Agency	Phone Number
1, 10	Connie Payne, Jan Badgett	Council of Churches of the Ozarks	(417) 862-3598
2	Emily Smith, Erin Mason	Aging Matters	(573) 335-3331
3	Christina Kanak, Kasey Hinkebein	Care Connection for Aging Services	(660) 747-3107
4	Robin Williams	Young @ Heart Resources	(660) 240-9400
5, 8, 9	Chien Hung, Lisa Smith, Katie Morrison, Libby Sykes, Jen Joy, Kayla Peniston	VOYCE	(314) 918-8222
6	Ronda Giger, Rebecca Baker	Aging Best	(573) 443-5823
7	Angela Barnes, Scott Rowe, Megan Hokanson	Mid-America Regional Council	(816) 474-4240

https://health.mo.gov/seniors/ombudsm

Missouri Long-Term Care Ombudsman
ADVOCATE. EDUCATE. EMPOWER

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

QUESTIONS?

Emails
DRL- Tracy.Niekamp@health.mo.gov
DCPH- Alicia.Jenkins@health.mo.gov
DCR- Amy.Moore@health.mo.gov
DSDS- Mindy.Ulstad@health.mo.gov

Health.Mo.Gov

MISSOURI DEPARTMENT OF
HEALTH & SENIOR SERVICES

PROTECTING HEALTH AND KEEPING PEOPLE SAFE

Missouri Department of Economic Development

Community Solutions Program Overview

Missouri Department of
Economic Development

Community Solution Programs

- Missouri Community Service Commission (MCSC)
- Community Development Block Grant (CDBG)
- Neighborhood Assistance Program (NAP)

Description

Eligibility

Benefits

Missouri Department of
Economic Development

Missouri Community Service Commission (MCSC)

AmeriCorps

Missouri Department of
Economic Development

What is MCSC AmeriCorps?

The Missouri Community Service Commission's (MCSC) vision is a Missouri where every Missourian knows they have the ability to volunteer in their community.

MCSC operates within the Harry S. Truman Building in Jefferson City, Missouri, and is a part of the Community Solutions Division of the Missouri Department of Economic Development. MCSC promotes and recognizes service volunteers and oversees the AmeriCorps programs in Missouri.

- MCSC was established in 1994 as a direct response to the National and Community Service Trust Act of 1993. MCSC receives funds from the Corporation for National and Community Service, awarding grants to local organizations enabling the establishment of AmeriCorps programs

Missouri Department of
Economic Development

Who is eligible to apply for AmeriCorps Grants?

Provides funding to eligible organizations to support volunteers and services provided to communities

- Non-profits
- Faith and secular community-based organizations
- Public agencies
- Indian tribes
- Institutions of higher education

Activities that are Eligible

Direct Services

- Tutor children in reading as a literacy coach
- Support after-school programming
- Engage in community clean-up projects or neighborhood watch program
- Provide relief services to a community affected by disaster or health information to a vulnerable population

Capacity Building

- Strengthen volunteer management and recruitment
- Conduct outreach and securing resources in support of service activities that meet specific needs in the community
- Help build the infrastructure of the sponsoring organization
- Develop collaborative relationships with other organizations working to achieve similar goals in the community

Community Development Block Grant (CDBG)

Missouri Department of
Economic Development

What is the Community Development Block Grant Program (CDBG)

