

Connecticut State Plan on Aging

October 1, 2017 – September 30, 2020

Growing Older Together



DANNEL P. MALLOY, GOVERNOR
ELIZABETH B. RITTER, COMMISSIONER



August 25, 2017

The Honorable Dannel P. Malloy
Office of the Governor
State Capitol
210 Capitol Avenue
Hartford, CT 06106

Dear Governor Malloy:

It is my pleasure to inform you that Connecticut's State Plan on Aging under the Older Americans Act for the period beginning October 1, 2017 through September 30, 2020, is approved.

The State Plan outlines a number of activities that will serve as a guide for Connecticut's aging services network during the next three years. Of particular note is your commitment to the promotion of person-centered care in order to maximize independence and choice for Connecticut's older adults.

The New England Regional Office staff of the U.S. Administration for Community Living and I look forward to working with you and Connecticut's State Department on Aging in the implementation of the State Plan. If you have questions or concerns, you may contact Kathleen Otte at 212-264-5767.

I appreciate your dedication and commitment toward improving the lives of older persons living in Connecticut.

Sincerely,

A handwritten signature in black ink that reads "Lance Robertson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Lance Robertson
Administrator and Assistant Secretary for Aging

cc: Elizabeth B. Ritter, Commissioner, State Department on Aging
Kathleen Otte, ACL Regional Administrator, Regions I and II

TABLE of CONTENTS

Letter from the Commissioner	i
Verification of Intent	ii
List of Acronyms	iii
• Executive Summary	1
• Context	
• Overview of State Department on Aging (SDA)	4
• Snapshot of Connecticut’s Aging Demographics	5
• Overview of Older Americans Act (OAA) Funding Sources for CT	7
• State Plan Development Process	8
• Administration for Community Living (ACL) Focus Areas	10
• State Plan Goals, Objectives, Strategies, Measures	16
• Quality Management	30
• Attachments	
A. Assurances and Required Activities	31
B. Information Requirements	44
C. Intrastate Funding Formula	55
D. SDA Programs, Projects and Initiatives	58
E. SDA Progress on State Plan 2015-2017 Goals	66
F. Connecticut’s Demographics	70
G. Organizational Structure of SDA	87
H. Connecticut’s Area Agencies on Aging	89
I. Acknowledgments	91
J. Summary of State Plan Public Comments	92

Letter from the Commissioner



Our tagline at the State Department on Aging and the title of this Plan is *“Growing Older Together”*.

At the age of sixty-five, I am honored to embody the meaningful contributions that my boomer contemporaries continue to make to society beyond the age most commonly thought to be “retirement” age.

Through our collective efforts and by the nature of who we are as change agents, we are transforming what has been characterized as a looming crisis – the profound population shift - into an opportunity. That opportunity is to redefine aging.

The demographic reality is that Connecticut is already the 7th oldest state in the nation and getting older. By 2025, 1 in 5 Nutmeggers will be 65 years of age or older. At the same time, our state is becoming more diverse in terms of color, culture, identity, disability, and socio-economic status. Our older adults’ preferences are evolving too. The State Department on Aging is responding by realigning our priorities and providing critical leadership for rapidly changing communities.

The Department has emphasized bringing evidence-based practice into our programs, most notably through our healthy living initiatives. We’re embedding a person-centeredness approach into our work and leading cultural competency practices to create safe and inclusive environments and programs for older adults and persons with disabilities. We’re honoring true choice in where and how people age, recognizing that aging and the role of caregiving is a family experience and cultivating cross-sector partnerships. In sum, through leadership, we are modernizing approaches to service delivery around the changing needs and preferences of a more diverse and growing older population. The Department does so in collaboration with a variety of partners and stakeholders, with older adults themselves at the top of the list.

“Growing Older Together” speaks to the simple fact that everyone ages. We at the Department take serious the notion that our work can impact society’s views and our collective aging experience.

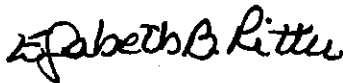
~ Commissioner Betsy Ritter

Verification of Intent

The Connecticut State Plan on Aging is hereby submitted for the period of October 1, 2017 through September 30, 2020. Included are the goals, objectives and assurances to be implemented by the State Department on Aging under provisions of the Older Americans Act of 1965, as amended.

As the authorized and designated State Unit on Aging in Connecticut and in assuming the roles and responsibilities as such, the State Department on Aging is responsible for developing the Connecticut State Plan on Aging in accordance with the Older Americans Act and associated regulations, policies and procedures as outlined by the Administration for Community Living. The State Department on Aging is primarily responsible for the coordination of all state activities related to the purposes of the Act, such as the development of comprehensive and coordinated systems for the delivery of supportive services, and to serve as an advocate for older adults in the state.

The Plan is hereby approved by the Governor and constitutes authorization to process with the activities under the Plan upon approval by the Assistant Secretary on Aging.



Elizabeth B. Ritter, Commissioner
State Department on Aging

June 23, 2017

Date



Dannel P. Malloy, Governor
State of Connecticut



Date

Acronyms Used in the 2018 – 2020 Connecticut State Plan on Aging

- AAA - Area Agency on Aging
- AARP - American Association of Retired Persons
- ACL - Administration for Community Living
- ADRC - Aging and Disability Resource Centers
- AOA - Administration on Aging
- CASCP - Connecticut Association of Senior Center Personnel
- CDSMP/CDSME - Chronic Disease Self-Management Program/Chronic Disease Self-Management Education
- CEJC - Coalition for Elder Justice in Connecticut
- CHOICES- Connecticut's program for **H**ealth insurance assistance, **O**utreach, **I**nformation and referral, **C**ounseling, **E**ligibility **S**creening
- CMS - Center for Medicare and Medicaid Services
- CT - Connecticut
- CFPB - Consumer Financial Protection Bureau
- CHSP - Congregate Housing Services Program
- CMS - Center for Medicare & Medicaid Services
- CSRCP - Connecticut Statewide Respite Care Program
- DPH - Department of Public Health
- DSS - Department of Social Services
- FFY - Federal Fiscal Year
- HUD - Department of Housing and Urban Development
- LAD - Legal Assistance Developer
- LGBT - Lesbian Gay Bisexual Transgender
- LTC - Long-Term Care
- LTCOP - Long Term Care Ombudsman Program
- LTSS - Long-Term Services and Supports
- MIPPA - Medicare Improvements for Patients and Providers
- MOU - Memorandum of Understanding
- NFCSP - National Family Caregiver Support Program
- NWD - No Wrong Door
- OAA - Older Americans Act
- PCC - Person Centered Counseling
- PSE - Protective Services for the Elderly
- SCSEP - Senior Community Service Employment Program
- SDA - State Department of Aging
- SHIP - State Health Insurance Assistance Program
- SMP - Senior Medicare Patrol
- SUA - State Unit on Aging
- SFY - State Fiscal Year

- **Executive Summary**

The State Department on Aging (SDA), reestablished in 2013, is a cabinet-level agency whose Commissioner is appointed by the Governor and confirmed by the Connecticut General Assembly. As such, SDA is the lead agency in serving, planning and advocating for the rapidly growing population of older adults in Connecticut. SDA is responsible for the application and receipt of the federal Older Americans Act funds as well as state appropriations.

Consequently, SDA is required to develop and submit to the federal Administration for Community Living (ACL) a state plan every two to four years. The Plan is mandated for the state to receive federal funds under the Older Americans Act (OAA). As part of the State Plan development, SDA sought expertise, input, guidance and inspiration from a variety of stakeholders. The process involved significant efforts to gather input from older adults and partners in an ever-evolving aging network and to review many state studies and reports. Similar to the State Plan, most of these reports were generated over a multi-month process with stakeholder engagement and data and systems analysis.

Connecticut State Department on Aging's 2018-2020 State Plan on Aging, entitled "*Growing Older Together*", will serve as a blueprint for our work. It outlines the activities and strategies that SDA will pursue to achieve the following goals and objectives:

Goals & Objectives (2018-2020):

Goal: Long-Term Services and Supports: Empower older adults to reside in the community setting of their choice

- Support and streamline caregiver and Alzheimer's programs and services;
- Streamline access to services;
- Ensure caregivers, consumers and families have access to conflict-free person-centered counseling (PCC) and assistance when exploring long-term services & supports (LTSS);
- Promote inclusiveness in approaches to older adults;
- Provide support for senior centers to be designated as focal points for comprehensive service delivery;
- Provide increased SDA technical support to the Congregate Housing Services Program (CHSP).

Goal: Healthy Aging: Provide older adults with prevention and wellness opportunities

- Maximize the provision of meals through available funds to eligible older adults to reduce food insecurity;
- Provide evidence-based nutrition education to consumers;
- Use strategies to promote and sustain evidence-based health promotion programs.

Goal: Economic Security: Expand income and assets for older adults

- Support individualized job development for older adults through the Senior Community Service Employment Program (SCSEP), OAA Title V;
- Provide information and referrals to programs that help Medicare beneficiaries save money;
- Ensure individuals have access to conflict-free assistance during times of transition;
- Improve responsiveness to financial exploitation and identify, strengthen and enhance collaboration of public and private stakeholders to prevent and mitigate financial exploitation of vulnerable individuals;
- Increase awareness of Long Term Care Insurance options among Connecticut residents.

Goal: Elder Rights: Protect elder rights and well-being and prevent elder abuse, fraud and exploitation.

- Provide timely legal interventions to reach individuals in need of services and empower individuals to know and exercise their rights along the LTSS continuum;
- Protect the right to self-determination and the opportunity to live meaningful lives in the setting of their choice and to have opportunity to make informed decisions;
- Strengthen and enhance the Coalition for Elder Justice in Connecticut (CEJC);
- Promote the services funded through Senior Medicare Patrol Program;
- Improve the quality, consistency and availability of conservator services in Connecticut.

Cutting across these goals and embedded within are two core values: person-centeredness and inclusivity. The goal of person-centeredness is to get to know the individual and through this process to help them identify what is important to and for them, especially if they are unable to speak for themselves. It places the focus on the person's strengths, their vision and preferences for what they would like to do in the future and how they can best control their own lives.

Inclusivity speaks to fostering meaningful engagement of older adults and persons with disabilities within our communities. It gives focus to welcoming environments for those historically isolated and stigmatized within the older adult population, including the LGBT community as well as those with Alzheimer's Disease and related dementias. Further, this plan places great emphasis on and contains measurable objectives for ACL's focus areas, which encompass: OAA Core Programs, ACL discretionary grants, person-centered/person-directed planning and elder justice.

This work and these focus areas are exceedingly important at this juncture in time for Connecticut given the profound shift in where and how older adults receive services and supports and the aging demographics.

Connecticut is one of the slowest-growing states. The state's total population grew by only 11,169 people from 2010 to 2015. Connecticut had just fewer than 3.6 million residents last year. Upon further look, there is a profound distinction among the projected population shift when broken down by age. Between 2010 and 2040, Connecticut's age 65 years and over population is on pace to increase by 57%. However, its population between the ages of 20-64 is projected to grow less than 2% and the population age 18 and under is projected to decline by 7% (Population projection provided by Connecticut Legislative Commission on Aging, Study of Funding and Support for Home and Community-Based Care for Older Adults and Persons with Alzheimer's Disease, January 1, 2015).

- **Context**

Overview of the State Department on Aging (SDA)

The State Department on Aging, reestablished by the Connecticut General Assembly in 2013, is the state's designated State Unit on Aging. As such, SDA is the lead agency in serving, planning and advocating for the rapidly growing population of older adults in Connecticut.

The State Department on Aging's mission and vision is:

Mission: to empower older adults to live full independent lives and to provide leadership on aging issues on behalf of older adults, families, caregivers and other stakeholders.

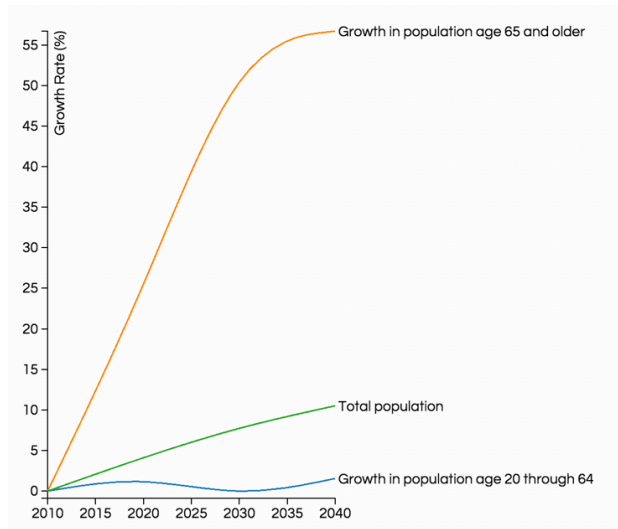
Vision:

- **Knowledge:** We envision older adults, families and caregivers who are well-informed about resources.
- **Advocacy:** We envision older adults, families and caregivers who are educated self-advocates. We envision a community of compassionate aging professionals who advocate on behalf of those who cannot.
- **Respect:** We envision older adults who are valued in our communities and treated with deference and compassion.
- **Collaboration:** We envision a collaborative network of service providers who work together to use resources for the maximum benefit of older adults.

The Administration for Community Living entrusts the SDA with the responsibility to provide expert assistance and technical support on issues affecting older adults, their families and caregivers. The ACL also entrusted SDA with funds totaling \$17.2 million in FFY 2016. Of these funds, \$15.7 million of OAA Title III dollars were distributed by formula to the Area Agencies on Aging, which in turn contract with community-based organizations to provide social and nutrition services. The remaining \$1.5 million were discretionary grants received by SDA, including State Health Insurance Program, Senior Medicare Patrol, Aging and Disability Resources Centers, Chronic Disease Self-Management Education, MIPPA, Ombudsman and Elder Abuse Prevention. Combined federal and State funds available to SDA provided a multitude of services to 82,988 older adults.

Snapshot of Connecticut's Aging Demographics

The nation's population is aging, but not as fast as Connecticut's. Connecticut is the 7th oldest state in the nation, in terms of median age, with the third longest lived constituency. (U.S. Census Bureau)



Reference: Study of Funding and Support for Home and Community-Based Care for Older Adults and Persons with Alzheimer's Disease, January 1, 2015, Connecticut Legislative Commission on Aging

The Census Bureau also determined that Connecticut is one of the slowest-growing states. The state's total population grew by only 11,169 people from 2010 to 2015. Connecticut had just fewer than 3.6 million residents last year. Upon further look, there is a profound distinction among the projected population shift when broken down by age. Between 2010 and 2040, Connecticut's age 65 and older population is on pace to increase by 57%. But the projected growth of the population between the age of 20-64 is less than 2%, and the age 18 and under population is projected to decline by 7%.

People are living longer. A person born today in Connecticut can expect to live an average of 80.8 years. Interestingly, there are significant disparities in life expectancy between genders and racial and ethnic groups. Life expectancy is 89.1 years for Asian Americans; 82.1 years for Latinos, 81 years for whites and 77.8 years for African Americans (Connecticut Data Collaborative, Connecticut's Legislative Commission on Aging).

Long-Term Services and Supports: People of all ages and from all socio-economic, racial and ethnic backgrounds need LTSS. It is estimated that 69% of 65 year olds will need LTSS as they age: 79% of women and 58% of men. In 2016, disabilities affected 11% of Connecticut's residents, lower than the national average of 12.6% (U.S. Census Bureau). Among people age 65 and older, ambulatory difficulties are the most prevalent (19.6%) followed by independent living difficulties (14%). Roughly 74,000 people age 65 and older have Alzheimer's Disease in Connecticut, according to the 2016 Alzheimer's Disease Facts and Figures report by the Alzheimer's Association. This

number is projected to increase by 23%, to 91,000 by 2025. In 2016, the average cost of a private nursing facility bed was \$407 per day, or over \$148,000 for the entire year (Cost of Long-Term Care in Connecticut, April 2016, the Connecticut Partnership for Long-Term Care). There is a major shift underway in Connecticut to honor older adults' and persons with disabilities' choice to reside in the community. Providing care in the community helps people with LTSS needs stay in their homes and communities while reducing LTSS spending. Of those who transitioned to the community under the Money Follows the Person Program, 78% report they are happier with the way they are living their life. With increased choice, the average nursing home occupancy rate declined to 87% as of September 30, 2016. Consequently, Connecticut is moving towards increased choice with supports provided in the community lowering the demand for nursing home care.

Healthy Aging: Though a healthy state by many measures, Connecticut experiences troubling health disparities by race and economic status. For example, according to the state Department of Public Health's Health Disparities Report, mortality data show that African Americans suffer more than other racial and ethnic subgroups in Connecticut from major chronic diseases of heart disease, stroke, diabetes and other causes of death. "A black patient hospitalized for chest pain in Connecticut is 20% more likely than a white patient to be readmitted within 30 days after discharge. Similarly, a Hispanic patient hospitalized for heart failure is 30% more likely to land back in the hospital within a month. Those disparities are among the most common reasons for hospitalizations among state residents and point to larger problems in access to care, underlying health status and insurance coverage", according to a 2015 published study in [Connecticut Medicine](#), the journal of the [Connecticut State Medical Society](#). Health disparity issues are becoming more prominent in our collective work, as the population ages and becomes more diverse.

Economic Security: In Connecticut, on average people live 16 years past the typical "retirement age" of 65. Increased longevity, a decline in personal savings (exacerbated by Connecticut's slow recovery from the recession) and the rapid decline of employer sponsored retirement plans are among the challenges impacting older adults' financial security. Undeniably, Connecticut is a wealthier state and its relatively high cost of living can prove to be a challenge for people on fixed incomes.

Social Security is the only source of income for one in four Connecticut residents age 65 and older (higher for women and minorities). 38% of the state's 65 years and older population would have incomes below the poverty line if they did not receive Social Security (AARP Quick Facts). However, according to The National Elder Economic Security Standard Index (Gerontology Institute, University of Massachusetts Boston; 12/1/2012), the average Social Security benefit in Connecticut covers 56% of living costs for single elder renters based on the National Elder Index. Connecticut was ranked 8th in the nation, indicating a greater discrepancy between living costs and Social Security benefits than the national average.

Elder Rights: Each year, hundreds of thousands of older persons are abused, exploited, abandoned or suffer from neglect. A study conducted by the Connecticut Legislative Commission on Aging, *Study of Best Practices for Reporting and Identification of Abuse, Neglect, Exploitation and Abandonment of Older Adult* published on January 1, 2016, indicated that data as to severity and prevalence is limited. This can be attributed to the use of various definitions of elder abuse, as well as the lack of standardization of data collection methods, in part due to the absence of a mandatory national reporting mechanism. It is noted that “...the vast majority of elder abuse cases go unreported, leaving researchers to extrapolate prevalence from reported cases.” According to a study sponsored by the U.S. Department of Justice, 12.4% of adults age 60 and older reported at least one form of emotional, physical or sexual abuse or potential neglect and 11.7% reported financial exploitation by a family member or stranger. Similarly, a 2011 New York State study estimated that 7.6% of people age 60 and older are abused annually, an incident rate 24 times greater than the number of cases reported to authorities. Unfortunately, still missing is data that sheds light on the extent of mistreatment in older adults, specifically those with dementia and other cognitive challenges.

Please refer to Attachment F: Connecticut’s Demographics for additional statistics.

Overview of Older Americans Act (OAA) Funding Sources for Connecticut

Title III: Grants for State and Community Programs on Aging: Authorizes funds for supportive and nutrition services, family caregiver support, as well as disease prevention and health promotion activities.

- **Supportive Services Programs** (Title III B) sponsors services aimed at empowering older residents in sustaining independence in their homes and communities. Such services include but are not limited to: Access services (transportation and information), home care, legal assistance, case management, adult day care and activities at senior centers.
- **Nutrition Services** (Title III C-1, C-2, Nutrition Services Incentive Program (NSIP)) supplies both meals and socialization opportunities to older people in congregate settings and in their homes.
- **Disease prevention and health promotion programs** (Title III D) promote healthy lifestyles among older adults and prevent or delay chronic conditions.
- **Family Caregiver Support** (Title III E) connects family caregivers with a variety of supportive services.

Title IV: Activities for Health and Independence and Longevity: Provides authority for training and research projects to expand services; supports the following: Income, health, housing, long term care, Aging and Disability Resource Centers and evidence based disease prevention and health promotion.

