

# Connecticut State Department on Aging



## *At a Glance*

**ELIZABETH B. RITTER, Commissioner**

**Margaret Gerundo-Murkette, MSW-Social Services Administration Program Manager**

**Stephanie P. Marino, Social Services Program Manager, State Unit on Aging**

**Nancy B. Shaffer, M.A., CT State Long Term Care Ombudsman**

**Pamela Toohey, Executive Assistant to Commissioner**

**Established - January 1, 2013**

**Statutory authority – CGS Section 17a-301a**

**Central office - 55 Farmington Ave, Hartford, CT 06105**

**Number of employees – State Unit on Aging = 17; Office of the Long-Term Care Ombudsman = 13**

**Program Budget: \$24,553,484**

**Organizational structure - Commissioner's Office; State Unit on Aging, Long Term Care Ombudsman's Office with Regional Ombudsman Program Offices**

## **Mission**

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

## **DEPARTMENT OVERVIEW:**

The Department administers Older Americans Act programs for supportive services, in-home services, and congregate and home-delivered meals. It also administers programs that provide senior community employment, health insurance counseling, and respite care for caregivers. Further, the Department provides oversight of and leadership for the Coalition for Elder Justice in Connecticut.

The Connecticut State Department on Aging, as the designated State Unit on Aging, ensures that Connecticut's elders have access to the supportive services necessary to live with dignity, security, and independence. The Department is responsible for planning, developing, and

administering a comprehensive and integrated service delivery system for older persons in Connecticut.

The Long-Term Care Ombudsman Program, administratively housed in the State Department on Aging, provides individual advocacy to residents of skilled nursing facilities, residential care homes and assisted living facilities. The State Ombudsman also advocates for systemic changes in policy and legislation in order to protect the health, safety, welfare and rights of individuals who reside in those settings.

The Department works closely with the aging network partners to provide these services. Partners include Connecticut's five area agencies on aging, municipal agents for the elderly, senior centers, and many others who provide services to older adults.

## **Statutory Responsibility**

The State Department on Aging, and its programs and responsibilities as the State Unit on Aging, are found in sections 17a-300 – 17a-316a, 17b-251, 17b-349e of the Connecticut General Statutes.

The Office of the Long-Term Care Ombudsman and associated statutes relative to the State Department's responsibilities appear in Sec. 17a-405 – 411, and 414 - 422; Sec. 17b-252 (Connecticut Partnership for Long-Term Care outreach program; Sec. 7-127b (Municipal Agent for the Elderly)

### **PUBLIC CONTACT POINTS:**

#### Websites and web pages:

- State Department on Aging: [www.ct.gov/aging](http://www.ct.gov/aging)
- Long-Term Care Ombudsman: [www.ct.gov/lcop](http://www.ct.gov/lcop)
- Aging and Disability Resource Centers: [www.myplacect.org](http://www.myplacect.org)
- Connecticut Partnership for Long Term Care: [www.ctpartnership.org](http://www.ctpartnership.org)
- Coalition for Elder Justice in Connecticut: <http://www.elderjusticect.org/>

#### Toll-free information:

- General public information: 1-866-218-6631
- TDD/TTY for persons with hearing impairment: 1-800-842-4524
- Long-Term Care Ombudsman: 1-866-388-1888
- Aging and Disability Resource Centers: 1-800-994-9422
- Connecticut Partnership for Long Term Care: 1-800-547-3443
- CHOICES (Connecticut's programs for Health Insurance Assistance, Outreach, Information and referral, Counseling and Eligibility Screening) 1-800-994-9422

## **State Department on Aging Programs**

**Advance Directives:** Developed by the Legal Assistance Developer, in cooperation with the Office of the Attorney General, “Advance Directives: Planning for Future Health Care Decisions” empower residents to make informed decisions about their own health care needs. Advance Directives are available in both English and Spanish either by calling the Department or on the Department website. The Legal Assistance Developer also makes public presentations concerning Advance Directives upon request.

