



Connecticut State Plan on Aging

October 1, 2014 – September 30, 2017

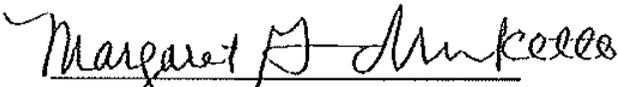
Federal Fiscal Years 2015 - 2017

Verfication of Intent

The Connecticut State Plan on Aging is hereby submitted for the period October 1, 2014, through September 30, 2017. 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.

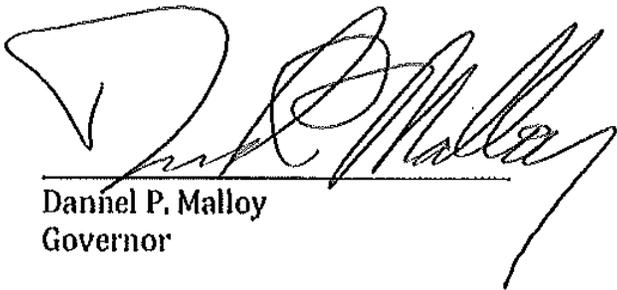
The Plan is hereby approved by the Governor and constitutes authorization to proceed with the activities under the Plan upon approval by the Assistant Secretary on Aging.



Margaret A. Gerundo-Murkette, MSW
Acting Deputy Commissioner
State Department on Aging

6/13/14

Date



Daniel P. Malloy
Governor

6/16/14

Date

CONTENTS

Executive Summary	3
Context	9
Focus Areas	13
Goals, Objectives, and Strategies	22
Attachments	
A. Assurances	
B. State Department on Aging Organizational Chart	
C. Demographics	
D. Area Agencies on Aging	
E. Summary of SDA Programs, Projects, and Initiatives	
F. Acknowledgements	
G. Public Comments	

EXECUTIVE SUMMARY

In accordance with the Older Americans Act of 1965 (OAA), Connecticut's State Department on Aging (SDA) is pleased to present its State Plan on Aging; a blueprint of the goals and strategies that we will implement over the next three years to better serve older adults.

Coinciding with the recent creation of the SDA, this new State Plan is intended to provide vision and a strategic direction for the Department and for Aging programs in the state. It is only one step in a planning process that will include the creation of action plans around each major initiative. In many cases, that process is already underway.

The SDA is a new state agency consolidating programs that serve older adults. The department was formed in 2013 and combined the Aging Services Division of the Department of Social Services and the Long-Term Care Ombudsman Program. The department is the designated State Unit on Aging for the purposes of administering programs funded through the federal Administration for Community Living (ACL).

This plan represents a collaborative planning process that engaged older adults throughout the state, other state agencies, community-based providers, and the five Area Agencies on Aging (AAA).

The State Department on Aging has identified four areas of particular emphasis to guide its planning process:

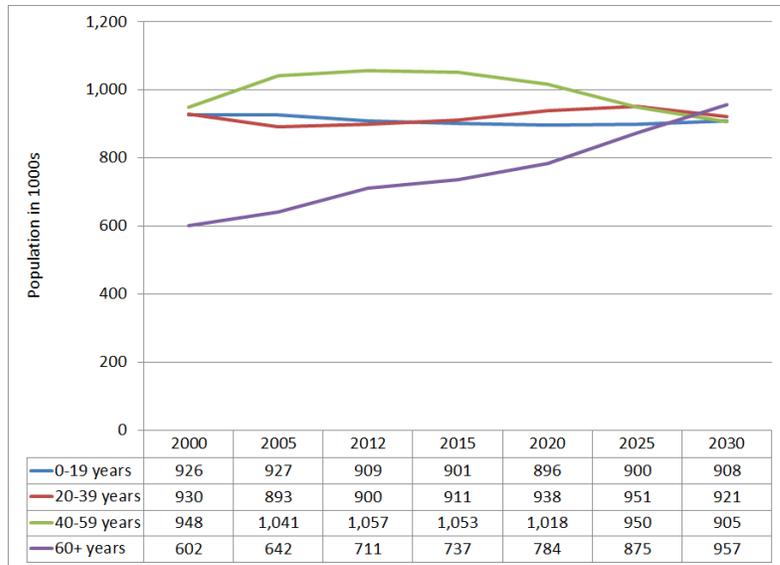
- Promotion of Healthy Aging;
- Prevention of Elder Abuse and Protection of Rights;
- Coordinated Planning Across the Aging and Disability Networks; and,
- Improvements to Evidence-Based Management Practices

This plan details how our programs and initiatives currently serve these areas, and lays out a series of specific objectives to guide progress through 2017.

Demographic Trends

Connecticut has one of the country's oldest populations. According to the 2010 Census, the median age of residents is 40 years, compared with a national median of 37.2 years. In line with national trends, the population of those 60 and older is growing more quickly than other age groups. The U.S. Census Bureau estimates that nearly 26 percent of Connecticut's population will be 60 and older by the year 2030, up from approximately 20 percent in 2014. Connecticut has the third highest life expectancy in the U.S., leading to gains in the population of those over the age of 85. CT has more than 84,898 residents over the age of 85 — a number that comprises 2.4 percent of CT residents (US Census Bureau, 2010).

While Connecticut, by many measures, is among the healthiest states in the nation, significant and troubling health disparities corresponding with race and economic status exist within the population. For example, according to the state Department of Public Health's 2009 Connecticut Health Disparities Report, mortality data show that Blacks or African Americans suffer more than other racial and ethnic subgroups in Connecticut from the major chronic diseases of heart disease, stroke, diabetes, and other causes of death. According to the report, elders living in poverty are particularly at risk for preventable diseases, and are more likely to lack access to healthcare services. These disparities are of particular concern as these same higher risk populations, including Latino/Hispanic, Black/African American, and low income, are increasing as a share of the aging population. This State Plan includes strategies to ensure access to programs and services by members of underserved groups.



Trend in Population Growth Source: Academy State Profile, developed by the Substance Abuse and Mental Health Services Administration in partnership with the U.S. Administration on Aging, October 2012.

As part of its focus on evidence-based program management, the SDA will, over the course of the FFY 2015-2017 plan period, conduct a review of client demographics to ensure that OAA funds are directed to high need populations as defined by the Intrastate Funding Formula, including low income, minority, and rural seniors.

Progress Meeting 2010-2014 State Plan Goals

The State Department on Aging has made significant progress in meeting the goals laid out in the 2010-2014 State Plan on Aging. In order to utilize the State Plan as an ongoing planning and assessment tool, SDA staff review the goals of the plan and update progress annually. The following are a few of the highlights of the progress SDA has made in meeting its 2010-2014 State Plan goals:

- Goal 1: Empower Connecticut's older residents, their families, and other consumers to make informed decisions about, and be able to easily access existing health and long-term care options.
 - Through the Connecticut Partnership for Long Term Care Program, hundreds of consumers each year are educated on Long Term Care Insurance issues (891 in FY 2013), costs and coverage options.

- SDA co-sponsored summits on aging in the lesbian, gay, bi-sexual and transgender (LGBT) Community, and Acquired Immune Deficiency Syndrome (AIDS) Awareness. A new LGBT resource page was developed and added to the SDA website.
- Connecticut's Health, Outreach, Information and Referral Counseling and Eligibility Screening (CHOICES) program offered 2,175 outreach events from October 1, 2010 to September 30, 2014. Nutrition education and CHOICES brochures are made available electronically in several languages.
- The SDA Commissioner co-chaired a Legislative Task Force on Alzheimer's Disease, which with SDA staff input, developed formal recommendations to address the needs of individuals and their families living with Alzheimer's Disease.

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

- The Statewide Respite Care Program provided 701 clients with respite services in FY 2013.
- The National Family Caregiver Support Program provided 347 individuals with respite services, and 502 individuals received supplemental services.
- Aging and Disability Resource Centers (ADRCs) focused on connecting individuals of any age and ability to available long term supports and services so that they may continue living at home.
- Connecticut's Health, Outreach, Information and Referral Counseling and Eligibility Screening (CHOICES) program connects consumers to long term care services and supports through Information and Referral, referring consumers and caregivers to ADRCs for more in depth options counseling.

Goal 3: Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.

- SDA has worked to increase the availability of evidence-based programs available to older adults across Connecticut. Currently the SDA offers the Chronic Disease Self-Management Program (CDSMP), Tomando Control de su Salud, and the Diabetes Self-Management Program (DSMP), with over 1,900 participants to date. The SDA also offers Tai Chi Moving for Better Balance through Yale's CT Collaboration for Fall Prevention

(CCFP). In partnership with the SDA, CCFP also offers clinicians and service providers across the state the tools and assessment strategies to mitigate and prevent falls in older adult populations.

- CHOICES staff offered presentations on the Affordable Care Act, explaining added benefits and provisions under Medicare, and served to dispel misinformation about the health insurance exchanges.

Goal 4: Ensure the rights of older people and prevent their abuse, neglect and exploitation.

- The Connecticut Elder Justice Coalition was founded with support from SDA and the CT Long-Term Care Ombudsman Program. The first statewide conference was held in 2013.
- All SDA staff were trained on cultural sensitivity and awareness of the LGBT population. The state Long-Term Care Ombudsman and SDA staff serve on a state-wide LGBT aging workgroup. The goal of the group is to raise awareness of LGBT aging issues and better serve this population.
- SDA staff served on the Diversity and Inclusion Committee of the CT Chapter of the Alzheimer's Association.
- The SDA, in collaboration with the Department of Social Services' (DSS) Social Work Services staff, provided a mandated reporter and protective services training in response to changes in Connecticut's mandated reporting law, which added senior center personnel to the list of mandated reporters of elder abuse, neglect or exploitation.¹

Summary of 2014-2017 Focus Areas and Goals

The State Plan focus areas provide a strategic direction for each program and initiative of the SDA. Specific objectives within each focus area include measurable outcomes that are listed fully in the plan narrative. The following is an abbreviated summary of the focus areas and objectives.

To help guide the planning process, the SDA identified four areas of particular emphasis: **Healthy Aging, Elder Abuse Prevention and Protection of Rights, Coordinated Planning across the Aging and Disability Networks, and Evidence-Based Program Management.** These four areas are reflected in our State Plan goals and objectives.

Goal 1: Promote Healthy Aging Initiatives across the Aging Network.

Objectives: Promote sustainable health and wellness programs for CT's older adults through the utilization of Older Americans Act resources and the further

¹ CGS 17b-451

development of public/private partnerships.

Promote the services funded through the Elderly Nutrition Program to keep the Nutrition Program relevant and responsive to consumer needs.

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

Objectives: Support the investigation and prosecution of elder abuse, neglect and financial exploitation cases.

Bolster the ability of financial services providers to address financial exploitation.

Support the growth and efficacy of the Elder Justice Coalition and advocate on behalf of older people, particularly those with the greatest social and economic needs and those who are frail or have a disability.

Empower seniors to know and exercise their rights, make informed decisions about planning for long-term needs and promote opportunities for self-advocacy.

Through Long-Term Care Ombudsman Program's (LTCOP) advocacy services, ensure that older adults who reside in an institutional setting are treated with dignity and offered the greatest degree of independence possible.

Pilot a Community Ombudsman program to become a viable resource to protect the health, safety, and welfare of older adults who receive long-term care support services in their homes.

Ensure that programs and services are welcoming and effective for all consumers, including sensitivity to issues of race, disability, economic status, language, religion, sexual orientation and gender identity.

Goal 3: Promote coordinated planning throughout the aging and disability network.

Objectives: Ensure Department participation on existing workgroups and new work groups as necessary to improve planning and coordination across the state and local levels.

Increase communication and collaboration throughout the aging and disability network.

Use existing communications and outreach activities to highlight the work of Aging Network Partners.

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

Objectives: Conduct a comprehensive review of evaluation methodology and reporting practices used across programs administered by the SDA.

Develop consumer-focused measures for program outcomes.

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.

Objectives: Elevate senior centers that are focal points that exemplify excellence and develop best practices in information and referral services.

Consolidate the State Health Insurance Assistance Program, ADRCs, and Information and Referral (I&R) into one bundled package of access services under the established and recognized CHOICES program.

Continue and expand collaboration with and among providers of assistance to consumers.

Provide information and referral training to SDA staff and community partners that is specific to the needs of local communities and the state at large.

DRAFT

CONTEXT

Mission and Vision

The State Department on Aging was formed in 2013 to serve as the state's lead agency in serving the rapidly growing population of older adults. According to legislation signed into law by Governor Dannel P. Malloy on July 10, 2013, the department was tasked with the following responsibilities:²

- 1) The SDA is designated as the State Unit on Aging to administer, manage, design and advocate for benefits, programs and services for the elderly and their families pursuant to the Older Americans Act.
- 2) The SDA is tasked with studying the conditions and needs of elderly persons in Connecticut in relation to nutrition, transportation, home care, housing, income, employment, health, recreation and other matters.
- 3) The SDA is responsible, in cooperation with federal, state, local and area planning agencies on aging, for the overall planning, development and administration of a comprehensive and integrated social service delivery system for elderly persons.

The creation of the State Department on Aging, which combined staff from the Department of Social Services and the Office of the Long Term Care Ombudsman, was intended to focus new attention and resources on the needs of older adults. As Connecticut's Lieutenant Governor Nancy Wyman said upon the appointment of the Department's first Commissioner, "There's much we need to do to help elderly residents in our state and, now that we have a department that focuses specifically on them, we can work on improving the way we deliver those services."

