Advancing independence and inclusion of older adults and people with disabilities

September 12, 2024

The Honorable Governor Ned Lamont
210 Capitol Avenue
Hartford, Connecticut 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, 2024 through September 30, 2027 has been approved.

The State Plan outlines 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 ensuring that all older adults in Connecticut are healthy and safe by prioritizing existing Older American Act Services and developing new services to meet needs.

I appreciate your commitment and dedication to ensure the continuity of quality services for older adults in Connecticut and am delighted to see that the Connecticut Department of Aging and Disability Services (ADS) continues to serve as an effective and visible advocate for older adults and family caregivers at a state level.

The Administration for Community Living looks forward to working with you and ADS 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 value your dedication and commitment toward improving the lives of older persons in Connecticut.

Sincerely,

Alison Barkoff

Alison Barkoff
Senior official performing the duties of
Administrator and Assistant Secretary for Aging

Cc: Kari Benson, Deputy Assistant Secretary for Aging
Amy Wiatr-Rodriguez, Director, Center for Regional Operations
Alice Kelsey, Deputy Director, Administration on Aging
Jennifer Throwe, Regional Administrator

CONNECTICUT'S STATE PLAN ON AGING

Rooted In Connection

October 1, 2024 – September 30, 2027

CONNECTICUT
Aging and Disability Services

Ned Lamont
Governor, State of Connecticut

Amy Porter
Commissioner, Aging and Disability Services

Cover photo of tree in Stamford taken by Bureau of Aging staff member Keri Arokium

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Verification of Intent

The State of Connecticut, Department of Aging and Disability Services, hereby submits the Connecticut State Plan on Aging for the period of October 1, 2024 through September 30, 2027 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

7/29/2024
Date

Acronyms

AAA	Area Agency on Aging
AASCC	Agency on Aging of South Central Connecticut
ACL	Administration for Community Living
ADRC	Aging and Disability Resource Centers
ADRD	Alzheimer's Disease and Related Dementias
ADS	Aging and Disability Services
APS	Adult Protective Services
ARPA	American Rescue Plan Act
BESB	Bureau of Education and Services for the Blind
BOA	Bureau of Aging
BRS	Bureau of Rehabilitation Services
CAP	Corrective Action Plan
CARES	Coronavirus Aid, Relief, and Economic Security Act
CDSME	Chronic Disease Self-Management Education
CEJC	Coalition for Elder Justice in Connecticut
CHLC	Connecticut Healthy Living Collective
CHOICES	**C**onnecticut's Program for **H**ealth Insurance Assistance, **O**utreach, **I**nformation and Referral, **C**ounseling, **E**ligibility **S**creening
CHSP	Congregate Housing Services Program
CIL	Center for Independent Living
CMS	Center for Medicare and Medicaid Services
DDS	Disability Determination Services
DPH	Department of Public Health
DSS	Department of Social Services
ECAAA	Eastern Connecticut Area Agency on Aging (aka Senior Resources)
ENP	Elderly Nutrition Program/Provider
FFY	Federal Fiscal Year
FPL	Federal Poverty Level
HCBS	Home and Community Based Services
IFF	Intrastate Funding Formula
I&R/A	Information and Referral/Assistance
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning
LTC	Long Term Care
LTCOP	Long Term Care Ombudsman Program
LTSS	Long Term Services and Supports
MIPPA	Medicare Improvements for Patients and Providers Act
MIS	Management Information System(s)
NCAAA	North Central Area Agency on Aging
NFCSP	National Family Caregiver Support Program
NSIP	Nutrition Services Incentive Program
NWD	No Wrong Door

OAA	Older Americans Act
OPM	Office of Policy and Management
PSA	Planning and Service Area
PSE	Protective Services for the Elderly
SCSEP	Senior Community Service Employment Program
SDOH	Social Determinants of Health
SFY	State Fiscal Year
SHIP	State Health Insurance Program
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

On behalf of the Department of Aging and Disability Services (ADS), I am pleased to share our new State Plan on Aging, "Rooted in Connection". This plan was developed in accordance with the requirements of the Older Americans Act by our Bureau of Aging (BOA). Our intention with this plan is to respond to the needs of older adults in our state, to address important concerns, and to prepare for the future of our aging population. The Older Americans Act, administered by the Administration for Community Living (ACL), directs states to draft State Plans on Aging which demonstrate their response to the needs of older adults and their plans to provide both current and long-term supports in a comprehensive and collaborative aging network. "Rooted in Connection" comprises the Federal Fiscal Years of 2025-2027.

Along with our Area Agencies on Aging (AAA) and community-based providers, we understand the importance of encouraging older adults to age in the way they want, in the community setting of their choosing. Together, we assist the growing population of older adults to achieve wellbeing and maximum independence in ways that empower and engage them and their care partners. Through our programs, we seek to provide a range of long-term care services and supports. We celebrate older adults as vibrant members of our communities and recognize that supportive services provided by our agency and our partners can address gaps, increase access, and create connections for those we serve.

Connecticut continues to grow older. Though the total population of the state increased by 0.9% between the 2010 and 2020 Decennial Census, the percentage of residents age 65 and older has risen by 1.6%.[1] The median age in Connecticut is 41.1 as compared to a nationwide median age of 38.8 and the life expectancy at birth in Connecticut is 78.4 versus the US life expectancy of 76.4[2]. The total proportion of adults over age 60 in Connecticut is 25.1% whereas it is 23.2% for the United States. With population growth among younger residents at a plateau, it is important to ensure that robust supports and services are in place now. Considerations of caregiving, direct care workforce, and Home and Community Based Services (HCBS) must be taken into account when planning for the future. The supports and services that may have been appropriate for earlier generations do not necessarily meet the needs of today's older adults. With an increased focus on staying in the community, and maintaining active lives and connection to others, we need to update our programs and services to align, where possible, with the changes in our older adult population. This should be seen as an opportunity, rather than a challenge, to address the needs of our aging communities in ways that will benefit all residents of Connecticut.

The BOA was responsible for the administration and allocation of the unprecedented influx of millions of dollars in critical COVID relief funds. Funds were utilized to increase service levels, provide expanded information and assistance services, and create technology solutions to assist older adults in accessing and learning about digital connections to telehealth, socialization and even entertainment. These additional funds were pivotal especially for increasing supportive services and nutrition program services. Area Agencies on Aging were able to create special projects to address the needs specific to their regions, and community service providers were able to access additional funds for increased services and increased costs associated with protective measures and supply chain issues. Connecticut is grateful for the increased funding and has plans for all COVID relief funds to be expended by the end of Federal Fiscal Year 2024.

[1] US Census Bureau, 2020 Decennial Census, DP1

[2] CDC National Center for Health Statistics, *Life Expectancy at Birth by State*, 2020

As Connecticut has moved into a post-pandemic world, we have seen new needs emerge, and demand for services increase. We have been forced to examine how things are, and how things should be if we are to provide the best aging experience for our residents. The COVID-19 pandemic necessitated that providers pivot, adapt, shift, and expand services, and has left us with questions about what our future looks like. The BOA, AAAs and service providers rose to the challenge and were committed to working together to provide the best possible services to the state's older residents. Flexibilities from ACL assisted the state and its providers in making these shifts as quickly and efficiently as possible. The pandemic exposed additional gaps including, but not limited to, social connection, equity, and digital literacy. With more older adults staying home, service providers found new and innovative ways to connect with and serve older adults in the spaces they deemed safe. While the majority of services have resumed and returned to in-person, there continue to be challenges that the state is committed to addressing.

The Long Term Care Ombudsman Program (LTCOP) continues to work diligently, having responded to the effects of COVID-19 on Connecticut's nursing homes and other long-term care settings and looks to empower long-term care facility residents to advocate on behalf of themselves and others, and ensure that those who are part of the "hospital-to-nursing home pipeline" have the ability to be part of the decision-making process. The LTCOP also works with programs to assist consumers in returning to a community setting of their choosing, with the supports and services that will allow them to live safely. Through advocacy around right-sizing and rebalancing efforts, the LTCOP continues to work with stakeholders including government agencies, long-term care facilities and resident advisory councils to serve those who are best-served in a long-term care setting, and incorporate home and community-based services into the long-term care system.

We do our work in the context of our agency mission: "Maximizing opportunities for the independence and well-being of people with disabilities and older adults in Connecticut" and we remain ever mindful of our core values: Integrity, Respect, Professionalism, and Communication. In the past four years, we have worked to maximize the opportunities afforded by our funding and programming. We have focused on expanding access to information, assistance, and services. We continue to provide a robust, comprehensive system of services that enhance the lives of older adults in our communities, and where necessary, offer a bridge to longer-term interventions. We have worked to standardize operations and provide guidance on our programs to ensure that best practices are applied at the Area Agency on Aging and community provider levels, which enhances our programs and overall efficacy.

In addition, a consistent focus on Reframing Aging means that we do our work with a lens of aging as a part of everyone's lives and an opportunity to create impactful and meaningful change in how we and others think and speak about aging, engage older adults, and create solutions that help everyone age in a way that honors their lived experience and their choices. Our funding of and participation in the Age Well Collaborative speaks to our commitment to bring lived experience and an equity focus to our work, and the acknowledgment that continued education and engagement with municipalities is vital to creating dementia-friendly and livable communities for older adults.

To prepare for the challenges and opportunities of our growing aging population, the BOA supports the development of a Multisector Plan for Aging and Disability for Connecticut. The Multisector Plan is a cross-sector strategic planning tool that incorporates an aging and disability lens across our state policies and planning. This plan is an opportunity for agencies to coordinate at both the state and community level for common goals and values, preparing all of society for these demographic shifts.

We are proud of our participation in the Senior Center Workgroup and the resulting recognition of and focus on senior centers as a critical access point for older adults to access social services, information and assistance, and socialization that provides a countermeasure to social isolation and loneliness. Senior centers offer a social safety net for many older adults, and with the addition of our Senior Center and Municipal Liaison, the BOA is poised to create opportunities for

standardized information, trainings, and sharing of best practices between the senior centers and municipalities of the state. Allocations of additional state funds to Connecticut senior centers has meant that senior centers have been able to make important upgrades and enhancements and meet the needs of the increased numbers of older adults who have returned to senior centers post-COVID.

An Elderly Nutrition Task Force established by the Connecticut legislature in State Fiscal Year 2024 provided an opportunity for the BOA to share information about the Nutrition program with the legislature and representatives of Elderly Nutrition Providers, Area Agencies of Aging, community food programs, and consumers who participate in the program. The task force fostered a better understanding of the rules and regulations of the program, the funding mechanisms, and the advantages and limitations of the program while bringing greater visibility to this vital resource. In recognition of the importance of the Nutrition program, the legislature has provided additional state funding to augment the program, which is a welcome result of the increased visibility.

With the passage of the *Supporting Older Americans Act of 2020*, the most recent reauthorization of the Older Americans Act, there is a renewed focus on social isolation and social connection. In harmony with that priority, in Spring of 2024, Governor Lamont and Lieutenant Governor Bysiewicz launched a campaign focused on combatting loneliness and isolation in Connecticut, with supporting legislation passed through Public Act 24-19, which makes the timing of our state plan particularly fortuitous. Innovative programs of the BOA, AAAs, community partners, and others have been highlighted and supported. Some of these programs include Service Navigation, the LGBTQ+ Moveable Senior Center, and technology projects including Bridging the Digital Divide and a virtual senior center platform. Social connection is included in several of the State Plan's objectives for FFY 2025 – FFY 2027, and we continue to connect to older adults through listening sessions and community events.

ACL provides focus areas on which states should reflect and address as part of their State Plans on Aging. These focus areas help SUAs to examine their programs, operations, collaborations, and partnerships, and to ensure that the supports and services offered to their older adults are reflective of the true needs of the older adult population. For this state plan cycle, ACL tasked states with examining five focus areas: OAA Core Programs, COVID-19 recovery, Advancing Equity, Expanding Access to Home and Community Based Services (HCBS), and Caregiving Infrastructure. This examination can be done in the context of ACL priorities such as support to families and caregivers, elder rights and prevention of abuse, information and access, employment for older adults, and capacity building and business acumen. This framework allows states to create a blueprint for the ensuing three years and address the needs of older adults and their care partners in a coordinated system of government, nonprofits, community providers and partners that represent the aging network. With this reflection completed, Connecticut has chosen to maintain the three main goals from our previous State Plan, as they provide a solid foundation as we move forward. We are adapting those goals to account for new priorities, information, research, and feedback from the older adults of our state and respond to what is important to our older residents today. Our goals helped us survive during the pandemic and thrive in our post-pandemic environment, leaving us confident that this strong framework will continue this positive journey through the next three years. To that end, Connecticut presents its State Plan, created around ACL guidance, and the BOA's goals:

1. **Long Term Supports and Services**: 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

In the process of developing this plan, we engaged a variety of stakeholders, including AAAs, senior center personnel, community service providers, and most importantly, the older adults that our aging network serves. We were able to engage a larger contingent of stakeholders through increased numbers of in-person community listening sessions, coupled with virtual options. Agency leadership participated in these sessions, and AAA leadership offered both

feedback and important information to stakeholders. We have listened, learned, and are poised to move into our next state plan invigorated, and with a focus on the unique needs of Connecticut's older residents, their families, and their care partners. We are proud to present this State Plan on Aging for FFY 2025 through FFY 2027, and we look forward to continuing our work and partnering with others in the aging network to create opportunities for residents of Connecticut to age well.

Amy Porter
Commissioner
Department of Aging and Disability Services

2. Context

Introduction

The Connecticut State Plan on Aging is a three-year plan for the State to prepare for and respond to the needs of older adults. The Administration for Community Living (ACL) encourages states to coordinate Title III programs with other Title programs and initiatives including programs for Native Americans, Vulnerable Elder Rights Protections, and the Senior Community Services Employment Program. The Bureau of Aging (BOA) plays an integral role in administering the Older Americans Act (OAA) and takes responsibility for developing the multi-year State Plan.

The State Plan on Aging comprises the Federal Fiscal Years 2025-2027 and is a requirement of the Older Americans Act (OAA), which was created and passed in 1965, which established the goals for social services and support programs for older adults. On March 25, 2020, Congress amended the OAA in response to the COVID-19 pandemic. The Administration for Community Living (ACL) updated the OAA under the *Supporting Older Americans Act* (P.L.116-131) which reauthorized the OAA for Federal Fiscal Years 2020 -2024 to remove barriers to the aging network's ability to increase business acumen and build capacity, and provide states and localities with the flexibility that may be required due to the impact of COVID-19 that exacerbated social and economic needs, particularly among underserved population groups. The RAISE Family Caregivers Act of 2018 (P.L.115-119)) established the Family Caregiving Advisory Council to advise and provide recommendations, including identified best practices, to the Secretary of the U.S. Department of Health and Human Services (HHS) on recognizing the needs of and supporting family caregivers, both paid and unpaid. Consequently, the State Plan addresses the priorities of older adults and caregivers to better support family caregivers and care partners in the aging network through a meaningful person-centered approach to enhance connections across the state while fostering cross-sector collaboration and coordination to improve best practices in homes and in communities.

Overview of the Department of Aging and Disability Services (ADS)

The Department of Aging and Disability Services is the state agency responsible for administering programs designed to deliver aging and disability services responsive to the needs of Connecticut citizens. The Department provides and coordinates aging and disability programs and services in the areas of employment, education, independent living, accessibility and advocacy. ADS comprises four primary bureaus:

The Bureau of Rehabilitation Services (BRS)

The Bureau of Rehabilitation Services strives to create opportunities that enable individuals with significant disabilities to work competitively and live independently. Staff works to provide individualized services, develop effective partnerships, and share sufficient information so that consumers and their families may make informed choices about the rehabilitation process and employment options.

Bureau of Education and Services for the Blind (BESB)

The Bureau of Education and Services for the Blind is Connecticut's lead for the coordination and provision of services to all residents who are legally blind or have significant visual impairments. These services include training and devices that help people who are blind function in the home and in the community independently; teaching children how to adapt to and learn in and outside of school and providing services that help people who are blind find work or maintain their job after blindness has developed. BESB provides Independent Living Services, Services for Children, Vocational Rehabilitation Services, and a Business Enterprise Program.

Bureau of Disability Determination Services (DDS)

Disability Determination Services determines the medical eligibility of Connecticut residents who have applied for cash

administered by the Social Security Administration (SSA) disability program. In accordance with Social Security rules and regulations, DDS determines eligibility for two disability programs: Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI).

Bureau of Aging (BOA)

The Bureau of Aging has been through myriad changes in recent years. In 2024, the State Unit on Aging was rebranded as the Bureau of Aging to more closely align with the Bureau structure that already exists within ADS. Connecticut's designated State Unit on Aging, the BOA ensures that Connecticut's older residents have access to the supportive services necessary to live with dignity, security, and independence. BOA responsibilities include planning, developing, and administering a comprehensive and integrated service delivery system for older persons statewide. The Bureau administers Older Americans Act (OAA) Title programs for supportive services, in-home services, health promotion programs, caregiver supports, and congregate and home-delivered meals. It also administers programs that provide senior community employment, health insurance counseling, and respite care for caregivers. The rebranding of the unit does not make any changes to our organizational structure, leadership, or work, and the BOA remains Connecticut's designated State Unit on Aging.

Over the past several decades, the Bureau of Aging experienced changes in structure and placement within state government. In 2018, Public Act 18-169 moved the standalone Department of Aging and the Long Term Care Ombudsman Program (LTCOP) under the Department of Rehabilitation Services (DORS) to foster meaningful synergy in the aging network, where the LTCOP operated autonomously, while ensuring targeted collaboration and coordination of key program areas and initiatives. Shortly thereafter, in 2019, Public Act 19-157 renamed the Department from DORS to the Department of Aging and Disability Services to reflect the broad and inclusive mission of the Department to "maximize opportunities for the independence and well-being of people with disabilities and older adults in Connecticut."

Over the past four years, there was a significant loss of legacy staff due to retirements, which temporarily affected the BOA's structure and composition. The BOA hired ten new staff members to assume vacant roles and responsibilities supporting the achievement the vision, mission, and deliverables embedded in the OAA to best serve older adults as they age in Connecticut. Two new roles were created in response to legislation and task force recommendations: a Senior Center Coordinator and Municipal Liaison, and a Dementia Services Coordinator. The Senior Center Coordinator and Municipal Liaison, a position recommended by the Senior Center Workgroup created in Public Act 21-7, is responsible for coordinating supportive services, information, training and education to senior centers and Municipal Agents for the Elderly in order to create more comprehensive and cohesive networks of local community providers. In response to Public Act 23-48, the Dementia Services Coordinator is tasked with coordinating efforts with the Department of Public Health (DPH) to support their Building Our Largest Dementia (BOLD) Infrastructure grant and the Alzheimer's Disease and Related Dementia (ADRD) Coalition, and with working to identify and coordinate dementia services across the state.

