



*Improving the Lives of Older Adults and People with Disabilities  
Through Services, Research, and Education*

September 10, 2020

The Honorable Ned Lamont  
Governor of Connecticut  
210 Capitol Avenue  
Hartford, CT 06106

Dear Governor Lamont:

I am pleased to inform you that the Connecticut State Plan on Aging under the Older Americans Act for October 1, 2020 through September 30, 2023 has been approved.

The State Plan outlines a number of significant activities that will serve as a guide for Connecticut's aging service network during the next three years. Of particular note is your commitment to the implementation of the visionary five pillar priorities including: expanding employment opportunities, supporting families and caregivers, expanding the aging & disability network, protecting rights and preventing abuse, and connecting people to resources. The Administration for Community Living recognizes the on-going and difficult challenges faced by the Connecticut Department of Aging and Disability Services during the current pandemic and I appreciate your commitment and dedication to ensure the continuity of quality services. I am delighted to see that the Connecticut Department of Aging and Disability Services continues to serve as an effective and visible advocate for older adults at a state level.

The Boston Regional Office staff of the U.S. Administration for Community Living looks forward to working with you and the Connecticut Department of Aging and Disability Services in the implementation of the State Plan. If you have questions or concerns, please do not hesitate to contact Jennifer Throwe, Regional Administrator, at 617-565-1158. I appreciate your dedication and commitment toward improving the lives of older persons in Connecticut.

Sincerely,

A handwritten signature in blue ink that reads "Lance Robertson" followed by a horizontal line.

Lance Robertson  
Administrator and Assistant Secretary for Aging

# Connecticut's **STATE PLAN ON AGING**

BUILDING BRIDGES AND CREATING CONNECTIONS

**OCTOBER 1, 2020-SEPTEMBER 30, 2023**

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Submitted by:



Connecticut's State Unit on Aging  
Department of Aging and Disability Services





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Photo on cover page is Comstock Bridge, East Hampton, CT  
by Claire M. Côté, ADS SUA, 2020



## VERIFICATION OF INTENT

The State of Connecticut, Department of Aging and Disability Services, hereby submits the Connecticut State Plan on Aging for the period October 1, 2020 through September 30, 2023 and certifies that the administration of the State Plan shall be in compliance with the required assurances and provisions of the Older Americans Act of 1965, as amended.

The state agency named above has been given the authority to develop and administer the 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. As the authorized and designated State Unit on Aging in Connecticut, and in assuming the roles and responsibilities as such, the Department of Aging and Disability Services is primarily responsible for the coordination of all state activities related to the purposes of the Act and serves as an advocate for older adults in the State of Connecticut.

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.



\_\_\_\_\_  
Amy Porter, Commissioner  
Department of Aging and Disability Services

6/29/2020

\_\_\_\_\_  
Date



## Acronyms

AAA	-	Area Agency on Aging
ACL	-	Administration for Community Living
ADRC	-	Aging and Disability Resource Centers
ADS	-	Aging and Disability Services
AOASCC	-	Agency on Aging of South Central Connecticut
APS	-	Adult Protective Services
BESB	-	Bureau of Education and Services for the Blind
CAP	-	Corrective Action Plan
CDSME	-	Chronic Disease Self-Management Education
CEJC	-	Coalition for Elder Justice in Connecticut
CHOICES	-	Connecticut's program for <b>H</b> ealth insurance assistance, <b>O</b> utreach, <b>I</b> nformation and referral, <b>C</b> ounseling, <b>E</b> ligibility Screening
CHLC	-	CT Healthy Living Collective
CHSP	-	Congregate Housing Services Program
CMS	-	Center for Medicare & Medicaid Services
CON	-	Certificate of Need
CT	-	Connecticut
CSRCP	-	Connecticut Statewide Respite Care Program
DORS	-	Department of Rehabilitation Services
DSS	-	Department of Social Services
ECAAA	-	Eastern Connecticut Area Agency on Aging
ENP	-	Elderly Nutrition Provider
FFY	-	Federal Fiscal Year
FPL	-	Federal Poverty Level
IDEAS	-	Healthy Identifying Depression & Empowering Activities for Seniors
I & R/A	-	Information and Referral/Assistance
LGBT	-	Lesbian Gay Bisexual Transgender
LTC	-	Long-Term Care
LTCOP	-	Long Term Care Ombudsman Program
LTSS	-	Long-Term Services and Supports
MIPPA	-	Medicare Improvements for Patients and Providers
MOU	-	Memorandum of Understanding
NAMRS	-	National Adult Maltreatment Reporting System
NCAAA	-	North Central Area Agency on Aging
NFCSP	-	National Family Caregiver Support Program
NSIP	-	Nutrition Services Incentives Program
NWD	-	No Wrong Door
OAA	-	Older Americans Act
OPM	-	Office of Policy and Management



PSE	-	Protective Services for the Elderly
QPR	-	Question, Persuade, Refer
RSC	-	Resident Services Coordinator
SCSEP	-	Senior Community Service Employment Program
SHIP	-	State Health Insurance Assistance Program
SIRS	-	SMP Information and Reporting System
SMART	-	Strategic, Measurable, Attainable, Relevant and Time-bound
SMP	-	Senior Medicare Patrol
SUA	-	State Unit on Aging
SWCAA	-	Southwestern Connecticut Agency on Aging
WCAAA	-	Western Connecticut Area Agency on Aging

## NARRATIVE

### 1) Executive Summary / From the Commissioner

Connecticut's State Unit on Aging (SUA) developed its State Plan on Aging "Building Bridges and Creating Connections" to respond to and prepare for needs of the older residents of our state. This three-year State Plan is a requirement of the Older Americans Act which is under the auspices of the federal Administration for Community Living (ACL).

Working through Connecticut's five Area Agencies on Aging and many other key partners, the SUA helps the growing population of older adults in our state achieve wellbeing and maximum independence in ways that value, empower and engage them. SUA programs offered within communities bridge the introduction to the state's long term services and supports system. Having supportive services and programming in place through valued partners creates community connections which address gaps and increase overall access for older adults and caregivers alike.

Across the country, SUAs are designated state-level agencies that are responsible for developing and administering multi-year state plans that advocate for and provide assistance to older residents, their families, and, in many states, for adults with disabilities. In Connecticut, the SUA has oversight of several community-based (non-Medicaid) programs such as the Elderly Nutrition Program, the Statewide Respite Care Program, and the Senior Community Services Employment Program and

together with the State Long-Term Care Ombudsman and staff, leads the collaborative initiative of Coalition for Elder Justice in Connecticut.

Much has transpired in Connecticut since the last State Plan on Aging. Most recently, we have been faced with the COVID-19 pandemic. This unprecedented situation has tested our aging network infrastructure as well as our ADS SUA emergency plan. We have witnessed the strength, dedication, ingenuity and resilience of our aging and disability network, including the Area Agencies on Aging, Elderly Nutrition Providers, and senior centers. Our partners have adapted and reimagined services to provide support through Older Americans Act programs and keep older adults safe and healthy. While our emergency plan guided us during the pandemic, there are lessons learned which will support a revised, stronger plan.

The development of the State Plan on Aging for FFY 2021 through FFY 2023 aligned perfectly with the emergence of our newly reconstructed agency, the Department of Aging and Disability Services (ADS). Both the State Plan on Aging development

*Congress passed the Older Americans Act (OAA) in 1965 in response to concern by policymakers about a lack of community social services for older persons. The original legislation established authority for grants to states for community planning and social services, research and development projects, and personnel training in the field of aging.*

process and the revitalized agency structure provided an interdependent opportunity to truly reflect, adjust and move forward. In doing so, we sought to answer: 1) Where have we been 2) where do we want to be and 3) how are we going to get there?

In July of 2019 Connecticut's Governor Ned Lamont signed legislation renaming the Department of Rehabilitation Services (DORS) as the Department of Aging and Disability Services (ADS). The change was implemented in order to better reflect seamless services with the recent consolidation of the entire Department on Aging (SUA) into DORS.

***“Connecticut is proud to align our aging and disability services programs together in one agency to better serve the citizens of Connecticut.”***

*~ Governor Lamont*

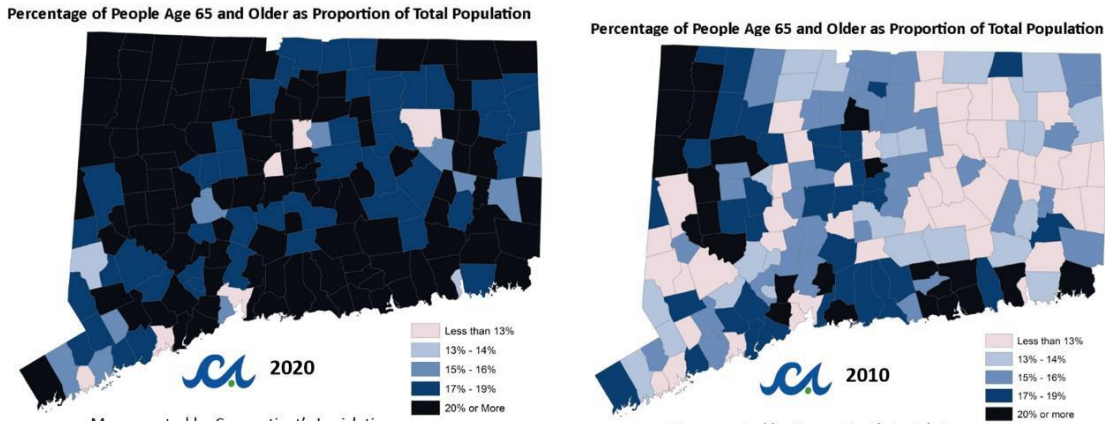
He further states that *“the new name reflects our continued efforts to eliminate red tape, coordinate services within agencies, and focus on better delivery of services, particularly with these important communities.”*

The Governor is absolutely right. This new agency name better represents the work that we do and our agency mission of maximizing opportunities for the independence and well-being of all older adults and people with disabilities in Connecticut. Building on the strengths and expertise of the bureaus within the department, ADS stands ready to serve. Day by day, strong and resilient individuals are supported as they navigate the pathway of their journey through life changes. This new structure is another illustration of Connecticut's commitment to its people and to smart and synergistic government.

The agency has a vision for a model that focuses on functional need rather than solely on an individual's age or specific disability. Over the past two years, ADS has engaged in an active strategic planning process to ensure that the agency is responding to both the challenges and the opportunities arising from our expanded mandate. Key stakeholders within the aging and disability communities were identified and consulted about a vision for the new aging and disability services model. As part of these discussions, stakeholders were engaged about agency services, mission, and identity.

During our strategic planning process, we have been exceedingly mindful of the demographic trends in our state. Connecticut is the 7<sup>th</sup> oldest state in terms of median age with the 3<sup>rd</sup> longest lived constituency. The maps of Connecticut below show a town by town illustration of the percentage of people age 65 and older as a proportion of the population. The map on the left depicts the year 2020 while the map on the right is year 2010. The color key schematic is as follows: 1) white – less

than 13% (age 65 and older), lightest blue – 13-14%, medium blue – 15-16%, dark blue 17-19%, and near black 20% and over. Undeniably, every community in Connecticut, minus a few outliers, is aging quickly. Although challenges in such population shifts exist, we prefer to embrace it as a force of momentum of built-in experiences and insights pushing all of us toward new capacities.



In terms of the State Plan on Aging, the federal Administration for Community Living (ACL) requests that we focus on four specific areas. The areas are as follows: OAA Core Programs, ACL Discretionary Grants & Other Funding Sources, Participant-Directed/Person-Centered Planning, and Elder Justice. Additionally, we are encouraged by ACL to focus on its Five Pillars:

1. supporting families and caregivers
2. protecting rights and preventing abuse
3. connecting people to resources
4. expanding employment opportunities
5. strengthening the aging and disability networks

To complement the guidance and technical support we receive from ACL, the SUA pursued a comprehensive process to develop the plan. This process involved a multi-pronged approach to research, analyze and strategize and most importantly seek input from diverse stakeholders.