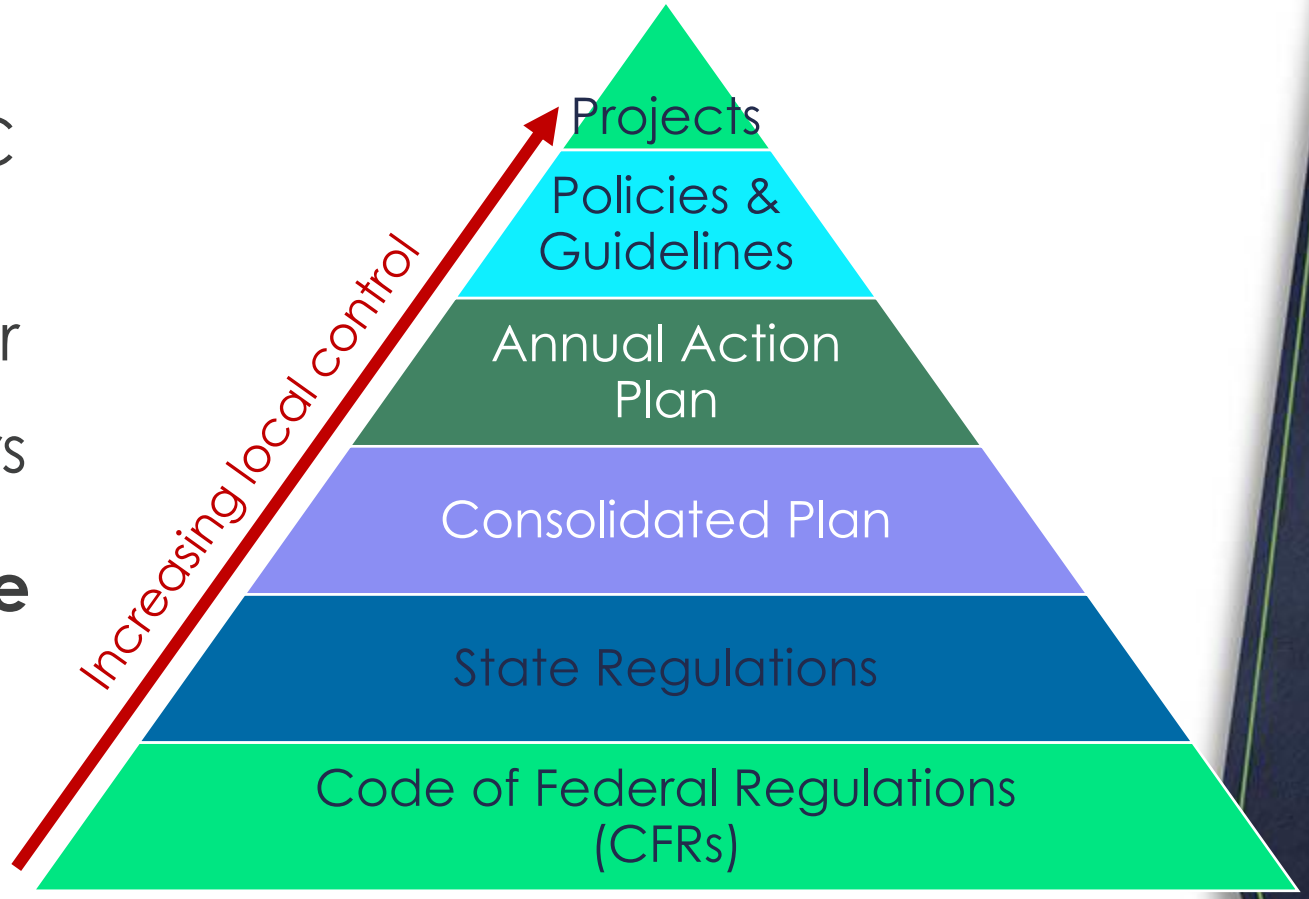
- Established by the Housing and Community Development Act of 1974
- 24 CFR Subpart I are governing regulations
- Funds originate in U.S. Dept. of Housing and Urban Development (HUD)
- Allocated according to a formula basis
- Entitlement vs non-entitlement allocations
- Administered by the Missouri Department of Economic Development

Eligible Jurisdictions

- Only "non-entitlement" Units of General Local Government (UGLG) may be the lead applicant for state CDBG
  - Cities less than 50,000 in population and counties less than 200,000
  - List of entitlement communities in the application guidelines
- Ineligible "non-entitlement" UGLGs
  - Has an open project awarded prior to March 15, 2021
  - Has a delinquent audit or outstanding Federal Award Expenditure Request
- Sub-applicants: special districts and non-profits
- CDBG cannot be awarded directly to individuals or businesses

Program Structure

- 5-year planning document developed collaboratively with partner agencies (MHDC and DHSS)
- Identifies goals and performance measures under which each program will operate for the next five years
- **Remember, all funded activities must align with these goals and improve performance measures**
- **Difficult to change, so it is important to get this correct**



Categories Overview

NEW IN 2022:
*Certain professional services are not included when calculating funding maximums.