Connecticut Long Term Care Ombudsman Program (LTCOP)

The Long Term Care Ombudsman Program protects and promotes the rights and quality of life for residents of skilled nursing facilities, residential care homes and managed residential care communities. Along with the Volunteer Resident Advocate, working under the State Ombudsman, the staff of eight Regional Ombudsmen and one Community Ombudsman provide a voice to residents' concerns and, as importantly, empower residents to have a voice in ensuring their rights. This is accomplished through individual consultation and complaint resolution and through work with other state agencies and advocacy organizations. The State Ombudsman also works with policy makers, legislators, and

stakeholders to advance and improve systems and protections at the state level. The LTCOP is a distinct and autonomous arm of the Bureau of Aging Services.

Prior to COVID-19, the Connecticut Long Term Care Ombudsman Program developed the Inclusive Communities Workgroup after ongoing listening sessions with the LGBTQ+ Aging Advocacy Group. A fundamental concern of the LGBTQ+ group was a lack of understanding about the needs of the community and/or bullying. With the understanding that often there is a need for education and outreach, the Inclusive Communities Workgroup was born. The LGBTQ+ Aging Advocacy Group had been working with Connecticut Community Care (CCC) on the 'Getting it Right Project' and offering education and outreach to Long Term Care communities as well as home care agencies. The Ombudsman program found that this is not only an issue affecting the LGBTQ community, but an overall human rights issue affecting many different marginalized groups. The development of the Inclusive Communities resources tool kit was started to promote educational information offered to residents, family members, and staff of long-term care facilities to help create and cultivate inclusive long term care communities for everyone who live there.

In addition, during COVID-19, residents identified the need to be able to advocate for legislation on their own behalf and testify to the legislature remotely, if not able to testify in person. For this reason, advocates raised legislation that allowed for them to offer testimony remotely and allows for their input in any public hearing that makes changes to policies or regulations that impact the lives of individuals in long term care settings, if there are at least 12 concerned citizens who want to be heard on the matter. In the following two years, several residents testified both in-person and remotely regarding bills that would impact their lives in skilled nursing facilities, ensuring that resident voices were heard directly. Furthermore, the Annual Voices Forum allows residents to engage directly with agency heads, policymakers, and legislators about issues that matter most to them.

NOTE: In Connecticut, both Adult Protective Services (referred to in Connecticut as Protective Services for the Elderly (PSE)) and Medicaid waiver programs are under the auspices of the Department of Social Services (DSS). The Bureau of Aging works to share information, collaborate, and align services where possible.

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 and Senior Centers** 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 services, 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)** provide meals, nutrition education and counseling, and socialization opportunities for the aging population both in congregate settings and within their own homes.
- **Title III D: Evidence-Based Disease Prevention and Health Promotion Programs** promote healthy lifestyles among older adults to prevent or delay the effects of chronic conditions.
- **Title III E: National Family Caregiver Support Program** connects family caregivers to a variety of supportive services.

Title IV: Activities for Health, 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 have income 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 fund 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. States are responsible for coordinating their Title III services with Title VI recipients.

Title VII: Vulnerable Elder Rights Protection Activities funds the Long Term Care Ombudsman Program 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 and supports public outreach and awareness campaigns to identify and prevent abuse, neglect, and exploitation.

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

Demographics Overview

Overall, the population in the United States will see a demographic turning point in 2030 when one in five Americans will reach the retirement age of 65 and comprise more than 55 million Americans. This trend is mirrored in Connecticut where the aging population is increasing compared to the total population between 0 and 64 years old.[3] According to the Census Bureau, between 2010 and 2021 the Connecticut population over age 65 between grew by 1.6 percent or an estimated 128,000 compared to the total population, which is growing slowly overall. In the context of the working age population, the state aimed at addressing factors driving worker shortage and slowing population growth Governor Lamont said, "Our population is growing but growing too slowly." Between 2019 – 2022, the state population increased roughly by 0.9 percent and added 66,000 new residents during this time, likely driven by the pandemic from New York City to surrounding communities.

Residents aged 60 and older comprise 23 percent or approximately 823,529 of the total population of 3,617,176.[4] The population of older adults 65 and older is estimated at 17.4 percent of the overall population and is expected to increase by 57 percent by 2040[5]. By 2030, residents age 65 and older will comprise at least 20 percent of the population. Connecticut is ranked the seventh oldest state by median age at 41.1 in comparison to the national median age of 38.2 years. Moreover, in Connecticut life expectancy at birth is 80.9 years and median age for males is 39.4 and 42.7 for female residents.

[3] Census Bureau, Demographic Turning Points for the United States: Population Projections Estimates 2020-2060, revised February 2020.
[4] Census population estimate as of July 1, 2023.
[5] U.S Census Bureau. American Community Survey 5-year estimates (2018), Table SO101.

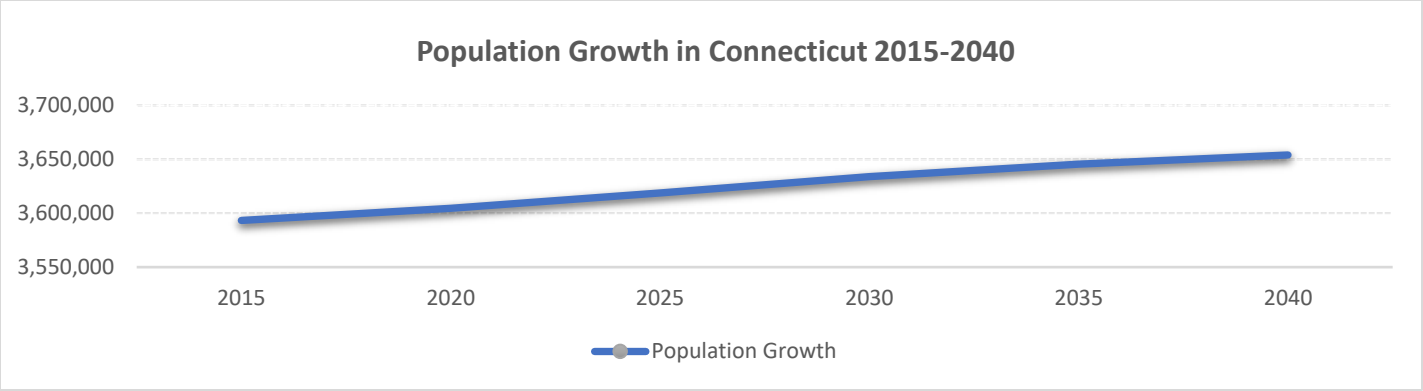


Figure 1: Population growth in Connecticut 2015-2040, raw data from State Data Center, ACS Population 5-year Estimates, Table P12 and CT Population Projections, Aug 2, 2023.

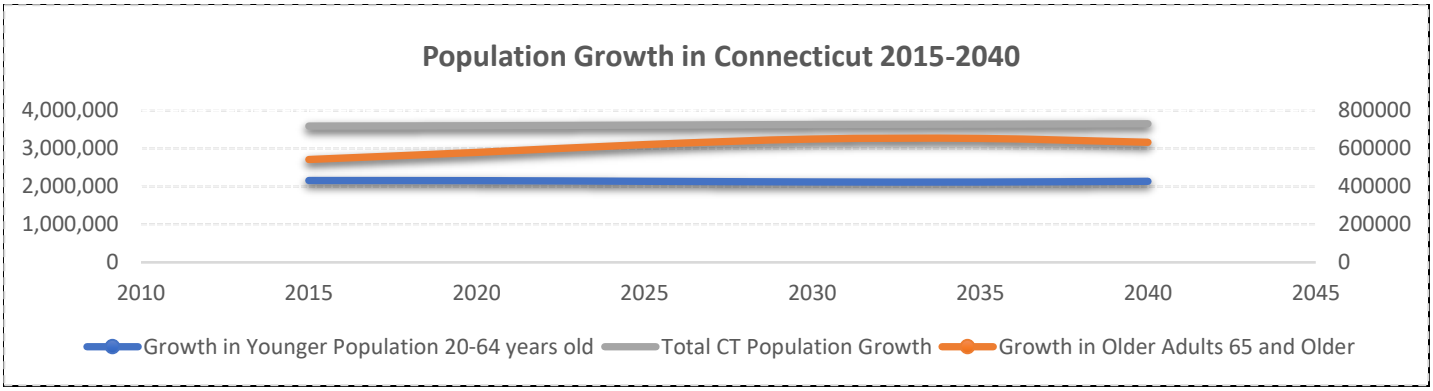


Figure 2: Population growth in Connecticut 2015-2040, raw data from State Data Center, ACS Population 5-year Estimates, Table P12 and CT Population Projections, Aug 2, 2023.

In Figure 1 and Figure 2 (shown above), the population growth in five-year increments shows a slow but steady increase in the total population which is driven by an increasing older adult population over time. It is important to note, Connecticut Data Collaborative mines population estimated projections to 2040 at this time. The estimated population projections align with Census data from 2017 and have been compiled for state government projections. Using 2015 as a base year, projections show a 31 percent increase in 2020, 39 percent increase in 2025 and 42 percent increase in 2030 and the projection increases slightly to 23 percent in 2040.[6]

[6] Bureau of Aging calculations, raw data from State Data Center, ACS Population 5-year Estimates, Table P12 and CT Population Projections, Aug 2, 2023.

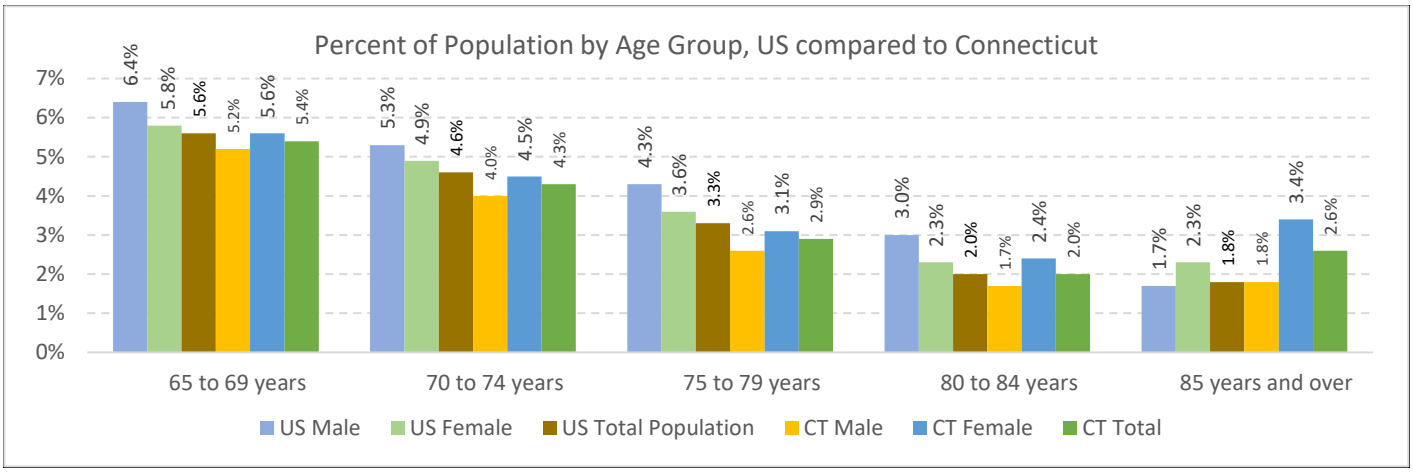


Figure 3: Percent of Population by Age Group, US compared to Connecticut

Figure 3 compares the composition of older adult population in the United States and in Connecticut. In the US, adults between 65 to 69 years represent 5.6 percent and, in Connecticut, 5.4 percent of the total population. Among 70 to 74 years old individuals, the total comprises 4.6 percent in the US population versus 4.3 percent in Connecticut and 2 percent among individuals 80 to 84 years old, as compared to 1.7 percent for the US. Adults 85 years and older comprise 2.6 percent compared to 1.8 percent in the United States which highlights the fact that there are more long-lived older adults in Connecticut compared to the US.

Percent of Older Adult Population in Connecticut

Figure 4 shows the composition of adults 65 and older by gender living in Connecticut. Overall, older adults between 65 and 69, and 70 and 74 comprise the larger percentage of the total older adult population at 5.5 and 4.4 percent, respectively. Older women feature prominently across all older adult age categories. Adults in the 65 and older group demonstrate that females and males comprise 5.7 and 5.3 percent, respectively. Again, older adults between 70 to 74 years show that females and males comprise 4.7 and 4.2 percent, respectively. Older women are more represented than older men across the remaining age groups namely, for 75 to 79 years old, 3.10 percent versus 2.60 percent, for 80 to 84 years old, 2.20 and 1.60 percent and in the 85 and over age range, 3.20 and 1.70 percent, respectively.

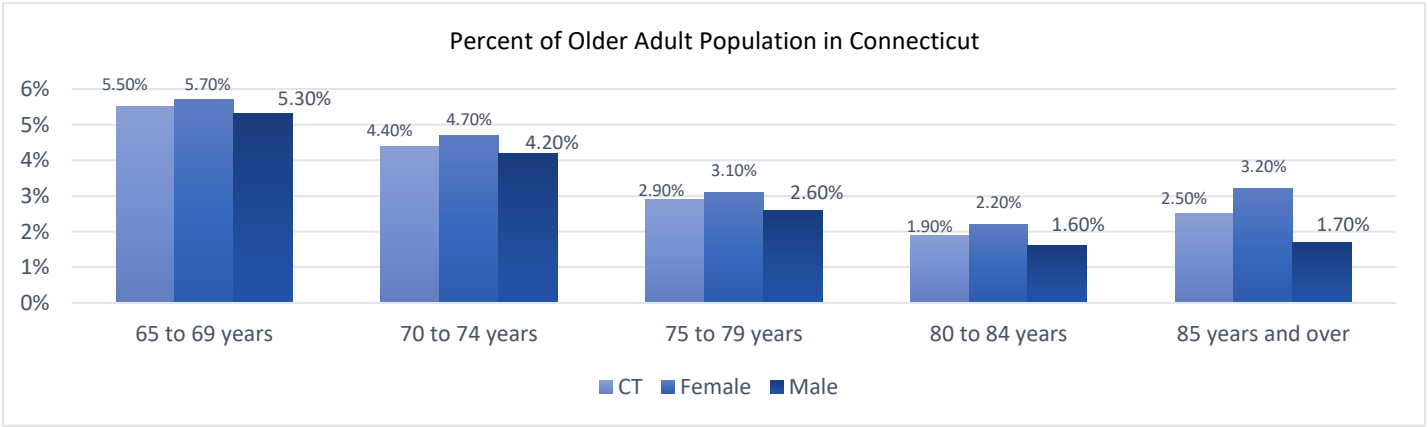


Figure 4: Percentage of Older adult population in Connecticut, source: ACS 5-year estimates (2020), Table S0101

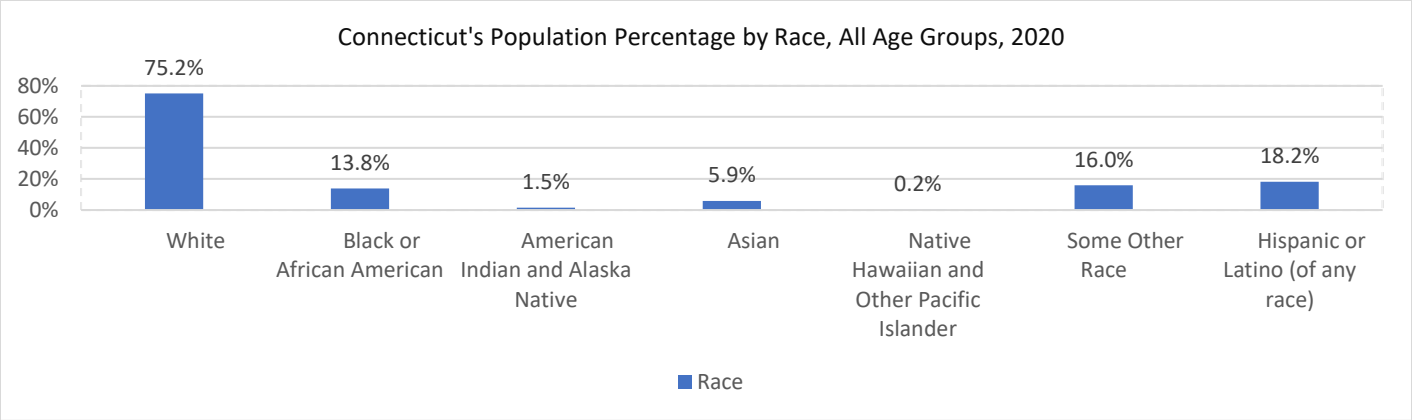


Figure 5: Connecticut's Population Percentage by Race. Source: ACS 5-year Estimates (2020), Tables S0101

Figure 5 shows across all age groups disaggregated by race in Connecticut, White residents comprise approximately 75.2 percent. Residents who identified as 'some other race' are a mixture of two or more races and comprise 16 percent, and Black or African American comprise 14 percent. Asian residents comprise 6 percent and American Indian and Alaska Native represent 1.5 percent and less than 2 percent of the population is comprised of Native Hawaiian and other Pacific Islander racial groups. In terms of self-identified ethnicity, Hispanic or Latino individuals of any race

Economic Security

Economic security may be defined as the degree of confidence an individual has in maintaining a decent quality of life, now and in the future given their economic and financial circumstances. In Connecticut, safeguarding access to supportive services is crucial. Older adults who retire at the age of 65 and live on a fixed income encounter challenges in meeting the increasing cost of living associated with housing, healthcare, transportation, food and dwindling personal savings due to the effects of inflation, which stands at 3.1 percent in 2024. This has contributed to a climate of uncertainty. According to Healthy Aging Data Report, 25 percent of older adults are still employed, and the number of retired workers is expected to double in less than 50 years.

Safeguarding economic security for the growing number of older adults is a challenge. The National Center on Elder Rights states, older adults need programs that provide benefits to pay for housing, food, transportation, and utilities for the survival of older adults as they age in their community. Connecticut has one of the largest wealth gaps across the country and is ranked 5th behind the District of Columbia, Wisconsin, Minnesota, and Iowa. In Fairfield County, about 20 percent of households earn $200,000 or more annually compared to Windham County, 6.3 percent, New Haven County, 8 percent and 3 percent in Bridgeport, the largest city in Fairfield County.[7] In 2019, median income for a household head of 65 or older was $47,357 and costs associated with care for older adults is on the rise placing the brunt of care, both money and time on families or care partners.[8] Today, the average income per capita is $87, 300 as of 2023, and the Elder Index estimates the cost of living annually is $45,624 for an elder couple renting, versus and $57,756 for homeowners with a mortgage of for and $43,344 homeowners without a mortgage.

In Connecticut, 8.6 percent of adults 65 and older live below the federal poverty level. This is roughly half of the state's older adults who comprise about 16 percent of the population. Of this population group, 24 percent of households 65 and older have annual incomes above $100,000, 7 percent live below the poverty level, and 11 percent rely on supplemental nutrition assistance for food. We are aware that more older adults who qualify for assistance but are not

[7] US Census Table S1901 ACS: Income in the past 12 months adjusted for inflation (in 2021 inflation adjusted dollars).