**Aging and Disability Resource Centers (ADRC):** Aging and Disability Resource Centers are available statewide and currently serve older adults, individuals with disabilities, and caregivers through a coordinated No Wrong Door system of information and access. The ADRCs, under the umbrella of CHOICES, continue to use their extensive knowledge and resources to help people connect to a myriad of services and supports including, but not limited to, benefits screening, information and assistance, decision support, follow-up and person centered options counseling. Funding has been used to enhance the state’s No Wrong Door by training 500 state staff, providers and municipalities on the national Person Centered Counseling Curriculum that was developed for the No Wrong Door in 2016. SDA is collaborating with the Department of Social Services on improving the state’s designated No Wrong Door website, My Place CT, by developing local partners across the state who can offer local assistance with information, referral and assistance. In FFY 2016 SDA received \$135,000 in competitive federal grant funding and 961 unduplicated consumers were served through the NWD grant.

**CHOICES:** Connecticut’s program for Health insurance assistance, Outreach, Information and referral, Counseling and Eligibility Screening (CHOICES) is the Department’s State Health Insurance Assistance Program, a national volunteer based program that provides older persons, Medicare beneficiaries, their families, and providers information and assistance about current Medicare benefits and options. Free counseling and assistance is provided via telephone and face-to-face interactive sessions, public education presentations and programs and media activities.

Certified CHOICES Counselors provided counseling to more than 33,000 Medicare beneficiaries in SFY2017. Staff, volunteer, and in-kind professional counselors spent more than 19,300 hours counseling Medicare beneficiaries throughout the year. Counselors provided enrollment assistance into the Medicare Savings Program (MSP), Medicare Part D prescription drug plans, and the Extra Help/Low Income Subsidy program to more than 9,808 Medicare beneficiaries.

CHOICES is a cooperative effort with the five Area Agencies on Aging and the Center for Medicare Advocacy. In FY 2017, \$567,685 was received in federal funding and \$691,206 was received in state funding.

**Connecticut Partnership for Long Term Care:** The Partnership provides education and outreach and through private insurers, offers special long-term care insurance to help individuals increase their options and avoid impoverishing themselves when paying for their long-term care. Coordinated by the Office of Policy and Management, the Partnership has an information and education program managed by the Department. The SDA also provides one-on-one counseling, distributes educational materials and conducts regional public forums and other community presentations. In SFY 2017, no state funds were received by the SUA.

During SFY 2017 the Partnership:

- Responded to 64 requests for information
- Counseled 106 people
- Reached 225 people through public forums

**Human Resources Agency - Las Perlas Hispanas Senior Center:** Las Perlas Hispanas Senior Center received funding in the amount of \$18,000 for SFY 2017. The funding is used for outreach to low-income seniors in need of case management, socialization and information and referral services. In 2017, fifty- one (51) older adults received these services.

**Alzheimer's Aide funding:** This state funding is designated to assist in subsidizing the cost of Alzheimer's Aides in Adult Day Care Centers. It is administered by the five Area Agencies on Aging. In SFY 2017, \$173,323 was received in state funds, and 24 aides provided 14,018 hours of service to individuals with Alzheimer's disease in adult daycare settings.

**Congregate Housing Services Program (CHSP):** CHSP provides opportunities for socialization through congregated 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. This program received \$431,010 in federal funding for FFY 2016 from the Department of Housing and Urban Development and \$134,230 in state funding for SFY 2017. The program serves 305 participants in twelve (12) of the most vulnerable housing communities located in the eastern and western areas of the state.

**Connecticut Statewide Respite Program:** In partnership with the Area Agencies on Aging and the CT Chapter of the Alzheimer's Association, the Statewide Respite Care Program offers short-term respite care for persons with Alzheimer's disease and related dementias. The program provides in-home assessments, the development of care plans and the purchase of necessary respite services. Respite services may include, but are not limited to adult day care, homemaker, and companion, transportation, personal emergency response system, or short-term inpatient care in a nursing facility, residential care home or assisted living community.

In SFY 2017, \$1,730,884 was received in state funds for this program and 544 individuals received respite services.