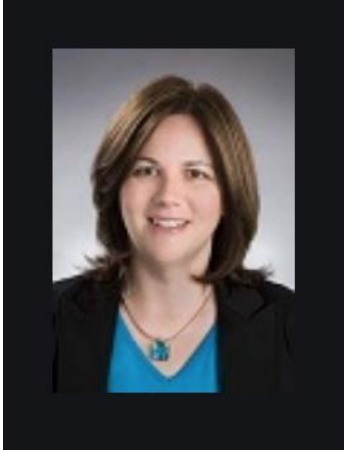
Resultantly, SUA State Plan Goals for FFY 2021 through FFY 2023 reflect both ACL's areas of focus and the Five Pillars and are steeped in research and input from our valued constituencies – with older adults themselves at the top of that list. Our plan goals are as follows:

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

2. Healthy Aging: Provide older adults with prevention and wellness opportunities
3. Elder Rights: Protect elder rights and well-being and prevent elder abuse, fraud, neglect and exploitation.

We look forward to working with our vast and growing network of stakeholders in Connecticut to fully realize the goals outlined in this State Plan on Aging for FFY 2021 through FFY 2023 and to support people living longer, healthier lives.

Most gratefully,



Commissioner Amy Porter  
Department of Aging and Disability Services

## 2) Context

### Overview of the State Unit on Aging of the Department of Aging and Disability Services

Overall, there has been a great deal of reorganization in Connecticut's state government over the last twenty years with significant attention on the construct and placement of the SUA. Here is a brief snapshot of what's occurred since the development of the last State Plan on Aging.

In 2017 the stand-alone State Department on Aging (re-established in 2013), was placed as a division within the Department of Rehabilitation Services (DORS), after a legislative act was amended by the Connecticut General Assembly that originally slated SUA to be merged back into Department of Social Services (DSS) and the Long Term Care Ombudsman Program (LTCOP) to be placed at the Office of Policy and Management (OPM). Proponents effectively expressed that keeping the SUA and the LTCOP together and moving them to DORS rather than DSS/OPM would help foster greater synergy between aging and the disability networks. That transition was formalized with the passage of Public Act 18-169.

In 2019, the Department of Rehabilitation Services sought and gained legislative authority through Public Act 19-157, to change its name to reflect its broader and more inclusive mission. DORS is now called the Department of Aging and Disability Services (ADS).

ADS is in the midst of modernizing and implementing its expanded mission in light of new responsibilities and opportunities as a result of the integration of the SUA within its auspices. ADS provides a wide range of services to people of all ages who need assistance in maintaining or achieving their full potential for self-direction, self-reliance and independent living. The programs, policies and practices of ADS are designed to promote employment, independence, equal access and self-sufficiency for older adults and people with disabilities.

The new Department of Aging and Disability Services mission and core values are as follows:

#### **Mission**

Maximizing opportunities for the independence and well-being of people with disabilities and older adults in Connecticut.

#### **Our programs, policies and practices are designed to:**

- Deliver integrated aging and disability services responsive to the needs of Connecticut citizens;

- Provide leadership on aging and disability issues statewide;
- Provide and coordinate aging and disability programs and services in the areas of employment, education, independent living, accessibility and advocacy;
- Advocate for the rights of Connecticut residents with disabilities and older adults;
- Serve as a resource on aging and disability issues at the state level.

### **Core Values**

- **Integrity:** We interact honestly and fairly with all others, adhering to strong ethics, values and principals.
- **Respect:** We value and recognize others for their unique skills, talents and contributions, and are considerate in all interactions.
- **Professionalism:** We are mindful of our daily conduct and strive to have the highest work standards with a courteous attitude.
- **Communication:** We encourage the sharing of information and knowledge in an accurate, honest and supportive way.

Throughout the various reorganizations and in large part due to the federal Older Americans Act (OAA) and perseverance, the SUA remains the lead agency in serving, planning and advocating for the rapidly growing population of older adults in Connecticut. SUA staff work closely with the five Area Agencies on Aging in Connecticut who receive and distribute funding from SUA to service providers in their communities to deliver a comprehensive set of services. The services and supports are funded through the OAA along with other state, federal and local dollars. OAA services include nutrition services including congregate and home delivered meals, transportation, caregiver support, chronic disease self-management, fall prevention and other supportive services. The Long-Term Care Ombudsman (LTCOP) is also funded by the OAA with additional state funds. The LTCOP provides person-centered advocacy for older adults residing in nursing homes, assisted living facilities and residential care homes.

More specifically, the Administration for Community Living entrusts SUA with the responsibility to provide expert assistance and technical support on issues affecting older adults, their families and caregivers. The ACL also entrusted SUA with funds totaling \$19 million in FFY 2019. Of these funds, \$17.6 million of OAA Title III dollars were distributed by formula to the Area Agencies on Aging, which in turn contract with community-based organizations to provide social and nutrition services. The remaining \$1.4 million were discretionary grants received by ADS, including State Health Insurance Program, Senior Medicare Patrol, Aging and Disability Resource Centers, Chronic Disease Self-Management Education, MIPPA, Ombudsman and Elder Abuse Prevention. Combined

federal and State funds available to ADS provided a multitude of services to 78,855 older adults and persons with disabilities.

ACL looks to the states to coordinate Title III programs with various initiatives including Title VI and Adult Protective Services. In CT, two federally recognized Native American tribes currently receive Title VI funding. In Eastern Connecticut, CHOICES counseling has been conducted in partnership with the Elder Tribal Council of Mashantuckets once a year. The Senior Resources Agency on Aging offers Care Coordination with one of the members of the Tribe and staff also attend the Tribe's annual Health Expo. The Mashantucket Tribe is very active in the community and interfaces with Senior Resources on a variety of Boards and Commissions in their region. The SUA commits to reaching out to both the Mashantucket Pequot Tribe and the Mohegan Tribe regarding coordination between Title III and Title VI programming.

The SUA coordinates with the Protective Services for the Elderly (PSE) division of its sister agency, Department of Social Services, on the prevention of elder abuse, neglect and financial exploitation. PSE has recently joined the Steering Committee of the Coalition for Elder Justice in CT, which meets monthly, coordinating the prevention of elder abuse, neglect and financial exploitation. The CEJC, as a public-private partnership, provides an avenue for multi-disciplinary responses to issues of elder abuse, neglect and financial exploitation.

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

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

- **Title III B: Supportive Services Programs** sponsors services aimed at empowering older residents in sustaining independence in their homes and communities. Such services include but are not limited to, access services (transportation and information), home care, legal assistance, case management, adult day care and activities at senior centers.
- **Title III C-1, C-2: Nutrition Services and Nutrition Services Incentive Program (NSIP)** provides meals and socialization opportunities for older people in congregate settings as well as in their homes.
- **Title III D: Disease prevention and health promotion programs** promote healthy lifestyles among older adults to prevent or delay the effects of chronic conditions.
- **Title III E: 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, research and demonstration projects to expand services; including those related to income, health, housing, long-term care and Aging and Disability Resource Centers.

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

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

**Title VII: Vulnerable Elder Rights Protection Activities** funds the **LTCOP** which investigates and resolves complaints of residents in nursing facilities, board and care facilities, residential care homes and assisted living facilities. It supports the prevention of elder abuse, neglect and exploitation supports public outreach and awareness campaigns to identify and prevent abuse, neglect, and exploitation.

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

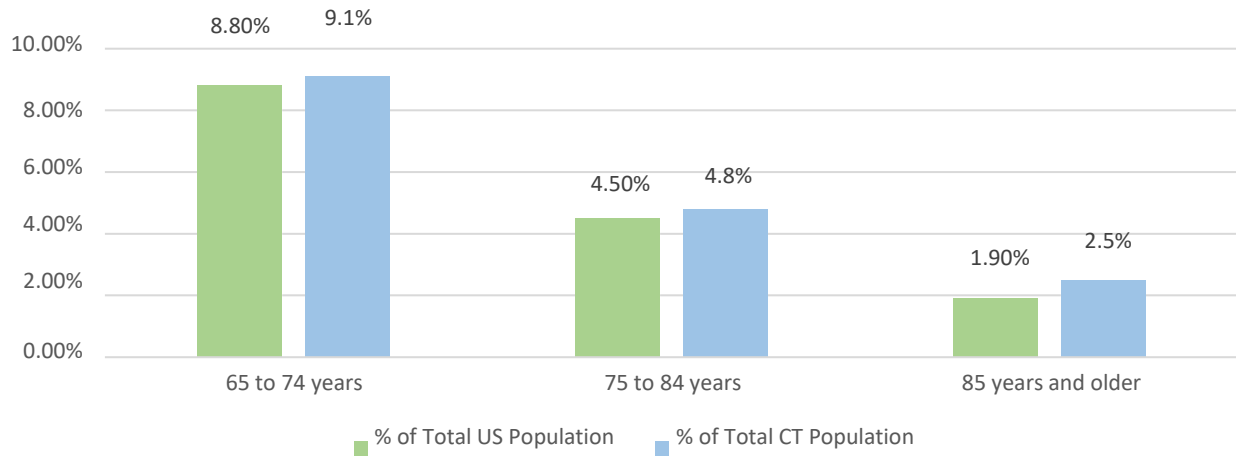
## Demographics

Consistent with the demographic shift nationally, Connecticut continues to grow older while the working age population stays fairly constant. Connecticut has the 7<sup>th</sup> oldest median age in the country. This is compared to the median age nationally of 37.9 years. 9.1% of the Connecticut population is 65 to 74 years old, 4.8% is 75 to 84 years old and 2.5% is 85 years old or older. <sup>1</sup>

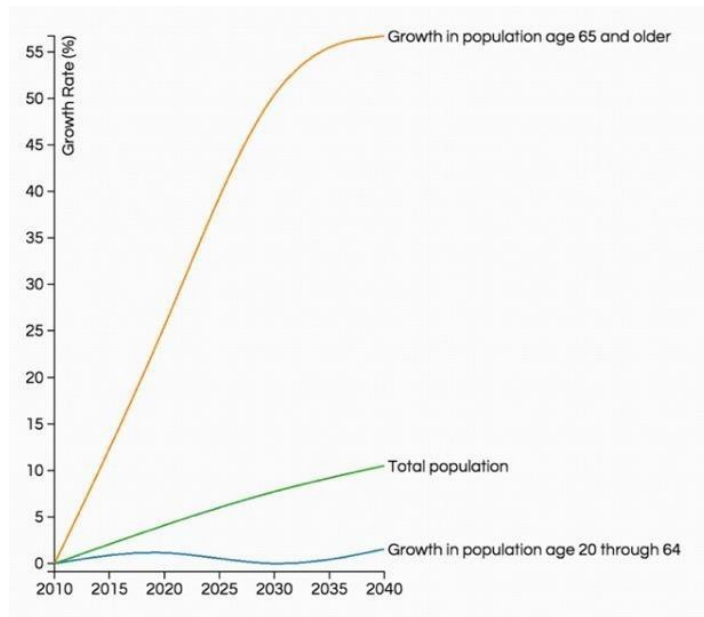
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<sup>1</sup> U.S. Census Bureau. American Community Survey 5-year estimates (2018), Table SO101.

