

Agency Option Submission

State Department on Aging

Signed (Agency Head)	Title	Date
<i>Elizabeth B. Ritter</i>	<i>Commissioner</i>	<i>10/7/14</i>

Fund	Agency Priority	Adjustment Title	FY 2018 Amount	FY 2019 Amount
11000 - General Fund				
	1	Annualize SFY2017 Lapsing Funds	(182,806)	(182,806)
	2	Eliminate Funding for HRA-Las Perlas Hispanas Senior Center Services Program	(18,000)	(18,000)
	3	Realign Support for Associate Research Analyst to Federal Grant	(84,196)	(84,196)
	4	Adjust Personal Services - Elderly Services	(59,506)	(77,358)
	5	Adjust Personal Services - Long Term Care Ombudsman Program	(90,466)	(90,466)
	7	Center for Medicare Advocacy reduction in funding for State Part D & Medicare Legal Assistance	(49,130)	(47,103)
	8	Reduction of Statewide Respite Care Program	(318,631)	(305,483)
	Total		(802,735)	(805,412)
12004 - Insurance Fund				
	6	Reduction in Fall Prevention Program Funding	(64,864)	(62,187)
	Total		(64,864)	(62,187)
Total			(867,599)	(867,599)

State Department on Aging

11000 - General Fund

Adjustment Type:

Reductions

Agency Title:

Annualize SFY2017 Lapsing Funds

Agency Description:

Description of Option - What is the current program and describe the change suggested:  
SFY2017 Holdbacks for Program and OE will be continued into SFY2018-2019 and consists of the following:  
Statewide Respite Care Program: Eliminated Contract to Alzheimer Assoc \$30,000 + \$86,255 (approx. 4% reduction) affecting Area Agencies on Aging - \$116,255  
Dementia Specific Cognitive Training: Eliminated Contract to New England Cognitive Center - \$49,035  
Medicare Legal Assistance: Reduction (approx. 4%) to Center for Medicare Advocacy based on the allotment for Medicare Legal Assistance + Non-Project - Center for Medicare Advocacy State Part D - \$13,520  
Perlas Hispanas: Original holdback amount was \$18,300, but \$18,000 was reinstated in SFY2017 to Human Resources Agency of New Britain - \$300  
OE - \$3,696  
  
This Budget Option will assist the SDA in meeting the required proposed Agency budget reduction.

Agency Priority:

1

System ID:

6844

SID	Account	Program	Agency 2018	Agency 2019
Financials				
10020 - Other Expenses	54000 - Purchased Commodities	10000 - Community Services	(3,696)	(3,696)
	Total-10020 - Other Expenses		(3,696)	(3,696)
16260 - Programs for Senior Citizens	50000 - Expenditures	10000 - Community Services	(179,110)	(179,110)
	Total-16260 - Programs for Senior Citizens		(179,110)	(179,110)
Total Financials			(182,806)	(182,806)

State Department on Aging

11000 - General Fund

Adjustment Type:

Reductions

Agency Title:

Eliminate Funding for HRA-Las Perlas Hispanas Senior Center Services Program

Agency Description:

Description of Option - What is the current program and describe the change suggested:

Las Perlas Hispanas Senior Center Services Program is a state funded program which provides case management and information services to low income minority adults age 60 and older who are in need of assistance accessing additional community services and socialization. Through this funding, Las Perlas Hispanas supports older adults who are in need of additional community services and reside in the City of New Britain. This proposal is for the elimination of state funding for the Las Perlas Hispanas Senior Center Services Program. The funding totals \$18,000 annually.

What is the impact on core functions and services to clients?

The proposed reduction for SFY2018 will eliminate funding for Las Perlas Hispanas Senior Center Services Program beginning July 1, 2017. With the elimination of this program, it is estimated that 31 low income older adults, living in New Britain, will not have access to these services, as provided currently.

The goal of the Las Perlas Hispanas Senior Center Services Program is to identify potential participants, assist in the application process, screen and proceed to enroll them for additional services (which could be state or federal programs) and link customers directly to programs both at the senior center as well as through partner agencies while continuing to track the individual's progress.

Without these state funds for these services at Las Perlas, the older adults could be served through the Area Agency on Aging or the local community agency. Some are connected to the Area Agency on Aging already through the Elderly Nutrition Program at the Las Perlas Hispanas site.

This Budget Option will assist the SDA in meeting the required proposed Agency budget reduction.