Title V: Community Service Seniors Opportunities Act: Funds job skills training and job development services to seniors age 55 years and older who are at or below 125% of the poverty level. The U.S. Department of Labor contracts with states and national organizations to recruit and enroll workers who are then placed in community service jobs for minimum wage while receiving on the job training.

Title VI: Grants for Services for Native Americans: Funds nutrition programs and other supportive services for older Native Americans, Native Alaskans and Native Hawaiians. Two federally recognized Native American tribes currently receive Title VI funding.

Title VII: Vulnerable Elder Rights Protection Activities

- **Long Term Care Ombudsman** investigates and resolves complaints of residents in nursing facilities, board and care facilities, residential care homes and assisted living facilities.

- **Prevention of elder abuse, neglect and exploitation** supports public outreach and awareness campaigns to identify and prevent abuse, neglect, and exploitation.

Please refer to Attachment D for SDA Programs, Projects and Initiatives.

State Plan Development Process

The process by which the State Plan was developed involved significant efforts to gather input from older adults and partners in the aging and disability networks. SDA reviewed current data, best practices and efforts via reports and studies. Most of these reports are a result of a multi-month process of stakeholder engagement and data and systems analysis. Additionally, SDA staff involvement occurred throughout multiple points of the planning process including small group working sessions and a brainstorming session which explored new ways to coordinate and collaborate across SDA programs and initiatives.

The Plan development steps are as follows:

Review of current plans and reports, including:

- Area Plans submitted by the AAA's
 - [Eastern CT](#) (2013) Senior Resources, Eastern CT Area Agency on Aging
 - [Northern CT](#) (2013) North Central Area Agency on Aging
 - [South Central CT](#) (2013) Agency on Aging of South Central CT
 - [Southwestern CT](#) (2013) Southwestern CT Agency on Aging

- [Western CT](#) (2013) Western CT Area Agency on Aging
- [Strategic Rebalancing Plan: A Plan to Rebalance LTSS](#) (2012-2015), released by Governor Malloy and the Connecticut Department of Social Services (DSS).
- [Balancing the System: Working Toward Real Choice for LTSS in CT](#) (January 2016). Prepared by the Long-Term Care Planning Committee of which SDA is a member.
- [Study of Funding and Support for Home and Community-Based Care for Older Adults and People with Alzheimer's Disease in Connecticut](#) (January 2015), submitted to the Connecticut General Assembly by Connecticut's Legislative Commission on Aging.
- [SDA Nutrition Study](#) (2016)
- [SDA Behavioral Health Study](#) (2015) A project funded by SDA. Prepared by UConn Health Center, Center on Aging.
- [Connecticut Department of Public Health Strategic Plan](#), 2013
- [Study of Best Practices for Reporting and Identification of Abuse, Neglect, Exploitation and Abandonment of Older Adults](#) (2016) CT's Legislative Commission on Aging
- [White House Conference on Aging Final Report](#) (2015)
- An analysis of the progress made in meeting SDA's 2014-2017 State Plan goals. (See Attachment E)
- Discussions to gather input from the Area Agency on Aging directors.
- A series of public listening sessions held jointly between the SDA and AAAs, convened on:
 - September 7, 2016 Agency on Aging of South Central CT, New Haven
 - September 14, 2016 Center for Senior Activities in Westport
 - September 15, 2016 Parkville Senior Center, Hartford
 - September 21, 2016 Rose City Senior Center, Norwich
 - October 6, 2016 Sullivan Senior Center, Torrington
- A solicitation for comments and suggestions was made at each presentation SDA has participated in since August 2016.
- A draft of the State Plan on Aging was released and distributed widely for review and comment, beginning May 1, 2017. The plan was distributed to older adults, families, caregivers, aging network partners, and professionals through email distribution lists; the SDA website; SDA Facebook page and SDA Twitter. The draft plan was emailed to the Commissioners of CT's health and human services agencies, including the Departments of Social Services, Rehabilitation Services, Public Health, Developmental Services, and Mental Health and Addiction Services as well as state legislative leaders. Comments were requested by May 23, 2017.
- A public hearing was held on Tuesday, May 23, 2017 at the Board of Regents for Higher Education in Hartford, CT. SDA invited older adults, families, caregivers, aging network partners, and professionals to provide feedback on the draft of the State Plan on Aging.

Please refer to Attachment J for a summary of State Plan Public Comments.

Administration for Community Living (ACL) Focus Areas for State Plans

The focus areas identified by ACL include Older Americans Act core programs, ACL discretionary grants, person-centeredness and elder justice.

A. Older Americans Act (OAA) Core Programs

SDA receives federal funds under the OAA to provide programs and services for Connecticut's older adults. These programs are described in the earlier section, **Overview of Older Americans Act (OAA) Funded Sources for Connecticut**. As required by ACL, SDA plans to:

- Seek coordination of Title III and VI. When the previous State Plan was developed, Connecticut did not have a Title VI grantee. The current Title VI grantees in Connecticut are the Mohegan Tribe and the Mashantucket Pequot Tribe, located in the eastern region of the state. The SDA has already connected with both the Mohegan Tribe and the Mashantucket Pequot Tribe to begin a conversation regarding future partnership as recipients of OAA funds. The SDA anticipates coordination in various areas, including nutrition services, which are provided under both Title III and Title VI. Next steps include facilitating a connection between the Mohegan Tribe, the Mashantucket Tribe and Senior Resources Agency on Aging (SRAA). SDA plans to explore with SRAA and both tribes offering Title III services such as evidence-based Chronic Disease Self-Management Education under III-D and Respite under III-E. SDA looks forward to improved OAA services through these new collaborations.
- Seek to strengthen and expand Title III and VII services. SDA plans to strengthen and expand Title III and Title VII services are evident in the Objectives provided.
- Explore opportunities to increase business acumen of aging network partners. SDA has and continues to support increasing business acumen of community partners, as they seek new and diverse approaches to services and funding sources for their services. As the landscape changes, so must the business plans of the aging network partners, including the AAAs. SDA will connect AAAs and community providers with opportunities such as webinars and workshops to learn about business acumen. SDA currently supports partners who seek out areas to increase business acumen. Specifically, SDA encourages AAAs to find ways to increase efficiencies, seek out new funding sources and improve data. Most recently, SDA encouraged the AAAs to seek new funding sources specifically to supplement current funding for the Chronic Disease Self-Management Education Programs (CDSME). SDA's contribution, clearly interrelated and interdependent, is its role in critical investments in the health, well-being, economic security and safety of Connecticut's older adults and in the community-based infrastructure and its many facets. By leveraging SDA leadership,

- creativity and coordination, this Plan embodies a recommitment to modernizing and helping to strengthen the acumen of its existing network and establishing new partnerships to meet the distinct needs and preferences of a growing constituency. Additionally, through the guidance of SDA, the AAAs continue to utilize cost sharing for the Title III E program. Cost sharing was implemented through a formal SDA Program Instruction to the five AAAs in FFY 2011, with an update in FFY 2017. Other Title III programs, as appropriate, continue to request donations for services.
- Participate in statewide initiatives led by the Department of Social Services, the State Medicaid Agency, that work toward integration of health care and social services systems. Major efforts are underway in Connecticut to bridge the divide and establish critical connections between social services, medical and behavioral health systems such as Money Follows the Person, Community First Choice (launched in CT in 2015), Nursing Home Diversification and the Balancing Incentive Program (BIP). As an example, the fundamental aspects of BIP include: Development and implementation of a pre-screening and a common comprehensive assessment for all persons entering the LTSS system; conflict-free case management; and a No Wrong Door system for access to LTSS (entitled “Care for Community” in CT) – including a web-based platform (called “My Place CT”). These will eventually coordinate with ConneCT (an online Medicaid eligibility screen and account management tool), the health insurance exchange and community-driven initiatives to address gaps and streamline the existing LTSS delivery system. Additionally, new partnerships have formed in this area, for example, the new CT Healthy Living Collective. This is a growing network of agencies, including SDA, the CT Department of Public Health, the AAAs and local foundations, spearheaded by CT Community Care, Inc., who provide evidence-based health promotion programming such as CDSMP.
 - Integrate core programs with ACL discretionary programs, as addressed in Focus Area B below.

For an objective and measure that relate to the OAA Core Programs Focus Area, please refer to the Healthy Aging goal, Objective 2: Provide evidence-based nutrition education to consumers and its accompanying Measures: 1) Each AAA shall ensure that at least one evidence based program for nutrition education for older adults is implemented annually in their region beginning in FFY 2018; and 2) At least 500 older adults receive evidence based nutrition education to manage their chronic diseases.

B. ACL Discretionary Grants

SDA currently receives ADRC, SMP and SHIP discretionary grants. The discretionary program, SMP, will continue to integrate with the OAA core program Title VII, elder rights programs and will form a new connection with the Title III-E National Family Caregiver Support Program around coordination and awareness of SMP services. These collaborations are address under the Goal: Elder Justice.

SDA integrated SHIP with Title III-B, specifically the Information and Assistance (I & A) components, more than twenty years ago when the CHOICES program began. CHOICES is a program that combines the SHIP with I & A.

Beginning in FFY 2018, SDA will integrate the discretionary program ADRC with the OAA core program Title III-B, specifically I & A. The AAAs provide I & A under Title IIIB and No Wrong Door/ADRC services, including person-centered counseling under the discretionary ADRC grant. SDA is linking these services to provide a seamless spectrum of assistance to consumers, from basic information and referral to more in-depth person-centered counseling. SDA is also seeking ways to sustain funding for the ADRC services.

For the ADRC grant, the following objectives, as required by ACL, are:

- Provide person centered counseling application assistance and support for long-term services and supports to individuals within their own community;
- Expand the capacity of the NWD system to offer conflict free LTSS person-centered counseling on a sustainable basis by partnering with the state Department of Social Services to establish a formal relationship with community partners willing to receive education and training to support the NWD efforts in Connecticut. Through the NWD grant to SDA, partners pursuing Medicaid certification will receive person centered counseling for the NWD training, Alliance of Information and Referral Systems (AIRS) certification and SHIP certification free of charge. Through CMS funds available to the Department of Social Services (DSS), the state's NWD website is being updated with the website connecting people seeking long term services and supports to partners within their community. These community partners have existing infrastructure but need the training and guidance to ensure that NWD services are consistent throughout the state.
- Enhance access to OAA funds by transforming the manner in which OAA services are received by older adults and caregivers through improved system policies and procedures;
- Improve access to non-Medicaid LTSS with connections to the NWD website and streamlined assistance through pre-fillable forms; and
- Increase awareness of CT Tech Act services throughout the NWD system.

The grant partners are two Centers for Independent Living, one AAA, CT Community Care, Inc., the Department of Social Services, the Department of Developmental Services, the SDA Long Term Care Ombudsman, and the Department of Rehabilitation Services - CT Tech Act Project. The projected budget is \$135,000 for FFY 2017 and \$200,000 for FFY 2018.

The State Department on Aging is committed to enhancing its relationship with state agencies to inform policy and system change. SDA has a representative on the Money Follows the Person LTSS Rebalancing Committee, the Community First Choice Council, the Department on Developmental Disabilities Council, the CT Tech Act Advisory

Council, the Long Term Care Committee and the Medical Assistance Program Oversight Council. SDA co-chairs the Older Adult Behavioral Health Committee. The Department is working closely with DSS on its NWD efforts by establishing a formal relationship with community partners in the NWD. SDA has recently established a relationship with the Connecticut Department of Correction to offer chronic disease self-management programs and a benefit enrollment center within the Connecticut prisons. The Department has strengthened its relationship with the Social Security Administration, United Way Infoline, the CT Office of Healthcare Advocate and the state's health insurance exchange, Access Health CT, to address and improve coordination for individuals transitioning in and out of Medicare through cross training of staff and improved coordination.

For an objective and measure that relate to the ACL Discretionary Grants Focus Area, please refer to the Elder Rights goal, Objective 4: Promote the services funded through Senior Medicare Patrol Program among stakeholders and its accompanying Measures: 1) Information on SMP and Medicare fraud will be disseminated to at least 250 caregivers statewide under the National Family Caregiver Support Program during each year of the state plan; and 2) Information on CMP and Medicare fraud will be disseminated to at least 500 residents or their representatives/caregivers statewide under the Long Term Care Ombudsman Program during each year of the state plan.

C. Participant-Directed/Person-Centered Planning

SDA recognizes the need to include consumer control and choice within our programs. Person-centered planning is a major focus of the NWD/ADRC. In this State Plan, a new objective incorporates person-centeredness when working with caregivers.

Participant-Directed (or self-directed) care is the foundation of the Veterans Home and Community Based Services initiative facilitated by the SDA in Connecticut. Additionally, self-direction is an option under both the Title III-E National Family Caregiver Support Program and the state funded Connecticut Statewide Respite Care Program.

For the CSRCP and NFCSP, the Self Directed Care Option allows caregivers participating in these programs to select, hire, and supervise individuals (Personal Care Assistants) to provide care for their loved ones. This is an alternative to using staff provided by an agency. With the exception of spouses, conservators, and relatives of conservators, caregivers may select an individual of their choice to provide care, as long as they meet certain basic qualifications. This allows the caregiver to best match the individual needs and preferences of the person for whom they are providing care.

Person-Centered Care is the foundation of providing good care to individuals who reside in long-term care facilities. These individuals and their representatives are best able to inform long-term care providers about their individual needs and preferences in all

aspects of their lives and this should then inform the care planning process. Long-term care staff should be trained in a person-centered care planning process and be given the tools to implement each person's person-centered plan of care. To that end, the Long-Term Care Ombudsman plans a major focus on person-centered care during the implementation of this State Plan.

For an objective and measure that relate to the Participant-Directed/Person-Centered Planning Focus Area, please refer to the Long-Term Services and Supports goal, Objective 3: Ensure caregivers, consumers and families have access to conflict-free person-centered counseling (PCC) and assistance when exploring long term services & supports (LTSS) and its accompanying Measure: 500 providers, caregivers and professionals will be PCC trained and able to offer assistance to older adults in FFY 2018.

D. Elder Justice

SDA has a leadership role in coordinating programs and services for the protection of vulnerable adults under Title VII. SDA conducts activities to address elder abuse, neglect and exploitation. Planned efforts to support and enhance multi-disciplinary responses to elder abuse, neglect and exploitation are found in the Goals section under Elder Justice.

Since 2009, the State Department on Aging (then the Aging Services Division of the Department of Social Services) has collaborated with Connecticut stakeholders to address elder abuse, neglect and exploitation. The Legal Assistance Developer coordinated with Jewish Senior Services to develop an Elder Financial Exploitation Prevention Project. The Commissioner of the State Department on Aging directed that effort toward a consolidated initiative be developed and Governor Malloy issued Executive Order No. 42, which envisioned a collaboration of public and private entities to address Connecticut's elder justice issues. The State Long Term Care Ombudsman, already engaged in long-term care issues related to abuse, neglect and exploitation, joined efforts to enhance the agency's focus on these issues to include individuals in institutional settings in Connecticut.

The Legal Assistance Developer and the State Long Term Care Ombudsman now co-chair the Coalition for Elder Justice in Connecticut (CEJC), which is modeled after the national Coalition for Elder Justice. The Coordinating Council is made up of members from state agencies, probate court, legal services, law enforcement, financial institutions and organizations such as AARP and the Better Business Bureau and meets once a year. That meeting is an opportunity to discuss member activities and explore further ways to collaborate with one another. To date the Coalition has sponsored three statewide full-day conferences. Another conference is planned for late fall 2017.

Through the Coalition, several Action Teams are actively working on elder justice issues. For example, the AARP Fraud Watch Action Team provides presentations on how to

identify consumer scams and the Banking Action Team has developed training to identify and respond to various financial exploitation issues.

Transcending SDA's goals and ACL's areas of focus is the overriding imperative to optimize Connecticut's long-term services and supports system for older adults and their caregivers. To more fully achieve this and to be congruent with national and state trends and noted best practices, SDA is increasingly working with its partners to create a more coordinated and seamless LTSS system for people of all ages where ease of access and parity are key.

For an objective and measure that relate to the Elder Justice Focus Area, please refer to the Economic Security goal, Objective 4: Improve responsiveness to financial exploitation and identify, strengthen and enhance collaboration of public and private stakeholders to prevent and mitigate financial exploitation of vulnerable individuals and its accompanying Measures: 1) Conduct at least one annual Coalition training and two Coordinating Council work sessions to review mission and vision and develop and implement multiple strategies to address the limitations of available resources to mitigate gaps to ensure the rights of older persons; and 2) the CEJC will develop and initiate a public outreach plan to raise awareness about financial exploitation to at least 20 public and provide entities along the LTSS continuum, completed during FFY 2018 and launched in FFY 2019.

The four focus areas above are addressed and featured within SDA's goals and the measurable objectives.

State Plan Goals, Objectives, Strategies, Measures

Long-Term Services & Supports

Goal: Empower older individuals to reside in the community setting of their choice

OBJECTIVE 1

Support and streamline caregiver and Alzheimer's programs and services

Strategies

- Encourage AAA use of evidence-based programs for caregivers through NFCSP;
- Incorporate person-centeredness in working with caregivers;
- Evaluate the application process, screening and assessment tools currently used for both NFCSP and CSRCP and make the process more seamless for the caregiver;
- Conduct a "data inventory" project for both programs to ensure that data collected and reported accurately reflects the services that are provided;
- Partner with UConn Center on Aging to develop tools to measure impact and benefit to program participants of both the NFCSP and CSRCP;
- Expand program monitoring to include more frequent site visits and case file review for both NFCSP and CSRCP;
- Develop a formal agreement to establish and maintain a mutual partnership between the SDA and the Alzheimer's Association;
- Partner with the Chronic Disease Self-Management Education Programs (CDSME) to disseminate information on Alzheimer's disease, the Statewide Respite Care Program and NFCSP to program participants;
- Develop and promote innovative respite options for persons with dementia and their families.

Measures

- At least one AAA provides evidence-based programming for caregivers through NFCSP;
- A minimum of 80% of staff in both the NFCSP and CSRCP receive person-centeredness training;
- NFCSP staff implement person-centeredness in working with caregivers;
- Complete data inventory project for CSRCP by 6/30/18;
- Complete data inventory project for NFCSP by 9/30/19;
- Develop modified uniform assessment tool and implement it statewide for both programs by 9/30/19;
- Develop and implement pre and post evaluation tools statewide for both programs by 9/30/18;
- Develop Uniform Program monitoring tools for NFCSP and CSRCP by 9/30/18;
- Promulgate a Memorandum of Understanding (MOU) between the SDA and the Alzheimer's Association by 12/31/17 to collaborate on promoting and offering innovative supports and education to older adults and individuals with Alzheimer's disease;
- Distribute 300 brochures through CDSME Regional Coordinators on the Statewide Respite Care Program and the NFCSP to older adults and program participants, each year of this plan.

OBJECTIVE 2: Streamline access to services

Strategies

- Review and develop a plan to improve connections to non-Medicaid LTSS supports (FFY 2018);
- Meet regularly with DSS and representatives of other state agencies who are working on No Wrong Door initiatives to improve access to all LTSS (FFY 2018, FFY 2019, FFY 2020);
- Develop or link to recorded webinars from SDA website for viewing at the consumer's convenience. Webinars may include, but are not limited to, Advanced Care Planning, Know Your Rights, Available Services for Caregivers;
- Utilize social media to promote programs, events and opportunities hosted by SDA and its Aging Network;
- Present information on SDA's programs and services to the faith based community, medical and dental associations, local government and local community organizations;
- Continue to market and promote programs and services with an emphasis on positioning SDA at events in more diverse communities, locations, and untapped venues to better reach target populations.

Measures

- Older adults, caregivers and persons with disabilities will have access to a new screening tool that pre-fills selected non-Medicaid LTSS program applications on the SDA website, FFY 2019;
- Post or link to two (2) webinars providing information about services and supports to older residents, families and caregivers in FFY 2019 and FFY 2020;
- Post monthly program highlights to SDA social media for CDSME and evidence base trainings
- Increase followers of SDA social media outlets each year, beginning FFY 2018;
- Conduct quarterly presentations or create promotional tables for 2 non-traditional venues, such as civic organizations, churches, clinics, housing complexes, etc., beginning FFY 2018.

OBJECTIVE 3: Ensure caregivers, consumers and families have access to conflict-free person-centered counseling (PCC) and assistance when exploring long term services and supports (LTSS).

