



Advancing independence and inclusion of older adults and people with disabilities

September 26, 2025

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

Dear Governor Lamont:

I am pleased to inform you that the Connecticut State Plan on Aging Amendment to come into compliance with the Older Americans Act Final Rule effective October 1, 2025 through September 30, 2027 has been approved.

The State Plan Amendment outlines significant activities that will serve as a guide for Connecticut's aging service network during the next two years. Of particular note is your commitment to share information, perform outreach, and coordinate services with the Tribal providers in your state.

I appreciate your dedication to ensure the continuity of quality services for older adults and family caregivers in Connecticut and am delighted to see that the CT State Dept. of Aging and Disability Services - Bureau of Aging continues to serve as an effective and visible advocate.

The Administration for Community Living looks forward to working with you and CT State Dept. of Aging and Disability Services - Bureau of Aging in the implementation of the State Plan Amendment. If you have questions or concerns, please do not hesitate to contact us at aoa.oaa@acl.hhs.gov.

Sincerely,

Mary Lazare
Acting Administrator/Assistant Secretary for Aging

Cc: Kari Benson, Deputy Assistant Secretary for Aging
Alice Kelsey, Deputy Director, Administration on Aging

Connecticut State Plan on Aging Amendment

In response to the Older Americans Act regulations issued in 2024, the Connecticut Department of Aging and Disability Services, Bureau of Aging, has drafted a State Plan amendment, which updates the Information Requirements and Intrastate Funding Formula to address the changes in regulations.

Contained in this amendment are the following documents:

1. Verification of Intent
2. Attachment A: State Plan Assurances and Required Activities
3. Attachment B: Information Requirements
4. Attachment C: Intrastate Funding Formula
5. Attachment D: Geographic Identification of Planning and Service Areas
6. Attachment E: Evidence of Minimum Public Comment

Ned Lamont
Governor, State of Connecticut

Amy Porter
Commissioner, Aging and Disability Services

Verification of Intent

The State of Connecticut, Department of Aging and Disability Services, hereby submits an amendment to 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

7/2/2025

Date

Attachment A: State Plan Assurances and Required Activities

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES

Older Americans Act, As Amended in 2020

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

Sec. 305, ORGANIZATION

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

(2) The State agency shall—

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

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

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

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

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

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

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

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

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

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

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

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

(a) shall include—

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

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

Sec. 306, AREA PLANS

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

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

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

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

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

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

(C) legal assistance;

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

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

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

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

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

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

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

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

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

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

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

- (B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;
- (C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;
- (ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—
- (I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or
- (II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs; and that meet the requirements under section 676B of the Community Services Block Grant Act; and
- (iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;
- (D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;
- (E) establish effective and efficient procedures for coordination of—
- (i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and
- (ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;
- (F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

- (G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;
 - (H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and
 - (I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;
- (7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—
- (A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;
 - (B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—
 - (i) respond to the needs and preferences of older individuals and family caregivers;
 - (ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and
 - (iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;
 - (C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and
 - (D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—
 - (i) the need to plan in advance for long-term care; and
 - (ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;
- (8) provide that case management services provided under this title through the area agency on aging will—
- (A) not duplicate case management services provided through other Federal and State programs;
 - (B) be coordinated with services described in subparagraph (A); and
 - (C) be provided by a public agency or a nonprofit private agency that—

- (i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;
 - (ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;
 - (iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or
 - (iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);
- (9)(A) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;
- (B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;
- (10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;
- (11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—
- (A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
 - (B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
 - (C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;
- (12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.
- (13) provide assurances that the area agency on aging will—
- (A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;
 - (B) disclose to the Assistant Secretary and the State agency—
 - (i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
 - (ii) the nature of such contract or such relationship;

- (C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;
 - (D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and
 - (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;
 - (14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;
 - (15) provide assurances that funds received under this title will be used—
 - (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
 - (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;
 - (16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;
 - (17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;
 - (18) provide assurances that the area agency on aging will collect data to determine—
 - (A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and
 - (B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and
 - (19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.
- (b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
- (2) Such assessment may include—
 - (A) the projected change in the number of older individuals in the planning and service area;

- (B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
 - (C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and
 - (D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.
- (3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—
- (A) health and human services;
 - (B) land use;
 - (C) housing;
 - (D) transportation;
 - (E) public safety;
 - (F) workforce and economic development;
 - (G) recreation;
 - (H) education;
 - (I) civic engagement;
 - (J) emergency preparedness;
 - (K) protection from elder abuse, neglect, and exploitation;
 - (L) assistive technology devices and services; and
 - (M) any other service as determined by such agency.
- (c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.
- (d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX

of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

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

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

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

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

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

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

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

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

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

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

Sec. 307, STATE PLANS

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

(1) The plan shall—

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

(B) be based on such area plans.