Identification of Potential Impact:  
Regional Operations:Yes Explain: New Britain Housing Site  
Partner Assistance:Yes Identify/Explain: May affect the staff of HRS, Inc. through reduction of hours due to reduction in funds.

Agency Priority:

2

System ID:

6847

SID	Account	Program	Agency 2018	Agency 2019
Financials				
16260 - Programs for Senior Citizens	50000 - Expenditures	10000 - Community Services	(18,000)	(18,000)
	Total-16260 - Programs for Senior Citizens		(18,000)	(18,000)
Total Financials			(18,000)	(18,000)

State Department on Aging

11000 - General Fund

Adjustment Type:

Reductions

Agency Title:

Realign Support for Associate Research Analyst to Federal Grant

Agency Description:

Description of Option - What is the current program and describe the change suggested:  
 Reduction of PS by moving an Associate Research Analyst's Salary and Longevity from State Funds to Title IIIB Supportive Services Grant (SDA Admin) SID 20835 Project SDA10602 - \$99,120 (includes 26 pay periods). Original SFY2018 Payroll Projections produced a deficit of \$14,924. Total savings \$84,196.

What is the impact on core functions and services to clients?  
 The savings realized by moving the salary from State funds to the Federal Grant is \$99,120 (salary, longevity), however, the resulting impact to the Federal Grant is greater at \$199,993 (salary, longevity, fringe, indirect). The figures are based on no increases, but any changes to salary or fringe will further impact the Federal Grant. Currently, some of these Title IIB Supportive Service Grant (SDA Admin) funds are used to provide services under programs including Title IIIB Supportive Services, Title IIIC1 Congregate Meals, Title IIIC2 Home Delivered Meals and Title IIID Preventive Health Care. The AAAs allocate these funds for services based on client/program needs.

To achieve state savings of \$99,120 by moving the salary from state funds to the federal grant, there is \$199,993 less in federal funds available to be spent on Title III program services mentioned above.

This Budget Option will assist the SDA in meeting the required proposed Agency budget reduction.

Agency Priority:

3

System ID:

6849

SID	Account	Program	Agency 2018	Agency 2019
Financials				
10010 - Personal Services	50110 - Salaries & Wages-Full Time	30000 - Management Services	(82,924)	(82,924)
	50160 - Longevity Payments	30000 - Management Services	(1,272)	(1,272)
	Total-10010 - Personal Services		(84,196)	(84,196)
Total Financials			(84,196)	(84,196)
Positions				
	-	30000 - Management Services	(1)	(1)
	Total-		(1)	(1)
Total Positions			(1)	(1)

State Department on Aging

11000 - General Fund

Adjustment Type:

Reductions

Agency Title:

Adjust Personal Services - Elderly Services

Agency Description:

Description of Option - What is the current program and describe the change suggested:  
 9/1/2017 A Field Representative is expected to retire and the position would not be replaced. This will produce a savings in SFY2018 of \$59,506 (20 pay periods) and an annualized savings in SFY2019 of \$77,358 (26 pay periods)  
 What is the impact on core functions and services to clients?  
 Currently this Field Rep supports three Area Agencies on Aging through the work performed on the programs and contracts for these Area Agencies. Without this staff member, the core functions of technical assistance, timely contract execution, payments, program monitoring and required federal and state reporting will be affected. This position also provides direct service to older adults, persons with disabilities and their families, caregivers and other aging professionals in the state through community presence, the Departmental toll free line and departmental information and assistance activities.  
  
 While remaining departmental staff will be re-directed to cover these core functions, timeliness and access to services will be reduced. It can be expected that delays may result in loss of funding due to lateness of reporting, loss of access to services, establishment of waiting lists.  
  
 Without the securing of all available state and federal funds through procurement or discretionary grants processes, service levels will drop and thus further impact Connecticut's ability to retain existing service providers and care for the aging population.  
  
 This Budget Option will assist the SDA in meeting the required proposed Agency budget reduction.  
  
 Identification of Potential Impact:  
 Regional Operations: Yes Explain: Program work will be redistributed to remaining staff and new program initiatives will likely be reduced.