Soon after the formation of the new Department, staff members worked together to draft a mission and vision statement that captured the scope, mandate, and aspirations of the new department. This mission and vision became a foundational element of this State Plan.

Our Mission

The mission of the State Department on Aging is to empower older adults to live full independent lives, and to provide leadership on aging issues on behalf of older adults, families, caregivers, and advocates.

Our Vision

Knowledge

² CGS 17a-317(b)

We envision older adults, families, and caregivers who are well-informed about available 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 Aging Network and Disability Network

The Aging Network encompasses all agencies and organizations which provide services and advocacy for older adults in Connecticut. Included in the network is the federal Administration for Community Living, the State Department on Aging, Area Agencies on Aging, local senior centers, municipal agents, Connecticut's Legislative Commission on Aging, and advocacy organizations such as the Center for Medicare Advocacy, and AARP.

Through the Aging and Disability Resource Centers and other initiatives, the State Department on Aging often partners with members of the Disabilities Network. The Disability Network includes various state agencies, the five Centers for Independent Living, the Council on Developmental Disabilities, the UCONN Center for Excellence in Developmental Disabilities, the Veterans' Administration, and numerous community agencies.

As the challenges of serving a growing elder population mount, maintaining and strengthening partnerships between these entities becomes all the more important. Whether it is program management, service delivery, or advocacy, the support provided by the aging network goes a long way in helping ensure the health and well-being of the "whole person."

The State Department on Aging seeks to strengthen the aging network by providing leadership on aging issues on behalf of older adults, families, caregivers, and advocates. Aside from program management and implementation, SDA works in close collaboration with the state's five Area Agencies on Aging to support programming that serves the unique needs of populations in each area. In a spirit of true partnership, SDA seeks to learn from and build on successful program management practices implemented by the Area Agencies. In addition, our FFY 2015-2017 goals call for the streamlining of reporting and a new focus on person-centered metrics in program management. This approach will be implemented in stages over the course of the plan term and will be developed in close consultation with the Area Agencies and other stakeholders.

The Area Agencies on Aging are private, nonprofit planning agencies, each guided by its own Board of Directors and Advisory Council. Through funding provided through the State Department on Aging, each Area Agency administers Older Americans Act and state-funded programs, including the Statewide Respite Care Program, National Family Caregiver Support Program, CHOICES program, the Elderly Nutrition Program, and disease prevention and health promotion services. Some of the Area Agencies on Aging also administer the CT Home Care Program for Elders and Money Follows the Person for the state.

Via Older Americans Act-funded programming and other initiatives, each Area Agency develops its own network of service providers within its area, as well as collaborations with senior centers and other community-based organizations that provide services to older adults. These community partners are vital to both the Area Agencies' and SDA's ability to accurately gauge the changing needs of the population served, acting as the "eyes and ears" on the front lines of service delivery. In recognition of the value of these partners in shaping programming and policy, the FFY 2015-2017 State Plan commits the SDA to create new opportunities for formal cooperation and information-sharing among providers, senior centers, Area Agencies, and other state agencies who serve the same populations.

At the state-wide level, SDA partners with the Departments of Developmental Services (DDS), Rehabilitation Services (DORS), Social Services (DSS), Mental Health and Addiction Services (DMHAS), Public Health (DPH), and other agencies with the goal of developing seamless integration of services for older adults and those with disabilities. Among other initiatives, SDA has worked closely with DSS to provide assistance and advice on implementing the state's "no wrong door" approach to accessing long term services and supports to ensure that the system effectively meets the needs of older adults. The FFY 2015-2017 State Plan commits the SDA to ensuring that Aging and Disability Resource Centers (ADRCs) are fully integrated into the state's "no wrong door" initiative.

The state's Commission on Aging, an independent legislative commission, provides policy research and advocacy on behalf of older adults. The commission shared several relevant and helpful recommendations which assisted in the formation of the State Plan. We anticipate working even more closely with Connecticut's Legislative Commission on Aging as we seek to make progress on shared goals on behalf of Connecticut's older adults.

Developing the State Plan

The process to develop the state plan included the following steps:

- I. A review of existing state and federal plans and reports, including the 2013-2018 ACL Strategic Plan, the Connecticut Long-Term Care Plan, Area Agency on Aging plans, Connecticut's Strategic Rebalancing Plan, the Connecticut Department of Public Health Strategic Plan, the Task Force on Alzheimer's Disease and Dementia final report, and others.

- II. A look back at progress in meeting 2010-2014 State Plan goals, involving all staff having responsibility for implementation.
- III. Consultation with Connecticut's Legislative Commission on Aging, an independent commission of the state legislature charged with researching and advocating on aging issues.
- IV. Discussions to gather input from Area Agency on Aging directors.
- V. A survey to gather input from aging network partners and service providers.
- VI. A series of public listening sessions and other presentations, including a presentation to providers at a Connecticut conference of the National Association of Social Workers and five community meetings in each of the state's five service areas.
- VII. Consideration of comments submitted in response to the draft report.

DRAFT

2015-2017 FOCUS AREAS

In addition to areas emphasized in the Administration for Community Living's state plan guidance that are specifically addressed in the goals and objectives, the State Department on Aging has identified four areas of particular emphasis:

Healthy Aging, Elder Abuse Prevention and Protection of Rights, Coordinated Planning across the Aging and Disability Networks, and Evidence-Based Program Management. These four areas help shape the department's planning process and are directly reflected in our State Plan goals. The following section provides an overview of how these focus areas impact our work now and in the future.

Focus I: Promoting Healthy Aging for the Whole Person

The Connecticut State Department on Aging is committed to supporting residents preparing for and maintaining a lifestyle that promotes healthy aging. The SDA used healthy aging as a lens to consider the attributes of existing programs and guide coordinated efforts at strengthening and expanding service delivery to Connecticut seniors. To effectively support healthy aging, the needs of the Connecticut senior as a "whole person" are considered to provide a framework to improve well-being and quality of life.

The State Department on Aging defines healthy aging as **development of sustained mental, social and physical health and well-being as we age.** To support healthy aging, the SDA is committed to bridging service gaps in the complex, overlapping, interlocking systems that impact the health and well-being of the "whole person." The State of Connecticut will seek to increase the reach and effectiveness of all state programs and services for older adults by providing new opportunities for collaboration, information sharing, and joint planning endeavors.

The State Department on Aging aims to provide access to effective and efficient supportive services to address needs that arise due to barriers, or gaps within support systems. For example, information and referral efforts should consider the whole person in identifying potential services and provide a conceptual framework for ongoing program adjustments and agency communication. This collaborative effort will strengthen service delivery for individual programs and partners in the aging network.

Component of Healthy Aging: Health and Wellness

Older adults can best succeed in healthy aging by practicing healthy lifestyles and by preparing physically, psychologically and emotionally for the future. Education about healthy habits, early intervention and prevention are key components for success. The State Department on Aging encourages residents to prepare for needs as they age through various education and outreach efforts.

Prevention and wellness efforts are crucial for Connecticut's older adults to achieve an optimal quality of life as they age and to remain independent in the community. The Chronic Disease Self-Management Program (CDSMP) or ("Live Well"), Tomando Control de

Su Salud and the Diabetes Self-Management Program provides information through workshops offering peer support for practical skills on managing chronic health problems. The Statewide Fall Prevention Program provides fall risk assessments, training and outreach initiatives statewide aimed at decreasing the number of falls suffered by older adults. These efforts include the education of older adults regarding the epidemiology of falls, identifying characteristics that increase risk, development and provision of systems where older adults can obtain individual fall risk assessments and providing communities with access to Tai Chi: Moving for Better Balance, an evidence-based fall prevention program.

The Older Americans Act provides support through Disease Prevention and Health Promotion Services (Title IIID) to support the education and implementation of activities that foster healthy lifestyles and behaviors to reduce the need for more costly medical interventions. On the state level, the SDA will continue to forge new ground to meet the changing needs of Connecticut's aging population through the SDA's Elderly Health Promotion Program.

Connecticut's seniors increase their knowledge and self-advocacy ability by utilizing free education services through the CHOICES program. The CHOICES program provides information and counseling about Medicare and other related health insurance options to older adults and their families through a network of trained volunteers. Information is provided through individual telephone or face-to-face sessions, public outreach presentations and media activities.

The Connecticut Partnership for Long Term Care provides training and education and works in alliance with 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 Connecticut residents pay for long-term care without depleting their assets. One-on-one counseling, educational materials and public outreach efforts help inform individuals about their options in planning for their futures.

Aging and Disability Resource Centers (ADRCs) are a statewide resource for Long Term Care Service and Support information and assistance. ADRCs serve persons of any age or ability who are seeking information, services or support. ADRCs provide assessment, benefits screening, information and assistance, decision support, application assistance, and person-centered options counseling.

senior centers offer a variety of programs that promote healthy aging and civic engagement. They have led the way in offering exercise and fitness programs in the community. The State Department on Aging will seek to enhance the value of these programs through public recognition, featuring such programs on its website, and seeking to connect Centers with potential sources of funding for evidence-based physical activity programs.

Component of Healthy Aging: Mental and Behavioral Health

Mental health is a central component of healthy aging. The State Department on Aging is committed to ensuring that appropriate mental health services, and substance abuse and prevention programs are available to CT seniors. The State Department on Aging, in collaboration with the Departments of Public Health (DPH) and Mental Health and Addiction Services (DMHAS), will continue to combine efforts to achieve this goal.

Maintaining a healthy brain requires staying mentally active. The New England Cognitive Center Program (NECC) addresses cognitive deficits by administering a strength based approach that utilizes educational and psychologically-based exercises aimed at assessing and maintaining cognitive function. NECC designs and provides targeted exercises to stimulate identified parts of the brain that are affected by Alzheimer's disease.

Component of Healthy Aging: Staying Engaged in the Community

The ability to remain engaged in the community, which benefits both the older adult and the community itself, depends on being able to stay in one's own home, access to volunteer and employment options, and access to transportation.

Housing services in Connecticut support independent living, congregate, retirement communities, cooperatives, and assisted living arrangements. Specific programs include the Congregate Housing Services Program which provides congregate meals and supportive services to frail elders and persons with temporary or permanent disabilities living in rural communities. The 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.

The ability of older adults to remain in their own homes can be driven by economic factors. For homeowners aged 70 and older in need of extra income, the Reverse Annuity Mortgage Program allows homeowners to convert some of the equity in their homes to cash. Additional programs help support Connecticut seniors to remain in their homes with supportive care services. The Elderly Renter's Rebate program, currently administered by the Department of Housing, provides rental assistance to low and moderate-income seniors and those who are disabled. Over 40,000 people benefit from the program annually.

The SDA is dedicated to ensuring access to volunteer and career opportunities for Connecticut's older adults. Volunteerism helps older adults meet esteem and responsibility needs, as well as allowing for socialization and cross generational relationship building. CHOICES, SMP, CDSMP, and nutrition programs all offer opportunities for older adults to remain engaged and active in their communities. senior centers and elderly/disabled housing communities also provide an array of volunteer engagement, including Safe Driving Classes, volunteer driving programs and Tax Assistance Programs. The Long Term Care Ombudsman Program also offers volunteer opportunities through the Volunteer Resident Advocate Program, where individuals, many of them older adults, provide advocacy for nursing home residents.

18.9 percent of the civilian workforce in Connecticut consists of residents age 65 and older (US Bureau of Labor Statistics, 2010). The Senior Community Service Employment

Program (SCSEP) assists workers age 55 years and older prepare for today's job market and re-enter the workforce through on-the-job training at local non-profit agencies and classroom training, including, but not limited to, Dress for Success, assistive technology and transportation.

Availability of senior transportation options is a key to staying engaged in the community. According to both feedback from the state plan listening session and the Provider Survey, transportation is among the highest priorities for seniors. While many communities operate effective transportation programs, the SDA seeks to explore the issue on a regional and statewide basis, guided by a recognition that local transportation options should connect to each other to provide seamless transit options across municipal borders. Furthermore, the SDA will work with the Department of Transportation and others to ensure that the needs of seniors are fully accounted for in planning public transit routes and options.

Component of Healthy Aging: Nutrition and Physical Activity

The Elderly Nutrition Program supports basic needs by delivering nutritionally balanced meals to individuals 60 years of age and their spouses while providing nutrition education and counseling and other nutrition services such as nutrition screening and assessments. Meals are available to eligible participants at no cost to the participant, although donations are encouraged and used to provide additional meals. Meals may also be provided to persons with disabilities living in senior housing facilities that have Senior Community Cafés, disabled persons who reside at home with older persons that participate in the Community Cafes and nutrition service volunteers. In FY 13, the program served 1,277,677 home delivered meals to 6,317 persons, and 775,409 meals to 17,209 persons in the Community Cafes or Congregate Meal program. The SDA was able to secure funding through the Social Services Block Grant (SSGB), which supported the serving of 100,959 home delivered meals to 542 low income home bound individuals (included in aforementioned aggregate totals).

In keeping abreast of the increasing number of baby boomers and their habits, Senior Dine/Restaurant programs have been implemented in two of our five Area Agency on Aging regions by three Elderly Nutrition Projects (ENPs). With the successes seen by these programs, along with piloting of the choices of entrees, the Department's goal is to increase these services in meeting the changing needs of younger, active seniors.