**Grandparents as Parents Support Network:** The State Department on Aging, with support from agencies throughout Connecticut, developed the Grandparents as Parents Support network (GAPS). Utilizing its Listserve, information is shared among the network of over 150 agencies, individuals and community organizations regarding advocacy, legislative updates and the 75 known support groups in Connecticut that provide assistance to grandparents and relative caregivers.

**National Family Caregiver Support Program/OAA Title III-E (NFCSP):** In partnership with the Area Agencies on Aging, this program considers caregivers' unique values and needs and offers a range of services that enable caregivers to easily access the right services at the appropriate times. The major components of the program include information about available services, access to supportive services, individual counseling, support groups, caregiver training, respite care and supplemental services. Priority consideration is given to those with the greatest social and economic need.

In FFY 2016 \$1,548,599 was allocated to Area Agencies on Aging who work with local community providers to provide these services. 590 outreach related activities were delivered, reaching 190,539 people; 21,026 contacts with caregivers were made to help resolve caregiving related issues and there were 1,360 unduplicated caregivers who received 42,624 units of service for respite and other caregiver services.

**Reverse Annuity Mortgage:** Reverse Mortgages are a type of home loan which allow older homeowners in need of extra income to convert some of the equity in their homes to cash. It allows older adults aged 70 and older to use the equity in their homes to collect tax-free payments as income. This income allows homeowners to stay in their homes and to help avoid institutionalization. The Connecticut Housing Finance Authority (CHFA) provides the funds and determines eligibility. The State Department on Aging forwards reviewed applications to CHFA for processing. In SFY 2017, one (1) application was forwarded to the CHFA.

**Supportive Services/Older Americans Act Title III-B:** Funding provides home and community based care, most supportive services fall under three broad categories:

- Access services i.e. case management, information and referrals, outreach and transportation;
- In-home services such as homemakers services, chore maintenance, and supportive services for family members of older individuals diagnosed with Alzheimer's disease; and
- Community Services including adult day care and legal assistance.

In FFY 2016, \$4,429,320 was received in Title III B funds.

**Veteran's Directed Home and Community Services Program:** Through funding from the federal Veterans Administration (VA) and in partnership with the Administration for Community Living, the Department facilitated the implementation of the Veteran's Directed Home and Community-based Services program (VD-HCBS) in the south central region of the state in 2008. It is now offered throughout the state in partnership with the five Area Agencies on Aging (AAA). The AAAs established contracts with the Veterans Administration to receive VA CHOICE funding for this program. The program is designed to keep veterans in the community by self-directing their own care, managing an individualized budget and receiving services in their home by the caregiver of their choice. Funding passes directly from the VA CT Healthcare System to the AAAs to provide services. While the State partners with these agencies to streamline program operations, it does not receive any state or federal funding to act in this capacity. There were 61 Veterans served statewide in FFY16.

**Chronic Disease Self-Management Program:** The Chronic Disease Self-Management Program (CDSMP), or "Live Well" as branded in Connecticut, is a six week lay-led participant education program developed by Dr. Kate Lorig at Stanford University for adults who are experiencing chronic conditions. The program provides information and teaches practical skills on managing and living with chronic health problems.

Since 2008, the State Unit on Aging (SUA), in partnership with the CT Department of Public Health has received competitive grants from the Administration for Community Living to disseminate and embed Chronic Disease Self-Management Education Programs (CDSME) within

Connecticut's health and community service systems. Currently the SUA is partnering with The CT Department of Public Health, CT Community Care Inc. (CCCI), and several CT Health Foundations to build upon previous efforts to create a network of centralized implementation, information, training and support for the dissemination of CDSME and other evidence-based programs in Connecticut. In 2017 the CT Healthy Living website ([cthealthyliving.org](http://cthealthyliving.org)) was launched as the first step in coordinating and providing a centralized hub for evidence-based programs.

Since 2010, Connecticut's lay leader network has facilitated over 375 workshops with 3,862 older adults and persons with disabilities taking part in self-management programs. The infrastructure includes 1 T-Trainer, 10 Master Trainers and a core of approximately 100 certified lay leaders managed through the area agencies on aging and CCCI who deliver programs to the host sites.