Agency Priority:

4

System ID:

6853

SID	Account	Program	Agency 2018	Agency 2019
Financials				
10010 - Personal Services	50110 - Salaries & Wages-Full Time	10000 - Community Services	(59,506)	(77,358)
	Total-10010 - Personal Services		(59,506)	(77,358)
Total Financials			(59,506)	(77,358)
Positions				
	-	10000 - Community Services	(1)	(1)
	Total-		(1)	(1)
Total Positions			(1)	(1)

State Department on Aging

11000 - General Fund

Adjustment Type:

Reductions

Agency Title:

Adjust Personal Services - Long Term Care Ombudsman Program

Agency Description:

Description of Option - What is the current program and describe the change suggested:  
A Regional Long Term Care Ombudsman is expected to retire and the position would not be replaced. This will produce a savings of \$90,466 in SFY2018 and SFY2019.

What is the impact on core functions and services to clients? The Older Americans Act mandates the Office of the State Ombudsman to protect the health, safety, welfare and rights of individuals who reside in long-term care facilities: skilled nursing facilities, residential care homes and assisted living facilities. This obligation is fulfilled through regular visits to these homes to provide outreach and education to residents and family members and inservice trainings to facility staff.

A significant component of Ombudsman advocacy also includes complaint resolution. The Ombudsman responds to complaints made by consumers about their care and services. The Office is required to provide timely assistance and to find resolution for the resident's concerns. Collaboration with other state agencies, for example DPH, DSS, DMHAS, DDS, AG and other entities such as legal services is a part of the advocacy done by the Office in order to communicate and seek resolution of residents' care and services complaints and ensure the highest quality of living in these settings.

The current though outdated standard for resident representation by an Ombudsman is 1:2,000 (The Institute of Medicine 1986 report "Improving the Quality of Care in Nursing Homes"). Connecticut's current ratio is 1 Ombudsman to potentially 4,000 residents. While Connecticut is rebalancing its long-term care supports and services there are many individuals who reside in institutional settings who have highly complex medical, psychological and social issues and present challenging and time consuming cases for the Ombudsman.

The Office of the State Ombudsman supports Connecticut's rebalancing efforts as a member of the Steering Committee of the Money Follows the Person Program. And representatives of the Office respond to residents' interest in moving from nursing homes to community settings by providing direct advocacy and intervention in order to support these efforts and help them move to the least restrictive setting appropriate to their needs. These efforts ensure that residents have choice and in many situations result in reduced reliance on state funds to support long-term care needs in institutions.

Another mandate of the Older Americans Act is that the Office of the State Ombudsman represents the interests and views of residents in order to promote policy and legislation that will enhance the quality of their lives in long-term care facilities. Most recently, Governor Malloy signed into law PA-16-8 AN ACT CONCERNING THE LONG-TERM CARE OMBUDSMAN'S NOTICE TO NURSING HOME RESIDENTS. This legislation was developed by the State Ombudsman in conjunction with the State Department on Aging and it promotes Connecticut's rebalancing efforts by helping residents at the time of possible closure of their nursing home. The legislation reminds residents of their rights during a closure process and substantiates for them that they have the right to take the necessary time to look at all options, including community living, rather than to move from one skilled nursing facility to another without appropriate consideration of all options.

The numerous activities performed by the Office of the State Ombudsman would be significantly diminished by the loss of an Ombudsman representative. This loss would necessitate "triaging" cases and assigning greater numbers of homes/residents to the remaining Ombudsman representatives. The end result is diminished opportunities for advocacy and consumer outreach and education. Ultimately while the work of the Ombudsman supports the residents of Connecticut the Office also supports the many state agencies previously mentioned as agency resources are not required to investigate the complaints that the Ombudsman has resolved in the institution.

This Budget Option will assist the SDA in meeting the required proposed Agency budget reduction.

Agency Priority:

5

System ID:

6855

SID	Account	Program	Agency 2018	Agency 2019

Financials					
10010 - Personal Services	50110 - Salaries & Wages-Full Time	20000 - Ombudsman	(89,614)	(89,614)	
	50160 - Longevity Payments	20000 - Ombudsman	(852)	(852)	
	Total-10010 - Personal Services			(90,466)	(90,466)
Total Financials			(90,466)	(90,466)	
Positions					
	-	20000 - Ombudsman	(1)	(1)	
	Total-		(1)	(1)	
Total Positions			(1)	(1)	

State Department on Aging

12004 - Insurance Fund

Adjustment Type:

Reductions

Agency Title:

Reduction in Fall Prevention Program Funding

Agency Description:

Description of Option - What is the current program and describe the change suggested:

The 2009 Special Session of the CT State Legislature established under Section 17b-33, a fall prevention program to address the rising rates of falls and resulting disability among Connecticut's older adults. With funding provided under this legislation, the Yale CT Collaboration for Fall Prevention (CCFP) has undertaken a variety of initiatives that build upon proven research and has become a national model in preventing falls in a community-based setting.