### Percent of Population by Age Group, U.S. compared to Connecticut



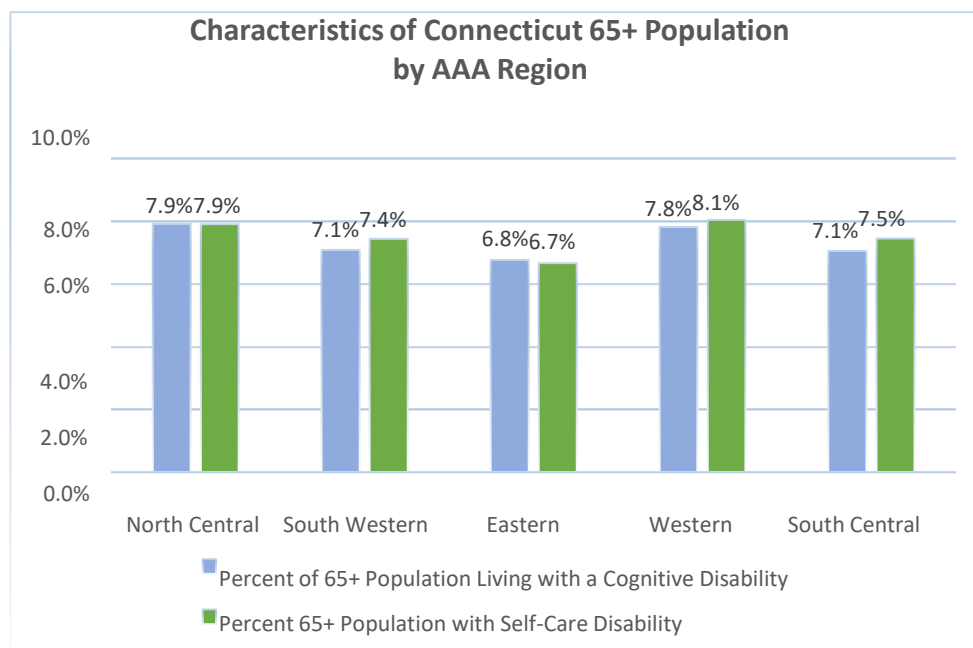
Census Bureau population estimates show that the total Connecticut population shrunk by over 8,000 people between 2010 and 2019. Connecticut had just fewer than 3.6 million residents in 2019. Furthermore, the population shift broken down by age creates a dramatic depiction of the Connecticut population. Between 2010 and 2040, Connecticut’s age 65 and older population is on pace to increase by 57%. However, the projected growth of the population between the age of 20 - 64 is less than 2%, and the age 19 and under population is projected to decline by 7%.<sup>2</sup>



<sup>2</sup> U.S Census Bureau. American Community Survey 5-year estimates (2018), Table SO101.

A person born today in Connecticut can expect to live an average of 80.8 years. However, there are significant disparities in life expectancy between genders and racial and ethnic groups. Life expectancy is 89.1 years for Asian Americans; 82.1 years for Latinos, 81 years for whites and 77.8 years for African Americans.<sup>3</sup>

**Long-Term Services and Supports:** People of all ages and from all socio-economic, racial and ethnic backgrounds need Long Term Services and Supports (LTSS). It is estimated that 69% of those 65 years old will need LTSS as they age: 79% of women and 58% of men. According to the Census Bureau’s 2018 American Community Survey 1-year estimates, disabilities affected 11% of Connecticut’s residents, lower than the national average of 12.6%. 7% of Connecticut older adults age 65 and older have a self-care disability and 7.5% have a cognitive disability.<sup>4</sup>



Approximately, 80,000 people have Alzheimer’s disease in Connecticut, according to the 2020 Alzheimer’s Disease Facts and Figures report by the Alzheimer’s Association.<sup>5</sup>

In 2019, the average cost of a private nursing facility bed was \$444 per day, or over \$162,100 for the entire year<sup>6</sup>. Given the ever-rising cost of institutional long-term care and the overwhelming desire of Connecticut residents to remain in community-based settings as they age, there has been a major shift underway in Connecticut to honor older adults’ and persons with disabilities’ choice to reside in the community. Providing care in the community helps people with LTSS needs stay in their homes and communities while

<sup>3</sup> CT Legislative Commission on Aging. (2015). Community Livability in Connecticut.

<sup>4</sup> U.S. Census Bureau. (2019). 2018 American Community Survey 1-Year Population Estimates. Table S1810.

<sup>5</sup> Alzheimer’s Association (2019). Alzheimer’s Disease Facts and Figures

<sup>6</sup> CT Office of Policy and Management (2019). Cost of Long-Term Care in Connecticut.

reducing LTSS spending. Of those who transitioned to the community under the Money Follows the Person Program, 78% report they are happier with the way they are living their life. Consequently, Connecticut is moving towards increased choice with supports provided in the community lowering the demand for nursing home care. Connecticut has taken advantage of CMS rules to allow for expanded access to home and community-based care. As an example, Community First Choice launched in 2017 and is now providing more than 4,000 people in Connecticut with self-directed personal care attendant services under the Medicaid state plan. In 2019, Governor Lamont released a report projecting town-by-town level LTSS demand projections. The report projects a major increase in demand for and use of home care provided through Medicaid, from 67.6% of long-term care enrollees in 2017 to 82.3% by 2040. Over the same period, the report projects a drop-in demand for nursing home care, with a reduction in demand of nearly 6,000 beds.<sup>7</sup>

**Healthy Aging:** Though a healthy state by many measures, Connecticut experiences troubling health disparities by race and economic status. According to the state Department of Public Health’s Health Disparities Report, mortality data shows that 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. “A black patient hospitalized for chest pain in Connecticut is 20% more likely than a white patient to be readmitted within 30 days after discharge. Similarly, a Hispanic patient hospitalized for heart failure is 30% more likely to land back in the hospital within a month. Those disparities are among the most common reasons for hospitalizations among state residents and point to larger problems in access to care, underlying health status and insurance coverage”, according to a 2015 published study in Connecticut Medicine, the journal of the Connecticut State Medical Society.<sup>8</sup>

Health disparity issues are becoming more prominent in our collective work, as the population ages and becomes more diverse. The pandemic brought this issue into the forefront when people of color and those with chronic health conditions experienced greater rates of hospitalization and death. During the pandemic, hospitalizations and death rates were 2-3 times higher among Black and Latino populations in CT.<sup>9</sup> Addressing social determinants of health can improve health and reduce health disparities. Initiatives to address these social determinants through OAA programs include seamless connection to and between Information and Referral systems, nutrition programs and availability and accessibility of transportation to promote health.

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<sup>7</sup> Mercer Consulting. (2019). State of Connecticut Long-Term Services and Supports Demand Projections.

<sup>8</sup> Chedekal, L, (2015). Racial, Ethnic Disparities Common in CT Hospital Readmissions. Connecticut Health I-Team.

<sup>9</sup> CT Department of Public Health COVID-19 Updates (May 3, 2020)

**Elder Rights:** Each year, hundreds of thousands of older persons are abused, exploited, abandoned or suffer from neglect. Beginning in FFY 2016, the federal Department of Health and Human Services began collecting standardized information about the adult maltreatment through the National Adult Maltreatment Reporting System (NAMRS). The long-awaited reporting system helps improve our understanding of the reporting and investigations of maltreatment as well as enhancing our understanding of the victims and perpetrators of maltreatment. According to NAMRS, the reporting of adult maltreatment is steadily increasing; nationally between FFY 2016 and 2018, there was a 15.2% increase in reports that were accepted for investigation. Nationally, in FFY 2018, there were 243,375 substantiated cases of adult maltreatment, 74.7% of Adult Protective Services (APS) victims were over the age of 60 and 45% of victims have had a previous report of maltreatment.<sup>10</sup> NAMRS also reports that victims of physical abuse and sexual abuse are younger, while victims of exploitation are older. It is important to note that the vast majority of elder abuse and neglect cases goes unreported, leaving researchers to extrapolate prevalence from reported cases.

**Economic Security:** In Connecticut, on average people live 16 years past the typical “retirement age” of 65. Increased longevity, a decline in personal savings and the rapid decline of employer sponsored retirement plans are among the challenges affecting older adults’ financial security. Undeniably, Connecticut is a wealthier state and its relatively high cost of living can prove to be a challenge for people on fixed incomes. The wealth gap in Connecticut is particularly profound. In Fairfield County, 20.4 percent of households earn \$200,000 or more a year, compared to 8 percent in New Haven County and 3.3 percent in Bridgeport, the largest city in Fairfield County. According to the United Way financial hardship report, 40 percent of households struggle every day to make ends meet and 540,000 people in this seemingly wealthy state live below or just above the federal poverty line.<sup>11</sup>

Social Security is the only source of income for one in four Connecticut residents age 65 and older (higher for women and minorities); 38% of the state’s 65 years and older population would have incomes below the poverty line if they did not receive Social Security.<sup>12</sup> However, according to The National Elder Economic Security Index, the average Social Security benefit in Connecticut covers only 56% of living costs for single elder renters.<sup>13</sup> Connecticut is ranked eighth in the nation, indicating a greater discrepancy between living costs and Social Security benefits than the national average.

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<sup>10</sup> U.S. Department of Health and Human Services. (2018) National Adult Maltreatment Reporting System: Adult Maltreatment Report 2018.

<sup>11</sup> United Way Connecticut. (2018). ALICE: A study of financial hardship in Connecticut.

<sup>12</sup> AARP. (2014). Social Security: Connecticut quick facts.

<sup>13</sup> Elder Index. (2019). The Elder Index™ [Public Dataset]. Boston, MA: Gerontology Institute, University of Massachusetts Boston. Retrieved from ElderIndex.org

**Social Isolation and Loneliness:** Social isolation is a highly prevalent, under-reported and under-addressed health issue among older adults that leads to poorer health, wellbeing and quality of life. The World Health Organization defines health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. According to the AARP Foundation, social isolation and loneliness are worse for one’s health than obesity and have serious financial implications. “Every month, Medicare spends approximately \$134 more for each socially isolated older adult than it would if the person were connected; as an estimated 4 million older adults enrolled in traditional Medicare are socially isolated, this represents an estimated \$6.7 billion in additional Medicare spending annually”<sup>14</sup>. According to a review of literature by Nicholas Nicholson, there is little evidence that older adults are being assessed for social isolation and few resources exist to help alleviate the risk.<sup>15</sup>

Worth noting, social isolation was one of the most critical issues facing older adults during the COVID-19 pandemic. Health and well-being were impacted by “social distancing”. In response, addressing social isolation through technology such as tablets, enabled older adults to remain connected to family and friends and receive telehealth services. During and following the pandemic, lessons learned will inform future approaches to programming to better support older adults and combat social isolation.

## State Plan Development Process

The comprehensive process by which Connecticut’s State Plan FFY 2021- FFY 2023 was developed involved a six-prong approach: 1) review of current data, best practices and efforts via reports and studies; 2) consultation with the Area Agencies on Aging and review of their current Area Plans; 3) gathering input from older adults and partners in the aging and disability networks via community conversations; 4) review and comment on a draft of the State Plan on Aging by stakeholders and partners; 5) engagement of all SUA staff throughout multiple points of the planning process including small group working sessions and brainstorming sessions; and 6) utilization and analysis of a monitoring tool to record the status of the goals, objectives and strategies for the current State Plan on Aging.

- 1) **Review of comprehensive studies and reports:** Most of these documents represent a multi-month process of stakeholder engagement and data and systems analysis.
  - Strategic Rebalancing Plan: A Plan to Rebalance LTSS (2020), released by Governor Lamont and the Connecticut Department of Social Services (DSS)
  - State of Connecticut Long-Term Care Demand Projections (2019), released by Governor Lamont and DSS

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<sup>14</sup> AARP Research (2018). A national survey of adults 45 and older: Social connectedness and isolation.

<sup>15</sup> Nicholson, N. (2012). A review of social isolation: An important but underassessed condition in older adults. *J Prim Prev.* 33(2-3):137-152.