**Connecticut Statewide Fall Prevention Initiative:** The overall objective of the Connecticut Collaboration for Fall Prevention (CCFP) is to decrease the rate of falls among community dwelling older adults. By recruiting, developing and supporting a variety of local initiatives the initiative aims to embed an evidence-based, multidisciplinary, multifactorial fall risk assessment and intervention strategy throughout Connecticut. The intervention consists of changing prevailing knowledge, attitudes, skills, and behaviors related to fall risk factor assessment and prevention among older persons and relevant care providers. Through the Statewide Initiative funds have allowed research that has demonstrated that fall related 9-1-1 calls, rates of admission to the emergency departments and acute care hospitals can be reduced.

In SFY 2017, \$376,023 was received in state funds for fall prevention initiatives.

**Elderly Nutrition Program:** Using Federal OAA Title III C-1, C-2 and NSIP as well as state funding, the Elderly Nutrition Program serves nutritionally balanced home delivered and congregate meals and provides other nutrition services such as nutrition education or nutrition counseling to individuals age 60 and older and their spouses.

The Elderly Nutrition Program is supported by federal, state, Social Service Block Grant Funds, and local funds as well as voluntary client contributions. Funds are distributed to the five (5) Area Agencies on Aging (AAA) who contract with twelve (12) Elderly Nutrition Projects (ENPs).

In FFY 2016:

- \$12,447,456 was received in funding for the Elderly Nutrition Program
- 16,674 participants were served 734,261 congregate meals
- 6,227 participants were served 1,388,669 home delivered meals
- 15,235 units of nutrition education were provided
- 942 unduplicated persons were provided with 1,949 units of nutrition counseling

**Health Promotion Services and Disease Prevention/OAA Title III-D:** Through the Area Agencies on Aging, the Department funds education and implementation activities that support healthy lifestyles and promote healthy behaviors. These evidence-based health promotion programs

assist CT residents by reducing the need for more costly medical interventions. In FFY 2016, \$242,170 was received in federal funds. In FFY 2016, 1,285 consumers were provided with Health Promotion Services

**Healthy IDEAS:** A community-based depression program, which is designed to detect and reduce the severity of depressive symptoms in older adults with chronic health conditions and functional limitations through existing case management services. The program seeks to improve the linkage between community aging services providers and health care professionals through better communication, referrals and effective partnerships. The program also focuses on enhancing the self-management skills of older adults with depressive symptoms. The program targets underserved, chronically ill older adults in the community and addresses commonly recognized barriers to mental health care: detecting depression; helping clients understand depression as treatable; assisting them in gaining knowledge and skills to self-manage it and linking primary care, mental health care and social service providers. In SFY 2017, the first year of the three year grant, 35 clients received the Healthy IDEAS intervention.

**Senior Community Service Employment Program (SCSEP):** Using Older Americans Act Title V funds, SCSEP is a federally funded program through the U.S. Department of Labor designed to assist workers age 55 years and older prepare for today's job market and re-enter the workforce. The State Unit on Aging, as the State Grantee, received \$944,193 in funding for SFY 2017 to administer the program. There are four (4) contractors in Fairfield, Litchfield, New London and New Haven counties providing SCSEP services. In SFY 2017, 121 low-income older workers received SCSEP Services and 51.2% of enrollees secured unsubsidized housing (U.S. Department of Labor Goal is 47.9%).

There is one national grantee that provides services in the other counties of Connecticut.

SCSEP provides job skills training and job development services to low-income residents. Services are delivered through on-the-job training at local non-profit agencies and classroom training. Supportive services are often provided including, but not limited to, Dress for Success, assistive technology and transportation.

**Elder Rights/Elder Abuse Programming/Title III and Title VII:** Through the Legal Assistance Developer the Department monitors and advocates to improve the quality and quantity of legal and advocacy services available to the state's vulnerable older residents and serves as a resource to provide technical assistance to and with legal assistance providers within the aging network. The Older Americans Act, Title IIIB federal funding is provided to the five Area Agencies on Aging which are required to expend a portion of their Title IIIB allotment in contracting with the legal services organizations in Connecticut to provide free counseling and representation on many civil elder law issues – CT Legal Services Inc. (CLS), Greater Hartford Legal Aid (GHLA), and New Haven Legal Assistance (NHLA). Due to limited funding, the following categories have priority for representation: access to health care; federal and state benefit and support programs; rights of nursing home residents; and legal issues which are a direct result of a client's poverty. During FFY 2016, 1,171 consumers received a total of 8,570 'units' of legal services.