[8] Kaiser Permanente: Caring for an Aging Nation

receiving support due to access issues.[9] Although 77 percent of older adults own their homes, 17 percent 60 years and older experience stress related to paying their rent or mortgage and 33 percent are paying more than 35 percent of their income toward housing. Finding and maintaining affordable housing is very difficult, and access is a severe challenge throughout the state.[10] Added to this, the cost of long-term care services for living in an institutional facility and in-home service is increasing between 1.88 and 3.8 percent each year.[11] As the older adult population grows exponentially in the coming decades, it is important that we continuously collaborate with our partners to ensure economic security issues affecting them are addressed to ensure equitable access to supportive services as they age in their communities.

Collaboration and Partnerships

The Bureau of Aging works closely and collaboratively with a number of state agencies and community partners. One of the BOA's primary collaborative relationships is that with the five Area Agencies on Aging. The Agency on Aging of South Central Connecticut (AASCC), Eastern Connecticut Area Agency on Aging (ECAAA, dba Senior Resources), North Central Area Agency on Aging (NCAAA), Southwestern Connecticut Agency on Aging (SWCAA) and Western Connecticut Area Agency on Aging (WCAAA) are each a nonprofit agency responsible for planning, administration of Older Americans Act funds, and provision of services for each of Connecticut's five Planning and Service Areas (PSA), whether through direct service waivers, or the award of subcontracts to community providers. The AAAs work to identify the unique needs and challenges of the PSA they oversee. Through the Area Plan process, the AAA provides a corollary to the State Plan on Aging, which illustrates the AAAs plan for the region's older adults over the next three years, tailored to meet the region's specific circumstances. AAA Area Plans inform and are informed by the State Plan.

The BOA collaborates with the state's five Centers for Independent Living (CIL) who work to improve the quality of life for individuals with disabilities. The BOA provides funding to two of the CILs, Access Independence and Independence Northwest, to support the CHOICES Program, the state's health insurance assistance program. The BOA also partners with and provides funding to the Center for Medicare Advocacy and the Connecticut chapter of the National Alliance on Mental Illness (NAMI) to support CHOICES through their outreach, advocacy, and education efforts.

Senior centers are another vital part of the aging network, and BOA has a renewed focus on collaboration, communication, technical assistance, and promotion of senior centers as a positive community for older adults to access services, socialize with others, and participate in programming. Those programs, activities and services may be linked to participants' cultural identity, or may foster greater cultural competence about other cultures and populations. Activities and programs may include but are not limited to exercise, excursions, games, meals, educational classes, music, and artistic pursuits. The creation of the Senior Center Coordinator and Municipal Liaison position within the BOA means that we can create opportunities for information-sharing, collaboration, and best practices for the state's senior centers, recognizing that each senior center or municipality is a unique entity with challenges and opportunities all their own. Through information-sharing and technical assistance, the Senior Center Coordinator and Municipal Liaison can encourage senior centers and municipal agents to create robust programming and experiences that both honor the diverse and wide-ranging backgrounds of their participants and residents, and familiarize those same individuals with the experiences of older adults from other backgrounds and lived experiences. The coordinator spearheads the BOA relationship with the CT Association of Senior Center Personnel (CASCP) and CT Association of Municipal Agents for the Elderly (CAMAE).

[9] Healthy Aging Data Report Highlights from Connecticut, 2021 and United Health Foundation: America's Health Rankings, 2023

[10] 2023 Senior Report State Summaries

[11] Kaiser Permanente: Caring for an Aging Nation

The CT Tech Act Project increases independence through access to assistive technology (AT) for community living. BOA has partnered with the CT Tech Act Project to increase digital literacy and provide AT solutions, devices, and training for older adults. The CT Tech Act Project has been an invaluable partner during and post-COVID in the pilot Bridging the Digital Divide program, which helps to connect older adults and individuals with disabilities to assistive technology, digital literacy training, and devices. The BOA also participates on the Tech Act Advisory Council.

BOA regularly collaborates with other state agencies including, but not limited to, the Department of Social Services (DSS), the Department of Public Health (DPH), Department of Mental Health and Addiction Services (DMHAS) and the Office of Policy and Management (OPM). DSS houses the state's Medicaid, Supplemental Nutrition Assistance Program (SNAP), Adult Protective Services (known in Connecticut as Protective Services for the Elderly) and Medicaid waiver programs. BOA and DSS may serve overlapping populations of older adults, so cross-collaboration and information-sharing is vital. The BOA has a Memorandum of Understanding with DSS in order to partner with the Escalation Unit to work on DSS's Medicare Savings Program and resolve benefits issues that cannot otherwise be resolved with a consumer phone call to DSS.

The Commissioner of the Department of Aging and Disability Services and a representative of the BOA participate in the Long-Term Care Planning Committee and the State Long Term Care Ombudsman serves on the Long-Term Care Advisory Council. BOA works with DPH on several initiatives including DPH's Alzheimer's Disease and Related Dementia (ADRD) State Plan and Building Our Largest Dementia Infrastructure (BOLD) grant, and together, the agencies are working to reinvigorate our fall prevention coalition and programming. BOA and DPH will also collaborate on a revitalized Fall Prevention Coalition in the coming year. OPM offers regular guidance on fiscal implications of grants or legislative awards and reviews all large-scale planning documents. Where there is a concern that involves another state agency not listed, BOA is always able to reach out to that state agency for assistance and guidance.

The BOA currently leads the Coalition for Elder Justice in Connecticut (CEJC), a multidisciplinary, statewide group of private and public stakeholders working together to prevent elder abuse and protect the rights, independence, security, and well-being of vulnerable older adults in Connecticut. The work of the CEJC is described further in the Elder Rights section below. The BOA's state health insurance assistance programs, CHOICES, also collaborates with the Department of Corrections to provide training, referrals, and resources for formerly incarcerated individuals who are Medicare-eligible.

The Connecticut Age Well Collaborative (AWC) and Connecticut Healthy Living Collective (CHLC) are initiatives of Connecticut Community Care (CCC). Both the Collaborative, and the Collective (a workgroup of the AWC) are focused on disrupting aging and ableism, training for municipalities on livable communities, and equity, including lived experience. BOA funds each initiative in part and has staff that participate in AWC's Steering Committee and CHLC's Advisory Council.

The BOA participates in many workgroups and committees. In addition to those referenced above, there is also representation on the Bridging Developmental Disabilities and Aging group, CT Council on Developmental Disabilities, Nutrition Services Stakeholder meetings, Medicaid Long Term Services and Supports Rebalancing Initiatives Steering Committee, Medical Assistance Program Oversight Council (MAPOC), Connecticut Association of Resident Services Coordinators in Housing (CARSCH), the Connecticut Local Administrators of Social Services (CLASS), the Medical Dental Integration Advisory Group, and the CT SHIP Injury and Violence Prevention Action Team.

We are proud to have worked with these partners for many years and look forward to continuing to build on the strong foundation of collaboration and alignment.

COVID-19 Response

The COVID-19 pandemic impacted older adults and the aging network profoundly. Daily routines were marked by confusion, fear, and uncertainty. According to the Connecticut Department of Public Health (DPH), mortality rates were higher among older adults compared with younger adults who had higher infection rates. COVID cases among older adults age 60 and above was approximately 17.8 percent, with 82.2 percent of cases among individuals between 0 and 59 years old, but deaths among older adults who contracted COVID-19 is estimated at 89.7 percent.

The BOA quickly realized that navigating uncharted territory required an updated emergency and continuity of operations plans and recognized the value of technology in staying connected during and after the pandemic, as well as the value of partnerships. Updates of these tools enabled effective leadership, deeper collaboration, and coordination of the response throughout Connecticut's aging network infrastructure. The Bureau of Aging was compelled to adapt and innovate to determine how service delivery could be efficiently coordinated to keep older adults and caregivers connected, safe and healthy under the Public Health Emergency Guidelines.

In tandem with the declaration of a National Public Health Emergency and Governor Lamont's Major Disaster Declaration (MDD) in March 2020, ADS activated its Continuity of Operations Plan (COOP) to ensure consumers of ACL programs continued to receive supportive services. Moreover, an assessment of service providers led to a revision of the COOP to meet an overwhelming demand for flexibility in each program area to sustain continuous access to information, referral, supportive services, and nutrition for older adults who were vulnerable to illness and social isolation during the COVID-19 pandemic.

The administration of COVID-19 funding helped to support the state's aging infrastructure. Several sources of emergency funding, as well as flexibilities offered under the MDD, allowed expansion of existing programs, and increased service levels to serve more older adults affected by the pandemic. Additional COVID-19 funds awarded to the state under the American Rescue Plan Act (ARPA) and allocated through the legislature extended the breadth of support to respite care, senior centers, and other projects to keep older adults connected to supportive services throughout the pandemic. In total, the state of Connecticut received over $50 million in COVID relief funding. The final federal allocation, from ARPA, has helped to sustain higher service levels and provided time and resources to smooth the unwinding of COVID efforts. Connecticut has expended the majority of federal ARPA funds and is on track with firm plans to expend the remainder of funds before the end of Federal Fiscal Year 2024.

The BOA created new initiatives in partnership with the Area Agencies on Aging (AAAs), the Centers for Independent Living (CIL), the CT Association of Senior Center Personnel (CASCP), Department of Public Health (DPH), and the Connecticut Tech Act Project to boost health, safety, and access to technology for older adults with the greatest social and economic need. Through these partnerships, older adults maintained social connectedness, received meals, and accessed accurate vaccine education, general information, and supportive technology devices to facilitate continuous support via virtual platforms from Bridging the Digital Divide (BDD) and senior centers to engage in physical activities and for telehealth appointments and social interactions with family and friends.

Stay Connected

In May of 2020, a partnership between the Department of Aging and Disability Services (ADS), BOA, the Connecticut Tech Act Project, the AAAs, and five CILs provided capacity to conduct outreach and assessments for social isolation and general needs of older adults. The results from these assessments helped inform how to effectively use technology to reduce social isolation in older adults impacted by the Covid pandemic. To this end, the initiative provided assistive technology devices and trained individuals to use appropriate technology to engage in online exercise classes through senior centers while at home.

Bridging the Digital Divide
Using pooled Public Health Workforce funds and some OAA funding, the BOA, in partnership with the CT Tech Act Project and two Assistive Technology partners, started a two-year pilot program called Bridging the Digital Divide, with lessons learned from the previous COVID project, Stay Connected. The goal of the program was to increase access to technology to reduce social isolation and to increase connectedness for older adults and individuals with disabilities.

The program partners with two AT Partner agencies, NEAT Center and UCP of Eastern Connecticut, and has three Digital Divide Coordinators covering the state, providing tech support and training. They teach individuals to connect to Wi-Fi, learn to use social media, virtual platforms for online classes, & access telehealth services. They also provide tech support to groups and agencies like senior centers and senior housing staff.

Over 350 individuals and more than 60 entities have connected with this project. The project has provided over 100 tech bundles which include devices like an iPad or Samsung tablet and a mobile hotspot.

Statewide Virtual Platform
In October 2021, the BOA and the CT Association of Senior Center Personnel (CASCP) formed a short-term working group to research, inform and guide options for virtual platforms for educational, exercise and social programming. When senior centers across the state closed their doors during the pandemic, many looked to provide virtual programming and opportunities for their membership, however, the capability of senior centers to utilize technology and provide virtual programming varied. Some centers worked with Zoom and YouTube and provided a variety of programming, while others were not able to offer these same virtual experiences. The experiences varied across the state, and the BOA has considered whether a statewide virtual platform would provide opportunities for those older adults whose senior centers have not been able to make the transition. The BOA will continue to explore opportunities for a statewide initiative to bring technology to senior centers and older residents.

Senior Center & Adult Day Center Initiative
During FFY ’21, the SUA provided a one-time funding opportunity to support senior centers and adult day centers (ADCs) as they safely served older adults during the COVID-19 pandemic. This project looked to enhance the critical services that the centers provided and support the centers as they prepared for and reintroduced in-person services. This was a non-competitive project, offering a reimbursement of $2,500 per center. The SUA provided $275,568 in funds to 91 senior centers and 24 adult day centers. The top items purchased were computer equipment such as tablets and software packages, social isolation prevention kits, and hand sanitizer. Communications between the BOA Liaisons and the membership associations for these entities (CASCP for Senior Centers and the CT Association of Adult Day Services) ensured that the BOA was able to connect with and support a large number of centers through this opportunity.

Nutrition
The Elderly Nutrition Program, the BOA’s largest program, is a critical part of our COOP for the BOA. Using COVID relief funds and ACL flexibilities on how meals were delivered allowed expanded access to those services. Elderly Nutrition Providers quickly pivoted their programs to continue to serve meals during the pandemic. Home delivered meals continued and the program met the demand for new requests. While congregate meal sites closed, the program used the available flexibilities to shift to grab and go meals and additional home delivered meals. Additionally, the supply of shelf stable meals provided to meal recipients increased.

Critical needs during the pandemic went beyond home delivered or congregate meals. There were also food access issues. Further, the five Area Agencies on Aging worked with local partners including municipalities, grocery stores, senior housing buildings and volunteer agencies to deliver 37,303 bundles of groceries in response to the need for food for older adults who were isolated and at risk of food insecurity during the third and fourth quarters of FFY 2020.

COVID Vaccines and Ad Campaign
The BOA worked with AAAs and the Long Term Care Ombudsman Program (LTCOP) to ensure older adults at risk of infection and with limited access to vaccines were able to be vaccinated. Vaccine Health Counseling was identified as a need to assist individuals age 60 and older with developmental or behavioral disabilities to access vaccinations. Vaccine Health Counseling provided personal support services and ensured that individuals had access to the vaccine by anticipating need, removing barriers, and offering accompaniment for support.

Vaccine Public Education included development of a COVID Tool Kit to be distributed among concentrated areas of non-English speaking communities, low-income minority communities, and individuals with developmental disabilities, which were all communities that had low vaccination rates. Tool kits were offered in English and Spanish. The goal was to distribute 1000 kits and 1050 tool kits were distributed to nine communities with low vaccination rates, and that were at higher risk. As a result of the 1050 tool kits distributed, 75 individuals reached out for assistance with scheduling vaccine or booster appointments and/or transportation. The COVID-19 pandemic has better prepared the Department to deploy resources for large-scale vaccine campaigns in the event of a future pandemic.

Senior Community Service Employment Program (SCSEP) and COVID-19
SCSEP is authorized by the Older Americans Act under Title V and is federally funded by the U.S. Department of Labor. ADS is the state grantee for SCSEP, and the BOA is responsible for 20% of authorized positions for the state, with the national grantee responsible for the balance. The two grantees work together on a streamlined and targeted approach to the program in Connecticut. Participants of the program must be age 55 and older, low-income (at or below 125% of the federal poverty level) and unemployed. Program participants receive work-based training at local non-profit or municipal agencies with a goal of procuring permanent, unsubsidized employment. Participants train for an average of 20 hours a week and receive an hourly stipend at Connecticut's prevailing minimum wage. The program has both work-based training and classroom-based skills training. The program works to identify job categories with the most growth and number of opportunities for participants and creates opportunities to learn skills and obtain certifications specific to those industries. Other services include providing supportive services, providing laptops and hotspots for training purposes when possible, referrals to AAAs, and assistance with the purchase of needed items such as hearing aids and other related resources that may not be afforded by participants, and address barriers to employment.

Just before the pandemic there were 46 program participants in the state grantee's service areas who attended in-person training. When the lockdown went into effect, the program needed to shift its model and reinvent itself to continue to support and train participants. Program staff recognized that the transition to computer-based skills training and a remote work structure left many participants or potential participants out, due to lack of digital literacy. With a view toward addressing the digital equity gap, Connecticut applied for and was awarded a grant to expand digital training, digital literacy, and access to devices for SCSEP participants.

It was the intention of the SCSEP Virtual Older Worker Training Program grant to serve participants who started with a basic understanding of the computer and internet. However, most enrollees proved to be successful with a smart phone or with the very basics of a laptop, but did not possess the skills needed to participate in online job training. Computer training was needed first. Digital literacy must be an important facet of job training programs for older workers who are looking to enter a vast majority of employment opportunities. While the grant did not achieve all of the desired outcomes, it did inform SCSEP staff about potential methods to adapt and move the program forward, especially given the unique challenges of the SCSEP participant population.

Connecticut continues to work to address additional barriers for participants in the program including rurality of covered regions, transportation, and host site availability. With the closure of many nonprofit organizations during COVID, there are fewer host sites available, and the ability of low-income participants to access transportation in more rural areas creates a challenge in traveling to more remote host site locations.

As the severity of the COVID-19 pandemic has waned, Connecticut has turned its attention back to other concerns of supporting older adults in our communities, taking lessons learned from the pandemic and renewing the commitment to make Connecticut a great place to grow up, and grow older.

Equity

The BOA and Area Agencies on Aging (AAAs) are tasked with targeting older adults with the greatest social need and greatest economic need to ensure equitable access to supportive services across the state. Older adults with greatest social need and greatest economic need were negatively impacted by COVID-19 at greater rates due to fewer resources, underlying medical conditions that placed older adults at greater risk for severe illness from a COVID-19 infection, and due to a lack of access to attending daily activities outside of the home. These challenges are not exclusive to COVID-19, however. Older adults with greatest economic and social need may have greater levels of challenges, fewer resources, and are less likely to receive the supports and services that they need to successfully live in the community. Older adults with "greatest economic need" are those who have incomes at or below the Federal Poverty Level (FPL). "Greatest social need" is defined as needs arising from non-economic factors that result in cultural, social, or geographic isolation. These factors include race, ethnicity, language barriers, physical or mental disability, gender identity or sexual orientation, or other factors that restrict the ability of an individual to perform normal daily tasks or impact their ability to live independently.

Equity differs from equality in that equity, rather than focusing on the sameness of how people are treated, means looking at where people are starting from, their specific needs and challenges, and making adjustments to policies, programs, and procedures to create opportunities that allow individuals to be successful. Connecticut is committed to weaving equity into the work we already do and creating new opportunities to bring equity to the forefront of conversations about aging. Our state's person-centered planning model means that each person is considered as an individual, with their individual needs addressed in the process. Connecticut's five AAAs work to do outreach and provide services to those who are considered to have greatest economic need and greatest social need. The AAAs and service providers determine yearly targets for populations considered in greatest need. The BOA, AAAs and community providers strive to ensure that services reach those who need them the most or have the fewest alternative resources available to them and to achieve equitable distribution of programming to underserved communities. Both the BOA and AAAs have resources to communicate with consumers who are non-English speakers, whether that is staff who speak the language, or language translation services that staff and consumers can utilize to communicate.