A Sample of New and Continuing Initiatives in SFY 2017 include:

- VNA Guilford - During this funding period the Guilford VNA has focused on developing a database of participants in the VNA's fall prevention efforts with results being submitted for journal publication.

Their previous effort estimated savings of \$1,387,250 during a two year period that followed 949 people who'd received the intervention. For this fiscal year, of the 600 participants recruited, 230 were eligible for intervention and the 6-month follow-up. The comparisons of their reported falls and use of health services 6 months pre and post intervention showed a 42% reduction in fall-related hospitalizations and a conservative estimate of \$194,295 in health care costs averted in the first 3 months.

- VNA Northwest (Litchfield County) - Incorporates fall prevention into their care of ill and into the programming provided in community settings in Litchfield County. A total of 180 older adults participated via fall prevention clinics, Tai Chi and Bend & Stretch programs.

-Day Kimball Home Care - This newly recruited Agency is hospital affiliated and serves Windham County. They are working with the NE Health District to offer a clinic in low-income senior housing complex in Killingly.

-North East Health District, Brooklyn - The health district has provided education directly to 283 older adults and orchestrated the inaugural meeting of the North East CT Fall Prevention Task Force comprised of 20 organizations including EMS, home care, rehabilitation therapy, medical practices, pharmacy, etc.

- Tai Ji Quan: Moving for Better Balance - CCFP remains active in developing sites and providing support for trained leaders to spread TJQ: MBB across CT. From July 2015-June 2016, 1,086 older adults have participated in at least one 6 week session of TJQ-MBB. It's offered in 31 towns and cities and in every county in CT.

- Hartford Hospital Injury Prevention Program (HHIPC) - This group was previously successful in reducing lift assists in the Town of Berlin. This fiscal year the HHIPC has formed a coalition comprised of Hartford Hospital Geriatricians and APRN's, HHIPC staff and research associates at UConn Farmington. They've developed a research protocol whose goals are to examine how the CDC STEADI fall prevention program (based on CCFP) can fit into their clinical care.

-Active Outreach - Ongoing support for clinician's in CCFP protocols is provided across CT. CCFP provides thousands of CCFP patient and clinician education materials to every city-based Elderly Services Department as well as community and clinical sites and trauma centers.

Few mechanisms in CT exist to reduce fall rates, and the related public costs of falls. While the health care system has traditionally focused on treating injury after it occurs, CCFP funding has focused on prevention and systems change at the community level. Though fall prevention education is necessary, it is insufficient as a stand-alone intervention. A multi-faceted approach must be in place to reduce the rate of falls. The SDA proposes to reduce the SFY2018 & SFY2019 budget by \$135,747 from the Fall Prevention Program which will assist the SDA in meeting the required proposed Agency budget reduction. For SFY2018 the program allocation funded through the State Insurance Fund would decrease by \$69,212 from \$376,023 to \$306,811 and in SFY2019 would decrease by \$66,535 from \$376,023 to \$309,488.

What is the impact on core functions and services to clients?

This additional funding reduction of \$135,747 in conjunction with the \$98,977 funding reduction in SFY 2017, would further limit the CCFP limited in its ability to engage key groups and health systems that are trusted in local and regional communities. This includes education, program development models, provision of mentorship and materials for program development to reduce falls in clinical and community settings and the development of systems to track and evaluate the efficacy of the program interventions.

Additionally, the Statewide Fall Program has built momentum in CT that is a national model and a further reduction will jeopardize the continuation of several Fall Prevention Projects that have shown significant reductions in falls. The CCFP has also provided many research opportunities to improve the identification, diagnosis, treatment and rehabilitation of older adults and others who have a high risk for falling, which may be curtailed with a reduction in funding. Finally, the ability to expand proven community-based fall prevention programs such as the Guilford VNA project and the Northwest VNA will be limited.

This Budget Option will assist the SDA in meeting the required proposed Agency budget reduction.