Strategies

- Offer PCC training throughout the state and request that AAAs encourage Title IIIB grantees to complete the national PCC curriculum;
- Collaborate with DSS and My Place CT to list conflict-free PCC trained counselors on the state's NWD website;
- Ensure that at least one CHOICES Regional Coordinator or certified CHOICES counselor at each AAA has completed the PCC Training offered by SDA.

Measures

- 500 providers, caregivers and professionals will be PCC trained and able to offer assistance to older adults in FFY 2018;

- Increase the number of CHOICES staff and counselors who are able to provide PCC to older adult, their families and caregivers by at least 2% during FFY 2018;
- At least 300 individuals shall receive options counseling in FFY 2018.

OBJECTIVE 4:

Promote inclusiveness in approaches to older adults

Strategies

- Partner with the Connecticut Coalition on Aging to implement at least one training as part of the *Aging Experience* Initiative that focuses on individual groups of elders with diverse needs;
- Model inclusiveness in programming to other state partners by promoting the SDA website and SAGE (Services and Advocacy for GLBT Elders) training curriculum to other state agencies;
- Serve on the planning committee and advisory group of the Stop Ageism Now! Campaign developed by the Agency on Aging of South Central Connecticut (AOASCC) with the intent of statewide expansion of this initiative and participation in AOASCC's Stop Ageism Conference;
- Collaborate with LGBT aging advocates to understand what "inclusion rather than non-discrimination" means for them as it relates to LTSS;
- Work with the two CT provider groups, Leading Age and the Connecticut Association of Health Care Facilities (CAHCF), to learn current practices related to inclusiveness;
- Train providers on the organizational inclusivity model developed by Connecticut Community Care, Inc.;
- Collaborate with CT LGBT aging advocates, AIDS CT, other LGBT aging experts, and CCC to develop presentations to provider community;
- Ensure that the Office of the State LTC Ombudsman, its representatives and resources promote the philosophy of "inclusion rather than non-discrimination" for LTSS consumers;
- Develop a public outreach strategy highlighting aging LGBT issues and "inclusion rather than non-discrimination";
- Develop a small pilot group of LTSS providers to do pre and post-test surveys of staff and consumers about effectiveness of strategies, and success of "inclusion rather than non-discrimination" efforts.

Measures

- Distribute literature and provide updates on inclusivity activities through the SDA website and other forms of social media to provide the greatest outreach opportunities to all older adults and providers in each year of the Plan;
- Publicize work of Stop Ageism Campaign on SDA website and Twitter in each year of the plan;
- Meet with LGBT aging advocates at least quarterly in 2018 and one to two times per year beginning FFY 2019;
- Produce an LGBT Residents' Rights brochure specific to LGBT Residents' Rights and distribute to Leading Age and Connecticut Association of Health Care Facilities' provider groups and members on an annual basis, Spring 2018;

- Meet with leaders of provider groups in fall 2017, to discuss best LGBT inclusive practices in LTC facilities;
- Meet with at least one individual provider from each region of the state during FFY 2018 and again in FFY 2019 to discuss inclusivity and learn about their best practices;
- Include LGBT inclusivity materials to individual providers who attend the annual Voices Forum, FFY 2018 and FFY 2019;
- Develop a work plan incorporating provider best practices, national research, and state initiatives to create and support inclusive LTSS environments, FFY 2018 – FFY 2019;
- Meeting/information session with LGBT aging advocates and LTCOP staff about LGBT inclusivity, Spring/Summer 2018;
- Update LTCOP website and other outreach materials to reflect inclusivity vision for LGBT consumers of LTSS, FFY 2018 – FFY 2019;
- Produce public service announcements and/or other outreach avenues highlighting LGBT inclusivity in long-term care settings, FFY 2018.

OBJECTIVE 5:

Provide support for senior centers to be designated as focal points for comprehensive services delivery

Strategies

- Develop a Senior Center page on the SDA website listing senior centers in the state, along with their designated credentials and accreditations;
- Issue a periodic electronic newsletter with information updates for Senior Center Directors and Municipal Agents;
- Work with the CT Association of Senior Center Personnel (CASCP) to identify best practices and promote implementation of evidence based practice programs in senior centers;
- Clarify parameters used by AAAs to define, determine and monitor Focal Points;
- Work with CASCP and the legislative Senior Center Task Force to review existing state statutes and consider standards for senior centers to guide development and provide direction.

Measures

- Complete senior center page on SDA website by 3/31/18;
- The SDA senior center webpage shall include: a comprehensive senior center listing, identifying those that are focal points and/or accredited, best practices at senior centers, evidence-based programs at senior centers and links to the National Institute for Senior Center's *National Senior Center Standards* and accompanying *Self-Assessment Guidelines*, by FFY 2018.

OBJECTIVE 6:

Provide increased SDA technical support to the Congregate Housing Services Program (CHSP)

Strategies

- Attend Professional Assessment Committee (PAC) meetings;

- Provide ongoing technical assistance to AAA's to update the PAC's Operation and Procedural Manuals in accordance with CHSP regulations;
- Conduct on-site visits to designated housing projects.

Measures

- One (1) PAC meeting attended per quarter in Eastern and Western regions;
- Meetings held with Resident Service Coordinators in each region by 9/30/18 to update their Procedural Manuals guided by the HUD Handbook 4640.1;
- Completed visits to 2 Housing Projects per quarter utilizing HUD CHSP Grantee Review Form #90003;
- At least 30% of participants who receive initial supportive services are not admitted to a long-term care facility for at least six months.

Economic Security

Goal: Expand income and assets for older adults

The impact of economic security on physical and mental health, as well as living situation and overall quality of life cannot be understated. And when economic security is threatened as a result of financial exploitation the cost the individual incurs is beyond measure. The cost to the state can be measured in a variety of ways, including premature nursing home placement, eligibility for the Medicaid program and dependency on other entitlement programs as well.

OBJECTIVE 1:

Support individualized job development for older adults through the Senior Community Service Employment Program (SCSEP), OAA Title V.

Strategies

- Develop an information packet illustrating the potential contributions of older workers and provide the packet to the Chambers of Commerce statewide;
- Partner with existing workforce development programs, including the Workforce Investment Boards and Goodwill Industries, to inform job seekers, ages 55 and older about SCSEP;
- Work with SCSEP providers throughout the state to develop person-centered Individual Employment Plans to address needed social services or assisted technology needed to find and secure employment;
- Highlight the contributions older workers have brought to businesses throughout the state, when possible;
- Provide information about SCSEP to social service agencies statewide to encourage these organizations to become host agency training sites and to consider hiring older workers.

Measures

- Twenty new local businesses will have information about, and be encouraged to hire older workers during FFY 2019;
- SDA will provide SCSEP information to 5 local employment services informing more older job seekers about services during each quarter of FFY 2018 and FFY 2019;
- All state SCSEP providers will receive IEP training to strengthen job training services for older workers in FFY 2018;
- Twenty local non-profit agencies will have information about getting involved with SCSEP to help train and hire older workers by FFY 2019;
- At least twice a quarter SDA will focus outreach and social media efforts on the role of older workers in local businesses to encourage the hiring of older workers.

OBJECTIVE 2:

Provide information and referrals to programs that help Medicare beneficiaries save money

Strategies

- CHOICES Regional Coordinators will provide certified CHOICES counselors with training and information regarding any changes in income limits and asset tests for programs that help eligible Medicare beneficiaries save money, such as the Medicare Savings Program (MSP), Extra Help/Low Income Subsidy (LIS), and Medicaid;
- Certified CHOICES counselors will assist Medicare beneficiaries and their caregivers with eligibility screenings, plan reviews, enrollment and disenrollment, to ensure beneficiaries are enrolled in the right prescription drug plan for them.

Measures

- Certified CHOICES counselors will assist a minimum of 1,500 eligible Medicare beneficiaries (older adults and individuals with disabilities) with eligibility screenings, referrals, and application assistance for the MSP, LIS Medicaid programs during FFY 2018 – FFY 2020;
- Certified CHOICES counselors will assist a minimum of 1,000 Medicare beneficiaries (older adults and individuals with disabilities) with prescription drug eligibility screenings, benefit explanations or plan enrollment/disenrollment during FFY 2018 – FFY 2020.

OBJECTIVE 3:

Ensure individuals have access to conflict-free assistance during times of transition

Strategies

- Work with CT Department of Correction (DOC) on its plan to develop a re-integration unit for older adults;
- Collaborate with DOC to offer evidence-based programming and employment assistance to older adults transitioning from incarceration to community;
- Pursue MIPPA ADRC funding to provide outreach to soon to be released incarcerated individuals eligible for Medicare;

- Pursue a formal MOU with Access Health CT, CT's health insurance marketplace, to ensure timely counseling on Medicare options when transitioning from Access Health CT to Medicare.

Measures

- Serve an estimated 200 individuals released from incarceration;
- Develop an MOU between Access Health CT and SDA to ensure a seamless connection for beneficiaries transitioning to Medicare due to disability or age, FFY 2018.

OBJECTIVE 4:

Improve responsiveness to financial exploitation and Identify, strengthen and enhance collaboration of public and private stakeholders to prevent and mitigate financial exploitation of vulnerable individuals.

Strategies

- Develop more cohesive and collaborative initiatives to raise awareness and educate people of all ages about financial exploitation;
- Communicate with and seek support from current and potential stakeholders to provide the means and mechanisms to achieve the shared vision and goals of the CEJC;
- Develop strategies to identify and mitigate financial exploitation of individuals residing in the community and institutions;
- Recruit additional CEJC Action Team members to expand personnel to provide in house training of financial institution personnel and update materials for the financial industry;
- Collaborate with PSE, the Office of the Chief State's Attorney, and Law Enforcement to implement a first responder's handbook for processes and procedure;
- Collaborate with AARP in the conduct of Fraud Watch community education outreach presentations.
- LTCOP will strategically collaborate with the Department of Social Services/Medicaid Fraud Unit and Protective Services for the Elderly (DSS/MFU & PSE), the Office of the Chief State's Attorney (OCSA), and Law Enforcement to identify ways in which institutionalized individuals are potentially exploited;
- LTCOP will utilize the resources and expertise of the DSS/MFU & PSE to proactively (systemically) and reactively (individually) create awareness of financial exploitation and identify and mitigate financial exploitation of institutionalized individuals.

Measures

- Conduct at least one annual Coalition training and two Coordinating Council work sessions to review mission and vision and develop and implement multiple strategies to address the limitations of available resources to mitigate gaps to ensure the rights of older persons;
- The CEJC co-chairs in collaboration with the Action Teams of cognizance will provide at least one outreach initiative annually to traditional and non-traditional entities in a position to address fraud and financial exploitation of aging individuals along the LTSS continuum;
- The CEJC will develop and initiate a public outreach plan to raise awareness about financial exploitation to at least 20 public and private entities along the LTSS continuum. Completed during FFY 2018 and launched in FFY 2019;

- Utilize the experience and expertise of Action Teams to identify solutions to preventing fraud and exploitation and develop strategies for greater collaboration of statewide stakeholders to enhance supports for aging individuals. FFY 2018-FFY 2019, completion and implementation FFY 2020;
- The public outreach plan developed in FFY 2018 will be disseminated via the SDA website, the LTCOP website and various forms of social media. It will also be provided to public and private entities and at presentations, FFY 2018-FFY 2019.
- Materials about financial exploitation will be delivered to 500 individuals annually as evidenced by distributions at presentations and by number of “hits” on websites and social media, FFY 2018-FFY 2019;
- Publish first responder’s handbook for processes and procedures, FFY 2018-FFY 2019;
- Increase and diversify Fraud Watch community education outreach presentations to reach largest numbers of aging individuals and consumers, FFY 2018-FFY 2019;
- Increase training at financial institutions to enhance protections of aging adults from financial exploitation, FFY 2018-FFY 2019;
- Utilizing LTCOP data, types of financial exploitation of institutionalized individuals will be collected and analyzed to develop one new proactive Ombudsman advocacy practice to protect institutionalized individuals, FFY 2018-FFY 2019;
- Utilizing case specific information, LTCOP will collect data regarding individuals who appear most at risk for financial exploitation to develop one new practice to protect institutionalized individuals, FFY 2018-FFY 2019;
- The Consumer Financial Protection Bureau (CFPB) “Protecting residents from financial exploitation - A manual for assisted living and nursing facilities” will be revised to include Connecticut-specific information, FFY 2018-FFY 2019;
- Develop target populations to distribute the CFPB manual, including assisted living facilities, residential care homes and skilled nursing facilities, and implement an annual distribution schedule to include each population, FFY 2019 and FFY 2020;
- The updated CFPB manual will be distributed to those LTSS provider populations FFY 2019-FFY 2020.

OBJECTIVE 5:

Increase awareness of Long Term Care Insurance options among Connecticut residents.

Strategies

- Provide information on the cost of long-term care in Connecticut and the pros and cons of purchasing long-term care insurance through the Connecticut Partnership for Long Term Care.

Measures

- At least 1,000 residents will receive Long-Term Care Insurance information during each year of the state plan.

Healthy Aging

Goal: Provide older adults with prevention and wellness opportunities

OBJECTIVE 1:

Maximize the provision of meals through available funds to eligible older adults to reduce food insecurity.

Strategies

- Develop a standardized waiting list tool to ensure those with greatest nutritional need are prioritized for meal service;
- Prioritize nutrition services for those at nutritional risk;
- Ensure regular review of home delivered meal nutrition waiting lists by AAAs;
- Encourage the AAAs and the Elderly Nutrition Providers to seek out additional local and private funding resources to support meals to eliminate waiting lists;
- Continue the work of the Elderly Nutrition Group to recruit additional community partners to raise awareness of the nutritional needs of older adults.

Measures

- The standardized wait list tool is used statewide to prioritize service to older adults with the greatest nutrition risk;
- An assessment is done, at least annually, for older adults on the waiting list so that when an opening occurs, those with the highest nutritional risk are served first;
- Participants are screened and provided information about additional resources to reduce food insecurity;
- At least 40% of participants receiving meals have nutritional risk scores that have not increased after three months;
- Hold quarterly meeting of the Elderly Nutrition Group to address program and nutritional needs of older adults.

OBJECTIVE 2:

Provide evidence-based nutrition education to consumers.

Strategies

- Phase-in the use of evidence-based programming;
- Offer a choice of evidence based programs to be implemented in FFY 2018.

Measures

- Each AAA shall ensure that at least one evidence based program for nutrition education for older adults is implemented annually in their region beginning in FFY 2018;
- At least one SDA-led training is provided annually for the AAAs and Elderly Nutrition Providers that includes the topic of evidence-based nutrition education for older adults;
- At least 70 older adults learn at least one method to maintain or improve their nutritional health;

- At least 500 older adults receive evidence based nutrition education to manage their chronic diseases.

OBJECTIVE 3:

Use strategies to promote and sustain evidence-based health promotion programs.

Strategies

- Use resources to support data analytic projects related to elderly health promotion programs that are funded by the SDA;
- Seek in-kind support through existing program partnerships and outside funding sources;
- Develop tools to improve data collection to demonstrate program outcomes;
- Continue to partner with the state Department of Public Health (DPH) to embed Chronic Disease Self-Management Education Programs (CDSME) into state public health networks;
- Work with the Area Agencies on Aging to ensure that all Title IIID programs meet the Administration for Community Living highest criteria standards for evidence-based health promotion programs;
- Create opportunities for growth and sustainability of SDA's healthy aging programs through the development of a healthy aging business plan;
- Use the newly established [CT Healthy Living](#) website as a platform of the CDSME, Fall Prevention and Title IIID evidence-based programs.

Measures

- Embed minimum performance and outcome measures for elderly health promotion programs, to ensure that SDA contractors are meeting program deliverables for older adults, by July 2019;
- Meet with each health promotion program partner to promote their support in collection of data measures;
- Utilize the Request for Proposal process in SFY 2019 to continue to fund evidence-based health promotion programs such as Healthy IDEAS;
- Use SDA healthy aging business plan with all potential program partners to increase SDA public/private partnerships.

Elder Rights

Goal: Protect elder rights and well-being and prevent elder abuse, fraud and exploitation.

OBJECTIVE 1:

Provide timely legal interventions to reach individuals in need of services and empower individuals to know and exercise their rights along the LTSS continuum.

Strategies

- Assess current capacity of legal services delivery systems;
- Develop/implement delivery standards;
- Enhance/implement data collection and reporting systems;
- Develop statewide training curriculum focusing on priority legal issues for professionals and advocates, including issues related to elder abuse, neglect and exploitation;
- Seek alternative public and private grants and funding sources to support and improve services;
- Work with stakeholders to identify and duplicate best practices from across the state and nation to reach and assist older adults regarding elder abuse;
- Provide ongoing public outreach about identifying and mitigating abuse, neglect and exploitation throughout the LTSS continuum;
- In collaboration with AAA Elder Abuse coordinators, develop public outreach materials to identify elder abuse and address fraud and financial exploitation and distribute them to senior centers, libraries, civic organizations and faith-based organizations on an ongoing basis, FFY 2019–FFY 2020.

Measures

- A report on the legal delivery system capacity to support older adults will provide direction to legal service organizations on needed changes to decrease service time, FFY 2019;
- Data reported to the Consumer Law Project for Elders (CLPE) Helpline will reflect an increase in calls and services each year, commencing with a baseline of 413 services in year 1;
- CEJC website completion FFY 2018;
- LTCOP staff will each provide a minimum of one presentation annually related to abuse, neglect, exploitation for all LTSS stakeholders, including residents, resident or tenant councils and family councils, FFY 2018- FFY'19;
- LTCOP staff receive updated information and training twice a year on providing presentations on abuse, neglect and exploitation of institutionalized individuals, FFY 2018-FFY 2019;
- Abuse, neglect and exploitation information and/or materials will be provided to each resident council president annually at the Voices Forum, FFY 2018–FFY 2019.

OBJECTIVE 2:

Protect the right to self-determination and the opportunity to live meaningful lives in the setting of their choice and to have opportunity to make informed decisions;

Strategies

- Maintain capacity of the LTCOP through individual consultation, complaint investigation education and systems advocacy;
- Facilitate new initiatives to retain and train volunteers to extend the outreach of advocacy services of residents throughout the state, such as web-based training, teleconferences, and development of an enhanced curriculum specific to the new federal Ombudsman rule;
- Train Ombudsman representatives to provide supportive decision making information when visiting aging individuals in the facilities in which they reside;
- Provide services that legally document wishes such as advance directives and powers of attorney;
- LTCOP collaboration with Money Follows the Person (MFP) program during nursing home closures to ensure and empower individuals to know and understand all their living and supportive services options.

Measures

- Annually analyze LTCOP aggregate data and strategize best utilization of LTCOP resources and appropriate advocacy practices, FFY 2018 and 2019;
- Two times annually train Ombudsman representatives about supportive decision making materials to disseminate during facility visits;
- Participation in MFP Program Steering Committee monthly meetings to represent the voice of older adults who express interest in community living; FFY 2018-FFY 2020;
- Retention and training strategies will increase volunteer corps twofold in FFY 2018 and FFY 2019 to provide greater outreach and advocacy to institutionalized individuals;
- National Health Care Decision Day promotion in SDA and LTCOP newsletters, websites and social media to increase awareness and use by older adults. FFY 2018-FFY 2020;
- Continued collaboration with the Connecticut Coalition to Improve End of Life Care to increase publication of online resources for families and older persons, FFY 2018-FFY 2020.

OBJECTIVE 3:

Strengthen and enhance the Coalition for Elder Justice in Connecticut (CEJC).

Strategies

- Promote the growth and efficacy of the CEJC to work together to address elder justice issues that impact the state's ability to support an adequate public / private infrastructure and resources needed to be in place to prevent, detect, treat, understand, intervene in, and where appropriate, prosecute elder abuse, neglect and particularly exploitation;
- Develop more cohesive and collaborative initiatives to raise awareness and educate people of all ages about elder justice and elder abuse;
- Increase statewide collaboration and development of potential solutions to prevent elder abuse, neglect and exploitation and address other elder justice issues through the formation of CEJC Action Teams;
- Communicate with and seek support from current and potential stakeholders to provide the means and mechanisms to achieve the shared vision and goals of the CEJC;

Measures

- LTCOP & LAD will meet monthly, FFY 2018-FFY 2020;
- Coalition Steering Committee will meet at least once each year, FFY 2018-FFY 2020;
- At least one annual Coalition training/symposium about elder rights issues held each year, FFY 2018-FFY 2020;
- At least one Coordinating Council work session held annually, FFY 2018-FFY 2020;
- Coalition membership of organizations involved on community elder rights issues increased by 5% per year
- Coalition members review feedback received on outreach and the symposium for future planning purposes, FFY 2018-FFY 2020;
- Governor's Executive Order #42 reviewed each year for recommendations for updated Executive Order, FFY 2018-FFY 2019.