The BOA seeks to reduce inequities and address social determinants of health (SDOH) to improve the health and well-being of older adults. In Health Promotion Programs, BOA and AAAs focus on a variety of evidence-based programs that assist older adults and caregivers in living healthier lives. Both Title IIIB and IIID of the Older Americans Act (OAA) fund health promotion programs to assist older adults in living healthier lives, regardless of their "starting point" with their health. The Chronic Disease Self-Management Program (CDSMP) is one such intervention that provides older adults with education and tools to live with and manage their chronic conditions, both physical and mental. The program helps to deal with both the symptoms of chronic conditions, and to educate older individuals on ways to maintain and improve health overall. The program, rather than being for specific chronic conditions, works with the participants in that particular cohort to build skills and confidence around problem-solving, decision-making, and effective communication. Participants learn how to advocate for themselves, improve their strength and endurance, manage their mental and emotional well-being, and make healthy choices. The program is accessible for any number of consumers, as there are in-person, virtual, and telephonic options for those who do not have the means or resources to attend in-person programs. As part of a revised participant pre-survey for CDSMP and other evidence-based health promotion programs, individuals will be asked about a wider array of concerns and conditions, including vaccination status. Participants who

identify that they are either not current on vaccinations, or who express hesitancy about vaccination will be provided with educational materials regarding the importance of vaccines, and referrals to community programs where they may receive vaccinations. Program staff work to identify populations who may otherwise be underserved and create opportunities for them to benefit from these interventions. BOA and program staff are also working to find opportunities for programs to be offered in other languages, making them more accessible, and improving equity.

Going forward, there will be a greater focus on connecting with individuals living with HIV or AIDS who may benefit from these self-management programs. In addition, BOA is working to deepen connections with community organizations that focus on the health and social needs of those with HIV or AIDS and work on both collaborative opportunities for consumers to receive OAA services, and for BOA, AAA and community provider staff to participate in trainings, receive education, and work toward greater cultural competence.

The Senior Nutrition Program works to improve equity through the prioritization of target populations, and through provision of both medically tailored and culturally appropriate meals. While meals are always designed to be nutritionally balanced and heart healthy, where possible, Elderly Nutrition Providers (ENPs) also work to create menus that respond to specific conditions, such as diabetes, renal disease, or hypertension, or fulfill the cultural needs of older adults who may desire options such as Latino or Kosher meals. In this way, ENPs work to meet the specific needs and desires of older adults who may not otherwise be provided with such options.

The Medicare Improvement for Patients and Providers Act (MIPPA) program has a primary focus on reaching underserved Medicare population to assist them in learning about programs that may save them money on Medicare costs. The BOA administers and oversees MIPPA funding to community providers who counsel Medicare beneficiaries to maximize their benefits and save money on their Medicare costs.

One of the most important aspects of the work of the BOA, AAAs and other community partners is the effort to recognize aging as a natural part of everyone's story, and to make the aging experience as positive as possible. With a focus on Reframing Aging, the BOA will continue to work to shift implicit and explicit biases toward aging and older adults, and to make incremental changes in the language used and attitudes about aging. We do also want to recognize and acknowledge that while the act of aging is universal, the experience of aging is not. The BOA is a key supporter of the CT Age Well Collaborative, which fosters aging, dementia, and disability friendly communities. The Age Well Collaborative focuses on disrupting ageism, and disrupting ableism, and embracing the lived experiences of those in the state whose stories help to inform the work on which we all focus.

A workgroup of the Age Well Collaborative, the Connecticut Healthy Living Collective (CHLC), is a statewide network of organizations and individuals working together to ensure that older adults have access to programs that promote healthy aging and enhance social connection. Funded in part by BOA, CHLC is working to assess healthy aging programs through an equity lens to ensure that older adults and their experiences are centered in the work that is done, and that programming is culturally appropriate to ensure the best engagement and success. 2.5% of Connecticut's older adults age 65 and older are part of the LGBTQ+ community.[12] One of CHLC's initiatives, the LGBTQ+ Moveable Senior Center is a statewide initiative which offers a welcoming pathway for LGBTQ+ older adults to access senior centers and the range of programs and resources that senior centers provide for health and well-being. Participants attend programming at a rotating slate of senior centers that have received training on cultural competence, and are able to see the important things that senior centers have to offer to all older adults. With a renewed focus on meeting the needs of the aging LGBTQ community, these types of initiatives are especially important. Both the Age Well Collaborative and CHLC are

[12] Connecticut Healthy Aging Data Report 2021.

statewide efforts with BOA, AAA and community organization staff serving on their steering committees and advisory committees.

Finally, BOA works to embed equity in the allocation of funds to our Planning and Service Areas (PSA) and the corresponding AAAs. The Intrastate Funding Formula (IFF) considers factors of greatest economic need and greatest social need in calculating the allocation and distribution of funds within the state to ensure equitable allocation across the five PSAs. IFF data and methodology can be seen in Attachment C.

Long Term Services and Supports (LTSS) and Home and Community Based Services (HCBS)

Across the state, people, regardless of their age, socio-economic background, or racial and gender identities, will need Long Term Services and Supports (LTSS). The American Community Survey 2020 5-year data estimated that there were 595,226 individuals age 65 and older in Connecticut in 2020. Of those, 4.7 percent are living with a cognitive difficulty, 2.4 percent are living with a self-care difficulty and 5.3 percent are living with an independent living difficulty.

In September 2023, 19,599 individuals were residing in skilled nursing facilities across the state. Nursing home care, at that time, averaged a daily private pay cost of $491 or an average annual private pay cost of $179,300. Over the last five years, the average annual cost of this long-term care has increased 2.6 percent[13]. Given the steady increase of institutional long-term care and the desire of Connecticut residents to remain in community-based settings, the shift remains ever-present to support the decisions of older adults and persons with disabilities' choice to reside in the community. Community-based LTSS can provide a cost savings to Connecticut and our residents, while honoring self-determination.

Home and Community Based Services (HCBS) are fundamental to the OAA's vision for older adults to have the ability to age in place. HCBS are types of person-centered care that are provided in the home or in the community. In Connecticut, HCBS are received through a variety of sources including both Older Americans Act programs, and Medicaid waiver programs such as the Connecticut Home Care Program for Elders (CHCPE). While waiver programs such as CHCPE fall under the authority of the Department of Social Services (DSS) in Connecticut, the BOA works to maximize the impact of our HCBS services and collaborate with and refer to DSS programs as appropriate. For consumers who are waiting to get on to Medicaid waiver programs such as CHCPE, OAA programs can offer a bridge to those services. For consumers who have fewer needs or need support in only one area of their activities of daily living, such as transportation, meals, homemaker or chore services, or behavioral health services, OAA programs can meet that need and allow the person to stay in their home with minimal supports. By partnering with the Department of Social Services (DSS), the BOA is part of a continuum of care for Connecticut's older adults, their families, and their care partners. HCBS are vital to interrupting the hospital-to-nursing-home pipeline and allowing older adults to remain in the community setting of their choosing with appropriate supports and services. In recognition of this fact, in the State Fiscal Year 2024 session, the legislature passed a bill which expands access to CHCPE by establishing presumptive eligibility for older adults applying for Medicaid-funded programs. This will further increase access to HCBS for older adults in the community.

By supporting older adults in living in the community through HCBS, Connecticut can reduce the costs associated with nursing home or residential care settings, target services customized to consumer needs, and allow for a level of self-determination for older adults. Under Title III-B of the OAA, in partnership with the Area Agencies on Aging, the BOA funds home and community-based services such as case management, homemaker, chore, companion, transportation, information and assistance, adult day care, health screenings and programming, behavioral health, legal services, and support to senior centers. The BOA requires that minimum amounts of III-B funding are expended by AAAs on in-home

[13] State of Connecticut Annual Nursing Facility Census, September 30, 2023.

services, among other mandatory minimum expenditures for access, behavioral health, transportation, legal services, and senior centers.

Additionally, the state's caregiver and respite programs offer supportive service that allow care recipients to continue to live in the community, rather than in costly institutional care settings. Care partners are provided with respite and supportive services that allow them to continue the often-difficult responsibilities of caregiving. Care recipients may also attend adult day care, which provides an opportunity to socialize and receive additional supports, while allowing for caregivers to have time to fulfill other obligations, or simply have a break. Participants in the National Family Caregiver Support Program (NFCSP) can self-direct their care, which also promotes autonomy and self-determination. The person-centered care process magnifies the wishes of the participant to create the best suite of services and supports for their needs. Targeted HCBS services that are customized to the consumer's needs provide a benefit for everyone. By supporting both caregivers and care recipients, Connecticut's caregiver and respite programs allow for partnerships that maximize the benefits of HCBS and reduce caregiver stresses, thereby enabling caregivers to continue providing invaluable care.

The BOA coordinates HCBS daily in partnership with the AAAs through Title III-B programs and the National Family Caregiver Support Program (NFCSP) and the Department of Social Services (DSS) to ensure cooperation for the delivery of supportive services to older adults in their homes as well as in long term and residential care facilities throughout the aging infrastructure. It is important to note that the state Long Term Care Ombudsman acts as the co-chair and BOA serves as member of the Medicaid Rebalancing Committee to foster deeper collaboration to address workforce shortages, cost of care payments, inclusive care provider lists and many other issues currently facing the aging network. As noted, BOA is a member of the Long-Term Care Planning Committee which produces yearly legislative reports on rebalancing, as well as a statewide Long-Term Services and Supports Plan every three years. An assessment is planned to expand access to HCBS for consumers of our caregiver program. There are three of the five Area Agencies on Aging (Southwestern Connecticut Agency on Aging, South Central Area Agency on Aging and Western Connecticut Area Agency on Aging) that also function as access agencies and actively participate in case management to help older adult Consumers access Medicaid waiver programs such as CHCPE and demonstration programs such as Money Follows the Person (MFP).

Moreover, the LTCOP plans to increase access to HCBS waiver services in all residential care homes throughout Connecticut through implementation of a comprehensive education and resource provision program targeted at owners or operators to focus on the importance of compliance with the HCBS settings rule, and best practices that enhance service accessibility for efficient utilization of available state and federal resources. By empowering owners or operators with knowledge and tools, the LTCOP aims to create a statewide network of residential care homes capable of providing high-quality, person-centered services to a larger number of eligible individuals.

Caregiving

Caregiving involves helping another person with activities of daily living. In the US, families, friends and loved ones are the primary source of support for older adults and individuals with disabilities. Unpaid caregiving is the backbone of our system of care. Family caregivers often have myriad demands on their time in addition to caregiving responsibilities, such as employment, children, and their own mental and physical health. Where an individual is primarily focused on providing care to another, they can experience a decline in their own health and well-being. Caregiver support programs can offer coordinated access to care and supportive services, which can reduce caregiver fatigue, depression, anxiety, and stress. One source of caregiver support in Connecticut, administered by the BOA, is the National Family Caregiver Support Program (NFCSP) under Title III-E of the Older Americans Act. The NFCSP is designed to offer support to caregivers who oversee the care of, or who care for, individuals within the community through a variety of services and

supports. The program has two components: supports for family and other unpaid caregivers supporting older individuals, and support to older relatives who are raising youth, and older relatives and parents of adults with disabilities. The BOA has other programs including the Connecticut Statewide Respite Care Program (CSRCP) and supports for those with Alzheimer's Disease and Related Dementias (ADRD) and collaborates with statewide caregiver programs and Medicaid waiver programs to enhance supportive services associated with caregiving. Caregivers and care recipients work with a care manager at the Area Agency on Aging to determine the most beneficial care plan and combination of services such as home health, homemaker, and adult day services to best address the need for assistance with activities of daily living and to benefit both the caregiver and care recipient. For older relative caregivers, there is access to respite services, supplemental services, and support groups.

The BOA works in alignment with the RAISE Act and has pivoted planning efforts to implement the recommendations of person- and family-centered care, serving planning and coordination, outreach, improved communication, and program structure. Current outreach to populations with the greatest social need is underway to conduct assessments to increase collaboration and coordination with CSRCP, and the ADRD Coalition Care Partner Workgroup. The BOA will work to enhance training and service coordination for grandparents and kinship caregivers via an assessment of trauma, behavioral supports, mental illness support, and substance use to coordinate and promote program efficiency and equity among populations with the greatest social and economic need. The BOA will also coordinate with the National Technical Assistance Center on Grandfamilies and Kinship Families to better support older relative caregivers raising youth, and explore alignment around the National Respite Network and Resource Center (ARCH). Communication is set to improve with the implementation of a revised application and assessment which is intended to be added to the Management Information System in 2024 or 2025. Additionally, a program manual will be produced, printed, and electronically circulated and is expected to improve the clarity and precision of information about the program.

Sustaining support efforts through program instructions or best practice solutions will be implemented to manage the flow of referrals from outreach communications to ensure data management tools and resources for each AAA are consistent and will be communicated each quarter to track performance and progress of the program. Consistent training of AAA staff is expected is enhance program structure. Staffing changes at both the BOA and at AAAs in recent years have necessitated additional training, clarity, and support, as well as clear communication. To this end, BOA program staff are working to incorporate best practices gleaned from ACL and other states into our structure, and to communicate these enhancements to program staff at the AAAs. Communicating changes in program structure, program processes and direct care workforce challenges is vital as the landscape shifts. These process improvements also help where there is insufficient funding to serve all who might qualify, as the intake, assessment, and prioritization scale help to ensure the program serves target populations as a priority. Program staff at both the BOA and AAAs will work to assess program participants and refer to other appropriate programs for those who qualify. One best practice solution employed is use of Personal Emergency Response Systems (PERS) to bridge the gap for those who cannot receive full services due to wait lists, targeting of those who are at greatest economic and social need, and engagement of other support programs such as CHCPE and the Personal Care Assistance (PCA) waiver.

During community listening sessions, BOA learned that community-based service providers continue to experience direct care workforce issues and find it challenging to hire and maintain home health aides and home care staff due to increased regulations from state Medicaid that limit hours of work, which in turn reduce the cost effectiveness in the placement of direct care staff and quality of care for consumers in need, and predisposes them to risks of abuse and neglect, and injuries. The same community-based providers who are impacted by the Medicaid regulations are providers for Older-Americans Act and state-funded respite programs. The BOA continues to assess workforce strategies in alignment with the Department of Social Services (DSS) and the collective bargaining agreement (CBA) between the Connecticut Personal Care Attendant (PCA) Workforce Council and District 1199NE, Health Care Workers Union

approved by the legislature on March 25, 2024 which provides a 26 percent wage increase over the next three years to approximately 12,000 personal care attendants providing services and supports to over 8,000 participants in the state's self-directed Medicaid programs. The CBA was negotiated with goal of addressing the workforce shortage by providing fair and competitive wages and a new longevity bonus for those who remain with their consumer employer for two-years as well as improving quality through the provision of an ongoing education and training program. BOA continues to explore the coordination of benefits for caregivers between Medicare, the GUIDE model, Medicaid, Title III-E programming, and CSRCP. According to the RAISE Family Caregivers Act Initial Report to Congress[1] being able to support older adult family members affects the well-being of family caregivers who often find themselves re-training direct care workers, repeatedly introducing their family member to a new person, or covering for "no shows." While some families may start paying privately for home health aides to care for their loved one, money can quickly become a challenge and they may become unable to sustain those expenses. In sum, a lack of health care workers and lack of affordability for families are ongoing concerns.

Elder Rights

Across the United States hundreds of thousands of older people are abused, neglected, exploited, or abandoned. In addition, older adults may neglect their own needs and care, a prevalent form of neglect. The National Adult Maltreatment Reporting System reports a total of 796,794 cases of elder abuse claims were accepted and investigated in Federal Fiscal Year 2021.[14]

In Connecticut, the Department of Social Services (DSS) houses Adult Protective Services (APS), called Protective Services for the Elderly (PSE), which is responsible for the investigation of abuse, neglect, and exploitation of older adults in the state. In its Annual Report dated July 1, 2023, PSE reports having investigated 8,808 cases of abuse, neglect, exploitation, and abandonment of older individuals.[15] The most common type of maltreatment identified was neglect, including self-neglect. Of these 8,808 cases, 62 percent of the victims were women and 38 percent were men.[16] PSE accepts reports for individuals ages 60 and older. This Annual Report states the majority of victims were between the ages of 70 and 79 at 37 percent.[17]

The Coalition for Elder Justice in Connecticut (CEJC), co-chaired by the State Long Term Care Ombudsman and the staff attorney for the BOA, works to provide outreach and education around Elder Rights in the state. A public-private partnership, the CEJC Steering Committee includes representatives of state agencies, community-based organizations, advocacy groups, and faith communities. Members of the Steering Committee work with statewide emergency medical services and law enforcement to educate front-line emergency workers on the signs of abuse or neglect, how to interact with older adults who may have cognitive decline, and on prevalent scams focused on older adults. The impact of exploitation and fraud may be greater for older adults who live on fixed incomes and do not have the resources to recover from an incident of financial exploitation.

Connecticut's legal services providers have experienced high caseloads due to housing insecurity and eviction prevention which has reduced capacity for other legal matters that older adults experience. In addition, there are legal services providers focused on the rights of veterans and assisting those veterans in navigating both the Veterans Affairs system and regular legal concerns. Connecticut's BOA will work to create opportunities for legal services providers to assist

[1] RAISE Family Caregiver Act Initial Report to Congress, pg.54. Administration for Community Living

[14] Adult Maltreatment Report 2021 from the National Adult Maltreatment Reporting System Prepared for the U.S. Administration for Community Living

[15] Protective Services for the Elderly Annual Report Calendar Year 2022 from the Connecticut Department of Social Services

[16] Protective Services for the Elderly Annual Report Calendar Year 2022 from the Connecticut Department of Social Services

[17] Protective Services for the Elderly Annual Report Calendar Year 2022 from the Connecticut Department of Social Services

older adults in defense of conservatorship to ensure that, where possible, older adults retain their rights to self-determination and decision-making.

In accordance with Section 731 of the Older Americans Act, the ADS Bureau of Aging has designated a State Legal Assistance Developer (LAD) to provide state leadership in developing legal assistance programs for older adults throughout Connecticut. This position is a Staff Attorney in the BOA who will meet the responsibilities as set forth in 45 CFR § 1321.27 (l): part 1324, subpart C. This position has the knowledge, resources, and capacity to conduct these activities.

3. Quality Management

The BOA takes a multi-faceted approach to quality management, from technical assistance to program monitoring and fiscal management. As the State Plan and Area Plans are intended to be aligned and informed by each other, the BOA provides guidance to AAAs to assist in the development of area plans, with the AAAs having provided feedback and input on the state plan as well. The BOA looks to align strategies and efforts, recognizing that each Planning and Service Area (PSA) has a different array of consumers, challenges, and needs that are specific to their region. Where possible, providing guidance ensures that, though execution may vary, the direction and scope of the area plans align.

BOA provides program instructions that encompass policies and procedures for Older Americans Act and state-funded programs. Program instructions provide legal authority references, context, and guidance on important aspects of programs. Program instructions are updated as programs change, or new legal authority is created, with new program instructions referencing the program instruction that is being replaced so that contractors and staff are aware of the changes and can remove prior program instructions from circulation. Program instructions provide streamlined and consistent guidance to contractors, and uniform policies that BOA staff can follow.