- Balancing the System: Working Toward Real Choice for LTSS in CT (January 2019). Prepared by the Long-Term Care Planning Committee of which SUA is a member
- Adult Maltreatment Report (2018). Administration for Community Living and Administration on Aging
- Study of Funding and Support for Home and Community-Based Care for Older Adults and People with Alzheimer's Disease in Connecticut (January 2015), submitted to the Connecticut General Assembly by Connecticut's Legislative Commission on Aging
- SUA Nutrition Study (2016)
- SUA Behavioral Health Study (2015) A project funded by SUA. Prepared by UConn Health Center, Center on Aging
- Connecticut Department of Public Health Strategic Plan, 2013
- Connecticut Department of Public Health Healthy CT 2020 (March 2014)
- Study of Best Practices for Reporting and Identification of Abuse, Neglect, Exploitation and Abandonment of Older Adults (2016) CT's Legislative Commission on Aging
- Review of ACL Issue Briefs
- NIA Research on Social Isolation and Loneliness (April 2019)
- ADvancing States State of the States 2017 and 2014 reports
- ADvancing States 2019 HCBS Conference Presentations
- Complex Needs and Growing Roles: The Changing Nature of Information & Assistance
- ADvancing States Marijuana & Opioid Survey (October 2018)
- NCLER The Essential Role of the State Legal Assistance Developer (February 2018)
- White House Conference on Aging Final Report (2015)
- Kaiser Family Foundation Issue Brief: Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity (May 2018)

**2) Consult with AAAs and review current AAA Area Plans as follows:**

- Eastern CT (2017) Senior Resources, Eastern CT Area Agency on Aging
- Northern CT (2017) North Central Area Agency on Aging
- South Central CT (2017) Agency on Aging of South Central CT
- Southwestern CT (2017) Southwestern CT Agency on Aging
- Western CT (2017) Western CT Area Agency on Aging

**3) Input from the older adults, caregivers and aging network professionals:**

SUA held a series of "Community Conversations" at several locations during the plan development process. Older adults, caregivers and aging network professionals were invited to attend and participate in these conversations. People who couldn't attend were encouraged to share their thoughts calling a toll-free line to speak directly to a

SUA staff member or sending an email. These productive and well attended community conversations were held on the following dates and locations:

- November 13, 2019 Stamford Senior Center, Stamford, CT
- November 15, 2019 Franklin Volunteer Fire House, North Franklin, CT
- December 3, 2019 Newtown Senior Center, Newtown, CT
- December 4, 2019 Granby Senior Center, North Granby, CT
- December 13, 2019 Area Agency on Aging of South Central CT, North Haven, CT

#### **4) Engagement of all SUA and LTCOP Staff**

SUA staff were fully engaged throughout multiple points of the planning process including small group working sessions and brainstorming sessions that explored new ways to coordinate and collaborate within SUA, across all ADS and various state agencies. With ACL Focus Areas and Five Pillars as its guide, staff worked to develop goals, objectives and strategies that were SMART (strategic, measurable, attainable, relevant and time-bound).

#### **5) Review and comment on the draft of the State Plan on Aging:**

The SUA distributed the draft state plan widely for review and comment. Refer to Attachment H for details, comments and suggestions.

#### **6) Utilization of a Monitoring Tool**

SUA documented their progress made on goals, objectives and strategies of the current State Plan via a monitoring tool. This effort and tool served as an important and transparent accountability measure to not only analyze progress to date but to result in valuable lessons learned.

### **3) Goals, Objectives, Strategies and Measures**

Please note that these goals, objectives and strategies do not include all the ongoing programs, initiatives and activities taking place in Connecticut by the SUA or community partners to support older adults in Connecticut.

#### **SUA's Overarching Goals**

1. Long-Term Services and Supports: Empower older adults to reside in the community setting of their choice
2. Healthy Aging: Provide older adults with prevention and wellness opportunities
3. Elder Rights: Protect elder rights and well-being and prevent elder abuse, fraud, neglect and exploitation.





**Goals, Objectives, Strategies and Measures for State Plan  
October 1, 2020 – September 30, 2023**

**Long-Term Services & Supports**

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

**Objective 1: Strengthen aging and disability networks within the No Wrong Door**

**Strategy 1:** Require training for staff offering Information and Referral/Assistance (I & R/A) to ensure statewide consistency of services.

**Measures:**

- ADRC staff attain Person-Centered Thinking and Planning certification; AIRS Community Resource Specialist certification; and CHOICES certification by 9/30/21.
- At least one I & R/A staff in each AAA attains AIRS Community Resource Specialist certification and Person-Centered Thinking certification by 9/30/21.

**Strategy 2:** Partner with DSS to collaborate, share data and support the No Wrong Door.

**Measure:** MOU between ADS-SUA and DSS includes NWD Initiatives.

**Strategy 3:** Support the business acumen collaborations of aging network partners

**Measure:** Business partnerships result in expanded programming and funding

**Strategy 4:** Support person-centered planning for older adults and their caregivers by collaborating with stakeholders of lived experience, aging and disability networks and various state departments, with technical support from the National Center on Advancing Person Centered Practices and Systems.

**Measure:** Develop common core competencies of Person-Centered Planning curriculums used in CT.

**Objective 2: Utilize funding efficiently to best address needs of caregivers.**

**Strategy 1:** Determine parameters for performance of National Family Caregiver Support Program (NFCSP).

**Measures:**

- Performance Measures provided to AAA for NFCSP by 6/30/21
- Performance Measures are met by 9/30 each year, beginning with FFY 2022.

**Strategy 2:** Strengthen information access for caregivers including older relatives raising grandchildren and adult children with disabilities by establishing a central entry point for caregiver information through partnership with CT Infoline 2-1-1.

**Measures:**

- Memorandum of Understanding with Infoline 2-1-1 by 5/31/21
- Infoline analytics show a steady increase in inquiries regarding caregiving during the 12 month period following the executed MOU

**Strategy 3:** Explore reimbursement structures in Connecticut Statewide Respite Care Program (CSRCP) to better utilize funding.

**Measure:** New reimbursement structure for care management is implemented effective 7/1/22

**Strategy 4:** Expand use of care plans to the statewide data base

**Measure:** Care plans are established in statewide database by 9/30/21

**Objective 3: Promote inclusiveness and engagement in service delivery.**

**Strategy 1:** Conduct tailored outreach to target individuals with greatest economic and social need.

**Measures:**

- CHOICES Team Members assisted a minimum of 2,500 non-English speaking beneficiaries each year.
- CHOICES Team Members assisted a minimum of 10,000 low-income Medicare beneficiaries (below 150% FPL) each year.
- Annually, SMP provided program services to areas not previously served.

**Strategy 2:** Enhance training and service coordination for individuals with Alzheimer's disease and related dementias

**Measures:**

- 100% CSRCP and NFCSP have received Dementia Friends training
- Public awareness of Alzheimer's disease and available resources is expanded

- NFCSP served caregivers caring for individuals with Alzheimer’s disease

**Strategy 3:** Offer education and training opportunities on LGBT-related issues for network partners and consumers.

**Measures:**

- At least one training and educational opportunity was provided to AAAs, RSCs and other aging network partners by 3/31/22.
- Consumer Registration Form and joint program applications are modified to include LGBT affirming language by 9/30/21.

**Strategy 4:** Promote Reframing Aging Campaign

**Measure:** Completed twelve (12) Reframing Aging Engagements by 9/30/21

**Strategy 5:** Support the CT Livable Communities initiative

**Measure:** Meet with the Commission on Women, Children, Seniors, Equity and Opportunity regarding the CT Livable Communities initiative

**Strategy 6:** Support the coordination of transportation programs serving older residents and residents with disabilities through a statewide council composed of state agencies, service providers and the residents themselves.

**Measure:** Contribute to the development and completion of a statewide transportation needs assessment

**Objective 4: Expand employment options for older individuals and persons with disabilities**

**Strategy 1:** Educate participants and staff of the Senior Community Service Employment Program (SCSEP) on supportive services to address barriers to employment.

**Measures:**

- Actively enrolled SCSEP participants will be referred for an eligibility review for other services and assistance in applying for these services. Ongoing.
- At each 6-month assessment for SCSEP, enrolled participants report involvement with OAA programs and other social services for older residents. Ongoing
- All BESB and SCSEP staff have received training about the programs and services available for blind and low-vision workers. FFY 2021 Quarter 4

**Strategy 2:** Person-centered Individual Employment Plans will be developed for all participants.

**Measure:** 100% of Individual Employment plans have person-center employment goals. FFY 2021 Quarter 4 and ongoing

**Strategy 3:** Connect persons with disabilities with information on employment opportunities and related benefits

**Measure:** MIPPA ADRC contractors will report numbers of employment connections in the SHIP Tracking and Reporting System (STARS) database by 9/30/21.

## Healthy Aging

**Goal: Provide older adults with prevention and wellness opportunities**

**Objective 1: Incorporate evidence-based nutrition and wellness programs into the CT aging/disability networks.**

**Strategy 1:** Address falls across CT in partnership with the Department of Public Health State Injury Prevention team and a diverse group of stakeholders.

**Measures:**

- Memorandum of Understanding executed with the CT State Department of Public Health Injury Prevention team.
- Through the MOU, the Fall Coalition is established. Completed by 10/01/2021

**Strategy 2:** Expand delivery of CDSME Programs through the State Elderly Nutrition Program with specific focus on the Chronic Pain Self-Management Program.

**Measure:** 10 Chronic Pain Self-Management Programs will be facilitated in 5 Elderly Nutrition Provider Service Areas. Completed by 9/30/2022

**Strategy 3:** Ensure delivery of evidence-informed/evidence-based nutrition education services in each AAA region.

**Measures:**

- Evidence-informed/evidence-based nutrition education services are provided in each AAA region
- At least 500 older adults receive evidence-informed/evidence-based nutrition education services annually

**Strategy 4:** Strengthen partnership between the CT Healthy Living Collective (CHLC) and Aging Network

**Measure:** Meetings convened between CHLC and Aging Network partners to discuss opportunities to scale up Chronic Disease Self-Management Education Programs of the matter of Balance and Tai Ji Quan: Moving for Better Balance fall prevention program.

**Objective 2: Promote nutrition services to address malnutrition and food insecurity.**

**Strategy 1:** Develop a statewide system to identify nutritional risk.

**Measures:**

- Utilization of screening questions on Consumer Registration Form to determine malnutrition risk by 9/30/21.
- At least 40% of participants receiving meals have nutritional risk scores that have not increased after three months (ongoing)

**Strategy 2:** Develop the statewide system to prioritize and serve individuals on waiting list

**Measures:**

- All AAAs and ENPs utilize the statewide waitlist protocol for prioritization for meals.
- Electronic waiting list operational within the statewide database by 10/1/21

**Strategy 3:** Address food insecurity through the Elderly Nutrition Program.

**Measure:** Statewide Food Resource Guide produced and shared by 9/30/23.

**Objective 3: Promote community action for individuals at risk.**

**Strategy 1:** Explore avenues to examine social isolation and loneliness in senior centers, communities and senior housing.

**Measure:** Best Practices in addressing social isolation and loneliness in senior centers and senior housing are shared.

**Strategy 2:** Support of the establishment of Suicide Prevention Protocols

**Measures:**

- 30 Aging Network Professionals trained on QPR (Question, Persuade, Refer) including SUA staff, AAA NFCSP and CSRCP Care Managers, and No Wrong Door/ADRC/I&R/A staff in the five AAA regions by 9/30/23.
- Healthy IDEAS agencies will have a suicide screening and action plan protocol in place by June 30, 2021

**Strategy 3:** Identify and refer older adults to Behavioral Health Services

**Measures:**

- Training provided by National Alliance of Mental Illness to CHOICES counselors and offered to Resident Services Coordinators in CARSCH will include Screening Alcohol and Prevention screening tools
- Revised CHOICES Quick Guide to include Senior Outreach and Engagement

information for easier referrals, disseminated to counselors and to Aging and Disability provider networks.



## Elder Rights

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

**Objective 1: Promote sustainability of CT Elder Justice Coalition (CEJC)**

**Strategy 1:** Identify funding sources for Coalition for Elder Justice in Connecticut (CEJC) to continue support and improve services to older adults

**Measure:** Funding sources will be identified and grants will be applied for in order to support and improve services to Older Adults and support the CEJC

**Strategy 2:** Establish protocol and structure to communicate with current and potential stakeholders of the current CEJC and sustainability moving forward.