OBJECTIVE 4:

Promote the services funded through the Senior Medicare Patrol (SMP) Program among stakeholders

Strategies

- In collaboration with the AAA's SMP program, enhance partnership with AAA's National Family Caregiver Program, Alzheimer Respite Programs and SDA's Long Term Care Ombudsman Program (LTCOP) to move towards greater coordination and awareness of SMP programs and outreach activities on an ongoing basis;
- In collaboration with the AAA's SMP program, develop and distribute SMP fraud identification and prevention information to senior centers, municipal agents and financial institutions on an ongoing basis.

Measures

- Information on SMP and Medicare fraud will be disseminated to at least 250 caregivers statewide under the National Family Caregiver Support Program during each year of the state plan.
- Information on SMP and Medicare fraud will be disseminated to at least 300 caregivers statewide under the CT Statewide Respite Care Program during each year of the state plan.
- Information on CMP and Medicare fraud will be disseminated to at least 500 residents or their representatives/caregivers statewide under the LTCOP during each year of the state plan.

OBJECTIVE 5:

Improve the quality, consistency and availability of conservator services in Connecticut.

Strategies

- Encourage formation and ongoing operation of a CEJC Action Team under the leadership of the Probate Court Administrator in FFY 2018;
- Assist the Probate Court Administrator through the CEJC Action Team in development and implementation of legislative changes which protect residents from financial exploitation and abuse, in FFY 2018-FFY 2020;

- Assist with the development and implementation of a comprehensive professional and community training and outreach program on conservator law, standards of practice, consumer education and appropriate legislative changes and provisions to include judges, attorneys and community members in FFY 2019;
- Research and support grant opportunities to fund development, implementation and internet use for training, programmatic and outreach use in FFY 2020.

Measures

- Action Team and Probate Court Administrator will discuss progress and impact of training project and recommend any changes needed for the project, at least annually, FFY 2018 – FFY 2020;
- Legislation submitted to the state legislature by Action Team members for the protection of older adults from conservator exploitation;
- Increase in appointment of trained conservators throughout the state, using data obtained by the Probate Administrator.

Quality Management

The Area Agencies on Aging (AAA) four-year Area Plans are approved by the State Department on Aging. Each AAA submits an annual progress report that provides updates on the goals, objectives, strategies and outcomes that are outlined in its plan. The progress report, which is reviewed and monitored by SDA program staff, is submitted annually by November 15th. SDA program staff review program reports, program service data, and fiscal reports to monitor contract compliance. SDA staff meet with AAA program staff on a regular basis to review program access, procedures and development as well as potential changes to service delivery. SDA program staff provide on-going technical assistance for amending programs which provides opportunities for continuous program improvement. SDA Management staff meet in person with AAA Executive Directors on a bi-monthly basis and meet via conference calls on an as-needed basis to stay informed of program activity and development.

The SDA accountant and SDA program staff jointly review monthly expenditure reports and payment requests prior to payment issuance. This protocol greatly improved the timely receipt of payment requests as well as the timely issuance of payments to the AAAs. The SDA's Payment Procedure Guidance ensures uniformity when reviewing and approving contractors' payments. This guidance further supports the SDA's efforts for continuous improvement on behalf of SDA contractors. Contractually, SDA requires that AAAs enter data on the programs they administer or oversee in the Social Assistance Management System (SAMS). This data must be entered on a monthly basis. Beginning in FFY 2018, SDA Program staff will be responsible for reviewing program data on a quarterly basis to ensure that programs are on track to meet anticipated goals and expectations. When issues in this regard are detected, the effected AAA is given a time period to correct the problem. SDA staff is available to assist the AAA when necessary to achieve an acceptable resolution.

SDA continues its work on the "data inventory project" which was started in FFY 2016 to improve program data collection, maintenance and reporting. The project's goal is to eliminate duplication in these areas and to establish automated protocols wherever possible to help streamline procedures and make it easier to assess program development. Inventories are conducted for one program at a time. A data inventory tool is used for each program to conduct a comprehensive review of how program data is collected, maintained and reported. The MIS team, which is a partnership of the SDA and AAAs, monitors and provides feedback on this project.

If an AAA does not meet the standards outlined in existing SDA-mandated policies and procedures, a meeting is held between SDA staff and the respective AAA Executive Director to discuss the alleged deficiencies. Based on the findings of this meeting, a Corrective Action Plan (CAP) is developed by SDA and endorsed by the signatures of representatives of both agencies. The CAP is monitored by the appropriate SDA program staff person to ensure compliance and improvement.

Through a Memorandum of Agreement between the CT Department of Social Services (DSS) and SDA, DSS continues to provide the quality assurance functions it performed when SDA was a division within DSS. SDA provides DSS with a comprehensive list of grantees that received state and federal grants during the previous fiscal year. DSS notifies SDA of any audit findings that were identified in the federal and state single audit reports concerning these SDA grants. DSS continues to conduct audit investigations on behalf of SDA regarding complaints made against these grantees. SDA shall be responsible for the review and evaluation of grantees' audit findings, including obtaining and reviewing grantees' corrective action plans and issuing grantees written decisions pertaining to their corrective action plans.

**Attachment A:
Assurances & Required Activities**

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2016

Note: The State Department on Aging is the designated State Unit on Aging
By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.

ASSURANCES

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title--

(2)The State agency shall— (A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan;

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(c) An area agency on aging designated under subsection (a) shall be--...

(5) in the case of a State specified in subsection (b) (5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

Note: The State Department on Aging ensures that the following assurances (Section 306) will be met by Connecticut's five area agencies on agencies.

Sec. 306(a), AREA PLANS

(a) Each area agency on aging...Each such plan shall--

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services--

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared--

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and:
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—
(i) identify individuals eligible for assistance under this Act, with special emphasis on--
(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and
(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and

service area, to older Native Americans;

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(a) Each such plan shall comply with all of the following requirements:...

(3) The plan shall--

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients

of a grant or contract.

(B) The plan shall provide assurances that—

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance --

(A) the plan contains assurances that area agencies on aging will

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals --

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;...

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State...

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

- (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
 - (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
 - (iv) older individuals with severe disabilities;
 - (v) older individuals with limited English-speaking ability; and
 - (vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
- (B) are patients in hospitals and are at risk of prolonged institutionalization; or
- (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall--

- (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
- (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(23) The plan shall provide assurances that demonstrable efforts will be made--

- (A) to coordinate services provided under this Act with other State services that benefit older

individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307--

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and

assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order...

REQUIRED ACTIVITIES

Sec. 305 ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title— . . .

(2) the State agency shall—

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals; and

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

Sec. 306 – AREA PLANS

(a) ...Each such plan shall — (6) provide that the area agency on aging will—

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;

Sec. 307(a) STATE PLANS

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) be based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The plan shall provide that the State agency will—

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; ...

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The plan shall provide that the State agency will:

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

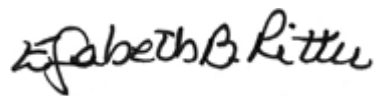
(12) The plan shall provide, whenever the State desires to provide for a fiscal year of services for the prevention of abuse of older individuals—

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(22) If case management services are offered to provide access to supportive services, the plan

shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).



Elizabeth B. Ritter, Commissioner

June 23, 2017

Date

Attachment B: Information Requirements

Section 305(a)(2)(E)

The State Department on Aging (SDA) assures that preference will be given to providing services to older adults with the greatest economic need, the greatest social need with particular attention to low-income older adults and low-income minority older adults with limited English proficiency, and older adults living in rural areas.

The SDA utilizes a variety of methods to carry out the requirement for giving preference in the provision of services to those in greatest economic and social need. The Title III funding formula is based on several elements including five weighting factors, which pertain to the achievement of this requirement. These are low-income, rural residence, minority status, low-income minority status and functional limitations or disability.

The State Department on Aging requires all Title III service providers to set targets for low-income and minority participation and these targets are used by the SDA and the Area Agencies on Aging (AAA) to monitor provider performance. The Title III Management Information System (MIS) also tracks participation by age and impairment level and town of residence. This data is collected by the AAA and their grantees on a monthly basis and is available to these partners to assess their success in reaching those in greatest social and economic need. The system includes information on participation by persons who are both low income and minority group members.

The State Department on Aging conducts periodic needs assessments and special studies on various issues related to the status and needs of Connecticut's elderly. In addition the SDA utilizes needs assessments by other entities such as the University of Connecticut Health Center and the AAAs. The SDA reviews the findings as highlighted, paying particular attention to low income older adults, including low income minority adults, older adults with limited English proficiency and older adults residing in rural areas.

Based on the information gathered, recommendations will be made regarding meeting the needs of older adults and persons requiring long-term care. The SDA continues to work closely with other organizations within the state to improve the level of services available to residents in publicly subsidized housing for the elderly.

Outreach is particularly important in reaching persons in greatest social and economic need. The State Department on Aging itself conducts extensive outreach efforts to the target population. The SDA delivers training and provides technical assistance to municipal agents, seniors centers and others in the aging network who serve those in greatest economic and social need.

Section 306(a)(17)

The State Department on Aging assures that each Area Plan includes information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plan with local and State emergency response agencies.

The SDA, through its Program Instruction, SUA- SPI-16-03, to the Area Agencies on Aging requires that the AAA area plans include their emergency preparedness plan.

Activities outlined in these plans include: identifying local resources, participating in training sessions, providing emergency preparedness information on their website, and participating in local workgroups. The area plan also identifies points of collaboration with local and state emergency response agencies, such as the Department of Emergency Services and Public Protection (DESPP) and municipal emergency management personnel. Local and state public health departments as well as local and state relief organizations such as the American Red Cross and United Way are also involved.

Work continues with the AAAs to expand their network of resources to serve older adults and people with disabilities for emergency preparedness planning.

Section 307(a)(2)

The SDA specifies that a minimum proportion of the funds received by each Area Agency on Aging in the State to carry out Part B will be expended (in the absence of a waiver under sections 306(c) or 316) by such Area Agency on Aging to provide each of the categories of priority services specified in section 306(a)(2).

Listed below are the minimum percentages:

Access	21 percent (including 10% transportation and 5% behavioral health)
In-Home	25 percent
Legal Services	6 percent

Section 307(a)(3)

The State Department on Aging assures that it will spend for each fiscal year of the plan, not less than the amount expended for services to residents of rural areas in the 2000 federal fiscal year.

This plan identifies, for each fiscal year to which the plan applies, the projected costs of providing services to rural residents (including the cost of providing access to such services). Approximately 82 percent of all of Connecticut’s rural residents reside in two of the state’s five planning and service areas. These are the Western Connecticut and the Eastern Connecticut Area Agencies Aging. These agencies accommodate the needs of rural residents in their area plans and in their service allocations.

During the 2016 federal fiscal year, the most utilized services were home delivered meals, congregate meals, adult day care, information and assistance and transportation. At a minimum, the funding must remain at current levels in order to continue to provide these services which include services for rural residents.

Connecticut's intrastate funding formula includes a rural factor. The factor has been an element within the state's funding formula since the mid-1970s. The factor was introduced in recognition of the additional costs required to deliver services to the residents of rural municipalities. As the formula is currently computed, approximately five percent of funds available under Title III of the Older Americans Act are allocated according to the distribution of the state's rural elderly population.

Section 307(a)(10)

The State Department on Aging assures that needs of older adults in rural areas are taken into consideration. This is done in a variety of ways. The SDA enables the AAA's in reaching this population through financial support and programmatic directives. One means of financial support is through the Older Americans Act dollars. These funds, as discussed in the section, "Overview of Older Americans Act (OAA) Funding Sources for Connecticut" are dispersed through a funding formula that places emphasis on certain population characteristics like older adults residing in rural areas. Rural residents receive a weighting of two, and an additional weight is given if these residents are minority, low-income or the frail elderly.

The AAA submits targets to the SDA that outlines efforts that will be made to reach at-risk, target populations. Targets are submitted to the SDA yearly. The SDA administers three major programs with Information and Assistance functions: CHOICES, ADRC and NFCSP that target outreach efforts to rural communities. The AAA contracts with local service providers for nutrition, transportation, mental health and in-home services for the older adults residing in rural communities.

The SDA also supports older adults in rural areas through its Congregate Housing Services Program (CHSP). This program is funded through the U.S. Department of Housing and Urban Development. It is administered through two of Connecticut's five Area Agencies on Aging, Western Connecticut AAA and Senior Resources Agency in Eastern Connecticut. The program provides opportunities for socialization through congregate meals and supportive services to frail elders and persons with temporary or permanent disabilities in rural areas who would otherwise be vulnerable to premature institutionalization.

It is projected that the annual expenditures for serving older adults residing in rural areas is \$3,484,000 annually. This projected amount includes the older adults served through CHSP as well as older adults served through Title III.

Section 307(a)(14)

The number of low-income minority older adults in Connecticut in 2015 was 19,901. The State Department on Aging assures that needs of low income minority older adults will be taken into consideration when determining how funds are allocated. The SDA uses low income, minority and low income minority older individuals as weighting factors in its funding formula. Low-income minority is weighted more heavily at a weight of four. Using this funding formula, funds are made available for the local AAA to serve low income minority individuals. The State Department on

Aging assures these populations are reached with the funds through submittal of yearly targets that mirror the OAA target groups. The AAA planning efforts must be targeted to reach each group including low-income minority older adults.

The American Community Survey Table - B16004 (Age by Language Spoken at Home by Ability to speak English for the population 65 years and older) - identifies 132,779 adults age 65 and over in Connecticut reporting languages spoken at home. While it is unknown how many low-income minority adults age 60 and over have limited English Proficiency, 21 percent of Connecticut's adults age 65 and older report speaking a language other than English at home and report speaking English "not well" or "not at all" in the U.S. Census Bureau's 2015 American Community Survey. Three counties in Connecticut, (Fairfield, New Haven and Hartford), have the highest concentration of older adults reporting that they speak English "not well" or "not at all". The SDA assures that it will work with the AAAs for those regions (respectively, the Southwestern Connecticut Agency on Aging; the Agency on Aging of South Central Connecticut and the North Central Area Agency on Aging) and assures that the needs of these older adults who speak English not well or not at all shall be reached with the funds distributed to the local AAAs. The AAA planning efforts must be targeted to reach adults with limited English proficiency.

Section 307(a)(21)

The State Department on Aging will pursue activities to increase access by older adults who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under Title III when applicable. More specifically, the SDA will encourage access to Title III services such as evidence-based Chronic Disease Self-Management Education under III-D and Respite services under III-E by older Native Americans. Additionally, the SDA is looking to collaborate with the Title VI grantees, the Mohegan Tribe and Mashantucket Pequot Tribe, on ways to partner regarding nutrition services.

Area Agencies on Aging (AAAs) shall include information and assurance concerning services to older adults who are Native American in accordance with Sec. 306(a)(11) of the Act and specify the ways in which they will implement these activities. The State Department on Aging connected with both Title VI grantees and will facilitate partnership between the local Area Agency on Aging, Senior Resources Agency on Aging, and the tribes on collaboration among nutrition services under Title III and VI as well as the provision of other Older Americans Act Title III services through Senior Resources.

Section 307 (a)(28)

According to the U.S. Census Bureau, in 2014 15% of the population, or 555,923 individuals in Connecticut, were aged 65 and older. The Connecticut SDA recognizes that in the next ten years there will be a significant increase in the number of older adults in the state. The 65 and older population is projected to grow 43.2% by 2030 (United Health Foundation, 2016). Many individuals in this age cohort will need services. The SDA also acknowledges that financial resources are likely to be limited and unable to meet all of those needs.

With this increase in the number of older adults comes a greater demand for long-term care services including access to long-term care information, home care, transportation, affordable and safe housing, as well as the need for public and private resources and long-term care system in place to support these services.

The SDA has been supporting long-term care systems change efforts, working to sustain current efforts of the ADRCs, the evidence-based disease prevention projects, and self-directed care initiatives as well as fostering partnerships in the aging and disability networks.

Section 307(a)(29)

Connecticut has developed an extensive emergency preparedness plan to address the needs of its residents statewide. Developed by the Department of Emergency Services and Public Protection, the [State Response Framework](#) (SRF) is the primary resource outlining the response of state agencies during both natural and man-made disasters. This response includes addressing the needs of at risk populations such as frail seniors.

The [State Response Framework](#) clearly outlines the State Department on Aging's responsibilities. These include:

1. Staffing the State Emergency Operations Center (SEOC) as requested by the Division of Emergency Management and Homeland Security (DEMHS);
2. Providing Emergency Support Functions or Recovery Support Functions for Mass Care Issues
3. Serving on any DEMHS or SEOC Task Force including leading or supporting the State or Mass Care Task Force
4. Serving on a Housing Task Force or the State Long Term Recovery Committee
5. Assisting disaster victims, especially elderly disaster victims, in obtaining ongoing agency supportive services through Connecticut's five Area Agencies on Aging as well as Protective Services for Elderly through the Department of Social Services
6. Assisting elderly disaster survivors in applying for state and federal assistance.

Providing service delivery programs

The State Department on Aging has identified several critical programs that will play vital roles in emergency preparedness and response. These services include:

- Chore services
- Transportation
- Nutrition assistance
- Legal Aid
- Long Term Care Ombudsman Services
- CHOICES and ADRC's

- Information and Assistance
- Assistance in applying for state and federal assistance

These services have been identified as they are valuable in assuring that the basic needs of older residents are being met, providing information and assistance, and protecting elder rights and preventing abuse and neglect.

The State Department on Aging, as the designated State Unit on Aging will coordinate its efforts with the aging network to assure these programs are maintained in the event of an emergency. The SDA ensures that notifications received from local, state and federal agencies are distributed to the aging network. These notifications include, but are not limited to, seasonal flu, pandemic influenza and disease, natural and other man-made disasters.

Additional emergency preparedness services available to Connecticut's older residents include the local Area Agencies on Aging coordination with local health departments and districts to inform elders about the location of services including emergency shelters; and 211, a free statewide information and referral service.

The [State Response Framework](#) clearly outlines plans which integrate the needs of at risk populations, including frail older residents, at the state level. Emergency preparedness plans at the local and regional level, such as those developed by municipalities, Area Agencies on Aging and health districts, have outlined similar strategies to meet the specific needs of at risk populations as well. These include plans to disseminate information when needed and mapping of senior housing and medically frail individuals. When combined, these local, regional and state plans allow for critical programs and services, (i.e. nutrition and information and assistance) to be fully integrated into the state's disaster planning efforts.

Section 307(a)(30)

The Commissioner of the State Department on Aging, as the agency's head official, is a member of the Unified Command for the State Emergency Operations Center (SEOC). During an emergency and the recovery period following the emergency, the Commissioner reports to the SEOC to assist with mass care issues. The Commissioner is a mandatory participant on Unified Command Calls with the Governor's Office and the Department of Emergency Services and Public Protection, Division of Emergency Management and Homeland Security. While Connecticut's Department of Public Health is the lead agency for the State Public Health Emergency Preparedness and Response Plan, its Office of Public Health and Preparedness and Response (OPHPR) coordinates all public health and healthcare communications, in collaboration with the Connecticut Department of Emergency Services and Public Protection, Division of Emergency Management and Homeland Security (DEMHS). This statewide effort places the Commissioner of the State Department on Aging at the forefront of communications for older adults in Connecticut.

Connecticut's State Department on Aging supports efforts to provide education about individual emergency preparedness for seniors and their caregivers. The aging network regularly coordinates

its efforts with local agencies such as the American Red Cross and senior centers to assure older residents have the information needed such as how to develop an individual emergency preparedness kit or where to go for help in the event of a natural or man-made disaster. The SDA website promotes information devoted to various emergency preparedness events. Topics include how to prepare for winter storms and extreme cold, hurricanes, and floods.

Connecticut's state and local plans have identified the needs of the state's at-risk populations, including frail seniors. In doing so, the state has outlined the roles each state department will perform in the event of an emergency to meet the immediate and long-term needs of older residents. Particular effort is made for the frail as they are a population who can become increasingly at risk as an emergency situation is prolonged. The State Department on Aging plays a vital role in these efforts to assure wellness care is maintained for seniors and efforts are coordinated throughout the aging network.