For AAA and program monitoring, the BOA maintains an action step chart that staff utilize to track reporting and action item due dates and deadlines. The BOA also provides guidance to staff and AAAs in the form of a program instruction, which describes the process for a AAA to request an extension of a report due date, and for BOA staff to approve an extension. BOA program staff review program reports, program service data, and fiscal reports to monitor contract compliance. Where there are proposed or anticipated changes to a program's policies, procedures, or execution, the BOA does consult with and solicit feedback from the AAAs and some community services providers. Input regarding potential improvements to programs or guidelines is also welcomed. BOA program coordinators have regular meetings with program staff at AAAs and in the field for information sharing and technical assistance. Technical assistance is provided on an ongoing basis and updated as new information or best practices are advanced, to ensure continuous program improvement. BOA management meets with AAA Directors on a monthly basis to discuss updates, challenges, and opportunities for additional collaboration.

Fiscal monitoring is done on an ongoing basis, by both program staff, and the ADS Fiscal department. Payment requests must be accompanied by monthly expenditure reports showing the expenditure of previously received funding to ensure that expenditures and cash-on-hand are in compliance with audit requirements. Payment requests from AAAs are reviewed by BOA staff for completeness and accuracy, and checked a second time by ADS Fiscal staff before payments are issued. Where payment requests are received in good order, ADS Fiscal provides timely payment to AAAs.

Service and consumer data are recorded in the BOA's Management Information Systems (MIS) by the AAAs overseeing the programs. Data is required to be entered monthly. BOA's Research Analyst and program staff work together to review program data on a quarterly basis to ensure that programs are on track to meet anticipated goals and

expectations, and that data is up to date as required. When issues are identified with data, the AAA in question is given time to correct the issue, during which BOA staff is available to assist the AAA in achieving the resolution.

State single audits are required to be completed on a yearly basis by AAA contracted audit firms and uploaded to the state's Electronic Audit Reporting System. BOA staff review state single audits when submitted and, if there are findings, management staff address the findings in a letter to the AAA. AAAs are asked for additional information relating to the findings, planned solutions or resolutions, and a Corrective Action Plan (CAP) where appropriate. BOA staff also monitor extension requests for compliance and communicate with the Office of Policy and Management and the Attorney General's office for large-scale issues.

Where contractors are found to be out of compliance with policies or program guidelines, a meeting is held between BOA staff and the respective AAA Executive Director to discuss the alleged deficiencies. Based on the findings of the meeting, a CAP is developed between the BOA and AAA and endorsed by the signatures of representatives of both agencies. The CAP is monitored by the appropriate program staff person to ensure compliance and improvement.

State Plan on Aging Development Process

The Connecticut State Plan for the Federal Fiscal Years (FFY) 2025-2027 was developed over a comprehensive process that comprised the following phases:

1) Proposal and inception report for the development of the State Plan on Aging
2) Review of goals, objectives, and strategies to inform current State Plan on Aging
3) Conducted internal workshops with ADS-BOA staff to develop objectives, strategies, outcomes, and performance indicators
4) Engagement with LTCOP Staff
5) Distributed letters to AAAs and targeted LGBTQ+ community organizations
6) In-person community listening sessions held at eight Senior Centers in CT and one virtual session
7) Consultation with Area Agencies on Aging
8) Distributed draft State Plan on Aging for review and comment
9) Reviewed monitoring tool to check progress achieved on FFY 2021-2024 State Plan on Aging

The following data sources, desktop reports, research articles and staff monitoring reports used to develop the contents for State Plan on Aging are not limited to the following:

- State Plan on Aging Monitoring Tool
- ACL Issue Briefs
- Adult Maltreatment Report 2021 from the National Adult Maltreatment Reporting System Prepared for the U.S. Administration for Community Living
- 2023 Senior Report, American Health Rankings
- Adult Maltreatment Report 2022 from the National Adult Maltreatment Reporting System Prepared for the U.S. Administration for Community Living
- State Plan on Aging 2021-2024
- CT Data Collaborative
- Census Bureau Population Estimates 2019, 2020, 2021, 2022, 2023
- Decennial Tables S0101 & American Community Survey Tables from 2020, 2021, 2022, 2023
- Executive Order 7 NNN
- Census Bureau: Demographic Turning Points for the United States: Population Projections Estimates 2020-2060, revised February 2020.
- Connecticut Healthy Aging Data Report 2021

- Centers for Disease Control and Prevention: Loneliness and Social Isolation linked to Serious Health Conditions
- Social Determinants of Health and Older Adults, CDC
- Kaiser Permanente: Aging Division of Research – Caring for an Aging Nation
- National Council on Aging
- National Institutes on Aging
- Population Reference Bureau: Fact Sheet: Aging in the United States
- Bureau of Aging presentations, and Staff monitoring reports
- Protective Services for the Elderly Annual Report Calendar Year 2022 from the Connecticut Department of Social Services
- RAISE Family Caregiver Act Initial Report to Congress, Administration for Community Living
- Raw data from the State Data Center
- The Logic Model Guidebook for Better Strategies for Great Results
- SCSEP State Plan
- Strategic Rebalancing Plan: A Plan to Rebalance LTSS (2020), Released by Governor Lamond and DSS
- Long Term Care Ombudsman Annual Report 2022, 2023
- Statewide Long-Term Services and Supports Plan, 2022
- National Center on Law and Elder Rights
- World Health Organization on Aging

Approximately 317 residents participated in the in-person and virtual community listening sessions held at the following Senior Centers:

- Milford Senior Citizen Service Center 1/18/2024
- Groton Thrive 55+ Active Living Center 1/23/2024
- Windsor Senior Center 2/4/2024
- Rocky Hill Senior Center 2/7/2024
- The Baldwin Center 2/16/2024
- Danbury Elmwood Hall Senior Center 2/21/2024
- Quinebaug Valley Senior Center 2/22/2024
- Sullivan Senior Center 2/26/2024
- Virtual Listening Session 3/11/2024

The development of the State Plan on Aging used a Strengths, Opportunities, Weaknesses, and Threats (SWOT) model by program area which were prioritized by ranking (1-5). The strategic SWOT statements were prioritized based on relevance to the program, feasibility, and urgency in relation to meeting the ACL's goals. Added to this, a program logic model was used to guide the formulation of objectives, strategies linked to short-, medium-, and long-term outcomes as well as performance indicators to guide development of expected results and impact for the OAA Title programs over the next three years. Key assumptions are based on the availability of funding, human and capital resources required to execute the objectives and related strategic activities by program area. The Connecticut's State Plan on Aging goals, objectives, and strategies for October 1, 2024 – September 30, 2027 are the following:

The Strategic Goals

1. **Strategic Goal 1: Long Term Services and Supports**
   To empower older adults to reside in the community setting of their choice
2. **Strategic Goal 2: Healthy Aging**
   To provide older adults with prevention and wellness opportunities

3. **Strategic Goal 3: Elder Rights**
   To protect elder rights and well-being and prevent elder abuse, fraud, neglect, and exploitation.

Goals, Objectives, Strategies and Performance Indicators

Goals, objectives and strategies were developed by the Bureau of Aging in consultation with program and field staff, and through community conversations in eight (8) community senior centers and via online. Participants included older adult clients, caregivers, residents, service providers, public and private organizations, and agencies. These goals, objectives and strategies will guide the BOA over the next three years, and short-, medium- and long-term outcomes were identified for each strategy. For the purposes of this State Plan, we have selected the outcomes that are most salient to include in the narrative.

4. Goals, Objectives, Strategies, and Outcomes

Goal 1: Long Term Services and Supports

Empower older adults to reside in the community setting of their choice

Objective 1: Strengthen the aging network by promoting a person-centered approach within a No Wrong Door (NWD) framework.

***Strategy 1*:** Require webinars, trainings, and certifications for Information and Referral/Assistance, Service Navigator, CHOICES, and Senior Medicare Patrol staff to ensure knowledge is current and in line with policy and regulatory changes.

Short Term Outcome: Increased knowledge, improved skills and completion of required webinars, trainings, and certifications to ensure knowledge is current and aligned with policy and regulatory requirement changes.

Strategy 2: Continue person-centered care training for BOA and AAA staff.

Medium Term Outcome: More utilization of the person-centered care approach throughout BOA programs.

***Strategy 3*:** Increase awareness of services and supports through targeted communication campaigns that address the diversity of needs among aging population groups with greatest social and economic need.

Short Term Outcome: More older adults with the greatest social and economic need are aware of supportive services via targeted outreach communication campaigns and have access to culturally appropriate communication resources.

***Strategy 4*:** Promote access points for information and referral to older adults and their caregivers.

Long Term Outcome: Increased capacity among older adults to identify referral points in the community that broaden equitable access to more resources and supportive services.

Strategy 5: Assess access to the Aging and Disability Resource Center/NWD system.

Outcome: Gap analysis is completed and recommendations are produced.

***Strategy 6*:** Partner with 211 and myplacect.org to increase visibility of long term supports and services.

Short Term Outcome: BOA staff establish roles, responsibilities, and expectations with 211 and myplacect.org about training and resource-sharing, ensuring the most up-to-date information is available to consumers.

Objective 2: Empower and assist older adults and their caregivers.

***Strategy 1*:** Develop and maintain a caregiver program manual to include standardized guidelines, best practices, and parameters of excellence for electronic and hard copy dissemination.

Medium Term Outcome: Caregiver program manual have been developed and are disseminated throughout the aging network.

Long Term Outcome: Increased dissemination of caregiver manuals promote trainings and adoption of best practices among family caregivers.

Strategy 2: Create public service campaigns and caregiver roadmaps to inform and assist caregivers who may not know what resources are available to them.

Long Term Outcome: More caregivers throughout the state of Connecticut have access to appropriate solutions in navigating supports and services for older adults living with Alzheimer's Disease and Related Dementias (ADRD), and their families and care partners at the community level.

Strategy 3: Explore the formation of a caregiver coalition through partner engagement opportunities for cross-collaboration and coordination of educational information.

Long Term Outcome: Ongoing cross-collaboration and coordination ensures access to better quality of educational information about supportive services, and resources for family caregivers and older adults throughout the aging network in Connecticut.

Objective 3: Identify and assess gaps and seek potential solutions in supports and services for older adults living with Alzheimer's Disease and Related Dementias (ADRD), and their families and caregivers at the community level.

Strategy 1: Enhance training and service coordination for individuals living with ADRD to promote appropriate and equitable supportive services.

Medium Term Outcome: More families and caregivers experience improved service coordination from innovative training and best practices used by ADRD community-based organizations to promote appropriate and equitable supportive services.

Strategy 2: Lead an environmental scan, engaging local health departments, municipal leaders, community partners, and individuals living with ADRD and their caregivers.

Medium Term Outcome: Increased engagement with local communities deepens collaboration among all partners who produce best practice guidelines and undertake appropriate actions to be adopted and implemented.

Strategy 3: Coordinate with community providers to promote inclusive and dementia-friendly communities across the state.

Short Term Outcome: More community providers learn about the parameters of the inclusive and dementia friendly communities across the state.

Objective 4: Create comprehensive and inclusive statewide networks of Senior Centers, and Municipal Agents to share information and program resources.

Strategy 1: Establish an advisory working group to help inform the BOA about Senior Center related issues to prioritize services and supports in the senior center network.

Medium Term Outcome: Increased inclusive collaboration and coordination between senior centers and municipal agents who identify best practices and targeted actions during specific timeframes toward prioritization of information and program resources across the aging network statewide.

Strategy 2: Develop a web-based system to streamline communication and increase networking between the BOA and senior center professionals.

Medium Term Outcome: Increased and consistent communication utility of the web-based system by senior center professionals is observed.

Strategy 3: Create public-facing materials to define and promote the supports and services available through senior centers to increase access and raise understanding of the role of senior centers in the community.

Medium Term Outcome: Increased knowledge among existing and new consumers about the role of senior centers through dissemination of public facing materials.

Long Term Outcome: More community members use senior centers because they are aware of the role of senior centers.

Objective 5: Promote inclusiveness through outreach to population groups with the greatest social and economic need.

***Strategy 1*:** Continue to reach out and coordinate Title III programs with tribal groups receiving Title VI funds through engagement with tribal authorities, Senior Resources (Eastern CT Area Agency on Aging), and program and field staff.

Medium Term Outcome: Increased communication to identify key strategies and best practices between tribal authorities, BOA, and Senior Resources for efficient coordination of Title III and VI programs to reach older adults with the greatest social and economic needs.

Strategy 2: Promote partnerships between ADS, DPH, AAAs and community organizations to conduct outreach to individuals living with HIV/AIDS and their caregivers to ensure increased access to appropriate resources and supportive services.

Short Term Outcome: Increased knowledge base shared between state and local agencies gained from outreach to individuals living with HIV/AIDS and their caregivers to better understand the need gaps in access to supportive services.

Strategy 3: Promote partnerships between ADS, AAAs, and community organizations to outreach to individuals in the LGBTQ+ community to ensure targeted and culturally appropriate supports and programming.

Short Term Outcome: Increased knowledge base shared between state and local agencies gained from outreach individuals in the LGBTQ+ community to ensure targeted and culturally appropriate supports and programming.

Goal 2: Healthy Aging

Provide older adults with prevention and wellness opportunities

Objective 1: Strengthen opportunities for equitable access to evidence-informed nutrition and wellness programs in the aging and public health networks.

***Strategy 1*:** Enhance delivery of evidence-informed nutrition education and counseling to increase nutrition awareness and knowledge and improve nutrition status among older adults in underserved groups.

Long Term Outcome: Older adults in underserved groups experience healthier attitudes and make informed choices resulting from improved delivery of nutrition education and counseling**.**

***Strategy 2*:** Expand outreach and identify new partners for delivery of Chronic Disease Self-Management Education (CDSME) program workshops through the Senior Nutrition Program to increase participation in underserved groups.

Medium Term Outcome: More older adults from underserved communities are reached and attend the Chronic Disease Self-Management Education (CDSME) program workshops.

***Strategy 3*:** Partner with the Department of Public Health (DPH) to build a Fall Prevention Coalition and issue a procurement for fall prevention programing.

Medium Term Outcome: Fall Prevention Coalition brings together state agencies, Area Agencies and Aging and community partners to create a fall prevention framework throughout the state.

Long Term Outcome: Opportunities for access to Fall Prevention programs in the aging and public health networks are strengthened.

Objective 2: Strengthen nutrition services to address malnutrition.

***Strategy 1*:** Prioritize nutrition program waitlists for home delivered meal recipients based on Greatest Economic Need and Greatest Social Need factors, and nutrition risk scores.

Short Term Outcome: Increased prioritization among home delivered meal recipients based on OAA measures of GSN and GEN as well as nutrition risk scores.

Medium Term Outcome: More at-risk home delivered recipients wait time is reduced due to prioritization best practices utilized.

Long Term Outcome: More at-risk home delivered meal recipients spend less time on the wait list and have access to nutritious meals.

***Strategy 2*:** Build community partnerships and explore a referral system to reduce food insecurity among underserved older adults and to increase access to nutritious foods.

Short Term Outcome: Increased awareness of the mission to improve access to nutritious food in underserved communities encourages buy-in from community partners.

Objective 3: Increase awareness of health equity among partners in the aging network to remove barriers to health program participation.

***Strategy 1*:** Raise awareness of mental and behavioral health needs among older adults, create trauma-informed resources for community partners, and increase referrals to supportive services.

Short Term Outcome: BOA and contractor staff receive Question, Persuade, Refer (QPR) training to more effectively assess suicide risk and refer to appropriate resources.

Long Term Outcome: Increased health equity resources are available to community partners to support older adults with mental and behavioral health needs through increased referrals and participation in health programs and supportive services.

***Strategy 2*:** Expand opportunities for social connection through increased participation in the Senior Nutrition congregate meal program, and Health Promotion programs.

Short Term Outcome: More older adults in the community are aware of and encouraged to participate in the Senior Nutrition congregate meal and Health Promotion programs.

Long Term Outcome: Older adults experience benefits of nutrition and health programs and continue to seek on-going opportunities for social connection.

Strategy 3: Strengthen relationship with DPH around emergency preparedness, infectious disease prevention, and immunization utilization.

Outcome: State agencies are prepared for large-scale emergency or pandemic information campaigns.

Objective 4: Increase public knowledge and awareness of brain health and Alzheimer's Disease and Related Dementias (ADRD).

Strategy 1: Work with the ADRD Coalition and Department of Public Health to support the implementation of the Building our Largest Dementia Infrastructure (BOLD) grant.

Outcome: The state has a dementia services infrastructure that provides information, resources, and access to services that is coordinated and comprehensive.

Strategy 2: Provide education and resources about brain health, including diseases, risks, and protective factors.

Medium Term Outcome: A dedicated page on the ADS-BOA website is created to provide information and resources related to ADRD, and other state agencies and service providers provide a link to the site.

Long Term Outcome: More residents across the state are knowledgeable and take effective measures to maintain brain health, reduce risk, and enhance protective factors.

Objective 5: Promote diversity, equity, inclusion, and accessibility for older adults and their family caregivers.

Strategy 1: Promote Reframing Aging to increase awareness about ageism and to shift attitudes about aging.

Medium Term Outcome: More individuals are knowledgeable about the concepts of ageism and aging, participate in educational workshops, and healthy aging programs at community partner sites.

Strategy 2: Support the development of a Multisector Plan for Aging and Disability to transform policy, infrastructure, and service coordination across agencies.

Outcome: Increased awareness of a Multisector Plan for Aging and Disabilities across state agencies and community partners.

Strategy 3: Support the Connecticut Age Well Collaborative with its focus on fostering livable communities.

Outcome: Municipalities have access to technical assistance, resources and best practices around fostering livable communities.

Strategy 4: Increase access to technology to reduce social isolation and increase connectedness.

Long Term Outcome: More older adults throughout the state access technology and feel less isolated because of increased connectedness.

Goal 3: Elder Rights

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

Objective 1: Identify new members and increase sustainable stakeholder participation throughout the aging network in the Coalition for Elder Justice in Connecticut (CEJC).

Strategy 1: Build person-centered capacity with a focus on Elder Rights through education, information, and awareness campaigns targeting emergency responders, to ensure appropriate responses for the increasing diversity of concerns among underserved older adult groups.

Short Term Outcome: Increased education, information and awareness campaigns targeted to emergency responders to reinforce knowledge and awareness of the need to adopt a person-centered attitude and skills among service providers.

Strategy 2: Identify opportunities to increase coordination of initiatives identified among CEJC members on issues of prevention of fraud, abuse, and exploitation to prioritize Elder Rights awareness.

Short Term Outcome: Increase knowledge and awareness of issues affecting older adults among CEJC members from varied agencies and community partners which creates collaborative opportunities to prioritize Elder Rights across the aging network.