The Department, through the Legal Assistance Developer, assists in the development of elder abuse programming and resources throughout the state. The Developer also collaborates with the

aging network and law enforcement to support community initiatives such as Triads which work to reduce criminal victimization of older persons. In FFY 2016, the Department received \$59,907 in federal funds. Funds were distributed to the area agencies on aging to provide programming throughout each region to, among other initiatives, develop and support multidisciplinary teams, support shelters and raise awareness of elder abuse issues in the community. The remainder of the funding supported Elder Abuse education for prosecutors and other Coalition for Elder Justice members, End of Life Coalition efforts, and best practice research.

**SMP:** Formerly known as Senior Medicare Patrol, this program empowers seniors to prevent becoming victims of health care fraud. SMP helps Medicare and Medicaid beneficiaries, family members and caregivers avoid, detect and prevent health care fraud. The primary goal is to teach Medicare beneficiaries how to protect their personal identity, report errors on their health care bills, and identify deceptive health care practices (i.e. charging for services that were never provided). In FFY 2016, \$250,017 was received in federal funds. In FFY 2016 the SMP program conducted 122 group education events reaching 1,954 beneficiaries and provided 100 community outreach events reaching 6,227 attendees.



## **Long Term Care Ombudsman Program**

The Long Term Care Ombudsman Program (LTCOP) works to improve the quality of life and quality of care of Connecticut citizens residing in nursing homes, residential care homes and assisted living communities.

The Mission of the Connecticut Long Term Care Ombudsman Program is to protect the health, safety, welfare and rights of long term care residents by:

- Investigating complaints and concerns made by residents, or on behalf of residents, in a timely and prompt manner;
- Bringing residents to the forefront to voice their concerns directly to public officials on issues affecting their lives;
- Supporting residents in their quest to shape their own legislative agenda and to represent the residents' interests before governmental agencies; and
- Working with other stakeholders, policy makers and legislators to improve residents quality of life and services

The LTCOP responds to, and investigates complaints brought forward by residents, family members and/or other individuals acting on their behalf. Ombudsmen offer information and consultation to consumers and providers, monitor state and federal laws and regulations, and make recommendations for improvement. All Ombudsman activity is performed on behalf of, and at the

direction of, the residents and all communication with the residents, their family members or legal guardians, as applicable, is held in strict confidentiality.

At the federal level new Ombudsman regulations took effect in FFY 2016. The purpose of the new regulations is to provide clarification and interpretation where Older Americans Act requirements have been unclear or difficult for states to implement. Some examples of these clarifications include stringent disclosure limitations, conflict of interest requirements, Ombudsman responsibility to perform systems advocacy functions and the Ombudsman responsibility to designate representatives and local Ombudsman entities. Revisions to both the Connecticut state statutes and Ombudsman regulations are required in order to comply with the new federal regulations. The Administration for Community Living anticipates Connecticut statute and regulation will be brought into compliance in the upcoming 2018 and 2019 legislative sessions.

### Volunteer Resident Advocates

One of the most successful ways the Ombudsman program has of helping residents is its Volunteer Resident Advocate Program. Volunteers are trained by Ombudsman staff in residents' rights problem solving, interviewing skills, negotiating, working with nursing home staff, the health care system and state and federal policies and legislation that affects residents. After training, Volunteer Advocates are asked to spend four (4) hours per week in one assigned nursing home and help residents solve problems or concerns. Volunteer Resident Advocates meet monthly and participate in ongoing training.

### Resident Councils

The Coalition of Presidents of Resident Councils is an organization of residents of long term care facilities who work to improve the quality of care and the services in their homes. The LTCOP supports the Coalition in their efforts to effect positive change in larger systems such as state and federal governments. The Executive Board of Presidents of Resident Councils is formed to represent the interests of the Coalition and to develop legislative initiatives on behalf of all Connecticut residents of skilled nursing facilities. The Executive Board meets regularly and is available to the Office of the State Ombudsman for consultation upon request.