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

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

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

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under section 306(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2).

(3) The plan shall—

(A) include (and may not be approved unless the Assistant Secretary approves) the statement and demonstration required by paragraphs (2) and (4) of section 305(d) (concerning intrastate distribution of funds); and

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

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the

effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

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

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

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

and

(C) afford an opportunity for a public hearing, upon request, by any area agency on

aging, by any provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under section 316.

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

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

(B) The plan shall provide assurances that—

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

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

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

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

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

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

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

- (B) Regarding case management services, if the State agency or area agency on aging is already providing case management services (as of the date of submission of the plan) under a State program, the plan may specify that such agency is allowed to continue to provide case management services.
- (C) The plan may specify that an area agency on aging is allowed to directly provide information and assistance services and outreach.
- (9) The plan shall provide assurances that—
- (A) the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2019, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2019; and
- (B) funds made available to the State agency pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712.
- (10) The plan shall provide assurances that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.
- (11) The plan shall provide that with respect to legal assistance —
- (A) the plan contains assurances that area agencies on aging will (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance; (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis;
- (B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.
- (C) the State agency will provide for the coordination of the furnishing of legal assistance to older individuals within the State, and provide advice and technical assistance in the provision of legal assistance to older individuals within the State and support the furnishing of training and technical assistance for legal assistance for older individuals;
- (D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this

Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

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

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

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

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

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

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

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

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

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

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

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

(A) identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and

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

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited

English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

- (A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
- (B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include—
 - (i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
 - (ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.
- (16) The plan shall provide assurances that the State agency will require outreach efforts that will—
 - (A) identify individuals eligible for assistance under this Act, with special emphasis on--
 - (i) older individuals residing in rural areas;
 - (ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
 - (iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
 - (iv) older individuals with severe disabilities;
 - (v) older individuals with limited English-speaking ability; and
 - (vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
 - (B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.
- (17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.
- (18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who—

- (A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
 - (B) are patients in hospitals and are at risk of prolonged institutionalization; or
 - (C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.
- (19) The plan shall include the assurances and description required by section 705(a).
- (20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.
- (21) The plan shall—
- (A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and
 - (B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.
- (22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).
- (23) The plan shall provide assurances that demonstrable efforts will be made—
- (A) to coordinate services provided under this Act with other State services that benefit older individuals; and
 - (B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in 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 area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.
- (27)(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.
- (B) Such assessment may include—
 - (i) the projected change in the number of older individuals in the State;

- (ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;
 - (iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and
 - (iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.
- (28) The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.
- (29) The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.
- (30) The plan shall contain an assurance that the State shall prepare and submit to the Assistant Secretary annual reports that describe—
- (A) data collected to determine the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019;
 - (B) data collected to determine the effectiveness of the programs, policies, and services provided by area agencies on aging in assisting such individuals; and
 - (C) outreach efforts and other activities carried out to satisfy the assurances described in paragraphs (18) and (19) of section 306(a).

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

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

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS

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

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

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

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

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

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

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

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for—

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

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

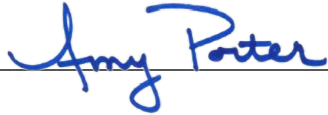
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

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

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

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

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



7/2/2025

Signature and Title of Authorized Official

Date

Attachment B: Information Requirements

Except as indicated where optional or only applicable to States with multiple planning and service areas, the State Plan must state how the following provision(s) will be met:

Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (d) requires each State Plan must include a description of how greatest economic need and greatest social need are determined and addressed by specifying:

- (1) How the State agency defines greatest economic need and greatest social need, which shall include the populations as set forth in the definitions of greatest economic need and greatest social need, as set forth in 45 CFR § 1321.3; and
- (2) The methods the State agency will use to target services to such populations, including how OAA funds may be distributed to serve prioritized populations in accordance with requirements as set forth in 45 CFR § 1321.49 or 45 CFR § 1321.51, as appropriate.