Strategy 3: Coordinate with the CEJC and Area Agencies on Aging to develop, share, and disseminate information and resources about elder abuse prevention throughout the aging network.

Long Term Outcome: CEJC members readily share and disseminate elder abuse prevention information and resources throughout the aging network.

Strategy 4: Strengthen partnership with CEJC stakeholder Protective Services for the Elderly (PSE) to educate the public about abuse, neglect, and exploitation, and the mechanisms for reporting concerns, and continue to refer individuals as appropriate.

Outcome: CEJC stakeholders and community members are educated on abuse, neglect, and exploitation of older adults, and are aware of how to report concerns.

Objective 2: Empower marginalized or disempowered groups in long term care facilities to increase participant knowledge of resident rights, as well as the role and duties of the Long Term Care Ombudsman Program (LTCOP).

Strategy 1: By 2027, produce five (5) informational videos that will promote awareness and enhance the quality of life and care for Connecticut's citizens receiving various long-term supports and services.

Short Term Outcome: More older adults are aware of the informational videos and feel informed about resident rights, the quality of life and care they receive from long term care supports and services.

Medium Term Outcome: Increased number of residents understand how the role of the LTCOP and rally support from LTCOP to enhance their quality of life and care as needed.

Strategy 2: Analyze data from digital channels to understand the concerns of marginalized groups and tailor the program's educational communication strategies to increase individual knowledge base.

Short Term Outcome: Increased data provide more knowledge about the concerns of underserved groups.

Medium Term Outcome: Increased refinement of the educational communication strategies is delivered to targeted underserved groups.

Long Term Outcome: More residents are aware and knowledgeable about their rights and the role of the LTCOP in advocating for their concerns.

Strategy 3: Use individual stakeholder and subject matter expert voices within the educational videos to counterbalance negative perceptions and showcase the program's new outreach strategy.

Medium Term Outcome: More residents of long-term care facilities are taking action to reach out for support more often when in need.

Long Term Outcome: Underserved groups and marginalized residents of long-term care facilities are educated about their rights and engage LTCOP in planning for and addressing barriers to better quality of life as recipients of long-term supportive services and care.

Objective 3: Support the State's initiative to offload excess nursing home beds by approximately 2,500 and rebalancing of the long-term care continuum, while protecting resident rights.

Strategy 1: Educate and engage residents of long-term care communities of their rights regarding where long term supports and services can be received, for communities that are undergoing rightsizing projects.

Short Term Outcome: More residents in communities undergoing rightsizing projects understand impending lifestyle changes and accept informational engagements about alternative communities offering long term supports and services.

Strategy 2: State Ombudsman will actively participate on the Medicaid Long-Term Services and Supports Rebalancing Initiatives Steering Committee to advocate for long term care recipients.

Medium Term Outcome: State Ombudsman implements relevant action plans to address outcomes from participation in the Medicaid Long-Term Services and Supports Rebalancing Initiatives Steering Committee through engaging long term care residents to identify relevant strategies and action plans to uphold the Elder Rights.

Strategy 3: Build partnerships with state agencies and other organizations for broader impact and resource-sharing around long term care facilities and resident rights.

Medium Term Outcome: More LTCOP partners build capacity and assume roles, responsibilities, and expectations around resources to be shared to support long term care of citizens living in residential communities.

Long Term Outcome: More partnerships facilitate the achievement of broad impact in the State's initiative to offload excess nursing home beds by approximately 2,500 and rebalance the long-term care continuum as residents transition to residential communities with dignity.

Objective 4: Increase equity for Connecticut residents in nursing homes, residential care homes, and assisted living communities by expanding their access to Home and Community-Based Services (HCBS) and ensuring their voices are heard by public officials.

Strategy 1: Implement a systematic quarterly screening and auditing process to ensure compliance by residential care homes with HCBS regulations to increase eligibility and access to individuals with the greatest social and economic need to receive HCBS waiver services in all residential care home settings throughout Connecticut by 2027.

Short Term Outcome: More citizens from underserved groups in residential care communities participate in assessments to identify barriers to eligibility for HCBS.

Medium Term Outcome: More administrators from residential care communities work with LTCOP to develop action plans to address disparities to increase equitable access to HCBS waiver services for residential community residents.

Long Term Outcome: More residents from underserved populations access HCBS waiver services.

Strategy 2: Expand and strengthen resident advocacy by formalizing the role of Resident Councils in all long-term care facilities.

Short Term Outcome: More Resident Councils identify resources, annual workshops, and forums where residents can voice their concerns to public officials and relevant training necessary to facilitate representation of their peers.

Medium Term Outcome: More Resident Councils form forums, receive skills training and education on rights and services under HCBS and establish direct communication channels with local health department officials as well as state legislators.

Long Term Outcome: Resident Councils' roles are formalized and enable them to advocate for policies that affect their lives in long term care communities.

Attachments

ATTACHMENT A: ASSURANCES & REQUIRED ACTIVITIES

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

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

ASSURANCES

Sec. 305, ORGANIZATION
(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—

(2) The State agency shall—

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

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

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

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

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

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

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

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

Sec. 306(a), AREA PLANS

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

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

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

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

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

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

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

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

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

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

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

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

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

rural areas within the planning and service area; and

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

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

(II) describe the methods used to satisfy the service needs of such minority older individuals; and:

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

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

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

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

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

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

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

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

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent

as such services are available to older individuals within the planning and service area, to older Native Americans;

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

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

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

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

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

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

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

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

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

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(a) Each such plan shall comply with all of the following requirements:…
(3) The plan shall--

(B) with respect to services for older individuals residing in rural areas—
(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000…

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

(B) The plan shall provide assurances that—

(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

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

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

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

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

(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) older individuals residing in rural areas;

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

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

(iv) older individuals with severe disabilities;

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

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

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

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

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

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

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

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

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

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

(21) The plan shall--

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

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

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

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

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

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

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

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost

(including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

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

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

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

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

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

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

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

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

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

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

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

- (A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-
- (i) public education to identify and prevent elder abuse;
- (ii) receipt of reports of elder abuse;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if

appropriate and if the individuals to be referred consent; and

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

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

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

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

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

(iii) upon court order…

REQUIRED ACTIVITIES

Sec. 305 ORGANIZATION

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

(2) the State agency shall—

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

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

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

Sec. 306 – AREA PLANS

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

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

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

Sec. 307(a) STATE PLANS

(1) The plan shall—

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

(B) be based on such area plans.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

Amy Porter, Commissioner

7/29/2024
Date

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 Bureau of Aging (BOA) assures that preference will be given to providing services to older adults with the greatest economic need and 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 BOA 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 BOA requires all Title III service providers to set targets for low-income and minority participation and these targets are used by the BOA 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 as part of intake and assessment by the AAA and their grantees and entered into MIS monthly 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 BOA conducts periodic needs assessments and special studies on various issues related to the status and needs of Connecticut's older adults. In addition, the BOA utilizes needs assessments by other entities such as the Alzheimer's Association, ADRD Coalition, Department of Public Health, University of Connecticut Health Center and the AAAs. The BOA 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 BOA continues to work closely with other organizations within the state to improve the level of services available to residents in publicly subsidized housing for older adults.

Outreach is particularly important in reaching persons in greatest social and economic need. The BOA itself conducts extensive outreach efforts to the target population. The BOA 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. The BOA looks for opportunities to partner with other entities to ensure equitable access to services.

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 Bureau of 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 Connecticut Tech Act Project, operating out of the Department of Aging and Disability Services, 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 Bureau of 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 BOA issues instructions prior to the drafting of area plans which require 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 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 BOA 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 Assistance	6 percent
Senior Centers	5 percent

Note that III-B minimums are required to be maintained, even where a transfer has been approved. The minimum proportion is based on the pre-transfer III-B allocation from the previous Federal Fiscal Year.

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 Bureau of 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 70 percent of all of Connecticut's rural residents age 60 and older reside in two of the state's five planning and service areas, the PSAs that are covered by the Western CT Area Agency on Aging and Senior Resources (the Eastern CT Area Agency on Aging). These agencies accommodate the needs of rural residents in their area plans and in their service allocations.

During the 2023 federal fiscal year, the most utilized services were home delivered meals, congregate meals, information and assistance, health promotion programs, 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 eight percent of funds available under Title III of the Older Americans Act are allocated according to the distribution of the state's rural older adult population.

The BOA continues to work with the AAAs with the highest percentage of rural residents to address issues caused by rurality, including development of transportation programs, nutrition services support, and continued monitoring of direct care workforce concerns and changes.

It is projected that the annual expenditures for serving older adults residing in rural areas is $3,206,746 in FFY25, $3,270,880 in FFY26 and $3,336,298 in FFY27. This projected amount includes the older adults served through CHSP as well as older adults served through Title III.

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 Bureau of Aging assures that needs of older adults in rural areas are taken into consideration. This is done in a variety of ways. The BOA 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 are considered as a weighting element in the Intrastate Funding Formula.

The AAA submits targets to the BOA that outlines efforts that will be made to reach at-risk, target populations. Targets are submitted to the BOA yearly. The BOA 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. Those AAAs with large rural populations work to adapt programs to the specific needs and challenges of rural communities including transportation, access to services, internet access, and direct care workforce shortages.

The BOA 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.

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 2020 was 31,135. The Bureau of Aging assures that needs of low-income minority older adults will be taken into consideration when determining how funds are allocated. The BOA 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 BOA 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 5-Year Estimates for 2020 Table S1601: Language Spoken at Home identifies 93,537 adults age 65 and older who speak a language other than English at home. While it is unknown how many low-income, minority adults age 60 and over have limited English Proficiency, 54.1% of older adult age 65 and older who speak a language other than English at home report speaking English less than "very well". Three counties in Connecticut, (Fairfield, New Haven and Hartford), have the highest concentration of adults age 65 and older reporting that they speak English less than "very well"."". The BOA 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 Bureau of 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 BOA 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 BOA is looking to collaborate with the Title VI grantees, the Mohegan Tribe and Mashantucket Pequot Tribe, on ways to partner. The Mohegan tribe indicates that the majority of Title VI funding is utilized for Nutrition, so the BOA is working to partner to support other needs such as health promotion programming and caregiver supports.

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 BOA 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 under Title III and VI for 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, as of the 2020 Decennial Census, 25.1% of the population in Connecticut was age 60 and over. The overall population increased only 0.9% between 2010 and 2020, whereas the 60 and older population increased by 5%. The BOA 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 was projected to grow 43.2% between 2016 and 2030 (United Health Foundation, 2016). Many individuals in this age cohort will need services. The BOA also acknowledges that financial resources are likely to be limited and unable to meet all of those needs. While the BOA is motivated to meet the needs of the increasing number of older adults, funding is not keeping pace with population growth, which will be an additional challenge.

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. More older adults choose to remain in their community, so the BOA works with the Long-Term Care Ombudsman Program and the Department of Social Service on a continuum of care with Home and Community Based Services that support older adults transitioning out of hospitals and long-term care facilities, and living in their communities.

The BOA has been supporting long-term care systems change efforts, working to sustain current efforts of the ADRCs and Service Navigators who perform ADRC services, the evidence-based disease prevention projects, and self-directed care initiatives as well as fostering partnerships in the aging network.

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 older adult 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 Assistance
- Long Term Care Ombudsman Services
- CHOICES
- Aging and Disability Resource Center and Service Navigation – No Wrong Door Services
- Information and Assistance
- Assisting older resident disaster survivors in applying for state and federal assistance
- Service Navigation

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. These services and responsibilities are also addressed in the Department's Continuity of Operations Plan (COOP) which builds an Emergency Team, identifies and implements critical functions, and develops Communication Protocols specific to the Department in the event of an influenza pandemic.

Aging and Disability Services' Bureau of Aging (BOA) will coordinate its efforts with the aging network to assure these programs are maintained in the event of an emergency. The BOA 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, and natural or 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 Framework Response 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 at-risk 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-BOA supports efforts to provide education about individual emergency preparedness for older adults and their caregivers. The aging network regularly coordinates its efforts with local agencies such as the American Red Cross and senior centers to ensure 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 BOA 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 older adults. 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 BOA plays a vital role in these efforts to assure wellness care is maintained for older adults 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 BOA assures funds received under this subtitle will continue to be carried out in accordance with the requirements of the chapter and this chapter.

The BOA provides three major elder justice functions for CT residents: The Long-Term Care Ombudsman Program (LTCOP), the Coalition for Elder Justice in Connecticut (CEJC) 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 BOA 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 PSE Unit sits on the CEJC Coordinating Council. This unit provides education to Title III and VII contractors on reporting elder abuse.

The LTCOP, 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 older adults 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 CEJC, 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 BOA 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 BOA 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 BOA 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 BOA administers and contracts out to the AAAs. These programs, such as the Aging and Disability Resource Centers, Service Navigator, Veterans Directed Program and CHOICES assist older adults and caregivers with acquiring benefits. The BOA 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 BOA 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 funded under Title III and Title VIII are provided solely to individuals residing in long-term care institutions (skills nursing facilities, residential care homes and assisted living facilities.) The Office of the State Long Term Care Ombudsman does not use Title III or Title VIII funding to provide advocacy services to individuals who reside in the community.

(5) The BOA 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 BOA assures that, through state and federal statutes and regulations, the BOA 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 BOA 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 Adult Protective Services (APS), referred to in Connecticut as Protective Services for the Elderly (PSE) is not under the auspices of Connecticut's State Department of Aging and Disability Services**

ATTACHMENT C: INTRASTATE FUNDING FORMULA

Intrastate Funding Formula (IFF)

To ensure that funds are allocated in an equitable manner that captures OAA target populations, Connecticut looks at the proportion of older adults in our Planning and Service Areas (PSA), weighted for Greatest Economic Need and Greatest Social Need factors, against the state as a whole. This methodology recognizes that older adult populations may not be distributed equally among the communities in the state, and that different communities have different needs and challenges.

In order to ensure minimum equitable distribution of funds, Connecticut combines a "base" allocation of 20% (one-fifth for each of the five PSAs/Area Agencies on Aging) with a weighted percentage based on the number of older adults in the region, as well as those older adults who are in OAA target populations of Greatest Economic Need and Greatest Social Need. The weighted percentage is averaged with the base percentage for a blended percentage that represents the IFF percentage for each region. In Connecticut, each of the six factors that make up the weighted percentage as explained below are weighted equally at 16.67%.

Though the OAA allows for a separate funding formula for Title III-D, Connecticut has elected to allocate Title III-D funds using the regular IFF.

Total 60+ (16.67%)	This factor addresses the total number of individuals age 60 and older who reside in the PSA. Data source: US Census Bureau, 2020 Decennial Census, Table DP1
Minority 60+ (16.67%)	This factor addresses those individuals who may be at Greatest Social Need due to social isolation based on their race or ethnicity. This figure includes individuals age 60 and older who identify as non-White and includes Hispanic/Latino, racial minorities, or any mix of the two. Data source: US Census Bureau, 2020 Decennial Census, Tables DP1 and H2
Low Income 60+ (16.67%)	This factor addresses those individuals age 60 and older who are at Greatest Economic Need due to income at or below 100% of the Federal Poverty Level. Data source: ACS 5 Year Estimates 2020, Table S1701
65+ w/disability (16.67%)	This factor addresses those individuals who may be at Greatest Social Need due to social isolation created by disability. These individuals may not be able to access supports and services in the community as readily as others and may need assistance with Activities of Daily Living or Instrumental Activities of Daily Living, or may be at higher risk for institutional placement. Disabilities include vision, hearing, cognitive, mobility, or self-care difficulties. Data source: ACS 5 Year Estimates 2020, Table S1810
Rural 60+ (16.67%)	This factor addresses Greatest Social Need due to social isolation created by living in a rural-designated location. Those living in rural communities may have trouble readily accessing services due to transportation, direct care workforce, distance to services, and higher costs of services due to geographic isolation. In Connecticut, a community is designated as rural using the US Census designation, extrapolated by town, for the 60+ population. Data source: US Census Bureau, 2020 Decennial Census, Tables DP1 and H2
Low Income Minority 60+	This factor addresses both Greatest Economic Need and Greatest Social Need, as individuals who identify as non-white (including race and Hispanic/Latino ethnicity) and have income at or below

(16.67%)	100% of the FPL may be more likely to need greater levels of assistance due to the combined factors of economic and social need. Data source: ACS 5 Year Estimates 2020, Table S1701

*Note: At the time of publication, US Census 2020 Decennial datasets were not released in full. Where available, 2020 Decennial Census data has been used. Where not available, the 2020 ACS 5 Year Estimates have been used. The Bureau of Aging may update the demographic data as additional datasets become available, including complete 2020 Decennial Census datasets or 2025 ACS 5 Year Estimates.

State Plan Administration: Prior to calculating allocations according to the IFF, ADS removes up to the maximum amount as permitted by the Older Americans Act, for state plan administration.

Ombudsman: The Long-Term Care Ombudsman Program (LTCOP) receives a base allocation of III-B funds, prior to the IFF being applied.

Area Plan Administration: Using the amount remaining after state plan administration funds and Ombudsman funds are taken out, the maximum amount as permitted by the OAA is removed for area plan administration (AAA administrative funds). This amount is allocated to the AAAs using the IFF. Area plan administration funds are never taken from the Title IIID allocation.

Nutrition Services Incentive Program (NSIP): To allocate NSIP funding, the number of NSIP-eligible meals (as defined by ACL) is extracted from the statewide database, WellSky Aging & Disability, for each Planning and Service Area (PSA), using the data from the prior Federal Fiscal Year. The total number of NSIP meals served in each PSA is calculated as a proportion of the statewide service levels, and NSIP funds are allocated to each PSA in accordance with that percentage. When the prior Federal Fiscal Year data is not yet available, the data for the Federal Fiscal Year prior to that is used. The NSIP allocations are then updated when the most recent data is available.

The Intrastate Funding Formula was developed in consultation with the five Area Agencies on Aging. AAA Directors were provided with a copy of the prior IFF, given information regarding the IFF process and informed of potential new elements for Greatest Social Need. After review of the information, and discussion between the SUA and AAAs, it was agreed that the factors that are already in the IFF best capture the landscape of our state. It was further agreed that the Census definition of Rural would be used, rather than RUCA, as it better captures the actual rurality of certain regions in Connecticut. The same factor weights are used in this IFF as in the prior IFF for FFY 2021-2024.