**Measure:** CEJC will have a written structure and charter

**Objective 2: Enhance protection of vulnerable older adults through Older Americans Act programs**

**Strategy 1:** Enhance effective legal responses to elder abuse, neglect and financial exploitation

**Measure:** Networks that represent or protect older adults will have access to effective legal responses in order to address issues of elder abuse, neglect and financial exploitation

**Strategy 2:** Enhance the volunteer Team Member base of the Senior Medicare Patrol (SMP) for wider dissemination of education about Medicare fraud, errors and abuse

**Measures:**

- Volunteer Management tools and training provided to Coordinators of Volunteers. Complete by April 2021
- Total number of active SMP Members and SMP educational activities increased as captured in the SIRS database from FY '21 to FY '22.

**Objective 3: To cultivate communities that care for one another and build bridges of common humanity while maintaining respect for every individual giving voice, identity and specific attention to individuals who identify with one or more marginalized or disempowered group.**

**Strategy 1:** Continue ongoing Inclusive Community workgroup meetings that include a diverse group of providers, advocates, government agencies, professionals

**Strategy 2:** Development of the Inclusive Communities resource Tool Kit

Action Step: Provide resources free of charge that are vetted and championed throughout the Long-Term Care industry.

**Measure:** Create educational information offered to residents, family members, and staff members of LTC facilities to help create and cultivate inclusive LTC communities for all people.

**Objective 4: Support the State’s Rightsize and Rebalancing initiative while protecting the rights of residents**

**Strategy 1:** Educate and engage residents of LTC Communities that are considering Rightsizing projects

**Strategy 2:** State Ombudsman will be an active participant on the Medicaid Long Term Services & Supports Rebalancing Initiatives Steering Committee

**Measure:** Residents and family members will be fully informed and supported by the LTCOP as the state moves to stabilize the Long-term care system as part of the Rightsize/rebalancing initiative.

**Objective 5: Improve the quality of life and quality of care of Connecticut citizens residing in nursing homes, residential care homes and assisted living communities.**

**Strategy 1:** Work with the Department of Public Health, Department of Social Services and the Department of Mental Health and Addiction Services to ensure all state agencies are aware of the current status of CT’s Long-term Care communities.

**Strategy 2:** Bring systemic concerns and a resident voice directly to public officials on issues affecting residents’ lives.

**Measure:** The quality of life and quality of care improves for Residents of Connecticut’s long-term care communities.

#### 4) Quality Management

SUA provides the Area Agencies on Aging (AAA) with instructions to assist them in the development of their Area Plans, and eventually approves and monitors the progress of these plans. The new Area Plans, beginning FFY 2021, will be three-year Area Plans instead of four years, to align with the SUA State Plan on Aging. Each AAA submits an annual progress report that provides updates on the goals, objectives, strategies and outcomes that are outlined in its plan. The progress report, which is reviewed and monitored by SUA program staff, is submitted annually by November 15<sup>th</sup>. SUA program staff review program reports, program service data, and fiscal reports to monitor contract compliance. Additionally, SUA staff meet with AAA program staff on a regular basis to review program access, procedures and development as well as potential changes to service delivery. SUA program staff provide on-going technical assistance for amending programs providing opportunities for continuous program improvement. SUA Management staff meet in person with AAA Executive Directors on a bi-monthly basis and conducts conference calls on an as-needed basis to stay informed of program activity and development.

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

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

## **Attachments**



## **Attachment A: Assurances & Required Activities**

**State Plan Guidance  
Attachment A**

**STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES  
Older Americans Act, As Amended in 2020**

*By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2020.*

**Sec. 305, ORGANIZATION**

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

(2) The State agency shall—

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

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

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

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

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

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

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

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

(5) in the case of a State specified in subsection (b)(5), the State agency;

and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or

through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

(d) The publication for review and comment required by paragraph (2)(C) of subsection (a) shall include—

- (1) a descriptive statement of the formula's assumptions and goals, and the application of the definitions of greatest economic or social need,
- (2) a numerical statement of the actual funding formula to be used,
- (3) a listing of the population, economic, and social data to be used for each planning and service area in the State, and
- (4) a demonstration of the allocation of funds, pursuant to the funding formula, to each planning and service area in the State.

*Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.*

### **Sec. 306, AREA PLANS**

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1). Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals who have 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) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of



resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose senior centers in such area, for the provision of such services or centers to meet such need;

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

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

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

(C) legal assistance;

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

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

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

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

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

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

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

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

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

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with

- limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
- (iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —
- (I) identify the number of low-income minority older individuals in the planning and service area;
  - (II) describe the methods used to satisfy the service needs of such minority older individuals; and
  - (III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).
- (B) provide assurances that the area agency on aging will use outreach efforts that will—
- (i) identify individuals eligible for assistance under this Act, with special emphasis on—
- (I) older individuals residing in rural areas;
  - (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
  - (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
  - (IV) older individuals with severe disabilities;
  - (V) older individuals with limited English proficiency;
  - (VI) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
  - (VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and
- (ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and
- (C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
- (5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;
- (6) provide that the area agency on aging will—
- (A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;
  - (B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

- (I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
- (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

- (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and
- (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

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

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

- (H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and
  - (I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;
- (7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—
- (A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
  - (B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—
    - (i) respond to the needs and preferences of older individuals and family caregivers;
    - (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
    - (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
  - (C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
  - (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
    - (i) the need to plan in advance for long-term care; and
    - (ii) the full range of available public and private long-term care (including integrated -term care) programs, options, service providers, and resources;
- (8) provide that case management services provided under this title through the area agency on aging will—
- (A) not duplicate case management services provided through other Federal and State programs;
  - (B) be coordinated with services described in subparagraph (A); and
  - (C) be provided by a public agency or a nonprofit private agency that—
    - (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
    - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
    - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
    - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

- (9) (A) 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 2019 in carrying out such a program under this title;  
(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;
- (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
- (11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—
  - (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
  - (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
  - (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;
- (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.
- (13) provide assurances that the area agency on aging will—
  - (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
  - (B) disclose to the Assistant Secretary and the State agency—
    - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
    - (ii) the nature of such contract or such relationship;
  - (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
  - (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;
  - and
  - (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
- (14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
- (15) provide assurances that funds received under this title will be used—

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
  - (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;
- (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;
- (17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;
- (18) provide assurances that the area agency on aging will collect data to determine—
- (A) the services that are needed by older individuals whose needs were the focus of all centers funded under Title IV in fiscal year 2019; and
  - (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and
- (19) 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 those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

- (2) Such assessment may include—
- (A) the projected change in the number of older individuals in the planning and service area;
  - (B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
  - (C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and
  - (D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.
- (3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—
- (A) health and human services;
  - (B) land use;
  - (C) housing;
  - (D) transportation;
  - (E) public safety;
  - (F) workforce and economic development;

- (G) recreation;
- (H) education;
- (I) civic engagement;
- (J) emergency preparedness;
- (K) protection from elder abuse, neglect, and exploitation;
- (L) assistive technology devices and services; and
- (M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

- (i) providing notice of an action to withhold funds;
- (ii) providing documentation of the need for such action; and
- (iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

- (1) contracts with health care payers;
- (2) consumer private pay programs; or
- (3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

### **Sec. 307, STATE PLANS**

(a) Except as provided in the succeeding sentence and section 309(a), each State, in order to be eligible for grants from its allotment under this title for any fiscal year, shall submit to the Assistant Secretary a State plan for a two, three, or four-year period determined by the State agency, with such annual revisions as are necessary, which meets such criteria as the Assistant Secretary may by regulation prescribe. If the Assistant Secretary determines, in the discretion of the Assistant Secretary, that a State failed in 2 successive years to comply with the requirements under this title, then the State shall submit to the Assistant Secretary a State plan for a 1-year period that meets such criteria, for subsequent years until the Assistant Secretary determines that the State is in compliance with such requirements. Each such plan shall comply with all of the following requirements:

- (1) The plan shall—
  - (A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
  - (B) be based on such area plans.
- (2) The plan shall provide that the State agency will—
  - (A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;
  - (B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; and
  - (C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).
- (3) The plan shall—



- (A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and
- (B) with respect to services for older individuals residing in rural areas—
  - (i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...
  - (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and
  - (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.
- (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).
- (5) The plan shall provide that the State agency will—
  - (A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
  - (B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and
  - (C) afford an opportunity for a public hearing, upon request, by any area agency on aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.
- (6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.
- (7) (A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.  
(B) The plan shall provide assurances that—
  - (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
  - (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
  - (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.
- (8) (A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency—

- (i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;
  - (ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or
  - (iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.
- (B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.
- (C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.

(9) The plan shall provide assurances that—

- (A) 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 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and
- (B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.

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

- (A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;
- (B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.
- (C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical

assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;

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

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

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

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

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

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

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

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

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

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

(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 in programs and receiving assistance under this Act; and

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

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

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

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);  
(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph

(A), and the caretakers of such individuals, of the availability of such assistance. (17) The

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

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

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

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

(21) The plan shall—

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

(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 provided under this Act with other State services that benefit older individuals; and
- (B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in childcare, 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 area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

(27) (A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

(28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

(29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

(30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—

- (A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;
- (B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and
- (C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

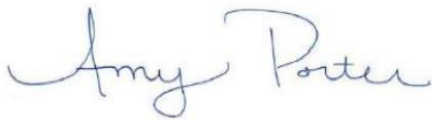
(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment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

### **Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS**

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

- (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
- (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
- (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
- (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
- (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).
- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
  - (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

- (i) public education to identify and prevent elder abuse;
  - (ii) receipt of reports of elder abuse;
  - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
  - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—
- (i) if all parties to such complaint consent in writing to the release of such information;
  - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
  - (iii) upon court order...



7/14/2020

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*Amy Porter, Commissioner  
Department of Aging and Disability Services*

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*Date*

## Attachment B: Information Requirements



## **State Plan Guidance Attachment B**

### INFORMATION REQUIREMENTS

**IMPORTANT:** States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

#### **Section 305(a)(2)(E)**

Describe the mechanism(s) for assuring 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.

#### **State's Response:**

The State Unit on Aging (SUA) 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 SUA 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 SUA requires all Title III service providers to set targets for low-income and minority participation and these targets are used by the SUA 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 SUA conducts periodic needs assessments and special studies on various issues related to the status and needs of Connecticut's elderly. In addition, the SUA utilizes needs assessments by other entities such as the University of Connecticut Health Center and the AAAs. The SUA 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 SUA 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 SUA itself conducts extensive outreach efforts to the target population. The SUA 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)(6)(I)**

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will, to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals.

**State's Response:**

The State Unit on Aging assures that each Area Plan includes information detailing how the Area Agency will coordinate with the State Agency on the dissemination of information regarding the State Agency's Assistive Technology Division to provide access to and distribution of assistive technology solutions for adults age 60 and older or their caregivers.

**Section 306(a)(17)**

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

**State's Response:**

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

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

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

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

**Section 307(a)(2)**

The plan shall provide that the State agency will —...

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that 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 services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

**State's Response:**

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

Listed below are the minimum percentages:

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

**Section 307(a)(3)**

The plan shall—

...

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

- (i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;
- (ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and
- (iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

**State's Response:**

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

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

During the 2019 federal fiscal year, the most utilized services were home delivered meals,  
07/09/2020

congregate meals, adult day care, information and assistance and transportation. At a minimum, the funding must remain at current levels in order to continue to provide these services which include services for rural residents.

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

### **Section 307(a)(10)**

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

### **State's Response:**

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

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

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

It is projected that the annual expenditures for serving older adults residing in rural areas is \$ 3,774,293 annually. This projected amount includes the older adults served through CHSP as well as older adults served through Title III.

**Section 307(a)(14)**

(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.

**State's Response:**

The number of low-income minority older adults in Connecticut in 2018 was 22,017. The State Unit on Aging assures that needs of low-income minority older adults will be taken into consideration when determining how funds are allocated. The SUA uses low income, minority and low-income minority older individuals as weighting factors in its funding formula. Low-income minority is weighted more heavily at a weight of four. Using this funding formula, funds are made available for the local AAA to serve low income minority individuals. The SUA assures these populations are reached with the funds through submittal of yearly targets that mirror the OAA target groups. The AAA planning efforts must be targeted to reach each group including low-income minority older adults.