Agency Priority:

6

System ID:

6856

SID	Account	Program	Agency 2018	Agency 2019
Financials				
12565 - Fall Prevention	00000 - Unknown Account	10000 - Community Services	0	0
	58999 - Other	10000 - Community Services	(64,864)	(62,187)
	Total-12565 - Fall Prevention		(64,864)	(62,187)
Total Financials			(64,864)	(62,187)

State Department on Aging

11000 - General Fund

Adjustment Type:

Reductions

Agency Title:

Center for Medicare Advocacy reduction in funding for State Part D & Medicare Legal Assistance

Agency Description:

Description of Option - What is the current program and describe the change suggested:

The Center for Medicare Advocacy, Inc. (CMA) is known nationally for its expertise on Medicare matters that affect beneficiaries in Connecticut and across the country. CMA has been involved with Connecticut's State Health Insurance Assistance Program (CHOICES) since its inception. CMA works collaboratively with our five Area Agencies on Aging and the State Department on Aging to educate new volunteers and paid professionals who are seeking to become certified CHOICES counselors. CMA updates, prints, and distributes the comprehensive CHOICES manual to all trainees; a staff attorney and other CMA staff are responsible to teach three out of the five days of the course curriculum that covers Medicare Part A, B, C, D, Medicare appeals, employer group health coverage, and other Medicaid programs that work with Medicare. CMA's toll-free phone line is answered by their Information & Referral staff 5 days per week. Calls are triaged to attorneys and/or referred to community partners. CMA attorneys have represented beneficiaries in Connecticut with Medicare appeals while supporting legislation that ensures Medicare beneficiaries across the country receive appropriate coverage and services under their federal benefits. CMA also pursues class action litigation when deemed appropriate. Their efforts have ensured that beneficiaries receive needed homecare services. In addition, they have helped to see that medical services are billed appropriately under federal funding, thus saving the State of CT from paying for unnecessary long term services or medical benefits through the Medicaid program.

The SDA proposes to reduce \$31,136 from SFY2018 State Part D funding. CMA State Part D revised budget for SFY2018 is \$149,364. The SDA proposes to decrease \$29,851 from State Part D funding for fiscal year 2019. The total revised State Part D budget for SFY2019 is \$150,649.

The SDA proposes to reduce \$17,994 from SFY2018 Medicare Legal Assistance funding. CMA Medicare Legal Assistance revised budget for SFY2018 is \$72,802. SDA proposes to decrease SFY2019 Medicare Legal Assistance funding by \$17,252. The total reduced SFY2019 Medicare Legal assistance budget will be \$73,544.

The combined CMA SFY2018 proposed reduction of \$49,130 would leave a total budget of \$222,166. The combined CMA SFY2019 proposed reduction of \$47,103 would leave a total budget of \$224,193.

What is the impact on core functions and services to clients?

CMA has received over \$40,000 in rescissions in SFY2016 & SFY2017 despite the costs of personnel and other expenses. CMA is one of the few legal experts on Medicare in the country. Professionals and beneficiaries throughout the state seek CMA's guidance, expertise and assistance with complex Medicare appeals. In SFY2016, the Center received close to 1,600 toll free calls, reached about 3,000 participants through speaking engagements, and represented close to 580,000 beneficiaries in class action suits. Class action suits included issues such as delays in the Medicare hearing process; inappropriate application of homebound standard for Home Health coverage; improvements to Medicare appeals system; and to ensure individuals receiving skilled care in nursing homes receive Medicare. CMA also took the Jimmo v. Sebelius settlement case back to court for further implementation. In addition, CMA's legal assistance has successfully resulted in cost savings to the State of Connecticut. The proposed reductions may result in staff layoffs, which may cause decreased ability to respond to beneficiaries, their caregivers, and professionals seeking assistance with denied claims. Regrettably, this reduction to the budget more than likely will result in increased costs to the State due to increased institutionalizations when homecare services are not rendered timely, as well as, increased costs to Medicaid when bills are not covered by beneficiaries' federal benefits. It will also cause increased calls and/or referrals to our legislature, CHOICES partners, local, state, and federal agencies, as well as, community providers without increased funding for their agencies to respond.

This reduction will decrease the number of New CHOICES counselor certification trainings annually, reduce the number of technical assistance trainings for CHOICES staff, and would reduce the staff hours available for the toll-free phone line that supports consumers.

This Budget Option will assist the SDA in meeting the required proposed Agency budget reduction.

Identification of Potential Impact:

Regional Operations: YES Explain:

This additional reduction may result in staff layoffs which may cause reduced responsiveness to Medicare appeals throughout the State. The reduction may also result in increased calls and/or referrals to our legislature, CHOICES staff & partners, local, state, & federal agencies, as well as, community providers without increased funding for their agencies to respond.