Section 705(a) ELIGIBILITY --

- (1) The SDA assures funds received under this subtitle will continue to be carried out in accordance with the requirements of the chapter and this chapter.

The State Department on Aging provides three major elder justice functions for CT residents: The Ombudsman Program, the Coalition for Elder Justice in Connecticut and legal services development activities with Title III and VII funding. Protective Services for the Elderly (PSE) is administered under the Department of Social Services and the SDA has a strong working relationship with PSE. The Ombudsman program and PSE work together in instances when abuse, neglect or exploitation occurs in long-term care settings. The manager of the Protective Services for the Elderly Unit sits on the Coalition for Elder Justice Coordinating Council. This unit provides education to Title III and VII contractors on reporting elder abuse.

The Ombudsman Program, established by state and federal law, investigates complaints made by or on behalf of residents of nursing homes, managed residential communities and residential care homes. The Ombudsman and representatives of the Office provide information and consultation on long-term care issues and empower residents and families to discuss issues and address concerns with institution staff. Additionally, Ombudsmen represent the interests of residents at the legislative and policy levels and advocate for changes that will improve the quality of care and services.

The Legal Assistance Developer does not represent individual clients but does (1) monitor and advocate to improve the quality and quantity of legal and advocacy services available to Connecticut's vulnerable elderly by (1) providing technical assistance to legal assistance providers and organizations and agencies within the aging network relative to elder rights issues and (2) providing direction on how to obtain free legal information or representation on a wide range of issues affecting older residents. The LAD, as time permits, also speaks to

groups or organizations on elder rights topics such as End-of-Life Decision-making and Health Care Planning and Health Care Fraud and Abuse and related scams.

The statewide Coalition for Elder Justice in Connecticut, co-chaired by the Legal Assistance Developer and the Long-Term Care Ombudsman, brings together public and private stakeholders, including state agencies, legal services, private entities and the Area Agencies on Aging, to identify state and regional needs, enhance development of multidisciplinary responses and public awareness strategies to prevent elder abuse, neglect and exploitation and target services to populations of greatest social and economic need.

- (2) The SDA assures public hearings are held and feedback is received from older individuals, Area Agencies on Aging, recipients of grants under Title VI, and other interested persons and entities regarding programs carried out under this subtitle. Please see the section entitled State Plan Development Process that provides information on the public comment process. Additionally, Area Agencies on Aging are required to gather community input on the programs and services delivered under Title III in during Area Plan development and as a regular part of program management.
- (3) The SDA assures, in consultation with the Area Agencies on Aging, to identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights. The SDA provides funding to the regional Area Agencies on Aging that provide assistance in securing and maintaining benefits and rights. Please see Attachment D for information on several programs that the SDA administers and contracts out to the AAAs. These programs, such as the Aging and Disability Resource Centers, Veterans Directed Home and Community Based Services Program and CHOICES assist older adults and caregivers with acquiring benefits. The SDA coordinates the Person-Centered Counseling Training, also found in Attachment D that enhances a professional's ability to best serve the complex needs of many residents in a person centered manner. Legal services are a resource that professionals in these programs routinely refer callers to for assistance.

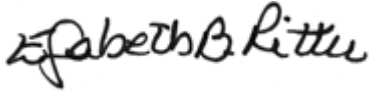
Additionally, Area Agencies on Aging allocate a minimum of 6% of Title IIIB funds for legal services and submit elder abuse plans that outline use of Older Americans Act funding from allocations they receive from Title VII. An AAA representative serves on the Coordinating Council of the Coalition for Elder Justice in Connecticut (CEJC). The SDA applied for and was awarded a Phase II Model Legal Assistance grant from ACL, which is currently in the first year of the planning phase. This grant will be implemented in partnership with Connecticut Legal Services and members of CEJC. The initial objectives include assessment of legal service delivery systems and implementation of delivery standards. The additional objectives include the development of a legal services delivery system that is low cost and responsive to priority OAA issues, including legal issues related to elder abuse, neglect and financial exploitation.

- (4) The State Department on Aging assures that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended

under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

- (5) The State Ombudsman designates and de-designates volunteers. The State Ombudsman selects regional ombudsmen under the state classified employees' policies to carry out their delegated duties in accordance with the established policies and procedures of the Office. The designation and de-designation of Office staff (the hiring and termination process) is done in accordance with guidelines that apply to all classified employees in state service. Eight Regional Ombudsmen and intake staff are out-posted in regional offices throughout the state. All Connecticut Ombudsman advocacy services are provided solely to individuals residing in long-term care institutions (skilled nursing facilities, residential care homes and assisted living facilities). The Office of the State Long Term Care Ombudsman does not provide advocacy services to individuals who reside in the community.
- (6) The SDA assures that, through state and federal statutes and regulations with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
 - (A) in carrying out such programs the State agency in partnership with and through funding provided to the regional Area Agencies on Aging will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:
 - (i) public education to identify and prevent elder abuse through activities such as public service announcements, distribution of education materials and regional seminars;
 - (ii) direction of all reports of elder abuse to Protective Services for the Elderly which is administered out of the Department of Social Services and is the entity that receives and investigates reports of elder abuse;
 - (iii) active participation of older individuals participating in programs under this Act through outreach, elder abuse and ombudsman conferences, and referral of such individuals to other social service agencies or sources of assistance when appropriate. Conversely, PSE collaborates with the AAAs in providing assessments and follow-up services to elders that have been referred to PSE and are in need of additional program services and referral of complaints to law enforcement or public protective service agency is made as appropriate;
 - (iv) direction of complaints to law enforcement or PSE and training opportunities for professionals and caregivers on elder abuse, exploitation or neglect and how to assess, detect intervene and report. Ombudsmen follow all federal and state statutes and regulations pertaining to ombudsman disclosure and confidentiality.
 - (B) The SDA assures that, through state and federal statutes and regulations, the SDA will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

- (C) The SDA assures that, through state and federal statutes and regulations, all information gathered in the course of receiving reports and making referrals shall remain confidential except—
- (i) if all parties to such complaint consent in writing to the release of such information;
 - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
 - (iii) upon court order.



June 23, 2017

Elizabeth B. Ritter, Commissioner

Date

*** It is important to note that Protective Services for the Elderly is not under the auspices of Connecticut's State Department on Aging***

Attachment C: Intrastate Funding Formula

Section 307(a)(3)(A) Intrastate Funding Formula

The SDA assures that the plan includes a numerical statement of the intrastate funding formula and a demonstration of the allocation of funds to each planning and service area referred to as Area Agency on Aging. Connecticut’s intrastate funding formula has not changed from the intrastate funding formula outlined in Connecticut’s State Plan FFY 2015 through FFY 2017.

The goal of Connecticut’s intrastate funding formula is to have the distribution of Older Americans Act funds among the state’s Area Agencies on Aging reflect the distribution of the population with social and demographic characteristics known to be associated with the need for assistance in later life.

These characteristics have all been identified in the Older Americans Act itself as defining the target population for community service programs under Title III of the Act. They are:

- (a) All persons age 60 years or older;
- (b) Persons age 60 years or older who are members of a racial or ethnic minority;
- (c) Persons age 60 years or older with incomes at or below the poverty threshold;
- (d) Persons age 60 years or older unable to perform basic activities without assistance;
- (e) Persons age 60 years or older living in rural communities; and
- (f) Persons age 60 years or older who are both members of racial or ethnic minorities and have incomes below the poverty threshold.

The Intrastate Funding Formula is constructed by weighting the population age 60 or over in each Area Agencies on Aging planning and service area with the population with each of the characteristics listed above. This is accomplished by adding the population with these characteristics to the total populations, in effect increasing the weight of persons with multiple need characteristics by the number they possess. Thus, minority group members have a weight of two, low-income individuals have a weight of two, and low-income minority individuals have a weight of four.

The formula can be expressed in the mathematical notation as follows:

$$\$A = ((\sum A_{(P1...P6)} / \sum S_{(P1...P6)})(0.5\$S)) + ((0.5\$S) / A_N)$$

Where:

60+ A_N = Number of Area Agencies in State

\$_A = Area Allocation

\$_S = State Allocation 60+ A = Area

P₁ = Total Population 60+ P₂ = Minority Population P₃ = Low-Income 60+

S = State

P4 = Impaired

P6 = Low-income Minority 60+

P5 = Rural 60+

The underlying assumption is that persons with these characteristics are not distributed in the same pattern as the general population, and that by weighting the general population to reflect these populations in need, funding will be more equitably distributed than if distributed by the general population alone.

Because a minimum level of funding is believed essential to maintain available service programs in any Planning and Service Area, half of the funding available is divided into five equal portions. The remainder of the funding is divided by the population characteristics listed above. These calculations are combined into one percentage for each Area Agency on Aging.

The resulting percentage for each Area Agency on Aging is as follows:

FORMULA FOR DISTRIBUTING TITLE III FUNDS UPDATED WITH 2010 CENSUS DATA						
	SWCAA	AASCC	SRAA	NCAAA	WCAAA	TOTAL
Total 60+	127,954	136,641	120,637	202,766	121,856	709,854
Minority 60+	26,270	19,595	8,481	31,392	11,261	96,999
Low Income 60+	7,950	7,880	5,305	13,243	7,135	41,513
Disabled 60+	2,404	2,691	2,154	3,934	2,291	13,474
Rural 60+	1,600	3,736	31,561	6,194	21,922	65,013
Low Income Minority 60+	3,660	2,540	715	4,939	1,789	13,643
TOTAL WEIGHTED POPULATION	169,838	173,083	168,853	262,468	166,254	940,496
PERCENT WEIGHTED POPULATION	18.06%	18.40%	17.95%	27.91%	17.68%	100.00%
Funding Formula Percent	19.03%	19.20%	18.97%	23.96%	18.84%	100.00%

These percentages are then applied to each Title III funding line, except for Ombudsman and Nutrition Services Incentive Program funds. For example, if the Title III C2 total funding is 2,571,861 then SWCAA would receive \$489,425 and so on.

**Attachment D:
SDA Programs, Projects and Initiatives**

Attachment D: SDA Programs, Projects and Initiatives

LONG-TERM SERVICES & SUPPORTS

- **Connecticut Statewide Respite Care Program (CSRCP)**

Offers a break in caregiving to caregivers by developing a plan of care that includes short term services for persons with Alzheimer’s disease and related dementias. In addition, the program provides information and support to caregivers. Respite is designed to assist fatigued caregivers. The services under the program may include but are not limited to: companions, homemakers, adult day care, transportation, personal emergency response system, medication monitoring, private-duty nursing or short-term inpatient care in a nursing facility, a short-term residential care stay, or a short term assisted living stay. Eligibility is based on the income and assets of the individual with Alzheimer’s, and participants are responsible for a co-pay unless waived due to financial hardship. This program is a joint partnership between SDA, the Alzheimer’s Association Connecticut Chapter and the Area Agencies on Aging. This program is solely state-funded.
- **National Family Caregiver Support Program (NFCSP)**

Supports caregivers access services in an efficient manner by providing information about available services, assistance in gaining access to those services, individual counseling, support groups, caregiver training, respite care, and supplemental services, on a limited basis, to complement the care provided by caregivers (i.e. home modifications, assistive technology and medical supplies not otherwise covered by insurance).
- **Grandparents as Parents Support (GAPS)**

Promotes support groups for grandparents and other relatives raising children. Initially created by the SDA, it provides guidance with program development and startup and offers training for facilitators and funding opportunities. The GAPS Network listserv provides information on grant opportunities, legislative updates, advocacy and legal information, support group ideas and other community resources.
- **Aging and Disability Resource Centers (ADRCs)**

Provides information and seamless connection to services and supports for community living as part of the state’s No Wrong Door system. This includes benefits screening, information and assistance, decision support, follow up and person centered options counseling. Options counseling includes an in-depth in-home assessment where options are explored and an action plan is developed based on the person’s preferences, strengths, needs and goals. The person receives assistance connecting with services as well as follow-up and support through the decision making process. SDA is partnering with the Department of Social Services

in developing local partners who can provide connection and application assistance throughout the state.

- **Person-Centered Counseling Training Program (PCC)**
Provides a new, interactive online and in-person national curriculum that equips providers, staff or caregivers with the tool, knowledge and skills to provide assistance and services to individuals in a person-centered manner when seeking long term care services and supports. The curriculum was developed for the No Wrong Door system by the University of Minnesota, University of California and Support Development Associates with funding from the Administration for Community Living. SDA is offering continued training any no cost to anyone providing support to individuals receiving help or care through the NWD system. Training is being offered through a NWD grant awarded by ACL for FY '17 and '18.
- **Veteran's Directed Home and Community Based Services Program (VD-HCBS)**
Gives veterans an opportunity to self-direct their own care and receive services in their homes from the caregiver of their choice. Funded by the federal Veterans Administration (VA) and in partnership with the Administration on Aging/ Administration for Community Living, the SDA implemented the Veteran's Directed Home-and Community-based Services program.
- **Congregate Housing Services Program (CHSP)**
Provides congregate meals and supportive services to frail older adults and people with temporary or permanent disabilities in rural areas who would otherwise be vulnerable to premature institutionalization. Supportive services may include case management, homemaker, transportation, home health aide, adult day care, personal emergency response, money management, medication management, companion, and foot care. As the lead agency serving older adults, the State Department on Aging's goal under the Congregate Housing Services Program is to facilitate coordination between federal, state and regional organizations regarding the provision and delivery of such services; improve access of older adults to supportive housing services; and enhance the availability of supportive services and pertinent resources for residents as they age in place.
- **Alzheimer's Aide Funding**
Supplements the Title III funding that is allocated to the Area Agencies on Aging to fund staff at Adult Day Care Centers who assist individuals with Alzheimer's disease. The SDA administers this state funding, reviews funding requests from each Area Agency on Aging, evaluates the impact of prior year's funding on staffing levels, and approves requests for funding annually.

- **Human Resources Agency - Las Perlas Hispanas Senior Center**
Supports outreach to low-income older adults who need case management, socialization and information and referral services.

HEALTHY AGING

- **Elderly Nutrition Program**
Purpose is to reduce hunger and food insecurity; promote socialization, health and well-being; and to delay adverse health condition for older adults. The program serves people age 60 and older, their spouses, and people with disabilities under 60 who live with an older person or live in elderly housing facilities that have congregate meal sites (Community Cafes). Meals are provided at community cafes or delivered to homes of frail older adults. Cafes are located in senior centers, elderly housing communities, schools, churches, restaurants and other community settings. SDA administers bi-annual trainings; reviews and approves menus assuring compliance with the most recent Dietary Guidelines for Americans and conformance to the Dietary Reference Intakes; provides technical assistance to Elderly Nutrition Services Program staff; and conducts monitoring of congregate meals sites and meal delivery routes.
- **Health Promotion Services and Disease Prevention/OAA Title III-D**
Supports education and implementation activities that foster healthy lifestyles and promotes healthy behaviors as well as supporting evidence-based health promotion programs to reduce the need for costly medical interventions. All Title III-D funds that are distributed to the five AAAs must be allocated to agencies/organizations that disseminate highest criteria evidence-based health promotion programs.
- **Connecticut Statewide Fall Prevention Initiative**
Works to decrease the rate of falls among community dwelling older adults. By recruiting, developing and supporting a variety of local initiatives the initiative aims to embed an evidence-based, multidisciplinary, multifactorial fall risk assessment and intervention strategy throughout Connecticut. The intervention consists of changing prevailing knowledge, attitudes, skills, and behaviors related to fall risk factor assessment and prevention among older persons and relevant care providers. Through the Statewide Initiative research has demonstrated that fall related 9-1-1 calls, rates of admission to the emergency departments and acute care hospitals can be reduced. The goal of SDA has been to address the rising rates of falls and resulting disability among Connecticut's older adults. With funding provided by the CT State Legislature under Section 17b-33 of the C.G.S., the SDA, in partnership with the Yale CT Collaboration for Fall Prevention has undertaken an array of initiatives that build on proven research and has helped CT become a national model in preventing falls in a community-based setting.

- **Evidence-Based Disease Prevention Programs**

Provides information and teaches practical skills on managing and living with chronic health problems. The Chronic Disease Self-Management Program (CDSMP), or “Live Well” as branded in Connecticut, is a six week lay-led participant education program developed by Stanford University for adults who are experiencing chronic conditions. The program Since 2008, SDA in partnership with the CT Department of Public Health (DPH) has received competitive grants from the Administration for Community Living to disseminate and embed Chronic Disease Self-Management Education Programs (CDSME) within Connecticut’s health and community service systems. Currently, the SDA is partnering with DPH, Connecticut Community Care (CCC), and several CT Health Foundations to build upon previous efforts to create a network of centralized implementation, information, training and support for the dissemination of CDSME and other evidence-based programs. The culmination of these efforts is featured on a web portal <http://www.cthealthyliving.org/>. Since 2010, Connecticut’s lay leader network has facilitated over 350 workshops with 3,700 older adults and persons with disabilities taking part in self-management programs.

- **CHOICES, Connecticut’s programs for Health insurance assistance, Outreach, Information and referral, Counseling and Eligibility Screening**

Provides information and counseling about Medicare and other related health insurance options to older adults, persons with disabilities, their families, caregivers, and providers through a network of trained volunteers and in-kind professionals. Free and objective counseling is conducted through individual telephone or face-to-face sessions and public outreach presentations and media activities. SDA staff provide assistance with administering, evaluating, monitoring and coordinating State Health insurance assistance Program (SHIP) services in collaboration with the five AAAs and the Center for Medicare Advocacy.

- **Healthy IDEAS**

Designed to detect and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations through existing case management services. The program seeks to improve the linkage between community aging services providers and health care professionals through, better communication, referrals and effective partnerships. The program also focuses on enhancing the self-management skills of older adults with depressive symptoms. Healthy IDEAS targets underserved, chronically ill older adults in the community and addresses commonly recognized barriers to mental health care. As a long-standing partner in the Older Adult Behavioral Workgroup with the Department of Mental Health & Addiction Services, the SDA has sought to ensure that mental health services and substance abuse programs are available to Connecticut’s older adults. The role of mental health and aging has become even more important because as adults are living longer, they are also experiencing more chronic diseases. Through dissemination of the Healthy

IDEAS program, the SDA continues to work to make mental health a central component to healthy aging.

ECONOMIC SECURITY

- **Senior Community Service Employment Program (SCSEP)**

Assists workers age 55 years and older to prepare to re-enter today's workforce with on-the-job training, supportive services and job development. Job training is conducted through subsidized placements with local non-profit and community agencies, providing needed staffing services to those businesses. Supportive services include, but are not limited to, GED, English as a Second Language (ESL), assistive technology and transportation assistance. The SDA is designated by the Governor as the state SCSEP Grantee. As such, the SDA is responsible for providing SCSEP services to four of the state's counties; coordinating services between the state and the national grantee(s); coordinating with the state's Workforce Investment Boards and the Workforce Investment and Opportunities Act (WIOA) and the development and submission of the State's Four-Year SCSEP Coordination Plan.

- **Reverse Annuity Mortgage**

Is a home loan that allows eligible homeowners aged 70 and older the ability to convert some of the equity in their homes to cash to help obtain services to meet their long-term care needs. This income helps allow homeowners to stay in their homes and avoid institutionalization. The Connecticut Housing Finance Authority (CHFA) has set aside funds to make such RAM loans available, in cooperation with SDA and DSS.

- **Connecticut Partnership for Long Term Care training and education (Consumer Education Partnership for Long Term Care)**

Works in alliance with the Office of Policy and Management and the private insurance industry through which Connecticut residents can buy specially designed, state approved, competitively-sold long term care insurance that is designed to help older adults pay for long-term care without depleting their assets. Provides one-on-one counseling; distributes educational materials and conducts public outreach efforts via community presentations and public forums.

ELDER RIGHTS

- **Elder Rights/Elder Abuse Programing/ Title VII**

Provides prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation, including support of multidisciplinary elder justice activities, public education, victim assistance, consumer protection and law enforcement programs.