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

**Section 307(a)(21)**

The plan shall —

...

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

**State's Response:**

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

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

### **Section 307(a)(27)**

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

- (i) the projected change in the number of older individuals in the State;
- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
- (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
- (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

### **State's Response:**

According to the U.S. Census Bureau, in 2018, 16.4% of the population, or 587,580 individuals in Connecticut, were aged 65 and older. The SUA recognizes that in the next ten years there will be a significant increase in the number of older adults in the state. The 65 and older population is projected to grow 43.2% by 2030 (United Health Foundation, 2016). Many individuals in this age cohort will need services. The SUA 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 SUA 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)(28)**

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

### **State's Response:**

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 natural and man-made disasters and pandemic outbreaks. This response includes addressing the needs of at-risk populations such as frail seniors.

The [State Response Framework](#) clearly outlines the Department of Aging and Disability Services' responsibilities. These include:

1. Staffing the State Emergency Operations Center (SEOC) as requested by the Division of Emergency Management and Homeland Security (DEMHS);
2. Serving on any DEMHS or SEOC Task Force including leading or supporting the State ESF 6 Mass Care Task Force
3. Serving on a Housing Task Force or the State ESF-14 Long Term Recovery Committee
4. Assisting disaster victims, especially elderly disaster victims, in obtaining ongoing agency supportive services through Connecticut's five Area Agencies on Aging, Ombudsman Services, as well as Protective Services for Elderly through the Department of Social Services

### Providing service delivery programs

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

- Nutrition assistance
- Chore services
- Transportation
- Legal Aid
- Long Term Care Ombudsman Services
- CHOICES
- Aging and Disability Resource Center – No Wrong Door Services
- Information and Assistance
- Assisting elderly disaster survivors 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.

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

Additional emergency preparedness services available to Connecticut's older residents include the local Area Agencies on Aging coordination with local health departments and districts to inform elders about the location of services including emergency shelters; and 2-1-1, a free statewide information and referral service.

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

### **Section 307(a)(29)**

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

### **State's Response:**

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

Connecticut's ADS SUA supports efforts to provide education about individual emergency



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

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

#### **Section 705(a) ELIGIBILITY —**

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

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307—

- (1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;
- (2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;
- (3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;
- (4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;
- (5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);
- (6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
  - (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities

for-

- (i) public education to identify and prevent elder abuse;
  - (ii) receipt of reports of elder abuse;
  - (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
  - (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
- (B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
- (C) all information gathered in the course of receiving reports and making referrals shall remain confidential except—
- (i) if all parties to such complaint consent in writing to the release of such information;
  - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
  - (iii) upon court order.

**State's Response:**

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

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

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

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

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

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

- (2) The SUA assures public hearings are held and feedback is received from older individuals, Area Agencies on Aging, recipients of grants under Title VI, and other interested persons and entities regarding programs carried out under this subtitle. Please see the section entitled State Plan Development Process that provides information on the public comment process. Additionally, Area Agencies on Aging are required to gather community input on the programs and services delivered under Title III in during Area Plan development and as a regular part of program management.
- (3) The SUA assures, in consultation with the Area Agencies on Aging, to identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights. The SUA provides funding to the regional Area Agencies on Aging that provide assistance in securing and maintaining benefits and rights. Please see Attachment D for information on several programs that the SUA administers and contracts out to the AAAs. These programs, such as the Aging and Disability Resource Centers, Veterans Directed Program and CHOICES assist older adults and caregivers with acquiring benefits. The SUA coordinates the Person-Centered Thinking Training Program, also found in Attachment D that enhances a professional's ability to best serve the complex needs of many residents in a person-centered manner. Legal services are a resource that professionals in these programs routinely refer callers to for assistance.
- (4) The SUA assures that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

The State Ombudsman designates and de-designates volunteers. The State Ombudsman selects regional ombudsmen under the state classified employees' policies to carry out their delegated duties in accordance with the established policies and procedures of the Office. The designation and de-designation of Office staff (the hiring and termination process) is done in accordance with guidelines that apply to all classified employees in state service. Eight Regional Ombudsmen and two intake staff are out-posted in regional offices throughout the state. All Connecticut Ombudsman advocacy services are provided solely to individuals residing in long-term care institutions (skilled nursing facilities, residential care homes and assisted living facilities). The Office of the State Long Term Care

Ombudsman does not provide advocacy services to individuals who reside in the community.

- (5) The SUA assures that, through state and federal statutes and regulations with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—
  - (A) in carrying out such programs the State agency in partnership with and through funding provided to the regional Area Agencies on Aging will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:
    - (i) public education to identify and prevent elder abuse through activities such as public service announcements, distribution of education materials and regional seminars;
    - (ii) direction of all reports of elder abuse to Protective Services for the Elderly which is administered out of the Department of Social Services and is the entity that receives and investigates reports of elder abuse;
    - (iii) active participation of older individuals participating in programs under this Act through outreach, elder abuse and ombudsman conferences, and referral of such individuals to other social service agencies or sources of assistance when appropriate. Conversely, PSE collaborates with the AAAs in providing assessments and follow-up services to elders that have been referred to PSE and are in need of additional program services and referral of complaints to law enforcement or public protective service agency is made as appropriate;
    - (iv) direction of complaints to law enforcement or PSE and training opportunities for professionals and caregivers on elder abuse, exploitation or neglect and how to assess, detect intervene and report. Ombudsmen follow all federal and state statutes and regulations pertaining to ombudsman disclosure and confidentiality.
  - (B) The SUA assures that, through state and federal statutes and regulations, the SUA 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 SUA assures that, through state and federal statutes and regulations, all information gathered in the course of receiving reports and making referrals shall remain confidential except—
    - (i) if all parties to such complaint consent in writing to the release of such information;
    - (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
    - (iii) upon court order.

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



## Attachment C: Intrastate Funding Formula

### Section 307(a)(3)(A)

The SUA assures that the plan includes a numerical statement of the intrastate funding formula and a demonstration of the allocation of funds to each planning and service area referred to as Area Agency on Aging. Connecticut's intrastate funding formula has not changed from the intrastate funding formula outlined in Connecticut's State Plan FFY 2018 through FFY 2020. The formula is based on the best available data using the most recent Census data, 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 with the need for assistance in later life.

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

- a) All persons age 60 years or older;
- b) Persons age 60 years or older who are members of a racial and 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 or older who are both members of racial or ethnic minorities and have incomes below the poverty threshold.

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

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

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

Where:

$\$_A$  = Area Allocation

$\$_S$  = State Allocation 60+ A = Area

S = State

60+  $A_N$  = Number of Area Agencies in State

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

P4 = Impaired

P5 = Rural 60+

P6 = 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.

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

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

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

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



## **Attachment D: SUA Programs, Projects and Initiatives**

## LONG-TERM SERVICES & SUPPORTS

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

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

Supports caregivers access services in an efficient manner by providing information about available services, assistance in gaining access to those services, individual counseling, support groups, caregiver training, respite care, and supplemental services, on a limited basis, to complement the care provided by caregivers (i.e. home modifications, assistive technology and medical supplies not otherwise covered by insurance).
- **Aging and Disability Resource Centers (ADRCs) and No Wrong Door Partners**

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

PCT is a two-day in-person national curriculum developed by the Support Development Associates to equip providers, staff or caregivers with the tools, knowledge and skills to provide assistance and services to individuals in a person-centered manner when they are seeking long term care services and supports. Additional online courses are available free of charge to providers working within the State’s No Wrong Door delivery of services. These courses were developed for the No Wrong Door system by the University of Minnesota, University of California and Support Development Associates and offered through a grant from the Administration for Community Living.
- **Veterans Directed Program (VDC)**

Gives veterans an opportunity to self-direct their own long-term community based services in their homes with the caregiver of their choice. Funded by the federal Veterans Administration

(VA) and in partnership with the Administration on Aging/Administration for Community Living and Connecticut's five Area Agencies on Aging, the SUA implemented the Veterans' Directed Home-and Community-based Services program, now known as VDC. Area Agencies on Aging contract directly with the VA Medical Center to administer the VDC program. The SUA is currently piloting an expanded program with funding from the No Wrong Door Business Case grant in 2018-2020 to offer case management services to Veterans receiving VA community-based services.

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

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

- **Congregate Housing Services Program (CHSP)**

Provides congregate meals and supportive services to frail adults age 62 or older living in rural areas who have temporary or permanent disabilities who are otherwise vulnerable to premature institutionalization. Supportive services may include case management, homemaker, transportation, home health aide, adult day care, personal emergency response, money or medication management, companion, and foot care. As the lead agency serving older adults, the State Unit on Aging's goal under the Congregate Housing Services Program is to support coordination between federal, state and regional organizations regarding the provision and delivery of such services; improve access for older adults to supportive housing services and enhance the availability of supportive services and pertinent resources for residents to age in place.

- **Alzheimer's Aide Funding**

Supplements the Title III funding that is allocated to the Area Agencies on Aging to fund staff at Adult Day Care Centers who assist individuals with Alzheimer's disease. SUA administers this state funding, reviews funding requests from each Area Agency on Aging, evaluates the impact of prior year's funding on staffing levels, and approves requests for funding annually.

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

Works in alliance with the Office of Policy and Management and the private insurance industry through which Connecticut residents can buy specially designed, state approved,

competitively sold long term care insurance that is designed to help older adults pay for long-term care without depleting their assets. Provides one-on-one counseling; distributes educational materials and conducts public outreach efforts via community presentations and public forums.

## **HEALTHY AGING**

- **Elderly Nutrition Program**

Purpose is to reduce hunger and food insecurity through the provision of congregate and home delivered meals; promote the socialization, health and well-being; and delay of adverse health conditions for older adults. The program serves people age 60 and older, their spouses, and people with disabilities under 60 who live with an older person or live in elderly housing facilities that have congregate meal sites (Community Cafes). Meals are provided at Community Cafes located in senior centers, elderly housing communities, schools, churches, restaurants and other community settings. Home delivered meals are provided to older adults who are homebound or otherwise isolated and, in some situations, may be provided to caregivers, spouses or individuals with disabilities. The program provides other services of nutrition assessment, education or counseling. The SUA conducts annual training; reviews and approves menus assuring compliance with the most recent Dietary Guidelines for Americans and conformance to the Dietary Reference Intakes; provides technical assistance to Elderly Nutrition Services Program staff; and conducts monitoring of congregate meals sites and meal delivery routes.

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

Supports education and implementation activities that foster healthy lifestyles and promotes healthy behaviors as well as supporting evidence-based health promotion programs to reduce the need for costly medical interventions. All Title III-D funds that are distributed to the five AAAs must be allocated to agencies/organizations that disseminate highest criteria evidence-based health promotion programs.

- **Connecticut Statewide Fall Prevention Initiative**

Works to decrease the rate of falls among community dwelling older adults by recruiting, developing and supporting a variety of local initiatives whose aims are to embed evidence-based, multidisciplinary, multifactorial fall risk assessments and intervention strategies throughout Connecticut. Project interventions consist of changing existing knowledge, attitudes, skills, and behaviors related to fall risk assessment as well as community-based physical activities such as the Tai Ji Quan, Moving for Better Balance fall prevention program. The statewide initiative has demonstrated through research that fall-related 9-1-1 calls and rates of admission to emergency departments and hospitals can be reduced. Additional research initiatives have also shown that evidence-based fall risk assessments in conjunction with risk reducing recommendations and referrals to convenient exercise opportunities, can reduce falls and utilization of health care services. With funding provided by the CT State Legislature under Section 17a-303a of the Connecticut General Statutes, the SUA, in

partnership with the Yale CT Collaboration for Fall Prevention has been able to address the rising rates of falls and resulting disability among Connecticut's older adults which has helped Connecticut become a national model in preventing falls in a community-based setting.