In an effort to further increase the delivery and options for nutritionally balanced, quality meals while supporting local industry, the State Department on Aging will work to bring together or strengthen existing partnerships of nutrition providers, other state and local agencies, consumers, and advocates to explore creative, cost-effective approaches to increasing service quality and consumer satisfaction. Providing meals in the congregate setting enables older individuals to remain socially active in their communities and serves as an avenue to valuable resources.

Component of Healthy Aging: Support for Caregivers

The State Department on Aging believes that the care provided by family and other non-paid caregivers is integral to successfully rebalancing the state's long-term care system by enhancing quality of life and allowing older adults the choice to remain at home. The Department supports the notion that a supported caregiver contributes to a happier healthier care recipient. The department seeks to continually improve programming aimed at supporting caregivers.

A multi-faceted system of supportive services is available through The National Family Caregiver Support Program (NFCSP). Services include training opportunities, information and assistance, and assistive devices or medical equipment that aid caregivers in providing care to their loved ones. Supporting and sustaining a healthy caregiver also includes providing access to respite services. Both NFCSP and the Connecticut Statewide Respite Care (CSRCP) Program offer caregivers respite services by providing temporary homecare assistance. Both programs also assist caregivers in developing and maintaining appropriate plans of care.

The Department also seeks to support grandparents and other kin caregivers raising children. 21,702 CT grandparents are responsible for their grandchildren under 18 years of age (US Census Bureau, 2010). The SDA, along with the Departments of Children and Families (DCF) and Social Services (DSS) have programs that can benefit grandparents. The Grandparents as Parents Support (GAPS) Network is a group that shares information and can help refer grandparents to the appropriate agency.

Focus II: Protecting Rights and Combatting Elder Abuse, Fraud, and Neglect

The State Department on Aging prioritizes the safety and security of older adults in their homes and communities.

The State Long Term Care Ombudsman Program (SLTCOP) investigates the complaints of persons living in long term care facilities and represents them through advocacy. SLTCOP is comprised of nine regional Ombudsman and volunteers. To further support long term care residents, SLTCOP is developing a Community Ombudsman program to provide support and advocacy for older adults residing in a community setting.

The CT Elder Justice Coalition collaborates with the aging and legal networks and law enforcement to combat criminal victimization and protect the rights of older persons. Through Legal Assistance for Older Americans, legal aid providers in CT offer legal counseling and to the extent feasible, civil legal representation to persons age 60 and older for legal issues commonly experienced by the most needy or vulnerable among them. These issues often encompass nursing home and other housing concerns; interactions with Medicaid and other government programs; and patients' rights. The Consumer Law Project for Elders (CLPE) assists with consumer law problems, particularly those affecting homebound seniors and those that reside in rural or minority communities. Senior Medicare Patrol (SMP) informs and empowers Medicare and Medicaid beneficiaries, family members and caregivers to avoid, detect and prevent health care fraud. Through the efforts of trained volunteers, seniors are educated on how to detect and handle fraud, waste, abuse

and other deceptive healthcare practices. SMP staff and volunteers conduct outreach and public awareness campaigns.

Elder Rights initiatives and Elder Abuse educational programs strive to improve the quality and enhance the quantity of legal and advocacy services available to the state's older residents, protect their rights and prevent abuse, neglect and exploitation.

In Connecticut, greater numbers of older adults than ever before are at risk of abuse, exploitation and neglect. In a 2012 baseline report, there were roughly 4,700 cases of elder abuse reported in Connecticut – an increase of over 23 percent since 2009. However, only 387 cases were substantiated – a decrease of 13 percent, meaning that the vast majority were handled without a full resolution to determine the extent of the abuse or to refer them for possible criminal investigation.

In 2012, the State Department on Aging established the goal of creating enhanced levels of overall legal services accessibility and capacity which could be responsive to priority legal issues of older adults most in need and provide tangible positive impacts on their independence, health and financial security.

Central to achieving this goal was the establishment of the CT Elder Justice Coalition, and its Coordinating Council modeled, in part, after the federal Council and work groups. Also, by utilizing select organizational components of several other states' Elder Rights and Elder Justice Coalitions, CT stakeholders from all sectors will be empowered to cooperate in joint action – each in their own self-interest – by joining forces to mitigate gaps in our current elder justice systems. Through this increased statewide collaboration and development of potential solutions to elder justice issues, we can significantly enhance the quality of life for present and future generations of older adults.

Under the leadership of the SDA Legal Services Developer and the CT Long-Term Care Ombudsman, a Steering Committee of representatives of private and public advocates and service providers formulated an Action Plan to implement the Coalition initiatives. On November 22, 2013, SDA formally launched the Coalition with a Conference: "A Call to Action" featuring National and Regional Keynote Presenters and esteemed multidisciplinary panelists to specifically address our barriers in addressing Financial Exploitation and in the effective transfer and exchange of information about Elder Abuse. Approximately 200 people attended from a variety of organizations and agencies.

The Coalition has begun to identify priorities that it recommends be shared by the State Department on Aging and represented in the FFY 2015-2017 State Plan, including, but not limited to:

- Support the investigation and prosecution of elder abuse, neglect, and financial exploitation cases;
- Support and protect elder victims by improving identification of elder abuse, increasing reporting and enhancing response and outreach;

- Develop a strategic, multifaceted public awareness campaign;
- Bolster the ability of financial services providers to address financial exploitation;
- Develop and implement a comprehensive consumer fraud, scams and abuse public awareness campaign;
- Build up Protective Services for the Elderly;
- Develop and implement a model volunteer conservator program to improve oversight of the health, safety and financial security of vulnerable elders; and
- Address abuse and neglect in long term care facilities.

Focus III: Increase Coordination of Planning across the Aging Network

The State Department on Aging, as a new state agency with a clear mission and vision for older adults, is well positioned to assist in promoting coordinated planning across the aging network by **improving communication** and by **creating new opportunities for collaboration**.

Integral to this focus is a desire to actively participate in interagency planning and problem-solving, including fully participating in existing opportunities for collaboration and identifying and coordinating new opportunities.

The State Plan calls for the creation of new workgroups to focus efforts around areas of concern or those requiring regional cooperation, such as transportation infrastructure. By offering new opportunities for information sharing and collaborative problem solving, the State Department on Aging can help realize the potential of the aging network to act as a true network of interconnected partners working together to improve the lives of older adults.

The State of Connecticut's Strategic Rebalancing Plan is an example of a plan to which SDA has contributed. The plan calls for a continuation of efforts to support older adults residing in a community setting, including in their own homes, for as long as possible. Among the strategic objectives outlined by the plan are several areas directly supported by the SDA. In developing the State Plan on Aging, an effort was made to align our goals with those of the Rebalancing Plan whenever possible. Objectives of the Rebalancing Plan that are echoed in this State Plan on Aging include:

- Connecting people to information about long-term care services and supports;
- Increasing transitions of long-term nursing home residents to the community;
- Closing service gaps, improving existing services, identifying new services;
- Ensuring quality of care;
- Focusing on housing and transportation supports; and
- Helping transform nursing facilities into continuing care providers across a continuum of needs.

In addition, the SDA strongly supports the State Commission on Aging's Livable Communities Initiative, which seeks to provide resources to communities to consider the

needs of older residents, including the availability of services and supports, transportation, walkability, and other factors that can enhance the quality of life for residence and their ability to “age in place.”

The SDA is also committed to working in close harmony with the State’s Long-Term Care Planning Committee in shaping and implementing the Connecticut Long-Term Care Plan.

As an active partner in the Aging Network, the SDA will continue its participation in emergency preparedness planning activities with other state agencies to address the needs of older adults statewide. The SDA has directed each Area Agency on Aging to address its emergency preparedness activities in the AAA’s Area Plan. The area plans outline the activities undertaken before, during and after an emergency. The SDA will communicate directly with each Area Agency’s designated Disaster Communication Officer to obtain the most current information regarding the provision of services during an impending emergency. In turn, this information will be relayed as requested to state and federal partners in support of coordinated statewide efforts. Additionally, the SDA will communicate the availability of services through its website as information is received and shared with the SDA. Information which has been provided in the past has included the locations of emergency shelters, emergency food assistance services, heating and cooling centers, and local, state and federal financial assistance related to emergency disaster needs.

Focus IV: Improving Evidence-Based Program Management

In an era of flat funding and growing needs, the State Department on Aging, and in turn the Area Agencies, are expected to do more with less. The only way to keep up with the growing demand for services is to maximize the efficiency of programs while maintaining or improving their effectiveness. A prerequisite to meeting this challenge is to build actionable, evidence-based outcome evaluations that are equally useful to Area Agencies and the State Department on Aging, as responsibility for program management is shared by both.

The SDA and Area Agencies have a strong foundation on which to build. Data collected and reported to ACL and other agencies provides a basis for data-driven management. The State Plan calls for steps to be taken by SDA in conjunction with Area Agencies. It is expected that while changes may take some time to fully implement, the result will be a process of data collection, reporting, and analysis that will yield new insights on programs and services while diminishing data collection and reporting that is not tied directly to program improvement.

These steps include:

- **Self-Study:** We will conduct a comprehensive self-study of SDA / Area Agency data collection, reporting, and program evaluation activities, with the goal of eliminating collection and reporting not mandated by ACL or other agencies unless it has a clear value in program management. The Department will also explore its internal

processes for data use to ensure that all data is used for effective management purposes, and the results are communicated to the Area Agencies.

- **Transparency:** We will utilize the data we collect to inform the public of the impact of SDA programs.
- **Consumer-Focused Approach:** In the spirit of the Connecticut legislature's use of Results-Based Accountability (RBA), SDA will develop metrics through consumer surveys and other means which help show a more complete picture of the quality of outcomes by focusing on the individuals served.
- **Collaboration:** The steps above will be accomplished in close collaboration and consultation with our partners in the Aging Network, including the Area Agencies on Aging.

DRAFT

2015-2017 GOALS, OBJECTIVES, AND STRATEGIES

Goal 1: Promote Healthy Aging Initiatives across the Aging Network

The SDA defines healthy aging as development of sustained mental, social and physical health and well-being as we age. To support healthy aging, the State Department on Aging is committed to bridging service gaps in the complex, overlapping, interlocking systems that impact the health and well-being of the “whole person.”

Objective 1.1: Promote sustainable health and wellness programs for CT’s older adults through the utilization of Older Americans Act resources and the further development of public/private partnerships.

Strategies: Use state and federal resources, including public/private partnerships, to sustain and expand the coordination of the Chronic Disease Self-Management Education (CDSME) statewide delivery system.

Target Date: Ongoing

Continue to partner with the State Department of Public Health (DPH) to embed the Diabetes Self-Management Program (DSMP) and other CDSME Programs into the public health networks.

Target Date: Ongoing

Offer evidence-based prevention and wellness programs through the Elderly Health Promotion Program that address the physical, behavioral and chronic disease needs of CT’s older adults and target minority and underserved populations.

Target Date: December 2015

Establish a Memorandum of Understanding (MOA) with the State DPH to foster the coordination and integration of statewide fall prevention efforts to grow the sustainability of fall prevention practices in Connecticut.

Target Date: December 2016

Partner with DSS Medicaid and community partners to pursue CDSME Programs as a reimbursable service under the Medicaid waiver program.

Target Date: December 2017

Objective 1.2: Promote the services funded through Elderly Nutrition Program to keep the Nutrition Program relevant and responsive to consumer needs.

Strategies: Convene regular meetings in partnership with the Department of Social Services and other nutrition stakeholders to move towards greater coordination of nutrition programs serving older adults.

Target Date: Ongoing

Conduct a statewide survey of nutrition consumers by the SDA to solicit program feedback, including but not limited to access, preferences, quality, and cost.
Target Date: March 2015

Support innovative nutrition services to increase flexibility of program.
Target Date: Ongoing

Maximize the use of available funding sources to maintain/expand the Elderly Nutrition Program.
Target Date: Ongoing

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

The State Unit on Aging and the State Ombudsman Program of SDA are committed to helping Connecticut establish a coordinated approach to protecting rights and combatting abuse and fraud.

Objective 2.1: Support the investigation and prosecution of elder abuse, neglect, and financial exploitation cases.

Strategies: Promote close collaboration between the State Ombudsman Program and DSS' Adult Protective Services staff.
Target Date: December 2014

Develop a public outreach strategy to raise awareness of how to spot potential abuse and how to respond.
Target Date: March 2015

Develop a training program for first responders.
Target Date: June 2017

Objective 2.2: Bolster the ability of financial services providers to address financial exploitation.

Strategies: Develop a training program in hard copy and digital format for financial institutions, including educational awareness materials, and reporting mechanisms.
Target Date: December 2015

Implement training and reporting protocols.
Target Date: September 2016

Objective 2.3: Support the growth and efficacy of the Elder Justice Coalition and advocate on behalf of older people, particularly those with the greatest social and economic needs and those who are frail or have a disability.