“Greatest economic need” means “the need resulting from an income level at or below the Federal poverty level and as further defined by State and area plans based on local and individual factors, including geography and expenses” (45 CFR § 1321.3).

“Greatest social need” means the need caused by the following noneconomic factors as defined in 45 CFR § 1321.3.

A State agency’s response must establish how the State agency will:

- (c) identify and consider populations in greatest economic need and greatest social need;
 - (d) describe how they target the identified the populations for service provision;
- (e) establish priorities to serve one or more of the identified target populations, given limited availability of funds and other resources;
 - (f) establish methods for serving the prioritized populations; and
 - (g) use data to evaluate whether and how the prioritized populations are being served.

RESPONSE:

The Bureau of Aging (BOA) assures that greatest economic need and greatest social need are at the forefront of targeting populations in Connecticut for services. The BOA gives 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 multiple methods to determine and target the populations with the greatest economic need and greatest social need. The Title III Intrastate Funding Formula (IFF) is based on several elements with five weighting factors: 1) Low-income status, 2) Rural residents, 3) Minority status, 4) Low-income minority status and 5) Functional limits or disability. Census data is used to determine the number of individuals who meet the criteria of the weighting factor for each region, and those weighted counts are added to the base number of older adults living in the region, for an overall weighted population for each region.

In administering Title III programs, greatest economic need looks at individuals at or below 100% of the Federal

Poverty Level (FPL) while also considering those at or below 150% of the FPL, taking into account the high cost of living in Connecticut. Greatest social need considers those who meet the five weighting factors for the IFF while also considering Native Americans living within the state, including those older adults who reside both on and off of reservation land. Connecticut also considers those living with HIV/AIDS, those with limited English proficiency, and LGBTQ+ individuals when looking at greatest social need populations for targeting for service delivery. In area plan guidance and BOA policies and procedures, the BOA highlights these additional populations as belonging to the “greatest social need” contingent. The Connecticut Healthy Aging Data Report, which captures community-level data for every city and town in the state, examines multiple indicators of health and well-being across the state. These indicators include those expanded target populations that the Older Americans Act is intended to serve, and the report is a tool to determine where particular cohorts of older adults live.

The Area Agencies on Aging (AAAs) are provided with the Census data that the BOA uses to calculate the IFF, and as part of the area plan process, the AAAs are required to identify how populations at greatest economic need and greatest social need will be targeted for both services and outreach. The AAAs meet with the towns and senior centers in their planning and service areas regularly to ensure that they understand the unique concerns, challenges, and needs of the consumers in the area so that services may be directed to those populations. Title III service providers, upon being awarded funds by an AAA, are advised of target populations and instructed to prioritize those in the target populations when providing services. The service providers set targets for these populations each year, and the targets are used by the BOA and AAAs to monitor provider performance and progress. The statewide Management Information System (MIS) tracks consumer demographic data, including age, functional status, target population information, and town of residence collected as part of intake and assessment, and this data is available to AAAs and service providers to assess success in reaching those in greatest economic need and greatest social need. There is both biannual and annual reporting of target progress to monitor compliance and success. Where providers are not reaching target populations for services, BOA and AAAs will investigate the reasons for this, and discuss with service providers to make necessary adjustments. The expectation is that the number of individuals served who are in target populations will mirror the overall demographics of the region. The BOA does also use State Performance Report data to evaluate overall success with targeting.

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 including, but not limited to: the Alzheimer’s Association, Alzheimer’s Disease and Related Dementias Coalition, Department of Public Health, University of Connecticut Health Center, Connecticut Healthy Aging Data Report, and the AAAs. The BOA reviews the findings as they relate to target populations and shares, as appropriate, with the AAAs and service providers. Based on the information gathered, recommendations will be made regarding meeting the needs of older adults and individuals requiring long-term care, and the BOA continues to work closely with other organizations within the state to improve the level of services available to older residents.

Outreach is particularly important in reaching persons in greatest social and economic need. The BOA conducts outreach efforts to target populations, provides technical assistance and training to municipal agents, senior centers, and others in the aging network who serve target populations. The AAAs, as part of their area plans and yearly reporting, speak to their outreach efforts to inform target population residents of, and provide access to, services. Finally, service providers are expected to prioritize target populations in the provision of services where there is insufficient capacity to serve all who might otherwise qualify for services, utilizing the information and data collected during intake and assessment.