Contract Resources: YES Identify/Explain:

This reduction will force the CHOICES program to decrease the five New CHOICES counselor trainings annually, as well as, a reduction in technical assistance trainings for CHOICES staff from CMA

Partner Assistance: YES Identify/Explain:

Decreased certification and technical assistance trainings will result in the loss of potential new CHOICES volunteers. Additionally, the reduction will cause an increase in referrals to CHOICES staff at the Area Agencies on Aging for State Part D assistance.

Staff Required: YES Identify/Explain:

CMA will more than likely have to reduce their staff, which will cause an increase in referrals to CHOICES staff to handle various issues, including State Part D assistance.

Agency Priority:

7

System ID:

6857

SID	Account	Program	Agency 2018	Agency 2019
Financials				
16260 - Programs for Senior Citizens	50000 - Expenditures	10000 - Community Services	(49,130)	(47,103)
	Total-16260 - Programs for Senior Citizens		(49,130)	(47,103)
Total Financials			(49,130)	(47,103)

State Department on Aging

11000 - General Fund

Adjustment Type:

Reductions

Agency Title:

Reduction of Statewide Respite Care Program

Agency Description:

Description of Option - What is the current program and describe the change suggested:

There are currently approximately 74,000 people living in the State of Connecticut with a diagnosis of Alzheimer's disease, a debilitating, irreversible disease that requires a significant amount of care.

This program offers short term respite care to families in immediate need who are caring for individuals with Alzheimer's disease or related dementias. These services are often the last resort for caregivers who are financially and/or physically unable to continue in their caregiving role, and often a first point of entry for older adult caregivers into the confusing service delivery system that they will surely continue to need as the disease progresses. The ease of the application process, as well as the personalized service given to these families make this a feasible option to those who are stressed, tired, and at a breaking point.

The five Area Agencies on Aging (AAAs) are the first point of contact for families, determining program eligibility, conducting assessments, and working with the caregivers input to develop personalized care plans for services including but not limited to adult day care, companions, personal care assistants, skilled nursing and short term nursing care. The AAA Care Managers then contract with local providers for these services while acting as a liaison and support for the family.

Based upon caregiver surveys conducted in SFY2016, 90% of program recipients considered the program beneficial in assisting the client in remaining at home during some portion of the program year, 81% of the participating care recipients were able to remain home for the entire year, and 89% considered the program effective in improving the caregiver and client's quality of life and reducing caregiver stress.

What is the impact on core functions and services to clients?

In SFY2016, the program served 657 clients. While it is difficult to estimate the financial impact of this reduction to individual families who receive care plans of varying amounts, it is estimated that this reduction could eliminate the availability of services to at least 106 clients in SFY2018, and 102 clients in SFY2019. In addition, the psychological impact of this reduction to these families cannot be underestimated, and will increase the likelihood of institutionalization for many of these individuals with Alzheimer's disease, as well as increase the likelihood of poor healthcare outcomes and possible ER visits for their caregivers, many of whom are of an advanced age with multiple health challenges themselves and few to little resources.

In addition, these reductions occurring at the same time that the Connecticut Homecare Program For Elders has closed intake for Category 1 applicants (those who are risk of hospitalization or short term nursing home placement with 1 or 2 critical needs), further reduce the supports available to enable these families to remain safely in the community.

Despite the fact that program reductions eliminated their funding from this program last year, the Alzheimer's Association, the key authors of the legislation that enacted this program in 1998, continue to perform a critical function for this program. Promoting respite as a key resource to caregivers, the Chapter educates and informs families through their 24 hour helpline, through partnerships with dementia providers and physicians in the community, and through the dissemination of program applications to the community and local outreach events.

Though a reduction of program funding would certainly have a significant impact on potential clients, we would use our existing priority scale, as well as the expertise of our seasoned Care Managers, to determine what services are critical for each family, while serving the maximum number of individuals in need.

This Budget Option will assist the SDA in meeting the required proposed Agency budget reduction.

Agency Priority:

8

System ID:

6886

SID	Account	Program	Agency 2018	Agency 2019
Financials				
16260 - Programs for Senior Citizens	50000 - Expenditures	10000 - Community Services	(318,631)	(305,483)
	Total-16260 - Programs for Senior Citizens		(318,631)	(305,483)
Total Financials			(318,631)	(305,483)