- Strategies: Host at least two Coordinating Council meetings per year.
Target Date: Ongoing
- Conduct a Coalition Conference at least once per year.
Target Date: Ongoing
- Promote networking opportunities among public and private entities for elder rights initiatives through recruitment of new partner organizations and the use of social media and a dedicated website.
Target Date: Ongoing
- Identify and mitigate gaps in the current elder rights systems.
Target Date: Ongoing
- Develop and implement a model volunteer conservator program to improve oversight of the health, safety and financial security of vulnerable elders.
Target Date: September 2017
- Objective 2.4 Empower seniors to know and exercise their rights, make informed decisions about planning for long-term needs and promote opportunities for self-advocacy.
- Strategies: Provide ongoing training and public information about advance directives for the public and professionals who serve older adults.
Target date: Ongoing
- Support the Coalition to Improve End of Life Care initiatives to ensure that every individual has information about and access to compassionate, quality end of life care.
Target date: Ongoing
- Objective 2.5: Through LTCOP advocacy services, ensure that older adults who reside in an institutional setting are treated with dignity and offered the greatest degree of independence possible.
- Strategies: Develop a strategy for LTCOP continuous outreach to consumers, (i.e. targeted presentations/communities/consumers).
Target Date: June 2015
- Update LTCOP website, implement program for continuous review and improvement.
Target date: June 2015
- Implement and distribute cultural and linguistic specific information about the Ombudsman Program to all areas of the state and as needed in those long term care facilities and in communities with greatest need.
Target Date: June 2016

Objective 2.6: Pilot a Community Ombudsman program to become a viable resource to protect the health, safety, and welfare of older adults who receive long-term care support services in their homes.

Strategies: Implement community advocacy training for Ombudsman staff.
Target date: December 2014

Identify and collaborate with community partners to champion community ombudsman work.
Target Date: June 2015

Implement a LTCOP data collection system.
Target Date: September 2016

Objective 2.7: Ensure that programs and services are welcoming and effective for all consumers, including sensitivity to issues of race, disability, economic status, language, religion, sexual orientation, and gender identity.

Strategies: Via SDA website, offer a visible message of inclusion, acceptance, and support to lesbian, gay, bisexual, and transgender individuals.
Target Date: December 2014

Identify and designate Spanish speaking staff to respond to telephone inquiries.
Target Date: December 2014

Provide training to LTCOP staff and volunteers to strengthen competencies related to lesbian, gay, bisexual, transgender and questioning individuals throughout the lifespan or aging-related issues.
Target Date: June 2016

Collaborate with the federal Administration for Community Living and local partners to modify data collection forms to be culturally sensitive to sexual orientation, marital status, and gender identity or expression.
Target Date: June 2017

Provide access to a voluntary training program for contracted providers and other network partners in cultural sensitivity.
Target Date: June 2017

Goal 3: Promote coordinated planning throughout the aging network.
The State Department on Aging will seek to increase the reach and effectiveness of all state programs and services for older adults by providing new opportunities for collaboration, information sharing, and joint planning endeavors.

Objective 3.1: Ensure Department participation on work groups as necessary to improve planning and coordination across the state and local levels.

Strategies: Coordinate an interdepartmental working group to study senior transportation infrastructure. *Target Date: December 2014*

Convene regular meetings in partnership with the Department of Social Services and other nutrition stakeholders to move towards greater coordination of nutrition programs serving older adults. *Target Date: Ongoing*

Continue partnership with DHMAS and the Older Adult Behavioral Health Workgroup to develop an Asset Map of behavioral health services for older adults. *Target Date: September 2015*

Objective 3.2: Use existing communications and outreach activities to highlight the work of Aging Network Partners.

Strategies: Sponsor and co-sponsor conferences and forums related to aging issues. *Target Date: Ongoing*

Create an SDA annual report. *Target Date: December 2015*

Objective 3.3: Celebrate the work of our partners through an integrated media strategy.

Strategies: Seek to generate positive attention for senior centers through site visits, awards, and other events. *Target Date: Ongoing*

Develop an e-newsletter that combines SDA announcements with news submitted by AAAs. *Target date: December 2014*

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

The State Department on Aging will enhance programs through data-driven program management, including the integration of new person-centered metrics into program evaluation activities.

Objective 4.1: Conduct a comprehensive review of evaluation methodology and reporting practices used across programs administered by the SDA.

Strategies: Inventory all reporting / data analysis activities conducted by the Department.
Target Date: December 2014

Engage Area Agencies to gather their feedback on current reporting procedures.
Target Date: December 2014

Identify any possible efficiencies or streamlining.
Target Date: June 2015.

Evaluate the capacity of Data Systems to facilitate streamlining of data collection and analysis.
Target Date: June 2015

Evaluate staffing needs related to data collection and analysis.
Target Date: June 2015

Present analysis to SDA and Area Agencies.
Target Date: December 2015

Objective 4.2: Develop consumer-focused measures for program outcomes.

Strategies: Develop new survey tools to collect data on client outcomes.
Target Date: December 2015

Integrate person-centered metrics into program management activities across all SDA programs.
Target date: December 2016

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.

Objective 5.1: Elevate senior centers that are focal points that exemplify excellence and develop best practices in information and referral (I & R) services.

Strategies: Survey senior centers and other local community partners on I & R and person-centered options counseling training needs.
Target Date: June 2015

Develop I & R training specifically for senior center personnel.
Target date: September 2015

Through the designated SDA senior center liaison, form a senior center workgroup, with senior center staff, SDA staff, Area Agency on Aging staff, and others to discuss current national accreditation, certification, funding, training, focal point designation, and best practices.
Target Date: November 2015

Through the designated SDA senior center liaison, share best practices and other results from the senior center workgroup.

Target Date: March 2016

Objective 5.2: Consolidate the State Health Insurance Assistance Program, ADRCs, and I&R into one bundled package of access services under the established and recognized CHOICES program.

Strategies: Dedicate a staff position to coordinate all SDA Information and Referral programming. *Target Date: October 2014*

Identify the programs and community partners that comprise the newly defined CHOICES program. *Target Date: December 2014*

Develop a uniform set of standards and protocols in cooperation with the CHOICES partners, for operating the newly defined CHOICES program statewide. *Target Date: December 2014*

Develop and implement a comprehensive data collection and reporting system for the newly integrated CHOICES program. *Target date: September 2015*

Develop and implement quality assurance measures within the CHOICES program based on established program standards. *Target date: September 2016*

Objective 5.3: Continue and expand collaboration with and among providers of assistance to consumers.

Strategies: Strengthen the existing relationship between SDA, 2-1-1 and other community information referral and assistance providers. *Target Date: September 2015*

Embed the practice of person-centered options counseling into the daily practice of identified access points at the local, regional and statewide level. *Target Date: September 2015*

Continue to partner with DSS on State of CT Balancing Incentive Program activities that involve the creation of a NWD system that capitalizes on the strengths of the current provider networks. *Target Date: Ongoing*

Objective 5.4: Provide Information & Referral training to SDA staff and community partners that is specific to the needs of local communities and the state at large.

Strategies: Develop and implement a training curriculum for all SDA staff.
Target Date: December 2014

Develop I & R standardized training and certification in collaboration with Area Agencies on Aging, Centers for Independent Living, senior center personnel, municipal agents, resident service coordinators, and others that provide access to long term care services and supports.
Target date: September 2015

Develop Person-Centered Options Counseling training and certification specifically for local, regional and state agencies including, but not limited to, Area Agencies on Aging, Centers for Independent Living, senior center personnel, municipal agents, and resident service coordinators that builds on national curriculum and provides content and techniques specific to Connecticut and its local communities.
Target date: September 2015

DRAFT

**Attachment A
Assurances**

DRAFT

STATE PLAN ASSURANCES, REQUIRED ACTIVITIES AND INFORMATION REQUIREMENTS
Older Americans Act, As Amended in 2006

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, required activities and information requirements as stipulated in the Older Americans Act, as amended in 2006

ASSURANCES

Sec. 305(a) – (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service 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.

(a)(2)(B) The State agency shall 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 under such plan.

(a)(2)(E) The State agency shall 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;

(a)(2)(F) The state agency shall provide assurances that the State agency will require the use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency and area agencies 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.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and the area agencies 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.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on aging, or by the State in case of single planning service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall 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 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 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 subclause (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

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall –

- (I) identify the number of low-income minority older individuals and older individuals residing in rural areas 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 (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will 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

(4)(C) Each area agency on aging shall provide 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) Each area agency on aging shall 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.

(6)(F) Each area agency will:
in coordination with the State agency and with the State agency responsible for mental 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.

(9) Each area agency on aging shall 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) Each area agency on aging shall 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 practical, coordinate the services and 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)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will 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 related to providing any service to older individuals; and

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

(13)(C) Each area agency on aging shall provide assurances that the area agency on aging will demonstrate that a loss or diminution in the quantity or quality of services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will, 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 non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary of 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) Each area agency on aging 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 area agency on aging to carry out 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

(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 for a grant or contract.

(7)(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 assurances 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)(A) The plan shall provide 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 divisions (A) 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.

(11)(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 services 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.

(11)(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;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, healthcare, 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, 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

-
- (A) public education to identify and prevent abuse of older individuals;
- (B) receipt of reports of abuse of older individuals;
- (C) 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
- (D) 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.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared –

- (A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and
- (B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(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 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 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 prolong 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 assurances 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 pursues 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.

(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).

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

(A) to coordinate services 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 advisors 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 and 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 the area agency 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 9b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individuals 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)

(1) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed and ensuing that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide 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 this chapter.

(5) The State plan shall provide 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) The State plan shall provide 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. 307(a) STATE PLANS

(1)(A) The State agency requires 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) The State plan is 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 State agency:

(A) evaluates, 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) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) 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 a fiscal year.*

(5) The State agency:

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

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

(C) affords 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 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) No supportive services, nutrition services, or in-home services are 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.

INFORMATION REQUIREMENTS

Section 102(30)

The State Department on Aging (SDA) defines 'in-home' services provided through the Older Americans Act funding to include all those services included with the definition of 'in-home' services found in Section 102(30)(A) through (G), these being:

(A) services of homemakers and home health aides;

(B) visiting and telephone reassurance;

(C) chore maintenance;

(D) in-home respite care for families, and adult day care as a respite service for families;

(E) minor modification of homes that is necessary to facilitate the ability of older individuals to remain at home and that is not available under another program (other than a program carried out under this Act);

(F) personal care services; and

(G) other in-home services defined -

(i) by the State agency in the State plan submitted in accordance with section 306.

(ii) by the area agency on aging in the area plan submitted in accordance with section 306.

In addition the following services, which are provided under the Older Americans Act, are considered in-home services;

Personal Emergency Response – In home, twenty-four hour electronic alarm system, which enables a high-risk individual to secure help in a medical, physical, emotional or environmental emergency.

In-Home Mental Health Counseling – this service is designed to provide psychiatric care and counseling in the home to persons in danger of institutionalization or who may have suffered significant losses, dementia, depression, etc. Pharmaceutical therapy is available in addition to counseling when needed.

Skilled Nursing Visits – Services provided by a licensed nurse (Registered Nurse-RN or a Licensed Practical Nurse-LPN) designed to provide part time, medically necessary and appropriate home health care services under the direction of a licensed physician, dentist or advanced practical nurse (APRN). Services may include preventative, restorative, rehabilitative nursing care, health education and counseling, referral for and coordination of services and delegation of responsibility to, supervision and teaching of non-skilled caregivers.

Due to the addition of personal care services in the Older Americans Act Amendments of 2006, hospice services fit under this category. It is no longer defined separately but these services continue to be provided.

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 State Department on Aging 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 (SDA) 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 Unit 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 Unit on Aging (SDA) 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 (SDA) 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, SDA PI 08-1, to the Area Agencies on Aging (AAA) 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 (DEPSS) 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)(C)

The Connecticut SDA specifies 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) and listed below (may be listed in dollars or percentages of Titles III and VII allocations):

Access	16 percent
In-Home	25 percent
Legal Services	6 percent

The issue of minimum percentages for Title III-B priority service was the subject of considerable attention within the aging network from 1988 to 1992. During that period the SDA reviewed available data on needs and service utilizations and held two public hearing on the subject. The minimum percentages adopted in 1988 were eventually modified in response to Area Agencies concerns that it fixed too large a portion of their funds in specific categories and limited their flexibility in addressing local needs. The minimum percentages that emerged from this process are those listed above. These percentages went into effect on October 1, 1993 and presently remain in effect.

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

The Connecticut 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 (PSA). Connecticut's intrastate funding formula has not changed from the intrastate funding formula outlined in Connecticut's State Plan - FFY 2006 through FFY 2010.

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 to 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 formula: The Interstate Funding Formula is constructed by weighting the population age 60 or over in each Planning and Service Area (Area Agency on Aging) 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:	
$\$A$ = Area Allocation	P_1 = Total Population 60+
$\$S$ = State Allocation	P_2 = Minority Population 60+
A = Area	P_3 = Low-Income 60+
S = State	P_4 = Impaired 60+
A_N = Number of Area Agencies in State	P_5 = Rural 60+
	P_6 = Low-income Minority 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.

Baseline funding: 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.

In the event that the State Unit on Aging receives funding awards under Title III of the Older Americans Act from supplemental appropriations or Administration on Aging re-allotments that total less than \$10,000, these will be exempt from formula allocation. In the absence of extreme demonstrated need as determined by the Commissioner of Aging, the award of such funds will be made to the Area Agencies on a rotating basis, beginning with Planning and Service Area (PSA) I, Southwestern Connecticut, with each Area Agency receiving the full award in successive years. The designated recipient Area Agency has the option of declining the allocation, should there not be a need in their region. Agencies that are unable to utilize at least 85 percent of their current year's allocation shall be considered to not to have a need in their regions. In such cases, the allocation will pass to the next planning and service area in the rotation.