Category	Funding Maximums*	Typical National Objective	Application Cycle
Community Facilities	$500,000 or $5,000 per family benefiting	LMI – Area LMI – Limited Clientele	Competitive
Demolition	Residential only: $200,000 Includes commercial: $300,000	Slum and Blight – Spot Slum and Blight – Area	Competitive
General Infrastructure	$500,000	LMI – Area Slum and Blight – Area	Competitive
Downtown Revitalization	$750,000	Slum and Blight – Spot or Area	Open
Water/Wastewater	$750,000 or $5,000 per household benefiting	LMI – Area	Open, MWWRC required
Emergency/Long Term Recovery	Emergency: N/A LTR: $5,000,000	LMI – Area Urgent Need	Open, tied to disaster event
Industrial Infrastructure	Varies by business type	LMI – Job Creation	Open

Neighborhood Assistance Program (NAP)

Missouri Department of
Economic Development

What is Neighborhood Assistance Program (NAP)

- To provide assistance to community-based organizations that enables them to implement community or neighborhood projects in the areas of community service, education, crime prevention, job training, and physical revitalization
- Contribution tax credit program

Who is Eligible?

Applicants

- Not-for-profit corporations organized under Chapter 355, RSMo
- Organizations holding a 501(c)(3) ruling from the IRS
- Missouri businesses

Projects

- Community Services
- Education
- Crime Prevention
- Job Training
- Physical Revitalization

Available Annual Funds

Overall Funding

- $16 million per fiscal year
  - $10 million in 50% credits
  - $ 6 million in 70% credits (reserved for projects in certain lower population or unincorporated areas).

Per Project

- $250,000 in 50% tax credits per project
- $350,000 in 70% tax credits per project

Questions?

Missouri Department of
Economic Development

Agenda

- Reframing Aging Training part 2
- Cabinet presentations
- Missouri Surveys / Needs Assessments Overview
- What’s Next
- Future meetings

Needs Assessment Summary

Missouri Community Health Needs Assessments (n=128)

- Often conducted and published by an area medical center/hospital, public health collaborative, or an area health agency.
- Most compile data from publicly available sources (County Health rankings, strategic plans, Health People 2020, state census data) and include their sources and methodology.
- Information included in the needs assessment is usually a summary of demographic and health data and most pressing community-related needs by area.
    - Other information could include socioeconomic characteristics of the community, physical environment, health status of the community, access to care and information gaps.
    - Sometimes the needs assessments include an implementation plan, prioritization of issues, evaluation of prior implementation strategy.
- Often includes data from stakeholder engagement (stakeholder interviews, focus groups, community surveys).

Needs Assessment Summary

Needs Assessments & Surveys from Other States

- Example surveys and reports from other states range from general needs of older adults, to specific populations (seniors experiencing homelessness, folks with Alzheimer's)
  - Reports included from CA, CO, MA, MI, MO, NY
- Recommendations around:
  - Caregiver support
  - Housing
  - In-home and adjacent services
  - Physical and mental health improvement
  - Nutrition
  - Transportation infrastructure and initiatives
- National resources
  - NORC Needs Assessment and Environmental Scan: Maintaining physical and mental well-being of older adults and caregivers during public health emergencies
  - Survey from seniors indicating their top barriers to healthcare
  - AARP LTSS State Scorecard (just updated with 2023 data)

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What's Next?

- January 2024: recommendations from each subcommittee emailed to AC members
- January 19 meeting: discussion of proposed recommendations from subcommittees
- February 26-March 8, 2024: 10 in-person town halls throughout Missouri
- We want input from Missourians about the MPA goals - please take and share this survey: https://health.mo.gov/seniors/masterplanaging/

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Hold the Dates!

Future Advisory Council Meetings

2024	2025
Jan 19: 10-12 CST	Jan 17: 10-12 CST
April 19: 10-12 CDT	April 18: 10-12 CDT
July 19: 10-12 CDT	July 18: 10-12 CDT
October 18: 10-12 CDT	October 17: 10-12 CDT

QUESTIONS?
COMMENTS?

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AGING WITH DIGNITY

Missouri's Master Plan on Aging

www.health.mo.gov/aging

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

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