- **Evidence-Based Disease Prevention Programs – Live Well and Chronic Disease Self-Management Education (CDSME) Programs**

The Chronic Disease Self-Management Education Programs provide information and teach practical skills on managing and living with chronic health problems. "Live Well" as these programs are branded in Connecticut, were developed by Stanford University for adults who are experiencing chronic conditions. SUA in partnership with the CT Department of Public Health (DPH) has received competitive grants from the Administration for Community Living (ACL) to disseminate and embed Chronic Disease Self-Management Education Programs (CDSME) within Connecticut's health and community service systems. Currently, the SUA is partnering with DPH, The Connecticut Healthy Living Collective and several local foundations to build upon previous efforts to create a network of centralized implementation, information, training and support for the dissemination of CDSME and other evidence-based programs.

Since 2010, Connecticut's lay leader network has facilitated over 657 workshops with over 7,000 older adults and persons with disabilities taking part in self-management programs.

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

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

- **Healthy IDEAS**

The Healthy IDEAS Program seeks to improve the linkages between community aging service providers and health care professionals through better communication, referrals and effective partnerships. The program also focuses on enhancing the self-management skills of older adults with depressive symptoms. Healthy IDEAS targets underserved, chronically ill older adults in the community and addresses commonly recognized barriers to mental health care. The program also addresses social isolation which is an emerging concern. Through dissemination of the Healthy IDEAS program, the SUA continues to work to make mental health a central component to healthy aging.

## **ELDER RIGHTS**

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

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

- **State Long Term Care Ombudsman Program (LTCOP)**

Assists individuals who reside in long term care facilities to investigate and resolve complaints to their satisfaction. The Office of the Ombudsman advocates for systemic changes in policy and legislation in order to ensure quality care and services and the well-being of individuals who reside in skilled nursing facilities, residential care homes and assisted living facilities. Ombudsmen play a critical role in the growing number of nursing home closures, receiverships and bankruptcies. In most nursing home bankruptcy proceedings, the Connecticut Ombudsman accepts appointment as the federal Patient Care Ombudsman and provides the Bankruptcy Court an extra level of oversight and a reporting mechanism to ensure resident care and services are not interrupted or diminished during bankruptcy reorganization. Under the Money Follows the Person Program, the Ombudsman plays a significant role ensuring individuals know about alternative living opportunities and assists throughout the process. Coordination with SUA's Legal Assistance Developer to facilitate the statewide activities related to elder abuse, neglect and exploitation is another expectation. The program collaborates with many state agencies regarding issues specific to individuals who reside in long-term care facilities.

- **Coalition for Elder Justice in Connecticut (CEJC)**

The Coalition for Elder Justice (CEJC) formed and led by SUA exists as a means to further its mission to enhance the lives of older individuals. Public and private stakeholders in Connecticut work through collaboration and communication in the Coalition to address elder justice issues to prevent elder abuse and protect the rights, independence, security, and well-being of vulnerable older adults. Presently, the State Long-Term Care Ombudsman acts as Chair of CEJC and coordinates the operations assisted by an active and engaged Steering Committee including representatives from six member organizations. Further supported by Executive Order No. 42, CEJC is an appointed Coordinating Council of over twenty partner organizations from inside and outside of state government and oversees the general operations of CEJC. These Coordinating Council members represent many disciplines including but not limited to aging, disability, advocacy, elder rights, law enforcement, finance, education and victim services.

- **Senior Medicare Patrol (SMP)**

Informs and empowers Medicare beneficiaries, family members and caregivers to prevent detect and report health care fraud, errors and abuse. SMP staff and trained volunteers achieve this through the provision of individual education, group outreach and public awareness campaigns. SUA's role is to secure federal funding for the SMP Program Grant by submitting a proposal to ACL and distribute the funds to Area Agencies on Aging for program administration throughout the state. SUA is responsible for ongoing planning and

development, training, monitoring, evaluating and ensuring that program targets and goals are met by each Area Agency on Aging.

- **Legal Assistance for Older Americans**

Distributes Title III-B funding from SUA to the AAA's specifically who in turn contract with legal services organizations in Connecticut. With these funds, the legal service organizations provide legal counseling and to the extent feasible, civil legal representation to people age 60 and older concerning legal issues commonly experienced by the most needy or vulnerable. The common issues addressed are nursing home and other housing concerns, interactions with Medicaid and other government programs, patients' rights, and consumer law.

SUA's Legal Assistance Developer monitors and advocates to improve the quality and quantity of legal and advocacy services available to Connecticut's vulnerable older adults; provides technical assistance to legal assistance providers and organizations and agencies within the aging network relative to elder rights issues; and provides direction on obtaining free legal information on a wide range of issues affecting older residents and explains how to obtain the free legal representation offered to people 60 years of age and older under the Older Americans Act.

## **OTHER**

- **Reverse Annuity Mortgage**

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

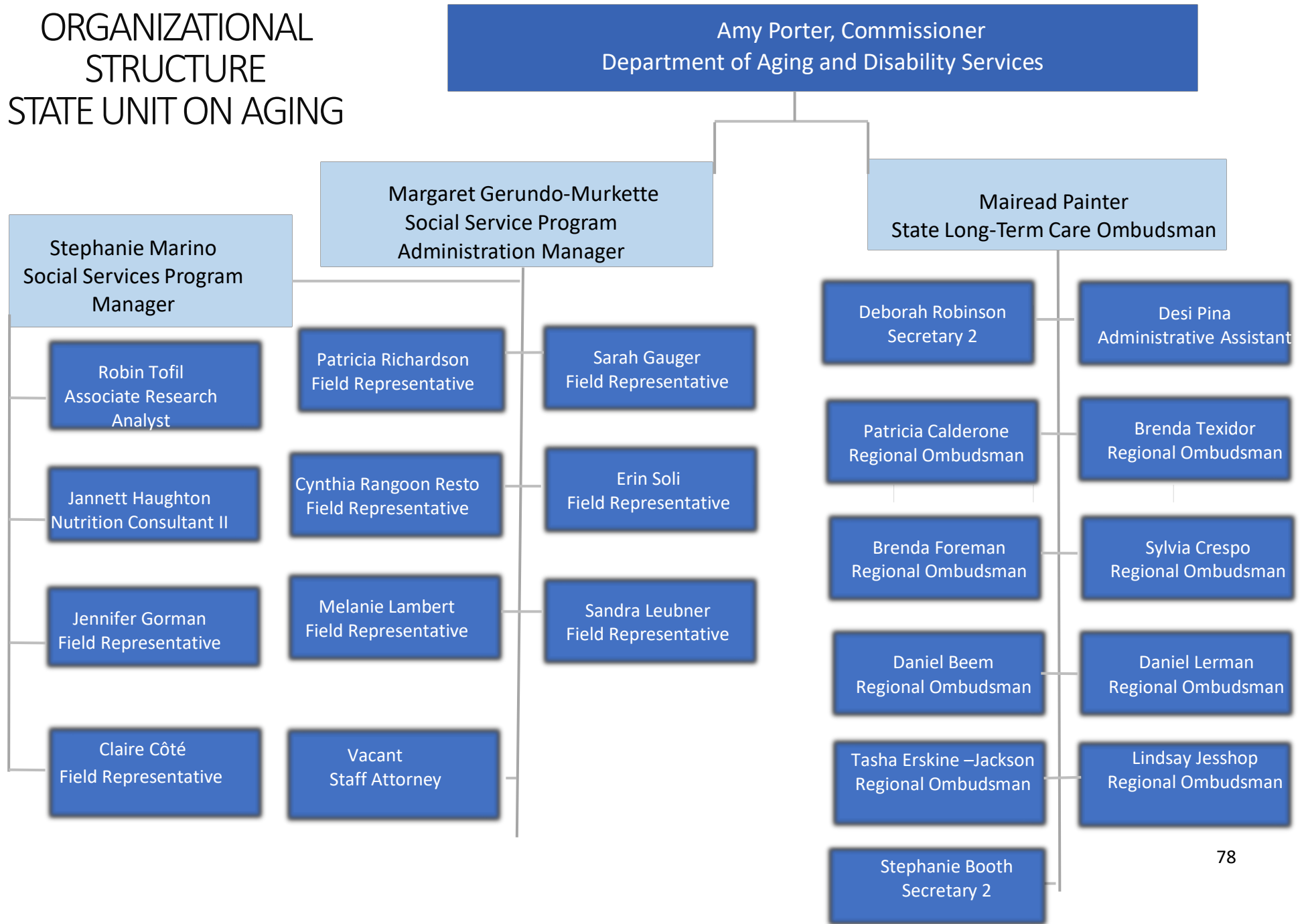
## **Management Information System (MIS)**

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

**Attachment E: Organizational Chart**

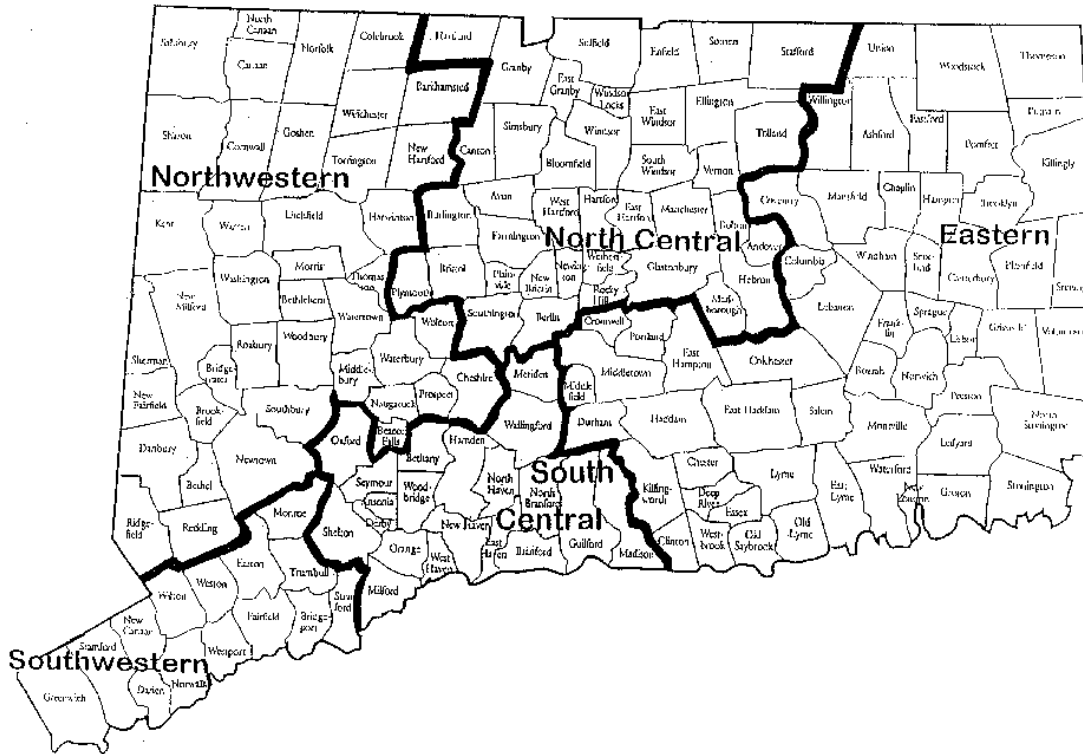


# ORGANIZATIONAL STRUCTURE STATE UNIT ON AGING





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



**[Agency on Aging of South Central CT](#)**

(203) 785-8533  
 117 Washington Avenue  
 North Haven, CT 06473

**[Southwestern CT Agency on Aging](#)**

(203) 333-9288  
 1000 Lafayette Boulevard  
 Bridgeport, CT 06604

**[North Central Area Agency on Aging](#)**

(860) 724-6443  
 151 New Park Avenue, Box 75  
 Hartford, CT 06106

**[Western CT Area Agency on Aging](#)**

(203) 757-5449  
 84 Progress Lane  
 Waterbury, CT 06705

**[Senior Resources Agency on Aging](#)**

(860) 887-3561  
 19 Ohio Avenue  
 Norwich, CT 06360

## **Attachment G: Acknowledgements**

*The following individuals are acknowledged for their contributions to the  
FFY 2021-2023 Connecticut State Plan on Aging:*

*Daniel Beem  
Stephanie Booth  
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Cynthia Rangoon Resto  
Patricia Richardson  
Deborah Robinson  
Erin E. Soli  
Julia Evans Starr  
Brenda Texidor  
Robin D. Tofil*

## **Attachment H: Summary of State Plan Public Comments**

## **Summary of State Plan Public Comments**

As part of the State Plan development process, the Department of Aging and Disability Services State Unit on Aging solicited comments and suggestions on the draft State Plan on Aging released on May 26, 2020. The draft plan was distributed widely to older adults, families, caregivers, aging and disability network partners, and professionals through various methods, including email distribution lists, the ADS website, ADS Facebook page and ADS Twitter. Additionally, the draft plan was emailed to the state's Commissioners, including the Commissioners of Department of Social Services, Department of Public Health, Department of Developmental Services and the Department of Mental Health and Addiction Services as well as state legislative leaders. Comments were requested by June 4, 2020.