Funds will be reallocated to those Area Agencies that request such funding and can demonstrate the need for additional funding in accordance with such procedures and criteria as are developed and promulgated by the Commissioner in the event that the need for such a reallocation should occur. Any reallocation amount made available to an Area Agency on Aging from an appropriation for a fiscal year in accordance with the preceding sentence shall be regarded as the part of that Area Agency's allocation for the fiscal year in which the reallocation is made and shall remain available only until the end of that fiscal year.

Carryover: The Area Agencies on Aging shall not carry more than 15 percent of their allocation over from the preceding fiscal year. Whenever the Commissioner of Aging determines that an Area Agency on Aging's carry over will exceed 15 percent of the current year's allocation, the director may make the amount in excess of 15 percent available for reallocation to such other Area Agencies as can demonstrate a need for the additional funding during the current fiscal year.

This State Plan on Aging is being submitted using the formula outlined above. During the first year of this Plan, the SDA will review the current needs and service utilization of Connecticut's older adults to determine if current percentages are adequate. If it is recommended that the formula be revised, a public hearing will be held and the Plan will be amended to reflect the revision.

Continued use of this formula for the distribution of funds under the Title III of the Older Americans Act is subject to the approval of the ACL.

Section 307(a)(3)(B)(i)

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.

Section 307(a)(3)(B)(ii)

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 84 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 PSA and the Eastern Connecticut PSA. The Area Agencies that serve these areas, the Western Connecticut Area Agency on Aging and Senior Resources of Eastern Connecticut, accommodate the needs of rural residents in their area plans and in their service allocations.

During the 2012 federal fiscal year, the most utilized services under Title III were congregate meals, home-delivered meals 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)(3)(B)(iii)

This plan describes the methods used to meet the needs for services to rural residents in the fiscal year preceding the first year to which such plan applies.

During the last completed federal fiscal year 4,124 service recipients identified themselves as rural residents. This was 11 percent of all service recipients who provided information on their municipalities of residence. Of the 4,124, 89 percent resided in either the Eastern or Western PSA. The services most commonly use by rural residents were congregate meals and home-delivered meals.

Section 307(a)(8)(B)

The State Department on Aging assures that the following agencies are already providing case management services (as of the date of the submission of the plan) under a State program and the SDA specifies that such agencies are allowed to continue to provide case management services.

These agencies are:

- Agency on Aging of South Central Connecticut
- Eastern Connecticut Area Agency on Aging (dba Senior Resources)
- North Central Connecticut Area Agency on Aging
- Southwestern Connecticut Agency on Aging
- Western Connecticut Area Agency on Aging

These agencies provide case management services through Title III-E, the National Family Caregiver Support Program.

Section 307(a)(8)(C)

Regarding information and assistance services and outreach, the State agency specifies that the following agencies may provide these services directly:

All five of Connecticut's Area Agencies on Aging provide information, assistance and outreach as a part of the CHOICES program that also includes health insurance and public benefit awareness and counseling. The program is operated jointly by the Area Agencies and the State Unit on Aging. The following agencies are authorized for the direct provision of information, assistance and outreach services:

- Agency on Aging of South Central Connecticut
- Eastern Connecticut Area Agency on Aging (dba Senior Resources)
- North Central Connecticut Area Agency on Aging
- Southwestern Connecticut Agency on Aging
- Western Connecticut Area Agency on Aging

Section 307(a)(10)

The State Department on Aging assures that needs of older adults in rural areas will be taken into consideration and describes how needs have been met and how funds have been allocated to meet those needs.

For purposes of this plan the State Unit on Aging has adopted the definition of rural proposed by ACL for reporting requirements for Title III and Title VII. In these specifications the ACL defines rural as “...any area that is not defined as urban. Urban areas comprise (1) urbanized areas (a central place and its adjacent densely settled territories) with a combined minimum population of 50,000) and (2) an incorporated place or census designated place with 20,000 or more inhabitants”.

The State Unit on Aging uses rural residence as one weighting factor in its funding formula. In effect, all rural residents receive a weighting of two, and an additional weight is given to members of other special groups such as minority, low-income or the frail elderly if they live in rural areas.

Section 307(a)(21)

The Connecticut State Department on Aging (SDA) states that the SDA 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.

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 Unit on Aging monitors the Area Agencies to assure they are pursuing such activities and includes an assessment of their efforts as part of their end of year evaluation.

Section 307 (a)(28)

(A) 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, many of whom 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 Department of Social Services' responsibilities. These include:

1. Staffing the State Emergency Operations Center as requested by DEMHS;
2. Assisting FEMA in the implementation of the Individuals and Households Program (IHP) following Presidentially declared disasters or emergencies for which IHP assistance is authorized by FEMA; and
3. Implementing plans for the receipt and care of evacuees, as directed by the Governor.
4. Protective Services for the Elderly

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:

- Transportation
- Nutrition
- 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 Unit on Aging (SDA) 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 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.

Section 307(a)(30)

Connecticut's State Unit on Aging continues to support 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 Commissioner of the State Department on Aging continues to participate on the Department of Emergency Services and Public Protection (DESPP) and the Department of Public Health (DPH) sponsored mass care and special needs population sheltering committee and project. This is a committee that has been developing the statewide criteria for the creation of universal access shelters for residents of any age should a disaster be long-term and extensive. This committee has been instrumental in the development and creation of the "Alert 911" system whereby those with disabilities may complete a form to be on file with their local emergency response team regarding communication or mobility issues. Connecticut is continuing to work with other state agencies and local systems of care on the development of enhanced support shelters for residents who need assistance when universal shelters do not provide enough support.

Additional ongoing resources include the SDA website 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 take on 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 Unit 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)(7), ADDITIONAL STATE PLAN REQUIREMENTS

(1) In accordance with Chapter 2 of this section in the Older Americans Act, the Ombudsman Program provides services as described below for older adults.

The Ombudsman Program investigates complaints made by or on behalf of nursing home residents, managed residential community residents and residents of residential care homes. The Program provides information and consultation on long-term care issues and empowers residents and families to discuss issues and address concerns with nursing home staff. The Program educates and informs residents and families on residents' rights as well as state and federal mandates.

The Connecticut Ombudsman Program promotes and supports Resident and Family Councils in a variety of ways, including its Annual Voices Forum, a recently developed Family Council web based training program and a quarterly newsletter for nursing home residents. The Program organized and continues to support a statewide Coalition of Presidents of Resident Councils. The Executive Board of Presidents of Resident Councils meets regularly, helps set legislative agenda and helps develop the agenda and program for the Voices Forum. Both the statewide Coalition and the Executive Board members collaborate to identify systems and systemic issues and trends.

The State and Regional Ombudsmen also provide community education and disseminate information and resources. The Program collaborated with Connecticut Legal Services to develop an outreach program to residential care home residents about their rights as residents and about consumer protection issues. Statewide forums for assisted living residents have been held to disseminate education about their rights about consumer issues and other issues. Other public meetings on crucial long-term care issues are held as needed.

The State Ombudsman represents the interest of nursing home residents at hearings, court proceedings and legislative committees and task forces and advocates for as well as proposes statutory amendments and changes. The State Ombudsman and Regional Ombudsmen serve on a variety of statewide committees, including the Long Term Care Advisory Committee, the Money Follows the Person Steering Committee, the Connecticut Cultural Change Steering Committee and other advocacy organizations and groups.

The Ombudsman Program recruits, trains and supervises the Volunteer Resident Advocate Program and holds statewide conferences for volunteers as well as monthly regional training sessions. The Program continues to maintain partnerships with organizations and agencies in the long-term care field and holds memberships with state and national organizations in the aging network.

The Ombudsman Program contracted with University of Connecticut researchers to do in-depth interviews and research on the topic of Fear of Retaliation and the Program is developing a web-based training video for residents, families and staff to promote understanding of the issue and develop strategies to combat retaliation in the nursing home setting. A Family Council web-based training program was developed in

collaboration with the University of Connecticut Organizational and Skill Development Unit and the Department of Social Services.

In accordance with Chapter 3 of this section the State Unit on Aging has a two tier collaborative approach using both statewide and regional initiatives to implement the provisions.

Statewide

The statewide Elder Justice Coalition brings together stakeholders, including the regional Area Agencies on Aging, to identify state and regional needs, enhance development of multidisciplinary responses and public awareness strategies to elder abuse, neglect and exploitation, and target services to underserved populations. The Connecticut Triad Advisory Council, which promotes collaboration of law enforcement, seniors, and community organizations, assists in the development of local councils, supportive programming and training to address crime-related issues that impact seniors. The State Unit on Aging produces Elder Rights Protection Program Alerts which are posted on the SDA website and forwarded via email to vulnerable older persons, organizations, caregivers and providers that serve populations of seniors and people with disabilities. Other statewide initiatives include support of the Connecticut Chapter of National Healthcare Decisions Day, World Elder Abuse Day and the Connecticut Coalition to Improve End of Life Care.

Regionally

Through grants to each of the Area Agencies on Aging, regional implementation of priorities is possible through a comprehensive community based program of information, education and outreach. Such programs support the development and continued operation of multidisciplinary elder justice activities in the region including: (1) Multidisciplinary programs and services involving social services, health care, public safety, and legal disciplines; (2) Community Triads SALT Councils consisting of Seniors and the aging network, Law Enforcement and Public Safety personnel, and business and community groups; (3) Appropriate programs and services ensure that the region will effectively address the special problems of elder abuse, neglect, and exploitation of underserved populations; and (4) Public education, training and outreach to promote the identification and prevention of elder abuse, neglect and exploitation, specifically including identity theft and financial exploitation, for individuals, including caregivers, professionals, and paraprofessionals, and community organizations.

(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;

The state uses the same two-tier approach to solicit input regarding programs carried out under this subtitle. The Commissioner of the State Department on Aging together with her staff visit locations throughout the state to discuss aging issues and gather input from

seniors about needs and programming. The SDA also utilizes its netserve to gather information from service providers and aging network organizations. In addition, the Connecticut's Legislative Commission on Aging, a public policy and research office of the Connecticut General Assembly which is charged with improving the quality of life of older adults, shares information with the SDA. Area Agencies on Aging conduct their own hearings and meetings to gather information to formulate their area plans for development of appropriate programs and services to meet the needs of seniors.

(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) 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 this 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, hiring and termination process, are the ones for all classified employees in state services, State statute CGS Sec. 17b-400 establishes the Office of the Long-Term Care Ombudsman, with nine Regional Ombudsmen and intake staff out-posted in regional offices throughout the state.

(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 services 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.

The State Department on Aging (SDA) provides the assurance that, with respect to programs for the prevention of elder abuse, neglect and exploitation under Chapter 3, the SDA will conduct a program of services consistent with relevant State law and coordinate with State Protective Services for the Elderly 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.

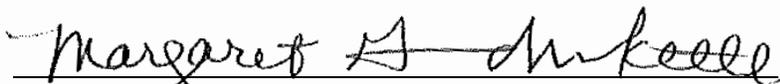
(A) In Connecticut, direct protective services are provided by the Protective Services for the Elderly (PSE) program of the Department of Social Services. The Department is divided into three service delivery areas within the state, with social workers on staff in twelve

(12) regional offices and a Central Office that provide services designed to safeguard people sixty (60) years and older from physical, mental and emotional abuse, neglect and abandonment and/or financial abuse and exploitation. Established protocol directs reports of suspected abuse, neglect or exploitation to the applicable PSE office for investigation, referral to law enforcement when required and ongoing social and material support. PSE, therefore, collects the specific data on the number and types of cases handled. This data is periodically made available to the State Unit on Aging for further distribution to enhance public education on the nature and prevalence of elder abuse. As to the particulars of specific cases and reporters, state law governing the operation of PSE requires strict enforcement of confidentiality.

(B) the State Department on Aging (SDA) assures that 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 State Department on Aging assures that 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.