	AASCC	ECAAA	NCAAA	SWCAA	WCAAA	Total
Total 60+	170,946	164,034	249,276	157,827	159,295	901,378
Minority 60+	58,966	34,764	90,280	67,263	45,039	296,312
Low Income 60+	11,764	9,780	20,388	11,533	10,140	63,605
65+ w/disability	32,738	31,849	50,437	29,622	32,097	176,743
Rural 60+	9,719	60,247	27,683	5,755	40,082	143,486
Low Income Minority 60+	5,808	2,755	11,229	7,120	4,223	31,135
Total Weighted Population	289,941	303,429	449,293	279,120	290,876	1,612,659
Weighted Population Percent	17.98%	18.82%	27.86%	17.31%	18.04%	100.00%
Base Percent	20.00%	20.00%	20.00%	20.00%	20.00%	100.00%
Funding Formula Percent	**18.99%**	**19.41%**	**23.93%**	**18.65%**	**19.02%**	**100.00%**

FFY 2024 Annual Award					
	AASCC	**ECAAA**	**NCAAA**	**SWCAA**	**WCAAA**
AAA Area Plan Administration	$266,912	$272,815	$336,347	$262,133	$267,334
III-B Supportive Services	$664,807	$679,511	$837,748	$652,905	$665,858
III-C1 Congregate Meals	$892,024	$911,752	$1,124,071	$876,052	$893,432
III-C2 Home Delivered Meals	$790,077	$807,551	$995,605	$775,932	$791,325
III-D Health Promotion	$55,304	$56,528	$69,689	$54,314	$55,391
III-E Caregiver Support	$342,638	$350,216	$431,771	$336,504	$343,181
Total	**$3,011,762**	**$3,078,373**	**$3,795,231**	**$2,957,840**	**$3,016,521**

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

AW% = ΣA(P1+P2+P3+P4+P5+P6)/ ΣS(P1+P2+P3+P4+P5+P6)

AB% = 20%

AI% = (AW%+AB%)/2

AI% = ((ΣA(P1+P2+P3+P4+P5+P6)/ ΣS(P1+P2+P3+P4+P5+P6))+.20)/2

$A = AI%*$S

Where:
A = Planning and Service Area
S = State
$A = Planning and Service Area Funding Allocation
$S = State Funding Allocation
P1 = Total individuals 60+
P2 = Total minority individuals 60+
P3 = Total low-income individuals 60+
P4 = Total individuals 65+ with a disability
P5 = Total rural individuals 60+
P6 = Total low-income minority individuals 60+
Σ = Sum
AW% = Planning and Service Area Weighted Percentage
AB% = Planning and Service Area Base Percentage
AI% = Planning and Service Area IFF Percentage

ATTACHMENT D: BUREAU OF AGING PROGRAMS, PROJECTS, AND INITIATIVES

LONG-TERM SERVICES & SUPPORTS

Connecticut Statewide Respite Care Program (CSRCP)
Caregiver respite provides temporary relief to those caring for individuals diagnosed with Alzheimer's disease or a related dementia, which can be physically and emotionally demanding. Respite care can be in-home, with a professional caregiver such as a homemaker, home health aide, or personal care assistant, or out-of-home such as at an Adult Day Center or short-term inpatient care in a nursing facility or a short-term assisted living stay. Respite is crucial for preventing caregiver burnout, promoting well-being, and enhancing the quality of life for both caregivers and individuals with ADRD. 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 partnership between BOA and the Area Agencies on Aging. This program is solely state funded.

National Family Caregiver Support Program (NFCSP)
Established in 2000, the National Family Caregiver Support Program (NFCSP) is designed to offer support to Caregivers who are overseeing the care of, or who are caring for, individuals within the community through a variety of services and supports. The program was created for family and other unpaid caregivers supporting older individuals, as well as older relatives who are raising youth, and older relatives and parents of adult children with disabilities. There is no income or asset test for program eligibility. NFCSP is administered in-house at all five [5] Area Agencies on Aging, each generally having a program-dedicated Care Manager and all having supportive staff that manage or assist in certain functions of administering the program. each Area Plan under Title IIIE dictates their yearly targets for the program components including information and assistance via outreach, benefits education, Case Management, Caregiver Counseling, Support Groups, and Caregiver Training. Additionally, both respite and supplemental services are offered to individuals who access the program.

Aging and Disability Resource Centers (ADRCs), Service Navigators, and No Wrong Door (NWD) 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
Person Centered Training is a four-part series of skill building in alignment with the University of Minnesota- Kansas City's "Charting the LifeCourse" framework. The framework addresses the lifespan of an individual, inclusive of older adults, adults with disabilities, and end of life planning. The BOA created a hybrid model with UMKC that included the 4-part training series and then a two part series of implementation calls for various disciplines to practice their skills. The Department of Developmental Services (DDS) also uses this framework and PCC continues to be woven in practice with our partners, at the Department of Social Services (DSS).

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 BOA facilitated the implementation of 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. BOA updated the Veteran Directed Care Manual (2024) for CT. The BOA implemented the VDC Operations Manual (2024), the Field Guide Book for the VDC brokers, as well updates to the Case Mix budgets to remain competitive in the market. The BOA

continues to explore options for expansion of the VDC program and continues to be involved in the standardization of the program here in CT in alignment with ACL.

Senior Community Service Employment Program (SCSEP)
SCSEP provides subsidized work-based training, sector-based certification training, supportive services, and job development for program participants. Work-based training is conducted through subsidized placements with local non-profit and community agencies, providing needed staffing service to those businesses. Sector-based certification training may be provided to enhance job skills training. Program participants may receive supportive services as needed. These include, but are not limited to, energy assistance, transportation assistance, and assistive technology. The Bureau of Aging is designated by the Governor as the state's SCSEP grantee. As such, the BOA is responsible for providing SCSEP services to four planning regions namely Greater Bridgeport, Northwest Hills, South Central, and Western Connecticut coordinating with the state's Workforce Development Boards and the Workforce Investment and Opportunities Act (WIOA); and the development and submission of 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 Bureau of 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 (AAA) to fund staff at Adult Day Care Centers who assist individuals with Alzheimer's Disease. BOA administers this state funding, reviews funding requests from each AAA, evaluates the impact of the prior year's funding on staffing levels, and approves requests for funding annually.

HEALTHY AGING

Elderly Nutrition Program
Purpose is to reduce hunger and food insecurity through the provision of congregate and homed delivered meals, promote socialization, health, and well-being, and delay adverse health conditions for older adults. The program serves people age 60 years and older, their spouses, and people with disabilities under 60 years old who live with an older person or live in elderly housing facilities that serve congregate meals on site (Community Cafes). Meals are provided at Community Cafes located in senior centers, senior 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 as nutrition assessment, education, or counseling. The BOA conducts annual training, reviews and approves menus to assure compliance with the most recent Dietary Guidelines for Americans and conformance to the Dietary Reference Intakes. Additionally, BOA 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 IIID
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

IIID 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 BOA, in partnership with the Department of Public Health will continue to address the rising rates of falls and resulting disability among Connecticut's older adults to help Connecticut become a national model in preventing falls in a community-based setting.

Chronic Disease Self-Management Education (CDSME) Programs
The Chronic Disease Self-Management Education Program provides information and teaches practical skills on managing and living with chronic health conditions. "Live Well" as this program is currently branded in Connecticut, was developed by Stanford University for older adults and caregivers who live with chronic conditions. The program is funded by the Department of Aging and Disability Services through the Older Americans Act Title III D funding. 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. BOA staff helps with administering, evaluating, monitoring and coordinating State Health Insurance Program (SHIP) services in collaboration with the five AAAs and the Center for Medicare Advocacy. The Medicare Improvements for Patients and Providers Act (MIPPA) targets underserved populations to assist Medicare beneficiaries in learning about programs that may save them money on their Medicare costs.

Grants for Native Americans - Title VI
The Older Americans Act funds programs for the provision of nutrition and supportive services. Eligible Tribal organizations receive grants in support of the delivery of home and community-based supportive services for Native American elders, family, and caregivers. These programs help to reduce the need for costly institutional care and medical interventions and are responsive to the cultural diversity of Native American communities and represent an important part of the communities' comprehensive services. Currently, BOA and the Eastern Connecticut Area Agency on Aging are building on opportunities for enhanced collaboration and coordination of Title III supports and services to the Eastern regions in Connecticut where underserved population groups, including Native Americans experiencing difficulty in to access to supportive services.

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. Ombudsman 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 BOA'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 BOA 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 wellbeing 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 (RAM)
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, Bureau of 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 Performance 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: STATE PLAN DEVELOPMENT – COMMUNITY CONVERSATIONS

Location	Address	Event Date	Total Participants
Milford	Milford Senior Citizen Center 9 Jepson Dr, Milford	1/18/2024	15
Groton	Groton Senior Citizens Center 102 Newtown Rd, Groton	1/23/2024	15
Windsor	Windsor Senior Center 599 Matianuck Avenue, Windsor	2/2/2024	69
Rocky Hill	Rocky Hill Senior Center 55 Church Street, Rocky Hill	2/7/2024	36
Stratford	Stratford Baldwin Center 1000 W Broad St, Stratford	2/16/2024	65
Danbury	Elmwood Hall Senior Center 10 Elmwood Pl, Danbury	2/21/2024	30
Brooklyn	Quinebaug Valley Senior Center 9 South Main Street, Brooklyn	2/22/2024	16
Torrington	Sullivan Senior Center 88 E Albert St, Torrington	2/26/2024	26
Virtual Listening Session	Zoom Webinar	3/11/2024	70
Total Participants			**317**

Key Area(s):	Problem	Possible Roots	Solutions Proffered	Potential Partners Identified
1.**Caregiver wages & Caregiver affordability** 2.**Workforce challenges related to pay and minimum work time**	1. Paid Caregiver salary is a burden on private payers. 2. Wage paid to Caregivers is too low. 3.Middle income households have limited access to caregiver services.	1.Allotted minimum hours of work (State regulation) is insufficient. 2.Marketing of private caregiver business may overshadow access to publicly funded programs at Caregiver agencies and	Increase State pay allotted to Caregivers	To be identified

Key Area(s):	Problem	Possible Roots	Solutions Proffered	Potential Partners Identified
	4. Use of skilled care is short-term and more supportive service is needed for older adults living with chronic conditions.	Lack of knowledge about public programs may also feed gap in information and knowledge about public caregiver programs which limits access to supportive caregiver service.		
3.Caregiver support training and education	1. Inaccessibility to caregiver training and education are related to services. 2. Professional Caregiver Agencies are not required to train caregivers.	1.Information and or sharing information is lacking. 2. Regulation blocks agencies to train caregivers/nurse's aides	1.Conduct outreach to engage Caregivers, family, and older adults. 2.Conduct Alzheimer's and Related Dementia trainings	BOA: Strategy was formulated for the State Plan on Aging 2024-2027
4. The Title XIX application for long term care support and services.	1.) **Title XIX application** is takes too long to complete and the process of completing the application is a challenge due to requirements. 2**. Application response is delayed**, and the process takes between 7 to 9 months.	1.Regulatory stipulations may trigger delays. 2.Middle income bracket population grp needs to be prioritized to plan as much as possible.	1.Title XIX/19 must be revised making it simple /friendlier for applicants and should be shortened (too much 'leg work')	Dept of Social Services (DSS)

Key Area(s):	Problem	Possible Roots	Solutions Proffered	Potential Partners Identified
	3**. Lack of support** in completing the application and related processes.			
5.Limited accessibility to a database of caregiver agencies	1.Professional caregiver agencies are looking for clients who are not on DSS 'list, per South Central Area Agency on Aging (SCAAoA)	1.Lack of outreach to community and information sharing is limited.	1.Create a listing of trustworthy caregivers to support older adults in the home at AAAs to be share with municipal agents and other partners in the community.	BOA-AAAs coordination
6. Elder Rights	1.Professional organizations such as the Certified Public Accountants have not collaborated with Coalition for Elder Justice (EJC) 2. Education about various issues around access to legal services as power of attorney and conservatorship information outreach to older adults and those who live alone and or may be predisposed to cognitive	1.Limited expansion of partnership & collaboration through outreach to professional organizations to conduct presentations, share resources to older adults. 2. Limited community outreach and information sharing 3. Limited mobilization of citizens support groups in neighborhoods and communities.	-Expansion of partnership & collaboration /outreach to connect professional organizations to offer pro-bono services to older adults. 1.VITAS and AARP Tax Preparation training to pre-screen older adults 2.Conduct educational talks and webinars about scams and steps to take to avoid financial abuse, fraud and exploitation at Libraries, Senior Centers and	Strategy included in the State Plan on Aging 2024-2027 BOA - CEJC

Key Area(s):	Problem	Possible Roots	Solutions Proffered	Potential Partners Identified
	decline are some targets. 3.Lack of a systematic approach of checking in by towns or by neighbors 4.Scam artists are using Artificial Intelligence to target older adults using human like voices, etc.,		municipal centers, etc.,	
7. Conservatorship regulations	1.Govt' employees and officials linked to financial exploitation and abuse of older adults who have State 'enforced conservatorship (Personal experience shared)	1.Probate conservatorship override medical professionals' diagnosis. What are precedent cases in these matters of 'unwilling captivity' by the State and how could these cases be remedied. -hospital system dealing with lawyers and clients.	1.Education about how older adults can "weed out" the good and bad Eldercare Lawyers. 2.Access to pro-bono legal information for older adults must be made public.	BOA-CEJC
8.Information and Assistance & Referrals **CHOICES**	Access to information via 211 is a pitfall as older adults find it cumbersome to navigate.	1.Previous lack of coordination between departments.	1.211 has been streamlined and Call Centers are now well positioned to serve callers.	BOA / AAA conduct regular information sessions and incorporating electronic and word of mouth advertising in local community organizations.

Key Area(s):	Problem	Possible Roots	Solutions Proffered	Potential Partners Identified
	2.Unaware about where to go for respite care.		2.Outreach about the role of AAAs in the community via Senior Centers, Libraries, and other local community organizations. 3. Listing of programs or places and specific kind of care available or offered on sites.	
9. Mental Health	1.Older adults in public are ignored in public places when they may need emergency services. 2.Connecting with Protective Services is very difficult for SC professionals as there is no follow-up between PSE and professionals (e.g., Senior Ctrs)	1.Preconceived notions of who is in need of assistance among members of the public and attitudes of indifference among some members of the public for older adults in need of help. 2.Mandated reporters do not receive acknowledgement about reporting a case	1.Outreach: Recognizing when older adults in public places may need emergency intervention. 2.Life Alert tools for older adults living alone and or have a medical condition.	BOA DSS- PSE, CEJC, & DPH
10. Communicating Ageism and aging to younger folks	Senior centers want to include community residents under 65 but most residents under	Personal, Cultural perceptions of elder and old or older persons.	Mobilize personal and professional networks of support groups to facilitate education about aging and pitfalls.	BOA - Communication campaigns- AAA, SCs

Key Area(s):	Problem	Possible Roots	Solutions Proffered	Potential Partners Identified
	65 do not visit senior centers.			
11. Affordable Housing for Older Adults	1.Wait lists are astronomical and at times waiting takes 2 years. 2. Lack of Home Share Program for older adults -Interstate and in CT for older adults moving out to other states must return and vice versa due to a lack of affordable housing. 3.Veterans Housing is temporary (Rocky Hill)	1.Rents are astronomical Need for policies to support affordable housing for older adults living in their homes and for those who are renting 2.Listings are not updated across the decentralized lists. VA policies and rules may have limited timeframes	1.Form a task force to address housing issues specific to older adults. 2.Need for Section 8 Vouchers 3.Housing forums for older adults are another suggestion 4.Centralize a listing of affordable housing in CT for older adults -updated listings.	ADS-BOA, DSS, Dept of Housing, Veteran's Department and others to be identified.
12. Transportation Services	1.Difficult to get transportation throughout the state. Specifically, in **Eastern CT counties** (Brooklyn, Putnam, Killingly, etc.,) transportation does not exist to shuttle older adults to medical appointments across to RI or	1. Lack of transportation funds. Older adults with social and economic need may not have financial capacity or be able to afford private transportation. 2.There must be a regionalized Dial-A-Ride (DAR)	1.AAoASC has chaperone services -free of charge 2.Possibly use Bridging the Digital Divide to support older adults to accommodate virtual medical	Included in the State Plan on Aging 2024-2027 An assessment will be conducted in Eastern in the coming Federal Fiscal Year. -Other assessments could be conducted to ascertain the need by other regions based on what is available vs gaps and recommendations for resources may be put forward to Area Agencies on Aging.

Key Area(s):	Problem	Possible Roots	Solutions Proffered	Potential Partners Identified
	towns far from community. 2.Difficult to get transportation for disabled older adults from Torrington to Hartford 3.Assistance to board transportation is lacking for older adults in need of assistance (both on and off the bus/vehicle)	3.Poor transportation planning	appointments in some instances.	
13. Education about Services and Supports	1. Older adults are unaware of the types of services and supports available to them: -financial & related planning issues. 2.Senior Centers focus should include more education about social services and health topics as, Brain Health and related topics. 3.Chronic diseases among older adults are prevalent in Eastern, CT.	1.Silo-ed operations 2.Culture of operating Senior Centers focused on social activities and games as BINGO, etc., 3. Low income, access to food, transportation, and related services and supports is a major challenge for folks in Eastern, CT	1.Senior Centers need to include more educational presentations about social services and health topics as, Brain Health, mental health, Alzheimer's, and Dementia education 2.Rebranding / marketing for Senior Centers about aging language: **elderly versus older people**. **Address ageism** Advertising within Senior Centers 3. Develop a comprehensive supportive services package	BOA-AAA, SC, & Municipalities to engage in coordination

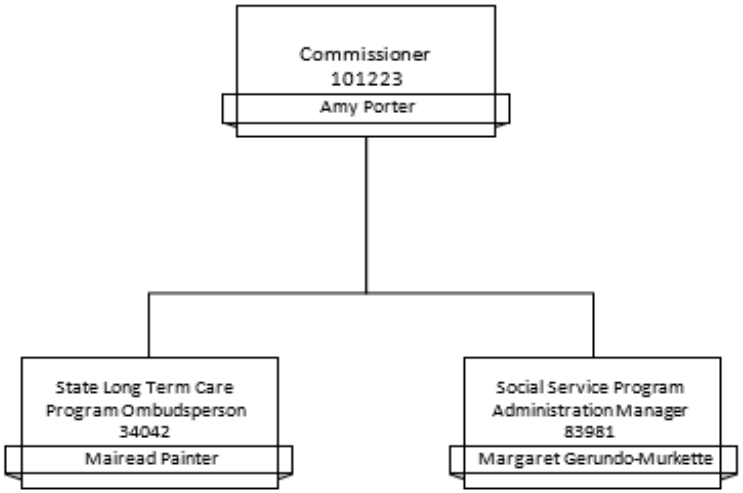
Key Area(s):	Problem	Possible Roots	Solutions Proffered	Potential Partners Identified
			to mail to older residents who retire at 65 years to inform them of all the services/resources available to seniors in the community and beyond.	
1**4. Communication to Older Adults in the community**	1)Older adults do not believe they are well-informed about what government is doing in their community related to investments in projects for seniors. 2) Older adults do not know where to go for support services when they are in a crisis.	1.Communication method is based on use of technology versus paper to communicate updates.	Every town in CT **mail senior resources package** to older residents weekly or monthly about planned projects and activities.	BOA Coordination: AAA/SC/Municipalities: Communication modes could be expanded upon to include peer to peer among seniors: Core Peer Volunteers to be the face of programs to spread information by word of mouth and print relevant information in the local newspapers. -Use of the television several times a day (7am, Noon, 6pm).
15. Isolation	1.Older adults living alone have difficulty obtaining support services.	1) No living family members. 2) Relationships are non-existent / friends are not alive or do not live nearby.	1) Compile a list of reliable /trustworthy caregivers for towns and regions to support older adults living alone and for others with need for respite care. 2.Regular companion visits and check-ins	BOA Coordination: AAA/SC/Municipalities: Compile a list of reliable /trustworthy caregivers for towns and regions to support older adults living alone and for others with need for respite care. Conduct analysis via satisfaction survey and identify older adults who want to have assistive technology training to facilitate use of technology to connect with loved ones.