### Programs

The VOICES forum is an annual event jointly convened by the LTCOP, with the State Department on Aging and the Statewide Coalition of Presidents of Resident Councils. It is an opportunity for Presidents of Resident Councils from around the state to gather and discuss issues and concerns in their homes and to provide input into legislative proposals for the upcoming legislative session. To our knowledge, this is the only such forum held in the country for nursing home residents. Over the years the VOICES Forum has been the impetus for significant work to protect the rights of residents. For instance, as the result of conversation at a VOICES Forum the Ombudsman Program initiated groundbreaking work about fear of retaliation, including research and a video and curriculum for training nursing home staff. The legislature mandated annual training for staff based on this initiative. The Connecticut Long Term Care Ombudsman Program is the sponsor and partner of the Statewide Coalitions of Presidents of Resident Councils, as well as the Executive Board of Presidents of Resident Councils. These partnerships provide excellent opportunities for

residents to inform the Ombudsman about issues of importance and to give direction about policies and legislation they wish to see enacted.

### Advocacy

In federal fiscal year 2016, the Ombudsman Program handled 3,044 complaints. The majority of these complaints were filed by residents or their representatives (relative or friend or conservator of person). Complaints about quality of life issues rose by two and sometimes three times as compared to the previous year. Other complaint categories were up somewhat though not as significantly as the broader quality of life category which includes social service needs, dietary and quality of food, and community interaction/transportation. Throughout the year, the Ombudsman participates in a variety of other advocacy-related activities, including the Long-Term Care Advisory Council, the Connecticut Elder Action Network (CEAN), the LGBT Aging Advocacy workgroup as well as other ad hoc stakeholder workgroups focused on policies and programs and new initiatives to promote high standards of quality care and services for Connecticut residents.

During 2016 the Ombudsman Program continued to advocate for nursing home residents to have opportunity for informed choice during nursing home closures. Six skilled nursing facilities closed during FFY 2016. The State Ombudsman also served as the federally appointed Patient Care Ombudsman for two nursing home bankruptcy reorganizations, one of which was a multi-facility reorganization. And the Program continued to sponsor and produce the annual Voices Forum at which nursing home residents convene to discuss their concerns and raise ideas for policy and legislation which will improve the quality of their care and services in the nursing home.

The State Ombudsman continues to co-chair the Coalition for Elder Justice in Connecticut and works closely with other agencies and with members of the private and public sectors to raise awareness and to promote identification of elder abuse, neglect and exploitation. This initiative is modeled after the federal Coalition for Elder Justice and in Connecticut there is a Coordinating Council as well as the Coalition.

A highlight of 2016 was the Ombudsman's invitation to testify before the United States Senate Judiciary Committee regarding proposed legislation to prevent and protect elders from abuse. The Ombudsman was honored to be asked to be a part of this very important discussion at the national level.

### **Improvements/Achievements 2016 - 2017**

1. The State Department on Aging has undertaken several initiatives and policies that highlight its commitment to older adult behavioral health. SDA is a founding partner and active participant in the state's Older Adult Behavioral Health Workgroup. The mission of this workgroup, made up of state agencies and private non-profit organizations is to increase communication, collaboration and problem solving among providers who have contact with older adults in a broad range of settings. This year the Older Adult Behavioral Health workgroup established a strategic plan to address key issues identified in the March 2016 CT Asset Mapping Project report, "Meeting the Needs of Older Adults with Behavioral and Substance Abuse Disorders: A Statewide Asset mapping Evaluation in CT" released by SDA and DMHAS.

2. In December 2016, SDA received a ten month \$50,000 competitive grant from the National Council on Aging to pilot a benefits enrollment center within three Connecticut prisons: Cybulski, Osborn and York Correctional Facilities. The goal is to establish best practices in working with older adults and persons with disabilities eligible for Medicare with application assistance while they are still in prison for successful reintegration in the community. The pilot is the first of its kind in the country.