Native Americans: Greatest Economic and Greatest Social Need

45 CFR § 1321.27 (g):

Demonstration that the determination of greatest economic need and greatest social need specific to Native American persons is identified pursuant to communication among the State agency and Tribes, Tribal organizations, and Native communities, and that the services provided under this part will be coordinated, where applicable, with the services provided under Title VI of the Act and that the State agency shall require area agencies to provide outreach where there are older Native Americans in any planning and service area, including those living outside of reservations and other Tribal lands.

RESPONSE:

The BOA includes Native Americans as a target population as part of greatest social need. There are two federally designated Tribes in Connecticut, both of which are in the Eastern region of the state, however, AAAs are instructed to consider Native American elders when targeting services, regardless of the region in which they reside. The AAAs are required to provide information and assurance concerning services to older adults who are Native American. In addition, because many of the Tribal elders of the two federally designated tribes live outside of the reservation boundaries, the AAA and providers in the Eastern region are expected to share information, perform outreach, and coordinate services with the Title VI providers. The Eastern Connecticut Area Agency on Aging dba Senior Resources has made progress in connecting with the Tribes and coordinating information and services.

Activities to Increase Access and Coordination for Native American Older Adults

OAA Section 307(a)(21): The

plan shall —

...

(A) 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.

45 CFR § 1321.53:

(i) For States where there are Title VI programs, the State agency's policies and procedures, developed in coordination with the relevant Title VI program director(s), as set forth in § 1322.13(a), must explain how the State's aging network, including area agencies and service providers, will coordinate with Title VI programs to ensure compliance with sections 306(a)(11)(B) (42 U.S.C. 3026(a)(11)(B)) and 307(a)(21)(A) (42 U.S.C. 3027(a)(21)(A)) of the Act. State agencies may meet these requirements through a Tribal consultation policy that includes Title VI programs.

(ii) The policies and procedures set forth in (a) of this provision must at a minimum address:

- How the State's aging network, including area agencies on aging

and service providers, will provide outreach to Tribal elders and family caregivers regarding services for which they may be eligible under Title III and/or VII;

- The communication opportunities the State agency will make available to Title VI programs, to include Title III and other funding opportunities, technical assistance on how to apply for Title III and other funding opportunities, meetings, email distribution lists, presentations, and public hearings;
- The methods for collaboration on and sharing of program information and changes, including coordinating with area agencies and service providers where applicable;
- How Title VI programs may refer individuals who are eligible for Title III and/or VII services;
- How services will be provided in a culturally appropriate and trauma-informed manner; and
- Opportunities to serve on advisory councils, workgroups, and boards, including area agency advisory councils, as set forth in § 1321.63.

RESPONSE:

The state of Connecticut includes two federally designated Tribes receiving Title VI funding, both of which are geographically within the Eastern region of the state. The BOA and the AAAs work to increase access by older individuals who are Native Americans through outreach, information-sharing, and access to services not covered by Title VI funds. Senior Resources has several connections with each Tribe to provide information, present at any health or resource fairs, and streamline referrals to Title III programs, and is working to bring Tribal input to their work, with at least one Tribal representative on their Advisory Council.

The BOA Title VI liaison regularly sends relevant trainings, updates, and information to the Tribes and the Mohegan Tribe has provided several opportunities for cultural competency training for BOA staff, helping to inform communication and service delivery to be provided in a culturally appropriate manner.

As Title VI funding tends to be used for specific needs identified by the Tribes, such as the Nutrition program for the Mohegan Tribe, the BOA encourages access to Title III services such as evidence-based Chronic Disease Self-Management Education under III-D and Respite services under III-E for Tribal elders.

The BOA plans to create a Tribal consultation policy, based on the guidance of the Tribes, to ensure that the work being done throughout the state comports with the needs of Tribal elders and is done in a way that reflects the desires, needs, and preferences of the Tribes.

Low Income Minority Older Adults

OAA Section 307(a)(14):

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

(iii) 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

(iv) 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.

RESPONSE:

The number of low-income minority older adults in Connecticut in 2020 was 31,135. The BOA assures that needs of low-income minority older adults will be taken into consideration when determining how funds are allocated. The BOA uses the numbers of 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 adults 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. Both the BOA and the AAAs have either staff who are bilingual, and/or Language Link contracts to ensure access for individuals with limited English proficiency.