Key Area(s):	Problem	Possible Roots	Solutions Proffered	Potential Partners Identified
16. Area Agencies on Aging	1.Older adults do not know about the **AAAs** and what they offer. 2.Medical facilities do not know about AAAs	Limited partnerships /outreach among some AAAs across the counties they serve.	AAAs and Senior centers to increase communication and outreach to towns and surrounding areas.	BOA-AAA
17. Access to Food	1. The Total number of meals delivered or offered at congregate sites to seniors per week is 3 versus 5 times a week throughout many areas.	Lack of funding	Create a weekly or daily schedule for circulation by organization in the community such as; local soup kitchens, food pantries and other local food project initiatives to offer much needed food and meals regularly to older adults.	AAA, SC, ENPs community partnerships with food services and pantries.

ATTACHMENT F: BUREAU OF AGING ORGANIZATIONAL STRUCTURE

CONNECTICUT
Aging and Disability Services

Bureau of Aging Services



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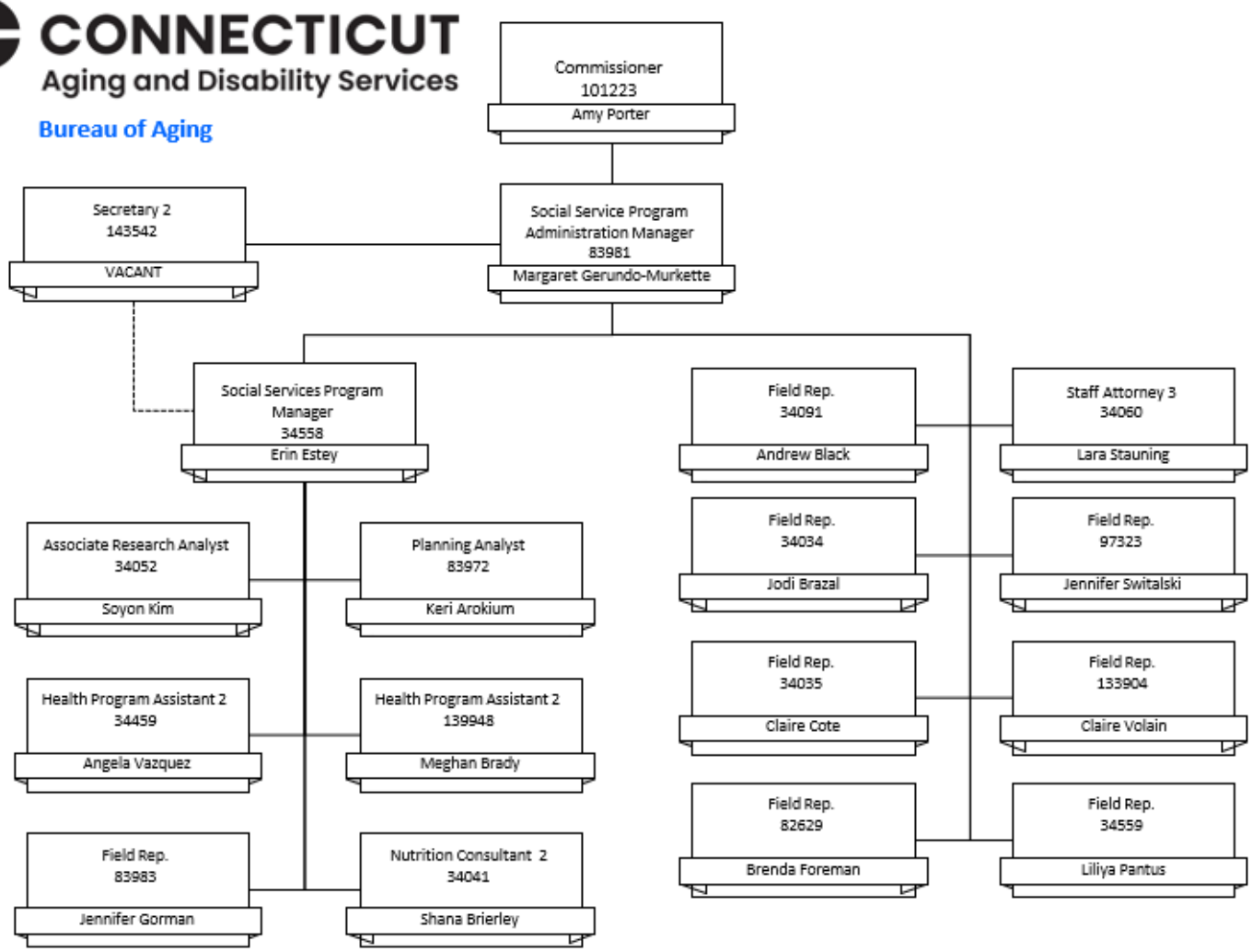
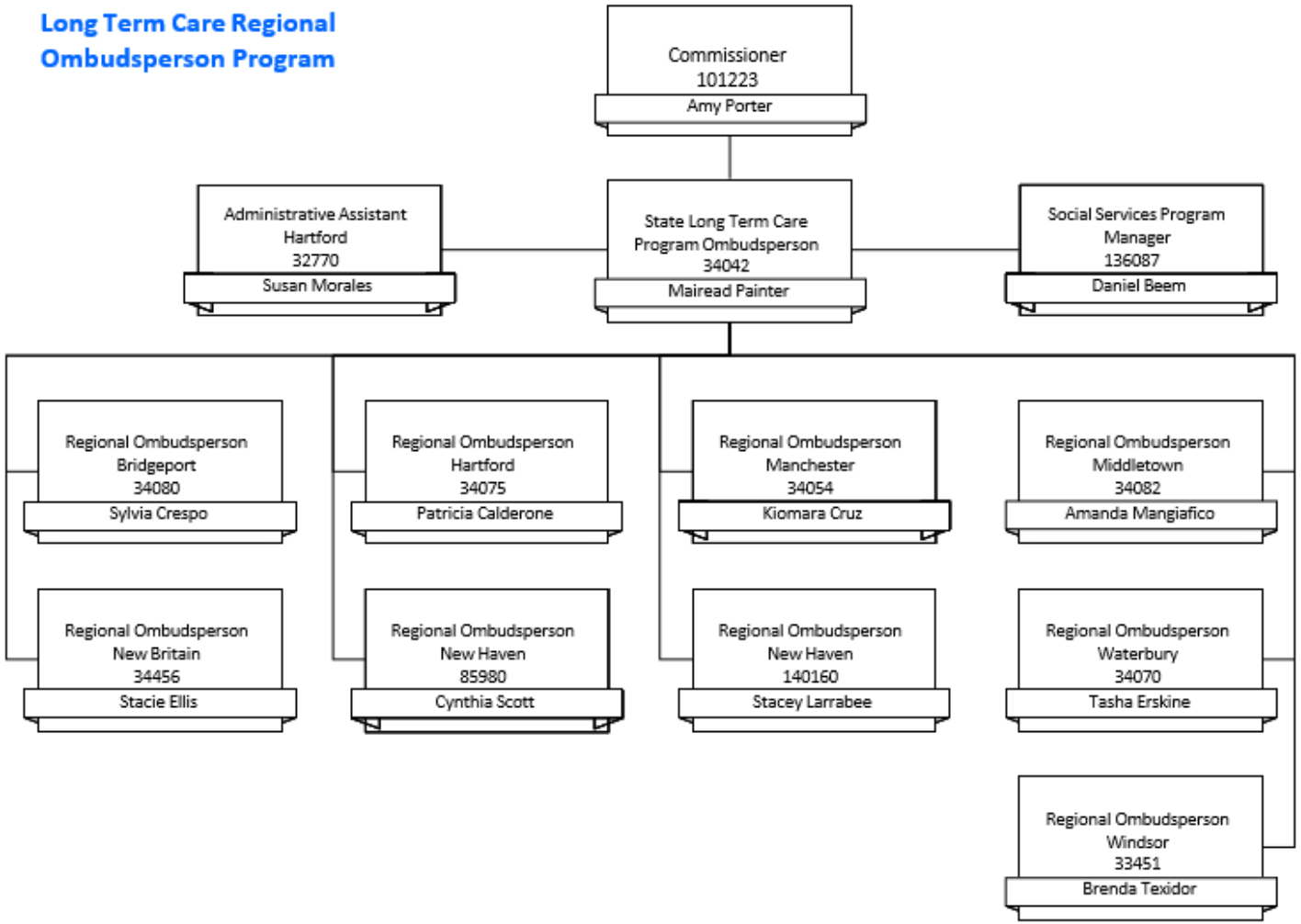
CONNECTICUT
Aging and Disability Services
Bureau of Aging



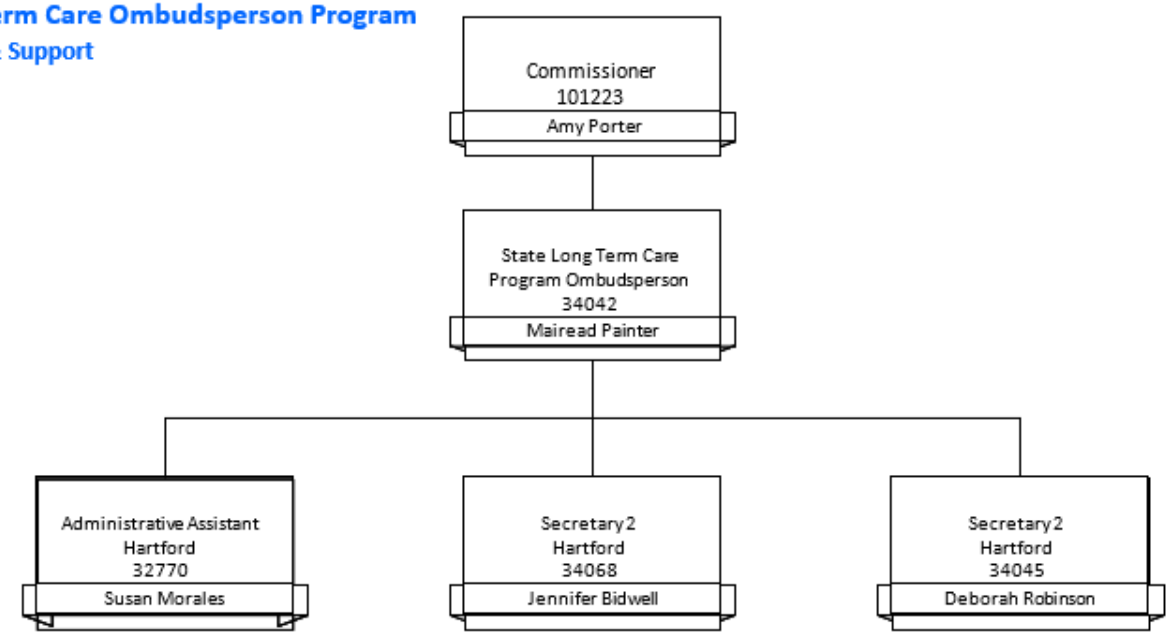
CONNECTICUT
Aging and Disability Services

Long Term Care Regional Ombudsperson Program

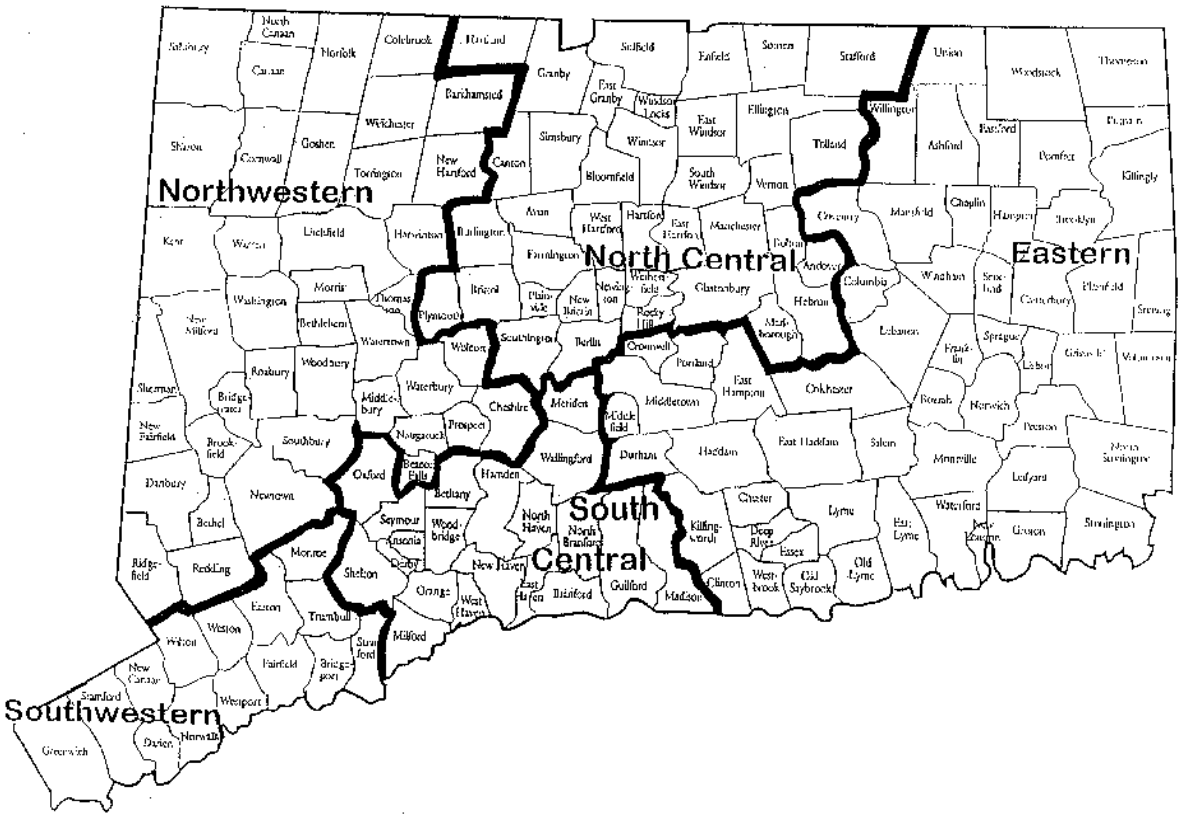


CONNECTICUT
Aging and Disability Services

Long Term Care Ombudsperson Program
Admin & Support



ATTACHMENT G: CONNECTICUT'S AREA AGENCIES ON AGING



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

North Central Area Agency on Aging
(860) 724-6443
151 New Park Avenue, Box 75
Hartford, CT 06106

Senior Resources Agency on Aging
(860) 887-3561
19 Ohio Avenue
Norwich, CT 06360

Southwestern CT Agency on Aging
(203) 333-9288
1000 Lafayette Boulevard
Bridgeport, CT 06604

Western CT Area Agency on Aging
(203) 757-5449
84 Progress Lane
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ATTACHMENT H: ACKNOWLEDGMENTS

The following individuals are acknowledged for their contributions to the FFY 2025-2027 Connecticut State Plan on Aging:

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Mairead Painter

Liliya Pantus

Commissioner Amy Porter

Lara Stauning

Jennifer Switalski

Angela Vázquez

Claire Volain

Jill Walsh, CT Data Collaborative

ATTACHMENT I: SUMMARY OF STATE PLAN PUBLIC COMMENTS

The BOA received public comments between June 1 and June 24, 2024. The draft plan was posted on the ADS website, distributed via the BOA listserv, and sent to several key partners directly. Several organizations expressed their commitment to partner and collaborate with BOA over the next three years toward achieving the goals outlined in the State Plan on Aging FFY 2025-2027. In summary, comments from our partners shared the sentiment that goals outlined in the State Plan on Aging are in alignment with the need for services and supports for older adults within the framework of the long-term services and supports, healthy aging and elder rights.

Public feedback and comments are summarized as follows:

- Clarifications around expanding the definition of the word "family" and use in the context of caring for older adults with chronic diseases or illness. giving. Modifications include nonbiological family members, friends and loved ones who engage in paid and non-paid caregiving activities.
- Partnership with elder LGBTQ+ organizations, HIV groups and service providers to build an understanding of the needs of the respective community groups to be integrated and offered in services and supports.
- Raise awareness via messaging to seniors about nutrition and related activities toward engaging with resident service coordinators, senior centers and Senior's Farmer's Market Nutrition Program and use of UConn Community Nutrition page: https://communitynutrition.cahnr.uconn.edu/sfmnp/
- Concern about federal funding for Elderly Nutrition Providers in Connecticut due to a rapidly growing older adult population demand which will trigger increased need for funding and calls for specific strategies to address this shift.
- Partnership building with Area Agency on Aging (AAAs) to promote Senior Farmer's Markets Nutrition Program benefits, connecting locally and purchasing health foods in season.
- Funding barrier is expressed as a concern that could dampen long term services and supports.
- Underrepresented and underserved communities are affected by Alzheimer's and Dementia and need to identify where these gaps exist toward increasing awareness, facilitate access to early and accurate diagnosis, testing, quality and coordinated care.
- The multifaceted nature of healthy aging, there is need for focus on mental health advocacy and education to reduce the stigma and promote mental health services for older adults.
- Transportation budget is limited and addressing the problem of limited transportation requires innovative solutions such as community-based transportation services or expanded partnerships with ride-sharing programs to accommodate the increasing requests for medical rides among other uses.
- Increase resources for advocacy and education for elder rights to help reduce incidence of elder abuse by ensuring safer and more secure environments.

Feedback received from each organization has been carefully reviewed and where appropriate modified and incorporated as far as possible. We extend our gratitude to the following organizations for their meaningful comments and feedback on the State Plan on Aging FFY 2025-2027. We look forward to working in partnership with our partners in the aging network toward achieving the goals outlined.

Thank you to the following organizations for your valuable contribution to the State Plan on Aging FFY 2025-2027:

- Agency on Aging of South Central Connecticut
- Eastern Connecticut Area Agency on Aging (dba Senior Resources)
- North Central Area Agency on Aging
- Southwestern Connecticut Agency on Aging
- Western Connecticut Area Agency on Aging
- Agriculture Development and Resource Conservation, Connecticut Department of Agriculture
- Community Renewal Team
- LeadingAge Connecticut
- Rainbow Elders and friends
- Town of Portland, CT