Margaret Gerundo-Murkette, Acting Deputy Commissioner

June 13, 2014

Date

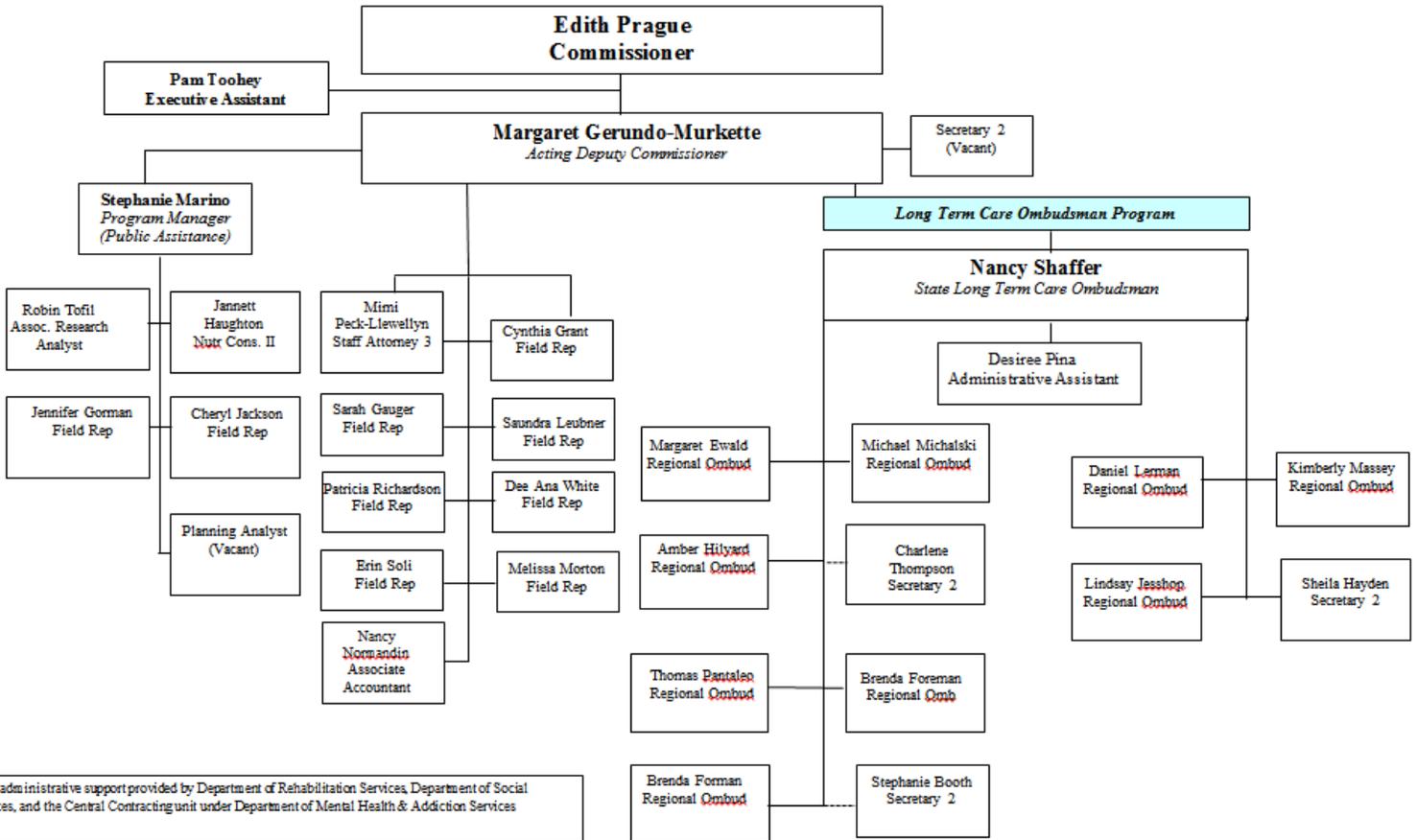
*** It is important to note that Protective Services for the Elderly is not under the auspices of Connecticut's State Department on Aging.***

Attachment B

**State Department on Aging
Organizational Chart (As of May 13, 2014)**

DRAFT

STATE DEPARTMENT ON AGING



**Attachment C
Connecticut's Demographics**

DRAFT

	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.

Demographic Trends

National:

- In 2010 more people were 65+ years of age than in any previous record between 2000-2010 (US Census Bureau, 2010). <http://www.census.gov/prod/cen2010/briefs/c2010br-09.pdf>
- The total U.S. population increased at a rate of 9.7% while the 65 and over population increased at a rate of 15.1% between 2000-2010 (US Census Bureau, 2010). <http://www.census.gov/prod/cen2010/briefs/c2010br-09.pdf>
- It is estimated that in 2030, one of every five Americans will be an older adult (CDC, 2013). <http://www.cdc.gov/aging/pdf/state-aging-health-in-america-2013.pdf>
- The total minority population of older adults age 60 and over increased by 41% since 2000 (Administration on Aging, 2010). [http://www.aoa.gov/AoARoot/Aging Statistics/Census Population/census2010/Index.aspx](http://www.aoa.gov/AoARoot/Aging%20Statistics/Census%20Population/census2010/Index.aspx)

Connecticut:

- CT has more than 506,559 residents over the age of 65 (US Census Bureau, 2010). <http://www.census.gov/prod/cen2010/briefs/c2010br-09.pdf>

- 14.8 % of CT residents are over the age of 65 (US Census Bureau, 2012). <http://quickfacts.census.gov/qfd/states/09000.html>
- CT has more than 84,898 residents over the age of 85 (US Census Bureau, 2010). <http://www.census.gov/prod/cen2010/briefs/c2010br-09.pdf>
- 2.4 % of CT residents are over the age of 85 (US Census Bureau, 2010). <http://www.census.gov/prod/cen2010/briefs/c2010br-09.pdf>
- The population of CT residents age 65 and over has increased 7.7% since the 2000 census (Administration on Aging, 2010). [http://www.aoa.gov/AoARoot/Aging Statistics/Census Population/census2010/Index.aspx](http://www.aoa.gov/AoARoot/Aging%20Statistics/Census%20Population/census2010/Index.aspx)
- CT residents age 85 and over have increased by 32.1% since the 2000 census (Administration on Aging, 2010). [http://www.aoa.gov/AoARoot/Aging Statistics/Census Population/census2010/Index.aspx](http://www.aoa.gov/AoARoot/Aging%20Statistics/Census%20Population/census2010/Index.aspx)
- CT has a median age of 40, only 6 other states have a median age higher than CT (US Census, 2010). <http://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf>
- Connecticut minority population breakdown by age and percent (Administration on Aging, 2008). [http://www.aoa.gov/Aging Statistics/minority aging/Index.aspx](http://www.aoa.gov/Aging%20Statistics/minority%20aging/Index.aspx)

Housing:

- 28.1 % of CT residents over the age of 65 live alone (US Census Bureau, 2010). <http://www.census.gov/prod/2006pubs/p23-209.pdf>
- 142, 956 CT householders are 65 and older living alone (US Census Bureau, 2010). http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_5YR_DP02
- An estimated 352,123 CT homes house one or more individuals age 65 and over (US Census Bureau, 2010). http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_11_5YR_DP02
- 38,009 CT residents over the age of 65 live with relatives (US Census Bureau, 2010). http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1

Health:

- An estimated 6% of CT residents suffer from dementia (NASDAD, 2010).
http://www.naSDAd.org/documentation/naSDAd_materials/weathering_the_storm/all_state_profiles.pdf
- “In 2009–2010, 38 percent of people age 65 and over were obese, compared with 22 percent in 1988–1994” (Federal Interagency Forum on Aging Statistics, 2012).
http://agingstats.gov/agingstatsdotnet/Main_Site/Data/2012_Documents/Docs/EntireChartbook.pdf
- “In 2008, 16 percent of women age 65 and over reported depressive symptoms compared with 11 percent of men” (Federal Interagency Forum on Aging Statistics, 2012).
http://agingstats.gov/agingstatsdotnet/Main_Site/Data/2012_Documents/Docs/EntireChartbook.pdf
- “In 2008, the proportion of people age 65 and over with clinically relevant symptoms was higher for people age 85 and over (18 percent) than for people in any of the younger groups (12 to 15 percent)” (Federal Interagency Forum on Aging Statistics, 2012).
http://agingstats.gov/agingstatsdotnet/Main_Site/Data/2012_Documents/Docs/EntireChartbook.pdf
- “In 2009, about 46 percent of female Medicare enrollees age 65 and over had difficulty with ADLs or IADLs, or were in a facility, compared with 35 percent of male Medicare enrollees” (Federal Interagency Forum on Aging Statistics, 2012).
http://agingstats.gov/agingstatsdotnet/Main_Site/Data/2012_Documents/Docs/EntireChartbook.pdf

Life Expectancy:

- Life expectancy at birth rose 0.2 year, from 78.5 years in 2009 to a record-high 78.7 years in 2010 (CDC, 2013).
http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf
- “Heart disease and cancer were the top two leading causes of death in 2009 among all people age 65 and over, irrespective of sex, race, or Hispanic origin” (Federal Interagency Forum on Aging Statistics, 2012).
http://agingstats.gov/agingstatsdotnet/Main_Site/Data/2012_Documents/Docs/EntireChartbook.pdf
- “At age 65, White people can expect to live an average of 1.3 years longer than Black people. Among those who survive to age 85, however, the life expectancy among Black people is slightly higher (6.8 years) than White people (6.6 years)” (Federal Interagency Forum on Aging Statistics, 2012).

http://agingstats.gov/agingstatsdotnet/Main_Site/Data/2012_Documents/Docs/EntireChartbook.pdf

- “Use of hospice in the last month of life increased from 19 percent of decedents in 1999, to 43 percent 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 percent compared with 13 percent. Nearly three-quarters (73 percent) of women age 85 and over were widowed, compared with 35 percent of men” (Federal Interagency Forum on Aging Statistics, 2012).
http://agingstats.gov/agingstatsdotnet/Main_Site/Data/2012_Documents/Docs/EntireChartbook.pdf

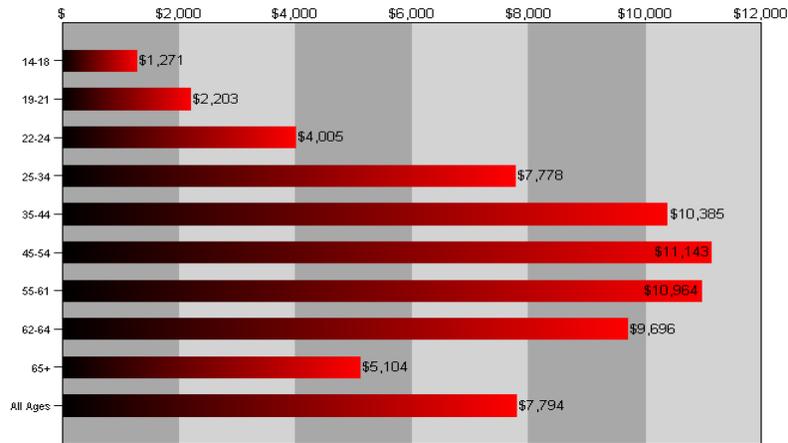
Services and Supports:

- An average of 17,618 Ct residents use nursing facility services (NASDAD, 2010).
http://www.naSDAd.org/documentation/naSDAd_materials/weathering_the_storm/CONNECTICUTsp.pdf

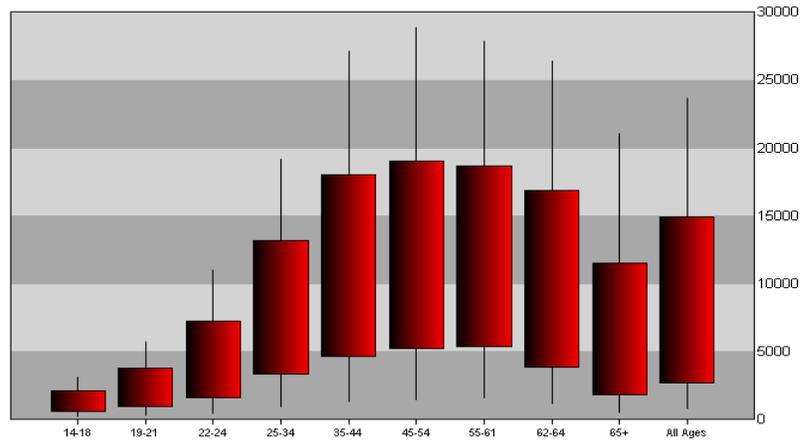
Income:

- In order to cover basic expenses, an older adult renter in CT requires in income of \$27,600 per year (Elder Economic Security Index, 2012).
<http://ctpcsw.files.wordpress.com/2012/04/basic-economic-security-tables-index-for-connecticut-2012-2.pdf>
- An elder CT couple who rent must earn \$38,928 to meet basic needs (Elder Economic Security Index, 2012).
<http://ctpcsw.files.wordpress.com/2012/04/basic-economic-security-tables-index-for-connecticut-2012-2.pdf>
- 91% of older adults in CT receive social security income (Elder Economic Security Index, 2012). <http://ctpcsw.files.wordpress.com/2012/04/basic-economic-security-tables-index-for-connecticut-2012-2.pdf>
- 18.9% of CT residents age 65 and over actively participate in the civilian workforce (US Bureau of Labor Statistics, 2010).
<http://www.bls.gov/lau/table14full10.pdf>
- 4% of Connecticut’s work force is residents age 65 and older (CT Labor Market 2010).
<http://www1.ctdol.state.ct.us/employmentdynamics/Agelobcount.aspx>

- Median Statewide Wages by Age (Quarterly) (Connecticut Labor Market, 2010). <http://www1.ctdol.state.ct.us/employmentdynamics/AgeWage.aspx>