- State Long Term Care Ombudsman Program (LTCOP)**
 Assists individuals who reside in long term care facilities to investigate and resolve complaints to their satisfaction. The Office of the Ombudsman advocates for systemic changes in policy and legislation in order to ensure quality care and services and the well-being of individuals who reside in skilled nursing facilities, residential care homes and assisted living facilities. The Office plays a critical role in the growing number of nursing home closures, receiverships and bankruptcies. In most nursing home bankruptcy proceedings the Connecticut Ombudsman accepts appointment as the federal Patient Care Ombudsman and provides the Bankruptcy Court an extra level of oversight and a reporting mechanism to ensure resident care and services are not interrupted or diminished during bankruptcy reorganization. The Office also plays a significant role in the Money Follows the Person Program, ensuring individuals know about alternative living opportunities and assisting them throughout the process. The Office coordinates with SDA's Legal Assistance Developer to coordinate statewide activities related to elder abuse, neglect and exploitation. The Office also collaborates with many state agencies regarding issues specific to individuals who reside in long-term care facilities.
- Coalition for Elder Justice in Connecticut**
 Was formed by SDA as a means to further its mission to enhance the lives of older individuals. Public and private stakeholders in Connecticut work through collaboration and communication in the Coalition to address elder justice issues to prevent elder abuse and protect the rights, independence, security, and well-being of vulnerable older adults. To coordinate the day to day operations the Commissioner appointed Co-Chairs of the Coalition from the Department, assisted by a Steering Committee including representatives from 5 member organizations to plan activities and conferences. Further supported by Governor Malloy's Executive Order No. 42 in July 2014, an appointed Coordinating Council of twenty-two partner organizations from within and outside of state government including aging, disability, advocacy, elder rights, law enforcement, finance, education, victim services and others oversees the operations of the Coalition and its working multidisciplinary Action Teams.
- Senior Medicare Patrol (SMP)**
 Informs and empowers Medicare and Medicaid beneficiaries, family members and caregivers to avoid, detect and prevent health care fraud. Trained volunteers educate seniors about how to detect and handle fraud, errors, abuse and other deceptive healthcare practices. SMP staff and volunteers conduct outreach and public awareness campaigns. The SDA's role is to secure federal funding for the SMP Program Grant by submitting a proposal to ACL every 3 years and distribute the funds to Area Agencies on Aging for program administration throughout the state. The SDA is responsible for ongoing planning and development, training, monitoring, evaluating and ensuring that program targets and goals are met by each Area Agency on Aging.

- **Advance Directives**

Used by individuals to empower someone to follow through with their directions or to make informed decisions about their future healthcare preferences on their behalf when they are unable to understand, make or communicate their decisions about medical treatment. The SDA monitors any changes in the state statutes, in collaboration with the Office of the Attorney General in CT, prepares and publishes “Advance Directives: Planning for Future Health Care Decisions - Your Rights to Make Health Care Decisions”. This document is available from the SDA to consumers and organizations and agencies within the state.

- **Legal Assistance for Older Americans**

Distributes Title IIIB funding from SDA to the AAAs specifically so the AAAs contract with three Legal Services organizations in Connecticut to provide legal counseling and to the extent feasible, civil legal representation to people age 60 and older for legal issues commonly experienced by the most needy or vulnerable among them. These issues include nursing home and other housing concerns, interactions with Medicaid and other government programs, patients’ rights, and consumer law. The SDA houses the state’s Legal Assistance Developer, who monitors and advocates to improve the quality and quantity of legal and advocacy services available to Connecticut’s vulnerable elderly; provides technical assistance to legal assistance providers and organizations and agencies within the aging network relative to elder rights issues; and provides direction on obtaining free legal information on a wide range of issues affecting older residents and explains how to obtain the free legal representation offered to seniors 60 and older under the Older Americans Act.

OTHER

- **Management Information System (MIS)**

A web-based system which tracks federal and state programs for older adults that are administered or monitored by the SDA and housed in a system called Social Assistance Management System (SAMS). This web-based system supports the annual mandatory State Program Report to the Administration for Community Living (ACL). This mandatory report informs ACL about the services provided through federal Older Americans Act and state funding. This web-based documentation system also tracks Long-Term Care Ombudsman data regarding numbers of individuals residing in Connecticut long-term care facilities, the number of cases and complaints the Ombudsman receives during a federal fiscal year, types of complaints, Ombudsman activities and funding information. The data collected complies with the Administration on Aging Ombudsman data requirements and is reported to Congress annually.

Attachment E:
SDA Progress on State Plan 2015-2017 Goals

SDA Progress on 2015-2017 State Plan Goals: Highlights

GOAL 1: Promote Healthy Aging Initiatives across the Aging Network

- Developed Healthy IDEAS program: evidence-based community depression program designed to detect and reduce the severity of depressive symptoms in older adults through existing community based case management services.
- Awarded Elderly Health Promotion funds in June 2015 to three contractors to disseminate the Healthy IDEAS depression detection program.
- Continued partnership with AAA/DPH through Title III-D, though CDSME federal grant ended 8/15/16.
- Developed the [CT Healthy Living website](#) through SDA/DPH partnership with Connecticut Community Care, Inc. which provides a place for providers & consumers to locate and register for workshops, find out where trainings are being offered and have questions answered about self-management programs.
- Continued partnership with DPH to embed the Diabetes Self-Management Program (DSMP) and other Chronic Disease Self-Management Education (CDSME) Programs into the public health networks.
- Held quarterly food security meetings with DSS and other nutrition stakeholders and produced a [report](#) for policymakers.
- Increased flexibility of nutrition program: CHOICE program offered in 2 regions/ enhanced meals in 1 region/ Farm Share program in another region.
- Acquired SSBG funds which increased home delivered meal participation and freed up funds for Cafes.

GOAL 2: Protect Rights and Combat Elder Abuse, Fraud, and Neglect

- Fraud Watch Action Team presentations and training are ongoing to raise awareness of how to spot and respond to potential abuse.
- 2016 PSA's were done through CT Public Television as part of outreach strategy to raise awareness.
- Developed training and created a clearinghouse of information for financial agents in Connecticut featured on a web portal per legislative mandate with the Commission on Aging & CT Elder Justice Action team.
- Planned and facilitated Elder Justice Council meetings: 22 members participated; Conference held November 2015.
- Supported End of Life Coalition; provided info about advance directives; EOL reorganizing.
- 2016 Model Approaches for Statewide Legal Assistance Systems Phase II ACL grant awarded to SDA.
- Continued support of LGBT Aging initiatives, including Moveable LGBT Senior Centers.
- Became designated a "Safe Space" for friends in the LGBT community after SDA staff, including the LTCOP staff, received training from the National Resource Center on LGBT Aging.
- Provided LGBT specific training to long term services and supports providers.

- Created a LGBT resource page on the SDA website.
- Made contractual arrangement with Language Line and subsequently Language Link for Spanish and other languages to respond to help bridge the communication gap on telephone inquiries.

GOAL 3: Promote coordinated planning throughout the aging network

- Continued to hold quarterly meetings with the DSS & DOT working group focusing on transportation services.
- Helped inform the development of the Transitnet.info website, which has been developed as a tool for older adults and persons with disabilities to find and access transportation services.
- Continued to host quarterly meetings for the Elderly Nutrition Group. Members include staff of the Connecticut Department of Social Services, Elderly Nutrition Providers, food security agencies and other interested nutrition stakeholders. Continued partnership with DMHAS and the SDA.
- SDA staff continue to actively participate in the Older Adult Behavioral Workgroup.
- Completed [Behavioral Asset Mapping Report](#).
- Co-sponsored several topical forums and conferences, including: a CT White House Conference on Aging forum co-sponsored with the Connecticut General Assembly, the Annual Gatekeeper Conference, Brunch and Conversation with Aging Consumers, and the C4A annual conference: “Supporting Love Across the Lifespan” (2016) and “Livable Communities” (2015). Planned and sponsored the Elder Justice Conference (November 2015) and the CHOICES/SMP Conference (September 2016). Produced *Weekly Updates* to senior centers and municipal agents, held listening sessions with senior centers to define their needs and goals and participated in senior center accreditation efforts.
- Member of the Connecticut Resident Services Coordinator (CARSCH) chat room where important updates are disseminated.
- Senior Center liaison continued active role in Connecticut Association of Senior Center Personnel.

GOAL 4: Strengthen, integrate, and expand core OAA programs, ACL Discretionary Grant Programs, and all other SDA programs through evidence-based management

- Developed a data collection tool to track SDA’s reporting practices: CSRCP data inventory; SDA currently working directly with Medidata.

GOAL 5: Ensure the SDA and network partners are a represented, trained and integral part of the state’s evolving No Wrong Door (NWD) system.

- Collaborated with DSS and grantees on its NWD initiative.
- Hosted Senior Center listening sessions and gathered info on I & R and person-centered options counseling training needs.

- Helped form and facilitate AAA/Connecticut Association of Senior Center Personnel (CASCP) peer support groups.
- SDA staff member assigned to coordinate I & R programming.
- The 5 AAA's, 5 Centers for Independent Living's, Connecticut Community Care, Inc., Center for Medicare Advocacy, and NAMI have been identified as the entities that comprise the CHOICES program.
- Maintained relationship with United Way's 2-1-1; educational session held.
- Person-centered counseling training was made available by SDA January 2016; SDA was awarded funding to offer additional training slots for 500 individuals in FY 2017 and 200 individuals in FY '18.
- SDA, with participation from DSS, piloted the NWD Governance Tool in FY 2016. SDA and DSS are working together to partner with local agencies throughout the state who are willing to be identified as individuals able to assist people with navigating the state's enhanced NWD website, My Place CT. Additional training is being offered to partners willing to also offer Medicaid application assistance, CHOICES counseling, person centered counseling and AIRS certification to increase capacity and access to long term services and supports in every community.
- Developed the I & R manual and distributed to SDA staff.
- Person-Centered Counseling training was offered to all SDA staff.
- Received train the trainer AIRS certification training; SDA to become a site for the certification exam.

Attachment F: Connecticut's Demographics

Connecticut's Demographics

	Connecticut	AAA Region				
		North Central	Senior Resources	South Central	Southwestern	Western
Total Adult Population Age 18+	2,757,082	777,860	480,470	525,682	511,312	461,758
Total Older Population Age 60+	709,854	202,766	120,637	136,641	127,954	121,856
POPULATIONS						
Target Populations (among persons age 60 and above)						
Unduplicated count across target populations	260,846	73,684	49,938	44,102	45,622	47,500
Low-income consumers (< 100% of FPL)	41,514	13,243	5,305	7,880	7,950	7,135
Consumers between 100% and 149% of FPL	45,356	13,035	6,795	9,544	7,738	8,244
Minority consumers	96,999	31,392	8,481	19,595	26,270	11,261
Low-income minority consumers	13,643	4,939	715	2,540	3,660	1,789
Rural Consumers	61,043	7,974	30,829	1,211	1,346	19,683
Consumers with limited English proficiency	55,765	20,240	4,355	9,005	14,120	8,045
Consumers with severe disabilities (3+ ADLs)	13,475	3,934	2,154	2,691	2,404	2,291
Consumers at risk of Institutionalization	8,803	2,608	1,312	1,792	1,574	1,516
Consumers with Alzheimer's disease and related disorders	46,270	12,536	8,834	8,834	8,564	7,503

In 2012, the State Unit on Aging commissioned a demographic profile completed by the University of Southern Maine in partnership with the National Association of States United for Aging and Disabilities (NASUAD). The table above is a summary of the demographic profile of Connecticut's population of older adults, by service region. The profile is based on the most recent available census data.

Demographics

National:

- In 2014, one of every seven Americans was at least 65 years of age.
Administration on Aging. Profile of Older Americans: 2015, 2016.
http://www.aoa.acl.gov/Aging_Statistics/Profile/2015/3.aspx. (Accessed August 2016).
- The number of Americans aged 65 and older increased 28 percent from 2004 to 2014.
Administration on Aging. Profile of Older Americans: 2015, 2016.
http://www.aoa.acl.gov/Aging_Statistics/Profile/2015/3.aspx. (Accessed August 2016).
- In 2014, there were 46.2 million individuals in the United States aged 65 and older. This group represented nearly 15 percent of the nation's population.
Administration on Aging. Profile of Older Americans: 2015, 2016.
http://www.aoa.acl.gov/Aging_Statistics/Profile/2015/3.aspx. (Accessed August 2016).
- 10,000 baby boomers will turn age 65 each day through 2030.
United Health Foundation. America's Health Ranking 2016 Senior Report
<http://www.americashealthrankings.org/reports/Senior> (Accessed August 2016).
- By 2030, the 65 and older population is projected to be twice as large as it was in 2000, growing from 35 million to 74 million. Older adults will represent nearly 21 percent of the nation's population at this time.
Federal Interagency Forum on Aging-Related Statistics. *Older Americans 2016: Key Indicators of Well-Being*. August, 2016. <http://www.agingstats.gov/> (Accessed August 2016).
- In 2014, older women in the United States outnumbered older men. American women aged 65 and older totaled 25.9 million and American men totaled 20.4 million. There were 127.2 women for every 100 men in this age category. This ratio increased significantly at age 85 when there were 192.2 women for every 100 men.
Administration on Aging. Profile of Older Americans: 2015, 2016.
http://www.aoa.acl.gov/Aging_Statistics/Profile/2015/3.aspx. (Accessed August 2016).
- In 2014 there were 72,197 Americans who were 100 years of age or older. The number of people living to age 100 more than doubled since 1980 when this population totaled 32,194.
Administration on Aging. Profile of Older Americans: 2015, 2016.
http://www.aoa.acl.gov/Aging_Statistics/Profile/2015/3.aspx. (Accessed August 2016).
- By 2060, the U.S. Census Bureau projects that the number of Americans aged 85 and older could grow from 6 million (2014) to 20 million. If death rates at older ages decline more quickly than expected, this growth could be even greater.
Federal Interagency Forum on Aging-Related Statistics. *Older Americans 2016: Key Indicators of Well-Being*. Page 2. August, 2016. <http://www.agingstats.gov/> (Accessed August 2016).
- Baby Boomers will influence the nation's old-age dependency ratio. In 2010 there were 21 older Americans for every 100 working-age adults. By 2030, it is

expected that there will be 35 older adults for every 100 working-age individuals.

United States Census Bureau. Colby, Sandra L. and Jennifer M. Ortman, *The Baby Boom Cohort in the United States: 2012 to 2060*, Current Population Reports, P25-1141. May 2014. <https://www.census.gov/prod/2014pubs/p25-1141.pdf> (Accessed August 2016).

- It is estimated that there are at least 1.5 million LGBT older adults nationwide. This number is expected to double to 3 million by 2030.
SAGE (Services and Advocacy for Gay, Lesbian Bisexual & Transgender Elders).
<https://www.sageusa.org/issues/general.cfm> (Accessed October 2016)

Connecticut:

- In 2014, the median age in Connecticut was 40.6 years.
U.S. Census Bureau; 2014 Population Estimates, Table PEPASR6H; using American FactFinder;
<<http://factfinder2.census.gov>>; (Accessed August 2016)
- In 2014, there were 555,923 individuals in Connecticut aged 65 and older. This group represented about 15% of the state's population which is the same percentage as the nation's population.
U.S. Census Bureau; 2014 Population Estimates, Table PEPASR6H; using American FactFinder;
<<http://factfinder2.census.gov>>; (Accessed August 2016)
- By 2030, individuals in Connecticut aged 65 and older are projected to grow 43.2 percent.
United Health Foundation. America's Health Rankings Senior Report 2016. May 2016. State Summary, Connecticut.
<http://cdnfiles.americashealthrankings.org/SiteFiles/SeniorDownloads/Final%20Report-Senior-2016-Edition.pdf>
(Accessed August 2016)
- In 2014, Connecticut residents aged 85 and older totaled 89,785. This group represented 16 percent of the state's elderly population aged 65 and older.
U.S. Census Bureau; 2014 Population Estimates, Table PEPASR6H; using American FactFinder;
<<http://factfinder2.census.gov>>; (Accessed August 2016)
- By 2050 the number of people in Connecticut aged 85 and older is projected to increase to 260,052. This age cohort will more than double in 2050 when it will represent 6.3 percent of state's overall population compared to 2.6 percent in 2015.
AARP Public Policy Institute. *Share of the Population 85+ in 2015 and 2050, by State*. November 12, 2015
<http://www.aarp.org/ppi/info-2016/share-of-the-population-85-in%202015-and-2050-by-state.html> (Accessed August 2016)
- Hispanics comprise five percent of Connecticut's population aged 65 and older; Black African Americans comprise seven percent.
U.S. Census Bureau; 2014 Population Estimates, Table PEPASR6H; using American FactFinder;
<<http://factfinder2.census.gov>>; (Accessed August 2016)
- Nearly 54 (53.8) percent of Connecticut's veteran are at least 65 years of age; approximately 29 percent of Connecticut's Veterans are 75 years of age or older.

U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table S2101; using American FactFinder; <<http://factfinder2.census.gov>>; (Accessed August 2016)

- In 2014, there were 774,577 Connecticut residents eligible for Older Americans Act programs. These individuals, age 60 and older, comprised nearly 22 percent of the state's population.

U.S. Census Bureau; 2014 Population Estimates, Table PEPASR6H; using American FactFinder; <<http://factfinder2.census.gov>>; (Accessed August 2016)

- In Fiscal Year 2016, the State Department on Aging and its partners provided services to an estimated 82,898 older adults in Connecticut.

Connecticut State Department on Aging. *2016 State Program Report*. 2017

- 30% of Connecticut residents who received registered services from Older Americans Act programs in Federal Fiscal Year 2016 were at least 85 years old. These services included in-home services, meals, nutrition counseling, case management, adult day care, chore and assisted transportation.

Connecticut State Department on Aging. *2016 State Program Report*. 2017

- In 2016, about twice as many women than men (16,364 women and 8,141 men) received registered Older Americans Act services. More than one-half (55 percent) of the people receiving these services lived alone.

Connecticut State Department on Aging. *2016 State Program Report*. 2017

Elder Abuse:

- "Data on the prevalence and severity of elder abuse is limited, owing largely to two factors. First, the lack of uniformity in both definitions of elder abuse and data collection methods (including the lack of a national reporting mechanism) makes extrapolation difficult, especially in generating national estimates. Second, the vast majority of elder abuse cases go unreported, leaving researchers to extrapolate prevalence from reported cases."

(Connecticut's Legislative Commission on Aging, 2016).

<https://ctcwcs.files.wordpress.com/2016/06/elderabusereport-final.pdf>

- 12.4% of people age 60 and older reported at least one form of emotional, physical or sexual abuse or potential neglect and 11.7% reported financial exploitation by a family member or stranger

(U.S. Department of Justice, 2009). <https://www.ncjrs.gov/pdffiles1/nij/grants/226456.pdf>

- An estimated 7.6% of people age 60 and older are abused annually, an incident rate 24 times greater than the number of cases reported to authorities.

Weill Cornell Medical Center of Cornell University, 2011). <http://www.nyselderabuse.org/prevalencestudy.html>

- Victims of elder abuse are four more times more likely to be admitted to a nursing facility and three times more likely to be admitted to a hospital

(Administration for Community Living, 2015)

http://www.aoa.acl.gov/AoA_Programs/Elder_Rights/Guidelines/docs/aps-draft-guidelines.pdf

- Older adults lose at least \$2.9 billion due to financial abuse and exploitation. (Metlife, 2011). <https://www.metlife.com/assets/cao/mmi/publications/studies/2011/mmielder-financial-abuse.pdf>

Economic Security & Employment:

- The Elder Economic Security Index conservatively estimates that an elderly Connecticut homeowner who is in good health and does not have a mortgage needs \$26,160 annually to meet basic expenses; those with a mortgage need \$38,292. Elderly couples who are in good health and own their homes mortgage-free need \$37,488 to cover basic expenses while those with a mortgage need at least \$49,620.

[National Council on Aging and The Gerontology Institute, University of Massachusetts Boston, The Economic Security Database](#)

Note: For additional information on the Elder Index, see the Gerontology Institute's [The National Economic Security Standard Index](#). U.S., state and county-level Elder Index data can be viewed and downloaded at the [Economic Security Database](#). The Elder Economic Security Standard™ Index (Elder Index) was developed by the Gerontology Institute at the University of Massachusetts Boston with Wider Opportunities for Women, and is maintained in partnership with the National Council on Aging (NCOA). November 2016

- According to this same index single, elderly renters of one-bedroom apartments in Connecticut need a yearly income of \$27,972 to pay their basic expenses; elderly couples need at least \$39,300.
- Nearly one-third of Connecticut residents aged 65 to 74 and seven percent of those 75 and older are in the work force.
U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table S2301; using American FactFinder; <<http://factfinder2.census.gov>>; (Accessed August 2016)
- In 2016, the State Department on Aging and its partners provided 109 low-income, older adults with on-the-job training and employment opportunities through the Senior Community Service Employment Program.
Connecticut State Department on Aging (2016).
- Of the total jobs in Connecticut 6.1% are held by people age 65 and over in Connecticut.
Workforce Investments Planning Reports 2014, cited in the SCSEP, 2016 report
- About seven percent of Connecticut's older adults 65 and older live in poverty; nearly 11% (10.7%) have incomes below 125 percent of poverty.
U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table S1703; using American FactFinder; <<http://factfinder2.census.gov>>; (Accessed August 2016)
- Many older adults with incomes above the federal poverty level still lack sufficient incomes for basic economic security. Nearly one-half of all older adults and most elderly women live in economic insecurity during retirement.