The draft State Plan on Aging was positively received by the aging and disability network. Written comments were received from eighteen professionals in the network and two consumers. Agencies responding included: AARP, Alzheimer's Association, Center for Medicare Advocacy, Community Renewal Team, Companions and Homemakers, Connecticut Community Care, LeadingAge, Town Senior Services/Commission on Aging, UCONN Center on Aging, UCONN Center for Excellence in Developmental Disabilities and United Way 2-1-1.

The written public comments helped solidify the plan's direction with its goals, objectives and strategies. As the SUA develops its implementation plan, recommendations received during the public comment period will be considered when formulating action steps under the strategies. Several changes were made to the state plan as a result of the comments. One important suggestion was to add the word "neglect" to the Elder Rights Goal so that it is: Protect elder rights and well-being and prevent elder abuse, fraud, neglect and exploitation. As another example, there was a comment that expressed concern about Strategy 1 under Objective 4 the Elder Rights goal and that Strategy was adjusted and clarified in response. Also, under the Healthy Aging goal, a strategy and two measures were added about the SUA role with behavioral health services, including referrals, training and revised materials.

Several comments pertained to the use of technology for telehealth, health promotion, senior center programming and addressing social isolation, in some cases, connected to the pandemic. The suggestion was made to provide lessons learned from the pandemic around food insecurity, caregiving and social isolation. The SUA has begun to compile lessons learned, which will be an ongoing process throughout the pandemic as well as after the pandemic and will ultimately inform future emergency plans, and future services.

Feedback included the following:

### **General Plan and Narrative Comments**

- The draft plan is both progressive and inspiring. We support its goals and objectives



- Support the goals and strategies thoughtfully presented in the CT State Plan on Aging
- You did an excellent job of succinctly describing the main issues and areas of need
- Very concise and logical plan
- Title is great – “Building Bridges and Creating Connection” – it reflects what ADS is proposing to accomplish
- Appreciate that the plan’s emphasis on functional need rather than age or disability, and we applaud the focus on helping older adults reside in the community setting of their choice
- Liked the addendum outlining all the programs with clear descriptions
- Would love to see incorporation of lessons learned in reference to Covid-19 pandemic, specifically regarding: Long-term care residents’ health and well-being, Social Isolation, Family Caregiving, Dementia, Food Insecurity, and Employment
- Plan should not include jargon and acronyms if the goal is to engage the general community
- Very minor distraction – the bullets used on the acronyms page – just eliminating them would make it easier when referring to that page
- Title of Aging and Disability Services feeds into the concept that aging is a disability
- Recommend increased and more varied marketing/promotion of Older Adult services (ie billboards, popular radio, at SNFs, TV); increased outreach to ESOL, specific ethnic/cultural groups
- Recommend that, on page 36, below “Older Americans Act As Amended in 2016”, the term “In pertinent part” should be added
- Page 49: Recommend that “Older Americans Act” be added to the top of the page as a reminder that Section 305(a)(2)(E) is from the Older Americans Act
- We need to look closer at the needs of the individual towns and cities within regions and counties as the median and average does not always provide an accurate depiction of the funding needed for certain low income and underprivileged areas within a region.
- Take into account and address the different needs of our diverse populations with our communities and family units from specific needs and resources in accordance with ethnicity, religion and sexual orientation to name just a few
- Strong support of the need for concrete development of core competency and trainings for those that work with the aging population is both community and congregate settings
- The new 2020 statistic for CT is 80,000 people [with Alzheimer’s disease], with the same number expected by 2025
- Consider referencing the current updated State Plan for Alzheimer’s Disease somewhere in this document
- I think you need to add a richer description of our state - this description needs to depict the rich tapestry of people who live in the state - this is important because when you refer to "inclusive communities" you have left it to the reader to define those communities
- State Plan could be a good platform to stress the need for communication between state agencies on issues involving aging, and between agencies and the private-sector

providers they depend they depend on for service delivery

### **Long Term Services and Supports**

- Likes: Alzheimer's training; LGBT language and resources; Contribution to the statewide transportation needs assessment; Expansion of employment options for older adults and persons with disabilities; Emergency preparedness for older adults and persons with disabilities; Fall prevention Initiative
- The emphasis on HCBS is great
- Love that community living including aging in place is a priority!!! There are so many options that also can be found in LifeCourse materials
- Housing is an issue of concern, as people age in place including needs for accessibility, upkeep and affordable, over-fifty communities
- Adopt AARP's livable community initiative and make it state-wide, currently there are 4 in CT
- Ask ourselves how we can become "Dementia Friendly" communities. We need to ask ourselves how we can extend training and education to community partners.
- Strong support for the need of an in-depth study in the area of Transportation Services for our older adults
- Ardently supports empowering older individuals to reside in a community of their choice
- Applaud the reference education and training opportunities for LGBT-related issues
- No mention of any form of outreach to the LGBT community/communities - these are underserved communities whose members, particularly the elderly, can be reluctant to make themselves visible for fear of mistreatment. Such mistreatment includes lack of knowledge/inclusive behavior on the part of those providing services and the fact that the education/training are optional. Our work has demonstrated that providers "don't know what they don't know"
- Support this goal (Empower older individuals to reside in the community setting of their choice) and hope that Strategies 1 and 4 of Objective 1 will not be exclusively limited to the Area Agencies on Aging and ADRC s but will be made available to a broad network of community providers
- In reading through the report I did notice one area that I thought needs to be added or at least discussed is the convoluted and antiquated structure of how homecare is delivered by providers in the State of Connecticut in comparison to other states such as New York.
- The state needs to thoughtfully rethink how caregiving is done within the state via the different types of providers and caregivers
- Suggested additions: An objective related to support for family caregivers who are still in the workforce, with an emphasis on Connecticut's new Paid Family and Medical Leave Insurance Authority. The strategy could be to use the aging services network to promote the new program and it's rollout and/or to engage the network in informing the creation and launch of the Authority.
- An objective related to creating a more robust LTSS workforce. There's a lot of work to be done in this area and a lot of possible strategies for how to achieve this, but, as a

- starting place, the state could explore barriers to entry and retention in the workforce.
- Workforce concerns are prevalent with growing older people demographics; SUA support for increased Medicaid reimbursement to support a necessary workforce
  - I just wonder about people who do not know about existing resources due to lack of information. Has any thought been given to providing outreach through, e.g., Black Faith communities or the rural postal service?
  - Although there are many merits to the training offered by Support Development Associates, SUA may want to consider convening (via Zoom) a panel of experts of people who have been using person-centered tools for years that go beyond listening and the perfunctory approach of SDA but align with NWD by actually facilitating the development of implementable plans for living in the community.
  - Just curious if, among "aging with disability," are you including both those who had pre-existing disabilities (e.g., people served by DDS/BRS) as well as those aging into disability (who may not consider themselves disabled despite functional limitations).
  - The Center recommends that Long Term Services and Supports should also include: Health care and Medicare information, referral, resources and appeals to assist individuals living independently to maximize access to appropriate health care and Medicare services.
  - Page 23, Strategy 3: business acumen. Comment- leverage efforts of NGO's to better serve seniors.
  - Under the promotion of inclusiveness and engagement in service delivery, there is a strategy of enhancing training and service coordination for individuals with Alzheimer's disease. (p.24) We would suggest that this be expanded to include individuals living with Alzheimer's disease *or other forms of dementia*. We also wonder if these individuals might be included within the identified group of individuals at risk under the second goal of providing older adults with prevention and wellness opportunities. (p.28)
  - We strongly support the inclusion of *Strategy 4: Promote Reframing Aging Campaign*. (p.25) Our national partner, LeadingAge, has adopted a vision of *An America Freed from Ageism* and we are pleased to see the inclusion of this particular strategy within our own state plan.
  - *Strategy 5: Support the CT Livable Communities Initiative* (p.25) is something we again strongly support and suggest it might also have a place under the second goal of providing older adults with prevention and wellness opportunities.
  - Support Strategy 5, the CT Livable Communities Initiative. We would hope that additional measures beyond a meeting with the Commission could be identified and would be most willing to work with you on this initiative.
  - Page 69: Expand the description of the CHOICES program beyond options about Medicare insurance to include assistance with access to care and appeals for appropriate health care and services.

### **Healthy Aging**

- The spotlight on health disparities in CT is important. I appreciated that it was referred to as "our collective work."
- An isolation questionnaire should be conducted earlier so it correlates with the new

programs the Area Agency on Aging, Senior Centers and transportation services will implementing

- How are isolation and loneliness assessed amongst folks living within communities through programs?
- Telehealth has become more popular and will also bridge the gap for those who cannot physically get to their medical appointments.
- Need the homes of older adults to have internet access and tablets. Smart phones are still very small for some older adults.
- Support for exploration of tech options for health promotion and programs through Senior Centers
- Funding for assistive devices, reduce eligibility requirements
- Suggest training on social isolation for homebound seniors
- Help with social isolation and protections such as masks due to pandemic
- Rural communities of eastern CT have few healthcare providers and public transportation.
- The section on Healthy Aging incorporates nutrition, fall prevention, chronic disease, and Healthy IDEAS addresses social isolation and mental health, but I didn't see any mention of services for older adults struggling with alcohol and substance use. Since it is a problem among many older adults, it might be good to consider objectives and strategies for screening and prevention for this age group.
- Pleased to see Healthy Aging Goal, Objective 1, Strategy 1 and 4 as part of the plan, As the organization providing "backbone" staffing to the CT Healthy Living Collective, we stand shoulder to shoulder with you in moving this critical initiative forward.

#### Elder Rights

- Pages 10, 21, 30: Elder Rights goals in the plan address abuse, fraud and exploitation, but do not mention neglect. It is noted that neglect is contained in the Elder Rights strategies on other pages. Request that the plan elevate the term "neglect" to a goal and not only a strategy.
- Under *Objective 4: Support the State's Rightsize and Rebalancing initiative while protecting the rights of residents*, we do not understand the first strategy of "holding meetings as the LTC Community that has a pending CON." (p. 31) Does this refer to a specific LTC Community? Or does it refer to the statutory public hearing related to the nursing home certificate of need process? If so, would this be for any nursing home certificate of need request? We are seeking to better understand this proposed strategy because from our perspective the current statutory certificate of need process for nursing homes may actually be an encumbrance to the rightsizing and rebalancing initiative. We therefore request clarity on this strategy statement.
- The measures being offered are overwhelmingly process/output measures rather than outcome measures. Objective 5 within the Elder Rights group has an outcome measure in that quality of life and quality of care are to improve. Clearly this will need to be operationalized with some type of instrument and perhaps one is already developed. However, this outcome is to be measured should include approaches that are inclusive of LGBT persons.

- The use of the term “Elder Rights” is understandable given its history, but we need to move away from that term and use “Older Adults” wherever possible. The section on “Elder Rights” from p. 18 through the section on Elder Rights starting on p. 30 demonstrates how so many programs for older adults are referred to using the term “elder”. Looking forward, maybe a transition can be made to using the term “Older Adult(s).”