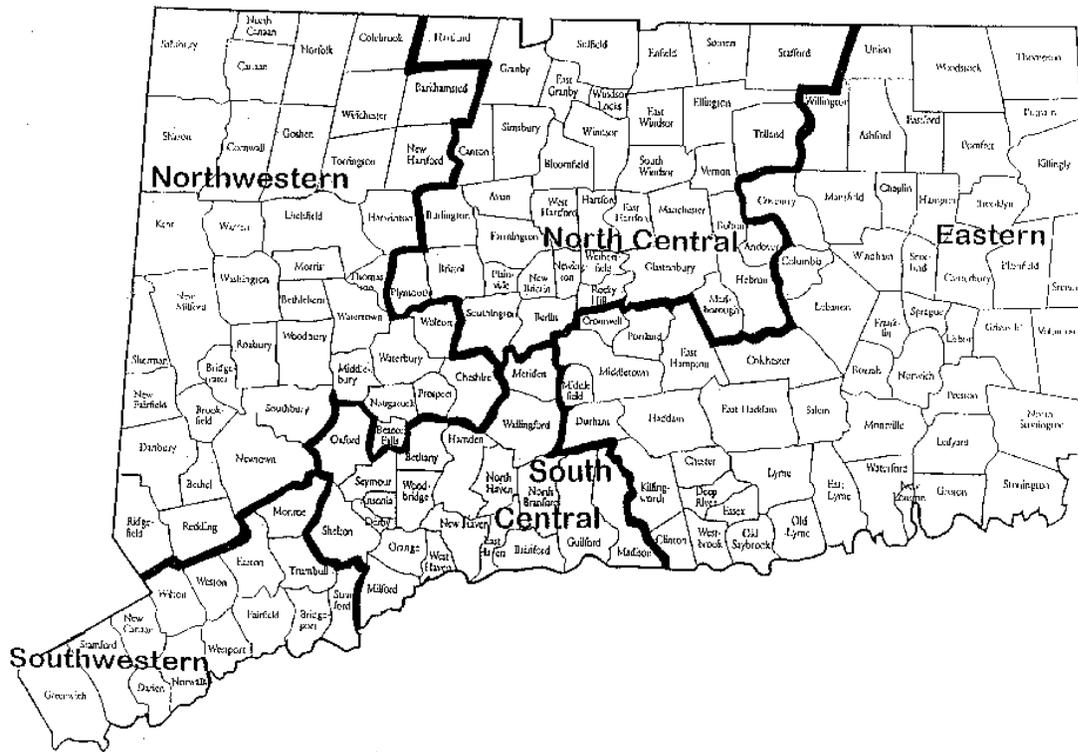


- Statewide Distribution of Wages (Quarterly) (Connecticut Labor Market, 2010). <http://www1.ctdol.state.ct.us/employmentdynamics/AgeWage.aspx>



Attachment D
Connecticut's Area Agencies on Aging

DRAFT



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

Southwestern Connecticut Agency on Aging & Independent Living

10 Middle Street
 Bridgeport, CT 06604
 Phone: (203) 333-9288
 Fax: (203) 696-3866
www.swcaa.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.wcaaaa.org

Senior Resources (Eastern Connecticut Area Agency on Aging)

19 Ohio Avenue, Suite 2
 Norwich, CT 06360
 Phone: (860) 887-3561
 Fax: (860) 886-4736
www.seniorresourcesec.org

Attachment E
Summary of SDA Programs, Projects, and Initiatives

DRAFT

Summary of SDA Programs, Projects, and Initiatives

OLDER AMERICANS ACT (OAA) FUNDING SOURCES

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 a myriad of 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** supplies both meals and socialization opportunities to older people in congregate settings and in their homes.
- **Disease prevention and health promotion programs** promote healthy lifestyles among older adults and prevent or delay chronic conditions.
- **Family Caregiver Support** 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, and 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 US 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.** Connecticut does not receive funding from Title VI.

Title VII: Vulnerable Elder Rights Protection Activities

- **Long Term Care Ombudsman**-Investigates and resolves complaints of residents in nursing facilities, board and care facilities, and other adult care homes.
- **Prevention of elder abuse, neglect and exploitation**-Supports public outreach and awareness campaigns to identify and prevent abuse, neglect, and exploitation.

PROJECTS AND INITIATIVES

Aging and Disability Resource Centers (ADRC's)/Community Choices

Statewide resource that connects individuals or **caregivers with services**, benefits screening, information and assistance, decision support, follow up and 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, needs and goals. The person receives assistance connecting with services as well as follow-up and support through the decision making process.

Connecticut Statewide Fall Prevention Initiative

Provides fall prevention assessment, training and outreach initiatives statewide aimed at decreasing the number of falls suffered by older adults. These efforts include: 1) education of older adults regarding the epidemiology of falls and identifying characteristics that increase risk; 2) development and provision of systems wherein older adults can obtain individual fall risk assessments and interventions to reduce fall risk; 3) provision of fall risk assessments and interventions to older adults who have sustained fall related injuries; and 4) creation of a statewide network of instructors trained in Tai Chi: Moving for Better Balance.

Evidence-Based Disease Prevention Programs

CDSMP-Chronic Disease Self-Management Program (or "Live Well") provides information through workshops offering peer support for practical skills on managing chronic health problems. The State Department on Aging, in partnership with the CT Department of Public Health has received two competitive grants from the Administration on Aging/Administration for Community Living to disseminate and embed Live Well and the Spanish Tomando version within Connecticut's health and community service systems. In September 2012, the health and aging partnership continued with the State Unit on Aging receiving an additional three-year expansion grant from the Affordable Care Act - Prevention and Public Health Fund. This grant builds upon previous efforts to integrate chronic disease self-management education programs (CDSME) on the state and local level in supportive partnership with the Medicaid Access Agencies, ADRC's, the Area Agencies on Aging and community health systems and to now allow for the development of the Stanford Diabetes Self-Management Program (DSMP).

CAREGIVING

Connecticut Statewide Respite Care Program

Offers short-term relief care for persons with Alzheimer's disease and related dementias and provides information and support to caregivers in developing and maintaining an appropriate plan of care. Respite consists of a break from the responsibilities of caregiving and is designed to restore a fatigued caregiver. The following respite services are available both during the day and overnight: companions, homemakers, adult day care, transportation, personal emergency response system, medication monitoring, private-duty

nursing or short-term inpatient care in a nursing facility, residential care home or assisted living community. The program is based on income and assets where participants are responsible for co-pay unless waived due to financial hardship.

Grandparents as Parents Support (GAPS)

Promotes support groups for grandparents and other relatives supporting children. Provides guidance with program development and startup. Offers training for facilitators and funding opportunities. Operates GAPS Network listserv, an informational resource regarding grant opportunities, legislative updates, advocacy and legal information, support group ideas, and other community resources.

National Family Caregiver Support Program

Supports caregivers to effectively access appropriate services in an efficient manner by providing; information about available services, assistance in gaining access, individual counseling, support groups, caregiver training, respite care and supplemental services (i.e. home modifications, assistive technologies and transportation).

HEALTH AND WELLNESS

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 and their families 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.

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

Works in alliance with 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 seniors 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.

Elderly Health Promotion Services

Using an evidence-based health program as modeled under Title III D of the Older Americans Act, services are provided for the early detection of diseases to older adults who are unable to access or who have limited access to health services. Over the years, the number of health screening services covered through health insurance has increased and individuals age 60 to 64 are less likely to have access to these covered services. The health promotion program provides these evidence based services for early detection of diseases.

Elderly Nutrition Program

Serves nutritionally balanced meals and provides other nutrition services such as nutrition education or nutrition counseling to individuals age 60 and older and their spouses via home delivered meals or community cafes. Cafes are located in senior centers, elderly

housing communities, schools, churches and other community settings.

Health Promotion Services and Disease Prevention/OAA Title III-D

Supports education and implementation of activities that support healthy lifestyles and promotes healthy behaviors to reduce the need for more costly medical interventions.

HOUSING

Congregate Housing Services Program

Provides 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. 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.

Reverse Annuity Mortgage

Home loan which allows older homeowners aged 70 and older in need of extra income to convert some of the equity in their homes to cash. This income allows homeowners to stay in their homes and to help avoid institutionalization.

VOLUNTEER/WORKER

Senior Community Service Employment Program (SCSEP)

Assists workers age 55 years and older prepare for today's job market and re-enter the workforce. Services are delivered through on-the-job training at local non-profit agencies and classroom training, including, but not limited to, Dress for Success, assistive technology and transportation.

LEGAL

Elder Rights/Elder Abuse Programing/ Title III and Title VII:

Strives to improve the quality and quantity of legal and advocacy services available to the state's older residents and offers legal assistance to providers within the aging network.

Advance Directives

Empowers older residents to make informed decisions about their future healthcare.

Legal Assistance for Older Americans

Offers free counseling or representation to persons age 60 and older for Elder Law Issues (including Medicaid and other government programs, patients' rights, nursing home issues).

Statewide Legal Assistance for Elders

Assists with consumer law problems affecting homebound seniors and those that reside in rural or minority communities.

Elder Justice Coalition

Collaborates with the aging network and law enforcement in combating criminal victimization of older persons.

SMP (Senior Medicare Patrol)

Inform and empower 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.

INFORMATION

Management Information System (MIS)

Web based system which tracks federal and state programs for older adults, housed in a system called Harmony for Aging (HFA/SAMS 3).

OMBUDSMAN

State Long Term Care Ombudsman Program (SLTCOP)

Investigate the complaints of persons living in long term care facilities. Represents long term care residents in advocacy.

OTHER

Alzheimer's Aide Funding

Designated to assist in subsidizing the cost of Alzheimer's Aides in Adult Day Care Centers.

New England Cognitive Center Program (NECC)

Educationally based computerized system to assess and improve cognitive function. Designs and provides targeted exercises to stimulate identified parts of the brain that are affected by the early stages of Alzheimer's disease.

Human Resources Agency - Las Perlas Hispanas Senior Center

Supports outreach to low-income seniors who need case management, socialization and information and referral services.

Veteran's Directed Home and Community Based Services Program

Funded by the federal Veterans Administration (VA) and in partnership with the Administration on Aging/Administration for Community Living, the Department implemented the Veteran's Directed Home-and Community-based Services program and the program is now available statewide.

**Attachment F
Acknowledgements**

DRAFT

*The following individuals are acknowledged for their contributions to the
FFY 2015-2017 State Plan on Aging:*

*Stephanie Booth
Maggie Ewald
Brenda Foreman
Sarah T. Gauger
Margaret A. Gerundo-Murkette
Jennifer W. Gorman
Cynthia R Grant
Jannett Haughton
Sheila Hayden
Amber Hilyard
Cheryl D. Jackson
Lindsay Jesshop
Dan Lerman
Saundra Leubner
Ian MacDonald
Stephanie P. Marino
Valerie Martin
Kimberly Massey
Michael Michalski
Melissa Morton
Thomas Pantaleo
Marie E. Peck-Llewellyn
Desiree C. Pina
Patricia Richardson
Lee Sawyer
Nancy B. Shaffer
Erin E. Soli
Charlene Thompson
Robin D. Tofil
Brenda Torres
Dee A. White*

Attachment G

**Public Comments on
Connecticut's State Plan on Aging**

DRAFT

Needs Assessment: Community Meetings

The SDA held community forums to gather input for the State Plan on Aging at the following locations:

- Granby Senior Center, March 5, 2014
- Max E. Muravnick Meriden Senior Center, March 13, 2014
- Norwalk Senior Center, March 18, 2014
- Rose City Senior Center of Norwich, March 26, 2014
- Waterbury Senior Center, April 2, 2014

Attendees included representatives of Area Agencies on Aging, Senior Centers, service providers, municipal agents, and older adults. The following is a summary of key points raised by participants.

Livable Communities

- Expand transportation to travel around town in late afternoon, evening and weekends.
- Provide transportation to places other than the senior center (mall, downtown, etc.)
- Available transportation services are mainly curb to curb. Door to door options decrease while the frail elderly population is increasing.
- Match seniors with housemates to share costs and care.
- Safe, affordable housing is needed.
- Communities need sidewalks for those without cars.
- Communities need a safe, indoor, supervised place for seniors to exercise and socialize.

Senior Centers

- Develop a clearinghouse for senior centers to get information on funding from State and Federal government.
- Some senior centers should be open later.
- Add senior centers to the State fiscal budget.

Dining / Nutrition

- More senior dining options are needed.
- Congregate meal program is very under-funded.
- Shift money out of congregate and into home delivered meals.
- Look into the distribution of the Farmers Market vouchers.

Access to Services

- Be more diligent in reaching the underserved.
- There is a need for improved connectivity between state agencies and service providers so seniors will know about the services out there and it will be easier to reach "hard to reach" people.
- Increase funding for the Home Care Program.
- More affordable in-home services are needed to keep seniors out of nursing homes, such as Money Follows the Person.

- A big gap exists between seniors with a moderate amount of assets and income and the qualifications for the Home Care Program. These limits need to be increased.
- More funding for Adult Day Care is needed and more Adult Day Care facilities are needed.

Elder Abuse / Fraud

- More information is needed on scams.

Civic Engagement

- Promote volunteer programs to connect active seniors with seniors who are homebound.
- Promote intergenerational programs – have seniors and high school students work together.
- Promote seniors’ skills and offer opportunities to volunteer.

Economic Security

- Taxes are too high.
- Property tax relief programs must be strengthened.

Written Comments on the Draft State Plan

From Julia Evans Starr, Executive Director, Connecticut’s Legislative Commission on Aging, 6/11/14:

- Consider adding this reference in bold: Page 16: In an effort to further increase the delivery and options for nutritionally balanced, quality meals while supporting local industry, the State Department on Aging will work to bring together or strengthen existing partnerships of nutrition providers, other state and local agencies, consumers, and advocates – **and DSS (SNAP)** - to explore creative, cost-effective approaches to increasing service quality and consumer satisfaction. Providing meals in the congregate setting enables older individuals to remain socially active in their communities and serves as an avenue to valuable resources.
- Consider adding: Work with the Department of Consumer Protection on the development and implementation of a public education campaign that educates the public about the aggressive mail telephone marketing tactics intended to exploit consumers. [PA 13-250](#) requires this (within available appropriations) in Section 6.
- Consider adding: Elder Justice Coalition will work with Protective Services for the Elderly and the Chief State’s Attorney’s office to standardize elder abuse definitions and reporting mechanisms to capture the nature and scope of elder abuse in Connecticut. (A recommendation of the Aging in Place Task Force)
- Recommend creating synergy with Residential Service Coordinators related to training opportunities SDA Provides.