Wider Opportunities for Women Economic Security Institute. Living Below the Line: Economic Security and American Families and Elders <http://www.wowonline.org/economic-security-institute-living-below-the-line/> (Accessed August 2016).

- In 2013, Connecticut was second only to New York in states with the greatest income inequality. The top one percent of Connecticut families earned on average 42.6 times as much income as families in the bottom 99 percent. Connecticut exceeded the national income gap where the top one percent of families made 25.3 times as much income as the bottom 99 percent.

Economic Policy Institute. Estelle Sommeiller, Mark Price and Ellis Wazeter. Table I Ratio of Top 1% Income to Bottom 99% income, U.S. and by State and Region, 2013, *Income Inequality in the U.S. by State, Metropolitan Area, and County*. June 16, 2016. <http://www.epi.org/publication/income-inequality-in-the-us/> (Accessed August 2016).

- In 2013 Connecticut ranked fifth among states with the largest economic security gap (\$8,274) for older adults. The economic security gap is the difference between median elder incomes and the Elder Index, which is the income older adults need to meet the basic, monthly expenses necessary to age in their communities without relying on public or private assistance. The larger this gap the more likely older adults will face economic insecurity.

Wider Opportunities for Women. Table 1: State Economic Security Gap Rankings (Dollars, Annual), *Living Below the Line: Economic Insecurity and Older Americans; No.1: State Rankings*. September 2013.

<http://www.wowonline.org/wp-content/uploads/2013/09/Living-Below-the-Line-Economic-Insecurity-and-Older-Americans-State-Rankings-Sept-2013.pdf> (Accessed August 3, 2016).

- Connecticut is one of 15 states, between 2009 and 2013, in which the average income of the bottom 99 percent of families declined while the average income of the top one percent grew.

Economic Policy Institute. Estelle Sommeiller, Mark Price and Ellis Wazeter. *Income Inequality in the U.S. by State, Metropolitan Area, and County*. June 16, 2016. <http://www.epi.org/publication/income-inequality-in-the-us/> (Accessed August 2016).

- LGBT older adults are less likely to be financially ready for retirement and less likely to have long-term-care insurance.

Next Avenue. Why Aging and Caregiving are Harder for LGBT Adults. Emily Gurnon. March 31, 2016. <http://www.nextavenue.org/why-aging-and-caregiving-are-harder-for-lgbt-adults/> (September 2016)

Housing/Living Arrangement:

- 76.2% of older adults (76.2 percent) in Connecticut live in owner-occupied units; nearly 24% live in renter-occupied units.

U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table S0103; using American FactFinder; <<http://factfinder2.census.gov>>; (Accessed August 2016)

- 53.2% of Connecticut's renter households aged 65 and older paid 30% or more of their household incomes on rent; nearly 43% of these households spent at least 35% of their monthly incomes on rent.

U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B25072; using American FactFinder; <<http://factfinder2.census.gov>>; (August 2016)

- About 39% of Connecticut households aged 65 and older who live in owner-occupied units spent more than 30 percent of their household incomes on monthly owner-related costs.

U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table S0103; using American FactFinder; <<http://factfinder2.census.gov>>; (Accessed August 2016)
- In 2014, median gross rent for Connecticut renters aged 65 and older was \$818.

U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table S0103; using American FactFinder; <<http://factfinder2.census.gov>>; (Accessed August 2016)
- In 2014, the median monthly cost for older homeowners with a mortgage was \$1,780; costs for those that were mortgage free were \$813.

U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table S0103; using American FactFinder; <<http://factfinder2.census.gov>>; (Accessed August 2016)
- In 2014, 8,186 Connecticut residents aged 65 and older resided in housing where meals were included in rent; most of these residents (7,586) were at least 75 years old.

U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B25055; using American FactFinder; <<http://factfinder2.census.gov>>; (Accessed August 2016)
- There are 149,930 Connecticut householders aged 65 and older who live alone. Seventy-one percent of these householders are women.

U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B09020; using American FactFinder; <<http://factfinder2.census.gov>>; (Accessed August 2016)
- 71% of Connecticut householders age 65 and older who live alone are women.

U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B09020; using American FactFinder; <<http://factfinder2.census.gov>>; (Accessed August 2016)
- About 27% (370,932) of households in Connecticut have at least one person aged 65 or older.

U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B11007; using American FactFinder; <<http://factfinder2.census.gov>>; (Accessed August 2016)
- About one in three LGBT older adults live alone.

The EGBT Health Resource Center at Chase Brexton Health Care.
<http://www.chasebrexton.org/our-services/lgbt-health-resource-center/lgbt-older-adults> (Accessed: September 6, 2016.)

Health:

- There is an estimated 74,000 Connecticut residents aged 65 and older living with Alzheimer's disease. By 2025 this number is projected to increase 23 percent to 91,000.
Alzheimer's Association. *2016 Alzheimer's Disease Facts and Figures*. 2016, Table 3 Projections of Total Number of Americans Age 65 and Older with Alzheimer's by State. https://www.alz.org/documents_custom/2016-facts-and-figures.pdf (Accessed August 2016)
- Every 66 seconds someone develops Alzheimer's disease in the United States.
Alzheimer's Association. 2016 Alzheimer's Disease Facts and Figures, Quick Facts. <http://www.alz.org/facts/> (Accessed August 2016)
- One in nine Americans aged 65 and older have Alzheimer's disease while nearly one-third of those aged 85 and older have the disease. Women comprise almost two-thirds of Americans living with Alzheimer's disease.
Alzheimer's Association. *2016 Alzheimer's Disease Facts and Figures*. 2016. https://www.alz.org/documents_custom/2016-facts-and-figures.pdf (Accessed August 2016)
- By 2025 the number of Americans aged 65 and older with Alzheimer's disease is estimated to increase 40 percent and reach 7.1 million. Excluding a major medical breakthrough, the number of Americans with Alzheimer's in this age cohort may nearly triple by 2050.
Alzheimer's Association. *2016 Alzheimer's Disease Facts and Figures*. 2016. https://www.alz.org/documents_custom/2016-facts-and-figures.pdf (Accessed August 2016)
- Although there are more non-Hispanic White Americans living with Alzheimer's disease, there is a disproportionate number of African Americans and Hispanics with the disease. Older African Americans are about two times more likely and Hispanics are one and one-half times more likely to have Alzheimer's disease or a related dementia.
Alzheimer's Association. *2016 Alzheimer's Disease Facts and Figures*. 2016. https://www.alz.org/documents_custom/2016-facts-and-figures.pdf (Accessed August 2016)
- Three in ten older adults fall each year.
(Yale School of Medicine, retrieved 2016). <http://medicine.yale.edu/intmed/geriatrics/fallprevention/facts/index.aspx>
- In 2016 the Connecticut State Department on Aging and its partners conducted 881 fall prevention sessions in which older adults were provided information on how to reduce their risk for falls, given strategies to increase physical activity levels that increase strength and balance as well as to identify environmental changes that could reduce the potential for falls.
State Department on Aging, Management Information System, Social Assistance Management System. 2017
- Two in ten who need home health care after being in the hospital will fall during the first month after coming home
(Yale School of Medicine, retrieved 2016). <http://medicine.yale.edu/intmed/geriatrics/fallprevention/facts/index.aspx>

- Falls cause over 90% of broken hips; only half of those who break their hip will get around like they did before their broken hip
(Yale School of Medicine, retrieved 2016). <http://medicine.yale.edu/intmed/geriatrics/fallprevention/facts/index.aspx>
- In the US, 16% of all Emergency Department visits and almost 7% of all hospitalizations are for fall-related injuries.
(Yale School of Medicine, retrieved October 2016). <http://medicine.yale.edu/intmed/geriatrics/fallprevention/facts/index.aspx>
- A multiple-risk-factor intervention strategy results in a significant reduction in the risk of falling among elderly persons in the community
(Tinetti, Baker, McAvay, Claus, Garrett, Gottschalk, Koch, Trainor, and Horwitz (1994). New England Journal of Medicine; 331: 821-827). <http://www.nejm.org/doi/full/10.1056/NEJM199409293311301>
- The health status of future older Americans is expected to differ from today's seniors. Adults who were middle aged in 2014 and who will encompass America's future older population have a higher prevalence of diabetes (55 percent) and obesity (25 percent) than their middle aged counterparts did in 1999.
United Health Foundation. Figure 3 Future Wave of Seniors (Adults aged 50-64 in 2014 and 1999). *America's Health Rankings Senior Report 2016*. May 2016 <http://cdnfiles.americashealthrankings.org/SiteFiles/Reports/Final%20Report-Seniors-2016-Edition.pdf> (Accessed August 2016)
- Connecticut's next generation of seniors will have a nearly 69 percent higher incidence of diabetes and slightly more than 17 percent increase in the prevalence of obesity. The rate of smoking among these older adults will decrease by nearly 50 percent.
United Health Foundation. *Americas' Health Ranking s Middle-Aged Cohort Health Estimates*. <http://assets.americashealthrankings.org/app/uploads/connecticut-senior-health-profile-2016.pdf> (Accessed August 2016)
- Connecticut is among the top five states in the nation with the smallest percentage of residents aged 65 and older who self-report as smokers. Seven percent of Connecticut residents in this age group smoke compared to nearly 9 percent (8.8 percent) of U.S. residents.
United Health Foundation. *America's Health Ranking, 2016 Senior Report* http://www.americashealthrankings.org/explore/2016-senior-report/measure/smoking_sr/state/ALL <http://www.americashealthrankings.org/reports/Senior> (Accessed August 2016)
- Diabetes is the seventh leading cause of death in Connecticut (2012 mortality files). Age-adjusted diabetes and diabetes-related mortality rates are higher among Black and Hispanic Connecticut residents compared with White and Asian residents
(2008-2012 mortality files) (CT Department of Public Health, 2016). http://www.ct.gov/dph/lib/dph/hems/diabetes/ct_diabetes_stats_2016_8apr2016_final2.pdf
- America's Health Rankings 2016 Senior Report ranks Connecticut among the top ten healthiest states (ranked 9) for older adults nationwide.

United Health Foundation. America's Health Rankings, 2016 Senior Report
<http://www.americashealthrankings.org/Senior/CT> (Accessed August 19, 2016)

- The Connecticut State Department on Aging and its partners provided health promotion and disease prevention services to 2,298 individuals in Federal Fiscal Year 2016.

State Department on Aging. 2016 State Program Report. 2017

- Connecticut ranks third among states in the country with the greatest percentage of adults aged 65 and older (75 percent) who have visited the dentist in the last year.

United Health Foundation. America's Health Rankins, 2016 Senior Report
http://www.americashealthrankings.org/ALL/dental_visit_sr (Accessed August 2016)

- The Connecticut State Department on Aging and its partners helped provide 614 older adults with 2,717 dentist visits in fiscal year 2016.

State Department on Aging, Management Information System, Social Assistance Management System. 2017.

- Connecticut is below the national average in providing home delivered meals to older adults aged 65 and older in poverty. It provided home delivered meals to nearly 16 percent of poor, older residents whereas 19 percent of this population received meals nationwide. Only 12 states provided meals to a smaller percentage of their older, poor residents than Connecticut.

United Health Foundation. America's Health Ranking, Senior Data
http://www.americashealthrankings.org/explore/2016-senior-report/measure/home_delivered_meals/state/ALL
(August 2016)

- Obesity among Americans aged 65 and older increased nine percent in the last three years compared to a six percent increase in the general population.

United Health Foundation. Figure 2 National Challenges ,*America's Health Rankings Senior Report 2016*. May 2016
<http://cdnfiles.americashealthrankings.org/SiteFiles/Reports/Final%20Report-Seniors-2016-Edition.pdf> (Accessed August 2016)

- Medicare spends 36 percent more on older adults who are obese than on those who are a healthy weight.

United Health Foundation. *America's Health Rankings Senior Report Chart Pack*. May 2016.
<http://cdnfiles.americashealthrankings.org/SiteFiles/PressReleases/Chartpack-Seniors-2016-Edition.pdf> (Accessed August 2016)

- One out of every three Medicare dollars is spent on care related to diabetes.

United Health Foundation. *America's Health Rankings Senior Report Chart Pack*. May 2016.
<http://cdnfiles.americashealthrankings.org/SiteFiles/Reports/Final%20Report-Seniors-2016-Edition.pdf> (Accessed August 2016)

- Older adults who are gay, lesbian, bisexual or transgender have unique health disparities. They have higher rates of depression, substance abuse, heart disease, obesity and risk for HIV.

Next Avenue. Emily Gurnon, *Why Aging and Caregiving are Harder for LGBT Adults*. March 31, 2016.
<http://www.nextavenue.org/why-aging-and-caregiving-are-harder-for-lgbt-adults/> (September 2016)

Life Expectancy:

- In 2014, life expectancy at birth for the U.S. population was 78.8 years. Life expectancy for females was 4.8 years longer than for males (81.2 years for females and 76.4 years for males)

National Center for Health Statistics. *Health, United States, 2015: With Special Feature on Racial and Ethnic Health Disparities*. May 2016 Table 15 Life Expectancy at Birth, at age 65, and at age 75, by Sex, Race, Hispanic Origin: United States, Selected Years 1900-1914. <http://www.cdc.gov/nchs/data/hus/hus15.pdf> (Accessed August 2016).

- “In CT, life expectancy is 80.8, the third highest life expectancy in the nation. Although significant discrepancies in life expectancies exist among racial and ethnic groups: 89.1 years for Asian Americans, 83.1 years for Latinos, 81 years for Whites and 77.8 years for African Americans”

(Connecticut Data Collaborative/Connecticut’s Legislative Commission on Aging, retrieved October 2016). <http://aging.ctdata.org/>

- “Use of hospice in the last month of life increased from 19% of decedents in 1999, to 43% in 2009”

(Federal Interagency Forum on Aging Statistics, 2012). http://agingstats.gov/agingstatsdotnet/Main_Site/Data/2012_Documents/Docs/EntireChartbook.pdf

- “Women age 65 and over were three times as likely as men of the same age to be widowed, 40% compared with 13 percent. Nearly three-quarters (73%) of women age 85 and over were widowed, compared with 35% of men”

(Federal Interagency Forum on Aging Statistics, 2012). http://agingstats.gov/agingstatsdotnet/Main_Site/Data/2012_Documents/Docs/EntireChartbook.pdf

- At age 65 Americans can expect to live another 19.3 years; at aged 75 they can expect to live another 12.2 years.

National Center for Health Statistics. *Health, United States, 2015: With Special Feature on Racial and Ethnic Health Disparities*. May 2016 Table 15 Life Expectancy at Birth, at age 65, and at age 75, by Sex, Race, Hispanic Origin: United States, Selected Years 1900-1914. <http://www.cdc.gov/nchs/data/hus/hus15.pdf> (Accessed August 2016)

- In 2013, the top three leading causes of death among Connecticut residents ages 65 to 84 were cancer, heart disease and chronic lower respiratory diseases. For those aged 85 and older heart disease outranked cancer as the leading cause of death.

Connecticut Department of Public Health. Annual Registration Report (Tables only) 2013, Table 10, Connecticut Resident Deaths, 2013 http://www.ct.gov/dph/cwp/view.asp?a=3132&q=394598&dphNav_GID=1601 (August 2016)

- In 2013 diabetes was the fifth leading cause of death for Connecticut residents ages 75 to 84 as well as for Connecticut females ages 65 to 74.

Connecticut Department of Public Health. Annual Registration Report (Tables only) 2013, Table 10, Connecticut Resident Deaths, 2013 http://www.ct.gov/dph/cwp/view.asp?a=3132&q=394598&dphNav_GID=1601 (August 2016)

- Nationwide, Alzheimer’s disease is the sixth leading cause of death and the fifth leading cause of death for people aged 65 and older.

Alzheimer’s Association. *2016 Alzheimer’s Disease Facts and Figures*. 2016. https://www.alz.org/documents_custom/2016-facts-and-figures.pdf (Accessed August 2016)

- In 2014, Alzheimer’s disease was the fifth leading cause of death for Connecticut residents ages 75 to 84. It ranked fourth overall as the leading cause of death for residents aged 85 and older. More women than men in this age cohort died from Alzheimer’s disease making it the third leading cause of death for this age group.

Connecticut Department of Public Health. Annual Registration Report (Tables only) 2014, Table 10, Connecticut Resident Deaths, 2014 http://www.ct.gov/dph/cwp/view.asp?a=3132&q=394598&dphNav_GID=1601 (March 2017)

Long-term Services and Supports / Caregiving:

- In CT, 69% of 65 year olds will need LTSS as they age: 79% for women and 58% for men. On average, they will need three years of LTSS

CT Office of Policy and Management, 2016.

http://www.ct.gov/opm/lib/opm/hhs/ltc/ltc_plan_-_2016finalversion.pdf

In CT, the proportion of people receiving Medicaid LTSS in the community has increased from 56% in SFY 2012 to 59% in SFY 2015

CT Office of Policy and Management, 2016.

http://www.ct.gov/opm/lib/opm/hhs/ltc/ltc_plan_-_2016finalversion.pdf

- “Over half of Connecticut’s residents age 40 and older say they have provided care either currently (17%) or in the past (37%) for an adult loved one who is either ill, frail, elderly or who has a disability“

(AARP, CT Caregiving Survey, 2014).

http://www.aarp.org/content/dam/aarp/research/surveys_statistics/ltc/2016/2014-ct-caregiving-summary-ltc.pdf

- Home health care services often help older adults remain in the community. Connecticut is slightly above the national average in the number of available home health care workers per 1,000 older residents. The national average is 110.6 workers per 1,000 individuals aged 75 and older; Connecticut averages 114.2 workers. This places Connecticut 17th in states with the largest ratio of home health care workers to older adults 75 and older.

United Health Foundation. America’s Health Ranking, 2016 Senior Report

http://www.americashealthrankings.org/explore/2016-senior-report/measure/home_health_care_sr/state/ALL

(Accessed August 2016)

- Nearly fourteen (13.5) percent of Connecticut’s nursing home residents require low care that could possibly be provided in a less restrictive environment with the aid of community supports.

United Health Foundation. America’s Health Ranking, Senior Data

http://www.americashealthrankings.org/CT/low_care_nursing_home_residents_sr (August 2016)

- Slightly more than one half (51 percent) of the certified nursing home beds in Connecticut are rated at least four stars by the Centers for Medicare and Medicaid Services; this is an 11 percent increase from the past year.

United Health Foundation. America’s Health Ranking 2016 Senior Report

http://www.americashealthrankings.org/explore/2016-senior-report/measure/nursing_home_quality_sr_a/state/ALL

(August 2016)

- In 2016, the State Department on Aging and its partners provided 28,641 hours of respite to caregivers of older adults and to grandparents raising their grandchildren.

State Department on Aging. 2016 State Program Report, 2017
- There is a rising trend in the number of grandparents who are primary caregivers of their grandchildren. Older Connecticut grandmothers with this responsibility totaled 4,474 while older grandfathers totaled 3,082. More than one-third (36 percent) of Connecticut grandparents that were raising grandchildren in 2014 were at least 60 years old.

U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B10056; using American FactFinder; <<http://factfinder2.census.gov>>; (Accessed August 2016)
- In addition to being primary caregivers for their grandchildren, nearly 39 percent of Connecticut's grandparents aged 60 and older worked.

U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B10058; using American FactFinder; <<http://factfinder2.census.gov>>; (Accessed August 2016)
- About 13 percent of Connecticut grandparents aged 60 and older who were raising their grandchildren in 2014 had incomes below poverty.