From Jennifer Glick, RN, Director of Older Adult Services, Department of Mental Health and Addiction Services, 6/10/14:

Mental health needs to be part of *all* discussions around healthy aging initiatives — and it should be framed as part of the public health issue of aging well, which is everyone's concern.

From Ted Surh, President & CEO, Agency on Aging of South Central CT, 6/9/14:

Wow! This is great. It shows all your dedication to the clients we both serve. Thank you for sharing.

From Joan Wessell, Executive Director, Senior Resources Agency on Aging, 6/6/14:

I'm excited about the efforts which will be made around reporting, data collection and outcome evaluations. Determining and measuring outcomes is very difficult in the social services arena. Unlike other fields where an action can be directly related to an activity such as modifying diet or exercising has a direct impact on high blood pressure, providing transportation does not necessarily relate to maintaining independence in the community or staying safe at home. Often there are other conflicting challenges which complicate the overall situation and influence the expected outcome.

I'm pleased to see that there will be a review of reports and reporting mechanisms for programs funded by the State Department on Aging. While I understand reporting activities is a necessity, there is currently a redundancy in the system. We are often faced with providing data in a computerized data base and providing additional reports in different formats utilizing the same the data. Collecting, analyzing and utilizing the data collected to measure outcomes and impact should be at the forefront of discussion regarding reports.

In addition, I'm very happy to see the emphasis on a person-centered focus for services. However, in the ever-changing world of new initiatives, the references to options counseling are already outdated. Recently some members of the aging network were encouraged to review the request for proposals released jointly by the ACL, CMS and VHA. The new State Plan should reflect the concepts and ideas set forth in that document.

I'm disappointed to see that none of the strategies set forth in this document are measurable. How will the SDA know when they have completed the strategy or met the goals?

Objective 2.6 involves building a Community Ombudsman program to become a viable resource in preventing potential cases of abuse and neglect at the earliest stages. I applaud this suggestion but how will it differ from what Protective Services

for the Elderly (PSE) is expected to do? Will this work in partnership with PSE? Or are these different types of activities which PSE is not currently charged with conducting? I strongly believe the Long Term Care

Ombudsman Program should have a role in community based elder rights and protection but from the description in the State Plan, I don't understand the expectation in that role.

In the Standard Assurances Section 307(a)(2)(C) there is discussion regarding the minimum proportion of funds which must be spent by the Area Agencies on Aging on priority services. The document speaks of Access, In-home and Legal services at 16%, 25% and 6% respectively. This adds up to 47% of the Title III B funds are required to be spent in the specified categories. What the document does not refer to is the two additional categories which the State Department on Aging added to these three- Senior Centers at 5% and Behavioral Health at 5%. The additional requirement increased the funding requirements to 57% of all Title III B funds. These additions were added without the benefit of public comment or hearing and again fix a large portion of the funding in specific categories limiting flexibility in addressing local needs. These requirements should be reviewed and adjusted to allow the broadest flexibility for regional differences.

Standard Assurance Section 307(a)(29) identifies several critical programs which are expected to play vital roles in emergency preparedness and response. What are the specific expectations of these programs? Will there be additional funding to support any new expectations?

Thank you for the opportunity to review and comment on the draft document. I look forward to working with the State Department on Aging on meeting the needs of an ever growing and changing older population.

From Christina Fishbein, Executive Director, Western Connecticut Area Agency on Aging, 6/6/14:

Thank you for the opportunity to comment on the draft State Plan on Aging, 2014 - 2017. We are particularly impressed with the integration of SDA activities with those noted in other CT initiatives such as the CT LTC Plan, Strategic Rebalancing Plan and Department of Public Health Strategic Plan. Potential expansion of the Ombudsman Program into the community and new models of supporting the State's PSE initiatives are also important new efforts and demonstrate the SDA's commitment to local response to consumer issues. Of particular note is the State's concern about the large number of reports that are required from the five AAAs and we certainly welcome the opportunity to participate in discussions focused on consolidating reports.

The large number of new initiatives proposed in the draft State Plan on Aging will likely involve major efforts of the five AAAs and I respectfully request that

recognition of our need for additional resources be referenced in the final State Plan on Aging.

From Tina Falck, Municipal Agent, Town of Griswold, 6/6/14:

I believe we need to do a better job of following through on reported cases of elder abuse. Currently it seems that there are far too many barriers that prevent Protective Services from being able to properly investigate incoming reports. Thank you.

From Judy Jencks, Municipal Agent, Lisbon, 6/6/14:

I have read the State Plan on Aging. I have poured over the plan. I've compared the proposed new plan to the present plan. And regretfully I have to say I find the new plan wanting. This project brings me to tears. I have been in the trenches for 27 years. Aging services in CT have continually declined during that time frame. This plan includes no forward thinking. This plan does not prepare one of the oldest states in the country for the flood of aging baby boomers and the growing number of 90 and 100 year old seniors.

The new plan has 4 focus areas, 5 goals and three years to accomplish it. They all are extremely similar to the present plan. If you travel this course of action how will things be different? How will the community partners know who at the state level will answer their emails, answer the phone when they call with a question? What in the plan is new and progressive? What in the plan will pave the way for the future of aging?

To further state my point look at page 6

Goal 4: Ensure the rights of older people and prevent their abuse, neglect and exploitation.

- formed a coalition
- SDA staffed trained
- SDA staff served on a committee
- SDA provided training

Then in the new plan as Goal 2 page 23 is protect rights and combat elder abuse, fraud and neglect

- support investigation
- bolster the ability of providers to address exploitation
- support the coalition
- empower seniors
- ensure seniors in institutions are treated with dignity
- build a community ombudsman program
- ensure programs are welcoming

What here is not all ready being done? What here is not all ready part of another program? What here will take three years? I dare say everything in this plan should have been done at least 5 years ago. And that's a every conservative statement. The SDA is new but the workers have been in place for many years. The assurances portion of plan must be read. They need to be looked at in a way to ask what state agency does this? How can the SDA assurance this better? Where does the SDA fall short? How about adding to the plan an interactive website that provides accurate, up to date information? One that is easy to use by professionals, seniors and their families. How about creating a single point of entry that has been talked about for 30 years? How about the SDA getting out into the community and doing relation building and team building?

The SDA must lead. The SDA must pave the way. The SDA must do things in a new and different way. The SDA must prepare one of the oldest states in the country for an explosion of older citizens.

Please reconsider and create a plan that addresses these things.

From Mary Jo Riley, Senior Center Supervisor, Groton, and President, Connecticut Association of Senior Center Personnel, 6/6/14:

Here are my comments on the State Plan. I think the opportunity is missed to involve Senior Centers and Municipal agents as part of your plan and also to make some serious changes to address the rapidly growing senior population. Often times when the State has an informational session we hear about it too late for people to put it in their schedules or to change their schedules to go. I know the Boomers, like myself do not think of themselves as being "old" but most people do not plan well enough to address what is currently happening. There will be a lack of caregivers in this state as younger adults move out to lower cost states. The Elderly Nutrition Program nationwide has seen a significant decrease in use and is an outdated program. No one at the state level addresses this. The program is not relevant and responsive and needs to change. People don't want to fill out the form 5 because they feel for a meal it is an invasion of privacy or they don't want their information out there. Many Senior Centers are moving away from providing congregate meals because what is provided is not what people want. They are providing their own meal options for seniors.

CAMAE and CASCP have asked for years for support from the state, help in developing training and planning workshops. We are volunteer organizations who serve huge numbers of seniors statewide and are professionals who work diligently with no assistance from the State. Too often we are ignored or turned down. When we asked for participation from a member of the SDA for our annual conference the comment we got was "do we get to go for free". It was surprising and disappointing. CASCP and CAMAE already do best practices and recognition of centers and municipal agents that do outstanding jobs. The Senior Centers are the

ones that are putting on the evidence based programs and have asked for support to fund these.

A goal is increased communication and collaboration through the aging and disability network. We have again asked for years for assistance. You were at the meeting at DSS three years ago with Pam Giannini, Cheryl Jackson, Diane Stone, Pat Schneider, myself, and others where we discussed this lack of communication and the need for assistance in developing training. The most we get is forwarded e-mails from the state on issues. I feel like the voice of Senior Centers and Municipal Agents is ignored by the State. We need real participation by the State in what we are trying to do.

Looking at senior centers who are focal points and surveying what we do is all well and good. Many if not all are using NCOA's Benefits Check up to do I&R with seniors so that we can address specific needs of seniors. We have had to move on to developing our own systems because of need and we can't wait for it to be surveyed and developed by the state.

In the long run, I think the plan is too little too late. It is reactive to what has been going on the last decade. The state does need to be more proactive and responsive to Senior Centers and Municipal Agents. We are often the front line people who get the healthy, active senior in our doors and as they age and have issues, we are dealing with them and their families before they hit LTC and we are mentioned very little throughout the plan.

I have for years said we need to hook in with Massachusetts Council on Aging and complete their Director and Programmer certifications. Why reinvent the wheel. We need to address funding support for Senior Centers. The State doesn't need to go out and do an extensive survey on transportation options for seniors because the Transportation consortiums have put booklets together providing that information already. I hate to see everyone at the State level spinning their wheels when there is information already out there.

I feel it is only fair for you to know what is happening in my area of Senior Centers and Municipal Agents. Thank you for listening.

**Informal input into SDA Plan by Connecticut's Legislative Commission on Aging,
4/1/14:**

The following recommendations are put forward in the spirit of partnership and goodwill:

Status Update: Consider one year before the next State Plan is due to conduct a status update on the recommendations contained within the Plan. This would be

extremely helpful in the development of the subsequent plan and add a new and improved level of transparency to your valued work.

Values/Vision/themes: We support SDA's continued values and vision of informed decision making, choice and empowerment of individuals and their families in having a say in how and where they receive services and supports. These values should continue to be promoted and cut across even those issues which challenge us such as fraud, abuse and neglect.

Create Synergy: Align partnerships, vision and initiatives with major Initiatives taking place across the state and across various state agencies. In illustration: Last plan cycle, SDA did an excellent job of incorporating recommendations from State LTC Plan. We recommend the same vetting process (across a variety of plans and reports) for consistency across state agencies and initiatives.

Promote Cultural Competencies: Require cultural competencies of all SDA grantees to include LGBT. The AOA has recently issued guidance that it is a population of greatest social need.

Meaningful modernization/Support of Senior Centers: Consider promoting meaningful modernization and support of Connecticut's senior centers. Helping support centers to become accredited is one proven way to do so.

Connecticut Area Agencies on Aging:

- Encourage each agency on aging to establish regular engagement with municipal level professionals (social services, senior centers...) to establish a collective voice and direction on local and regional planning efforts.
- Standardize grant criteria, processes, timelines across the AAA's.

Nutrition:

- Loosen the parameters on rules which disallow an individual from being able to participate in a congregate meal if receiving home delivered meals. It is unclear to us if this is a regulation, AAA policy or the contractors under the nutrition program.
- Incentive innovation such as the Dine Around options available in Waterbury.
- Identify and create integration of local food sources to the ENP.
- Hold quarterly meetings with nutrition service and food security stakeholders including Area Agencies on Aging, nutrition providers, food security programs' representatives and contractors, nutrition host site representative and consumers to address. (This was a recommendation of the Aging in Place Task Force.)

Behavioral Health: Consider greater attention to and a formalized connection with DMHAS to meaningfully and jointly address behavioral health problems and concerns for older adults.

Housing: Explore and support innovative housing options which are affordable and accessible. Recommend that SDA (in partnership with MFP) take this important issue on as a key priority area.

ADRC/Choices:

- Work toward true integration of ADRC/CHOICES/MYPlace/BIP. Develop a plan with DSS: establish uniform vision, maximize funding streams, coordinate and streamline training opportunities...
- Choices Training: Consider establishing levels of training for various levels of expertise. In other words create a distinction between volunteers and staff for Choice training (leveled training perhaps). Also, consider identifying funding sources to help pay for the training.
- Curriculum established for MFP “Disability Specialists” should be available to those beyond MFP and should be incorporated with ADRC Options Counseling training.
- Designation of such training (either the choices training or curriculum) should be attributed to a Center or provider vs individual (so standards and protocols would need to be set).
- Develop criteria for who can be considered a “single-point-of-entry” to ensure a conflict-free approach.

Elder Abuse:

- Collaborate with elder abuse prevention entities at the state and local level to ensure awareness of risk to individuals with dementia and how to protect them from abuse.
- Develop a bank reporting project that includes bank reporting training programs.
- Work with Department of Consumer Protection on the development and implementation of a public education campaign that educates the public about the aggressive mail and telephone marketing tactics intended to exploit consumers.

Long-Term Care Ombudsman Program: Support the expansion of the Long-Term Care Ombudsman Program to provide ombudsman services to consumers receiving long-term services and supports regardless of setting.