U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table B10059; using American FactFinder; <<http://factfinder2.census.gov>>; (Accessed August 2016)
- Most Connecticut grandparents (67.5 percent) who raised their grandchildren in 2014 were white; about 24 percent were African American. Thirteen percent were Hispanic.

U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table S1002; using American FactFinder; <<http://factfinder2.census.gov>>; (Accessed August 2016)
- Slightly more than one-quarter (26 percent) of grandparents in Connecticut who were at least 60 years old and raising their grandchildren had some type of disability.

U.S. Census Bureau; American Community Survey, 2014 American Community Survey 5-Year Estimates, Table can FactFinder; <<http://factfinder2.census.gov>>; (Accessed August 2016)
- A majority of Connecticut grandparents (83 percent) helped by the National Family Caregiver Support Program in Federal Fiscal Year 2016 were grandmothers. Thirty percent of the grandparents that received services from this program were African American.

Connecticut State Department on Aging. 2016 State Program Report. 2017
- In 2016, the National Family Caregiver Support Program in Connecticut helped 1,181 caregivers of older adults and 179 grandparents with their caregiver responsibilities. Sixteen percent of those caring for older adults were 75 years of age or older.

Connecticut State Department on Aging. 2016 State Program Report. 2017.

- More than eight in ten people are at risk of having to provide long-term-care services and supports to their parents or in-laws during their peak working years, between the ages of 51 and 54. More than four in ten are likely to encounter this responsibility when they themselves are approaching retirement age (between ages 60 and 69).

AARP Public Policy Institute. Susan C. Reinhard, Lynn Friss Feinberg, Rita Choula and Ari Houser *Valuing the Invaluable 2015 Update: Undeniable Progress, but Big Gaps Remain* (Washington, DC: AARP Public Policy Institute, July 2015) <http://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf> (Accessed July 2016)
- Unpaid caregivers, including family and friends, account for eighty-three percent of the help that is provided to older adults nationwide.

Alzheimer's Association. *2016 Alzheimer's Disease Facts and Figures*. 2016 <http://www.alz.org/facts/> (Accessed August 2016).
- In 2014, most family caregivers (60 percent) that cared for adults worked either full time or part time.

AARP Public Policy Institute. Susan C. Reinhard, Lynn Friss Feinberg, Rita Choula and Ari Houser *Valuing the Invaluable 2015 Update: Undeniable Progress, but Big Gaps Remain* (Washington, DC: AARP Public Policy Institute, July 2015) <http://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf> (Accessed July 2016)
- Nearly one in 10 caregivers is age 75 or older.

Next Avenue. Emily Gurnon, Who America's Caregivers Are and Why it Matters <http://www.nextavenue.org/who-americas-caregivers-are-and-why-it-matters/> (Accessed August 2016).
- American caregivers provided care recipients with an average of 18 hours of care a week in 2013. They provided an estimated 37 billion hours of unpaid care at an estimated value of \$470 million. This amount equals about \$1,500 for every person in the United States (316 million people in 2013).

AARP Public Policy Institute. Susan C. Reinhard, Lynn Friss Feinberg, Rita Choula and Ari Houser *Valuing the Invaluable 2015 Update: Undeniable Progress, but Big Gaps Remain* (Washington, DC: AARP Public Policy Institute, July 2015) <http://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf> (Accessed July 2016)
- An estimated 459,000 family caregivers in Connecticut provided approximately 427 million hours of unpaid care to their care recipients in 2013. At a rate of \$13.87 per hour, the total value of this care was \$5,930 million.

AARP Public Policy Institute. Susan C. Reinhard, Lynn Friss Feinberg, Rita Choula and Ari Houser *Valuing the Invaluable 2015 Update: Undeniable Progress, but Big Gaps Remain* (Washington, DC: AARP Public Policy Institute, July 2015) <http://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf> Accessed July 2016
- The number of potential family caregivers is declining. The caregiver support ratio is expected to decrease as baby boomers shift from caregiver roles into old age. Baby boomers were in their prime caregiving years in 2010, at which time there were 7.2 caregivers for every older adult aged 80 or older. By 2030, as baby boomers begin to reach old age, this ratio will decline dramatically to four to one. By 2050 when all baby boomers will be in the latter stages of life the caregiver ratio is expected to decline even more to less than three to one.

AARP Public Policy Institute. Susan C. Reinhard, Lynn Friss Feinberg, Rita Choula and Ari Houser *Valuing the Invaluable 2015 Update: Undeniable Progress, but Big Gaps Remain* (Washington, DC: AARP Public Policy Institute, July 2015) <http://www.aarp.org/content/dam/aarp/ppi/2015/valuing-the-invaluable-2015-update-new.pdf> (Accessed July 2016)

- About one in three caregivers of persons with Alzheimer’s disease and other dementias is 65 years of age or older.
Alzheimer’s Association. *2016 Alzheimer’s Disease Facts and Figures*.2016 <http://www.alz.org/facts/> (Accessed August 2016).
- On average, caregivers of persons with Alzheimer’s disease and other dementias provide care longer time than caregivers of older adults with other conditions. Of the family caregivers that cared for people living in the community with Alzheimer’s and other dementias, 38 percent provided care for at least six years.
Alzheimer’s Association. *2016 Alzheimer’s Disease Facts and Figures*.2016 <http://www.alz.org/facts/> (Accessed August 2016).
- In 2015, 177,000 caregivers in Connecticut cared for someone with Alzheimer’s disease or dementia. These caregivers provided 202 million hours of unpaid care at a value of \$2,471 million. As a care recipient’s cognitive abilities decline, the daily value of family care increases 18 percent with each additional year care is provided.
Alzheimer’s Association. *2016 Alzheimer’s Disease Facts and Figures*.2016 <http://www.alz.org/facts/> (Accessed August 2016).
- Approximately 40 percent of family caregivers of people with dementia suffer depression compared with 5 to 17 percent of non-caregivers of similar ages.
Alzheimer’s Association. *2016 Alzheimer’s Disease Facts and Figures*.2016 <http://www.alz.org/facts/> (Accessed August 2016).
- According to a report by the National Alliance for Caregiving (NAC) and the AARP Public Policy Institute, nine percent of caregivers self-report as lesbian, gay, bisexual and/or transgender.
Next Avenue. Why Aging and Caregiving are Harder for LGBT Adults. Emily Gurnon. March 31, 2016. <http://www.nextavenue.org/why-aging-and-caregiving-are-harder-for-lgbt-adults/> (September 2016)

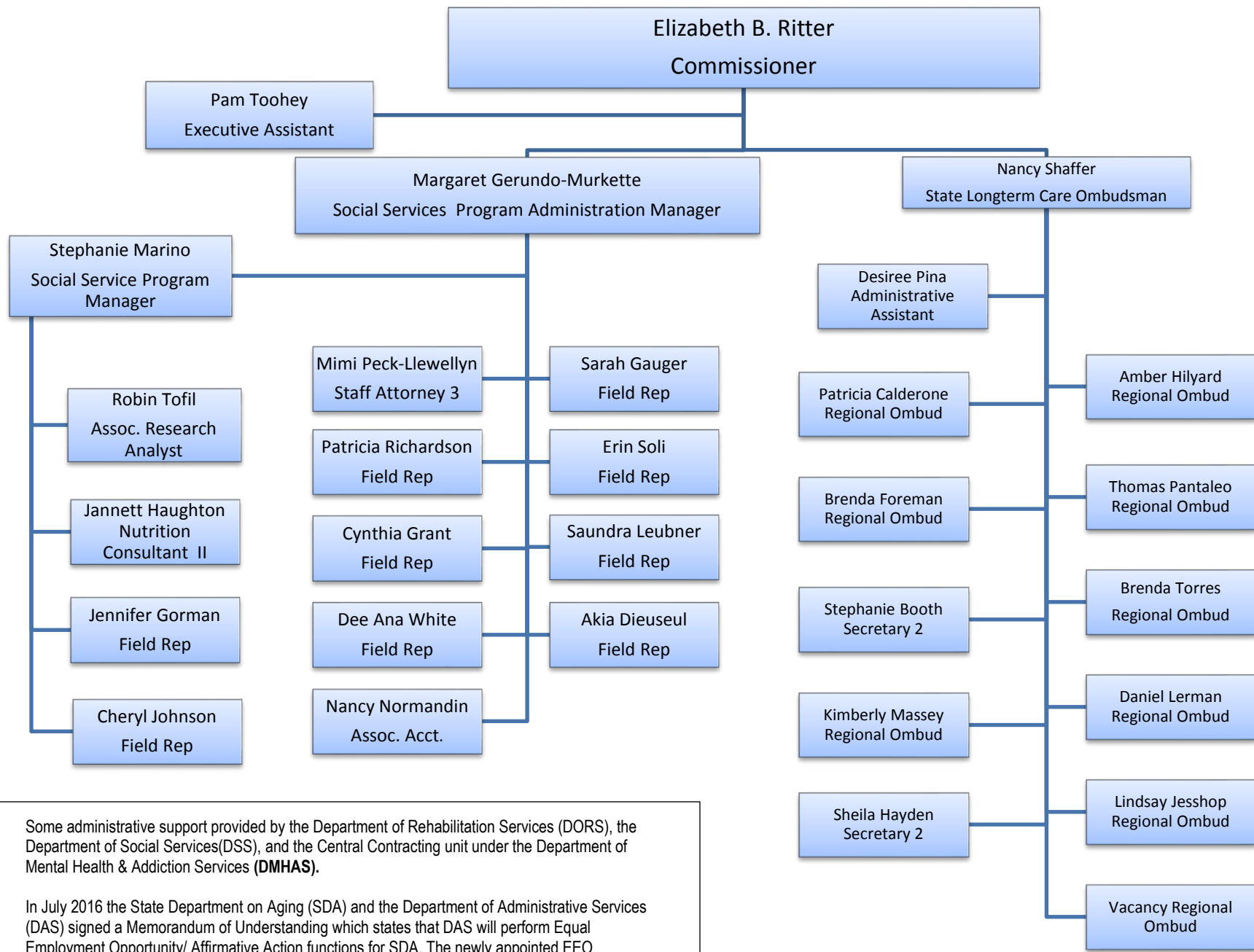
Nutrition:

- In 2013, 9.6 million older Americans faced the threat of hunger, representing 15.5% of adults age 60+ in the U.S.
(National Council on Aging, retrieved October 2016). <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/senior-hunger-facts/>
- The food insecurity rate for all older adult households was 8.9% in 2014, up from 5.5% in 2001. At the same time, the percentage of older adults facing the threat of hunger has more than doubled.
(National Council on Aging, retrieved October 2016). <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/senior-hunger-facts/>

- 17% of African American older adults and 18% of Hispanic older adults are food insecure, compared to 7% of Caucasian older adults
(National Council on Aging, retrieved October 2016).<https://www.ncoa.org/news/resources-for-reporters/get-the-facts/senior-hunger-facts/>
- In 2016, through its partners, the State Department on Aging delivered 1,390,221 home delivered meals and 734,261 congregate meals to older Connecticut residents.
State Department on Aging. 2016 State Program Report. 2017
- Nearly 41 percent of Connecticut residents who received home delivered meals from the Older Americans Act were at least 85 years old. Fifteen percent of these individuals had difficulty with at least three ADLs.
State Department on Aging, 2016 State Program Report, 2017.
- Overall health can be significantly impacted by food insecurity. Slightly more than 15 percent of Connecticut's older adults aged 60 and older are marginally food insecure and have had problems or anxiety regarding accessing adequate food.
United Health Foundation. America's Health Rankings 2016 Senior Report. May 2016.
http://www.americashealthrankings.org/ALL/food_insecurity_sr (Accessed August 2016)

**Attachment G:
Organizational Structure of SDA**

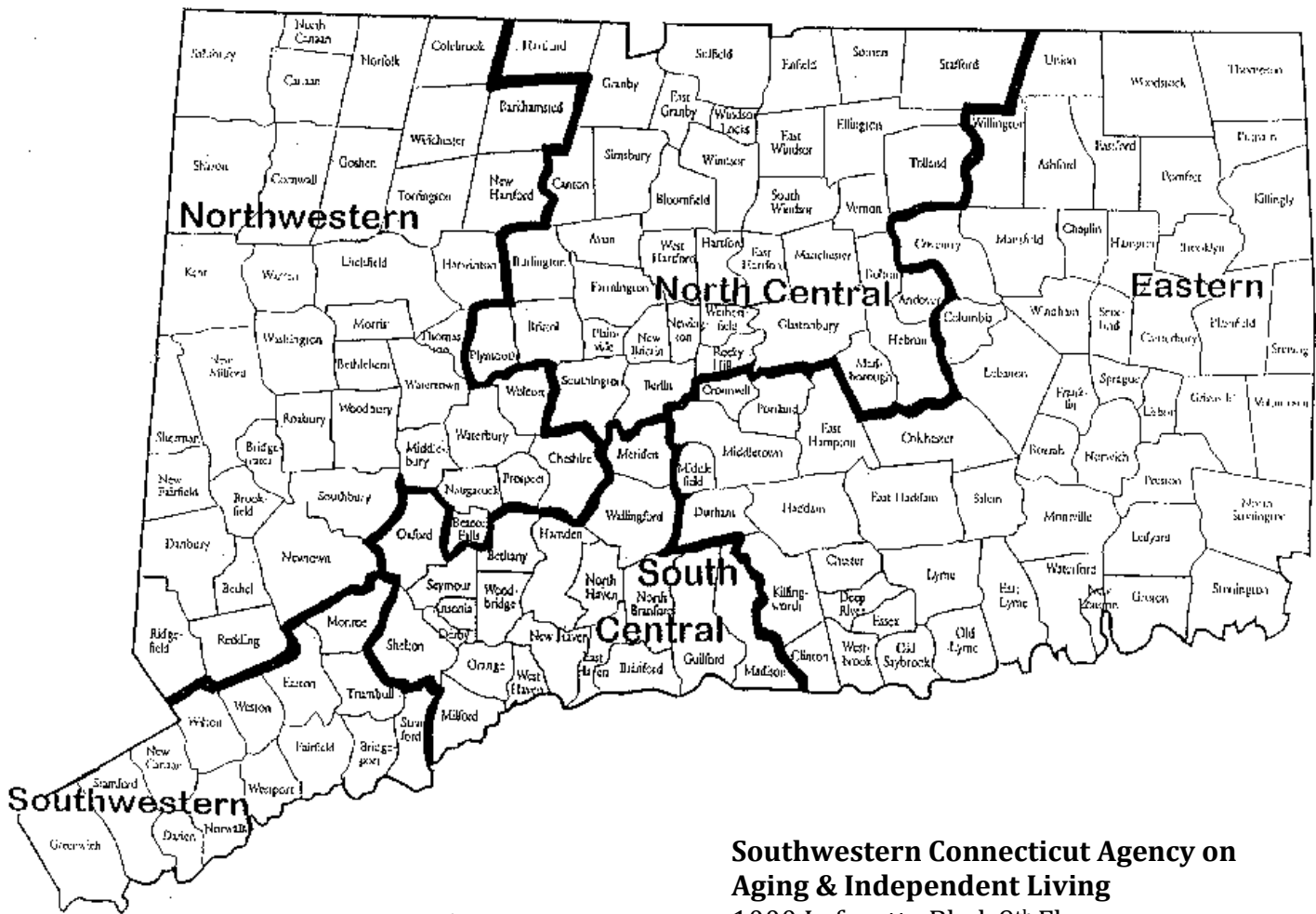
State Department on Aging



Some administrative support provided by the Department of Rehabilitation Services (DORS), the Department of Social Services(DSS), and the Central Contracting unit under the Department of Mental Health & Addiction Services (DMHAS).

In July 2016 the State Department on Aging (SDA) and the Department of Administrative Services (DAS) signed a Memorandum of Understanding which states that DAS will perform Equal Employment Opportunity/ Affirmative Action functions for SDA. The newly appointed EEO Specialist, Dorian Lord, reports directly to SDA's Commissioner.

**Attachment H:
Connecticut's Area Agencies on Aging**



Southwestern Connecticut Agency on Aging & Independent Living

1000 Lafayette Blvd. 9th Floor
 Bridgeport, CT 06604
 Phone: (203) 333-9288
 Fax: (203) 332-2619

www.swcaa.org

Agency on Aging of South Central Connecticut

One Long Wharf Drive, Suite 1L
 New Haven, CT 06511
 Phone: (203) 785-8533
 Fax: (203) 785-8873

www.aosccc.org

Senior Resources (Eastern CT Area Agency on Aging)

Norwich, CT 06360
 Phone: (860) 887-3561
 Fax: (860) 886-4736

www.seniorresourcesec.org

North Central Connecticut Area Agency on Aging

151 New Park Avenue, Box 75
 Hartford, CT 06106
 Phone: (860) 724-6443
 Fax: (203) 251-6107

www.ncaact.org

Western Connecticut Area Agency on Aging

84 Progress Lane
 Waterbury, CT 06705
 Phone: (203) 757-5449
 Fax: (203) 757-4081

www.wcaaa.org

Attachment I: Acknowledgements

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Dan Lerman
Saundra Leubner
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Kimberly Massey
Michael Michalski
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**Attachment J:
Summary of State Plan Public Comments**

Summary of State Plan Public Comments

As part of the State Plan development process, the State Department on Aging solicited comments and suggestions on the draft State Plan on Aging released on May 1, 2017.

The draft plan was distributed widely to older adults, families, caregivers, aging network partners, and professionals through various methods, including email distribution lists, the SDA website, SDA Facebook page and SDA Twitter. Additionally, the draft plan was emailed to the Commissioners of CT's health and human service agencies including the Department of Social Services, Department of Rehabilitation Services, Department of Public Health, Department of Developmental Services, the Department of Mental Health and Addiction Services as well as state legislative leaders. Comments were requested by May 23, 2017.

A public hearing was held on Tuesday, May 23rd at the Board of Regents for Higher Education in Hartford, CT. The public hearing was advertised using the same wide distribution process as described above for the draft State Plan. SDA invited older adults, families, caregivers, aging network partners, and professionals to provide feedback on the draft of the State Plan on Aging. One person, a representative from the North Central Area Agency on Aging, attended the public hearing.

Overall, the draft State Plan on Aging was positively received by the aging network, including the AAAs, senior centers and consumers. Written comments were received from nine professionals in the aging network, including three contractors.

Feedback included the following:

- Applaud SDA's emphasis on inclusivity and person-centered planning efforts
- Extremely well thought out
- Addresses many themes integral to the well-being of Connecticut's older citizens
- Appreciate the holistic nature and interconnectedness of the themes, goals and objectives
- The plan is a reflection of the importance of the common good and how safety nets need to be and can be strengthened
- Consider inclusion of local aging-in-place organizations and those municipalities that have Commissions on Aging for the distribution of information and periodic collection of data that might be valuable to underscore program development and implementation. When considering support of senior centers, look at those communities that also have aging-in-place organizations and commissions on aging and include them in appropriate activities.
- Keep AARP in mind as a resource beyond the strong work it does for Fraud Watch
- Include quality of life issues for relatively healthy seniors
- Glad to see the mention of health disparities and look to how SDA will tie those to the strategies under the Healthy Aging goal
- Heartily support the theme of economic security in the plan and specifically the objective related to Senior Community Service Employment Program (SCSEP). The

strategies offered in support of this objective will do much to enhance the success of the SCSEP program throughout CT. Suggest that SDA reach out to and educate nonprofits and public municipalities about the SCSEP program.

- Include the statewide lifelong learning groups
- Transportation continues to be a concern
- Address abuse and neglect programs prior to age 60, as earlier intervention might prevent more serious issues later on
- Include a listing of acronyms used in the plan along with an explanation of each abbreviated term
- Need to let people know of this information. All of it is needed.

The written public comments helped solidify the plan's direction with its goals, objectives and strategies. One of the comments stated that transportation continues to be a concern. In response, in Attachment B, Information Requirements Section 307(a)(2), SDA included the additional minimum percentage requirements for the AAAs from the Area Plan Program Instruction released 11/23/16. Effective 10/1/17, under Title III-B, Access Services, a minimum of 10% of funds shall be allocated for transportation services and 5% of funds shall be allocated for behavioral health services.

Additionally, based on a recommendation, a list of acronyms was provided in the plan, prior to the Executive Summary, to make it easier to follow. The comments also provided areas for consideration when implementing the strategies of the plan. More specifically: having AARP as a continued resource; incorporating lifelong learning opportunities where possible; including local organizations along with senior centers in programming; and considering health disparities as part of healthy aging strategies.