Rural Areas – Hold Harmless

OAA Section 307(a)(3): The

plan shall—

...

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

- provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;
- 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

- describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

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 Congregate Housing Services Program as well as older adults served through Title III.

Rural Areas – Needs and Fund Allocations

OAA 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.

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 supports the AAAs in reaching this population through financial support and programmatic directives. One means of financial support is through the Older Americans Act dollars. These funds 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 factor in the Intrastate Funding Formula. Please see Attachment C for Intrastate Funding Formula.

The AAA submits targets annually to the BOA that outline efforts that will be made to reach at-risk, target populations. 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.

Assistive Technology

OAA 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;

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. Several of the AAAs have used assistive technology to augment programs within their communities.

Minimum Proportion of Funds

OAA Section 307(a)(2):

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

- (B) *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 (1) 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.)*

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.

Assessment of Statewide Service Delivery Model

OAA Section 307(a)(27):

- 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.
- Such assessment may include—
 - the projected change in the number of older individuals in the State;
 - 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;
 - 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
 - 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

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 Commissioner of the Department of Aging and Disability Services, a representative of the BOA, and the Long Term Care Ombudsman participate in the Long-Term Care Planning Committee and Long-Term Care Advisory Council, and contributed to the Long-Term Care Plan in 2024.

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.

Shelf Stable, Pick-Up, Carry-Out, Drive-Through, or Similar Meals Using Title III Congregate Nutrition (C-1) Service Funding (Optional, only for States that elect to pursue this activity)

45 CFR § 1321.87(a)(1)(ii):

Title III C-1 funds may be used for shelf-stable, pick-up, carry-out, drive-through, or similar meals, subject to certain terms and conditions:

- Such meals must not exceed 25 percent of the funds expended by the State agency under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;
- Such meals must not exceed 25 percent of the funds expended by any area agency on aging under Title III, part C-1, to be calculated based on the amount of Title III, part C-1 funds available after all transfers as set forth in 45 CFR § 1321.9(c)(2)(iii) are completed;

(1) Such meals are to be provided to *complement* the congregate meal program:

- (i) During disaster or emergency situations affecting the provision of nutrition services;
- (ii) To older individuals who have an occasional need for such meal; and/or

(iii) To older individuals who have a regular need for such meal, based on an individualized assessment, when targeting services to those in greatest economic need and greatest social need; and

45 CFR § 1321.27 (j):

If the State agency allows for Title III, part C-1 funds to be used as set forth in §1321.87(a)(1)(i), the State agency must include the following:

A. Evidence, using participation projections based on existing data, that provision of such meals will enhance and not diminish the congregate meals program, and a commitment to monitor the impact on congregate meals program participation;

B. Description of how provision of such meals will be targeted to reach those populations identified as in greatest economic need and greatest social need;

C. Description of the eligibility criteria for service provision;

D. Evidence of consultation with area agencies on aging, nutrition and other direct services providers, other stakeholders, and the general public regarding the provision of such meals; and

E. Description of how provision of such meals will be coordinated with area agencies on aging, nutrition and other direct services providers, and other stakeholders.

RESPONSE:

The BOA, in consultation with the AAAs, will allow for Title III-C1 funds to be used for “grab-and-go” meals in limited circumstances. No Elderly Nutrition Provider (ENP) is permitted to utilize Title III-C1 funds for this purpose without the prior approval of the AAA overseeing the program.

The use of Title III-C1 funds for grab-and-go meals may not exceed 25% of the funds expended under Title III-C1. The calculation will be based on the C1 funds available AFTER transfers and the limit applies to both the Planning and Service Area and the state as a whole. No provider may exceed the 25% for their own program.

Where the state and AAA allow for Title III-C1 funds to be used for grab-and-go meals, the meals must complement the congregate meal program and are not permitted to be the primary delivery model for congregate meals. The meals may not be provided in this manner to a consumer on a regular basis unless an individualized assessment determines that there is a need for such, and this determination must take into consideration the consumer’s status as a member of a priority population (greatest economic need or greatest social need). An ENP should consider whether a regular need for a grab-and-go meal could be fulfilled through the consumer receiving home delivered meals.

To be eligible to receive grab-and-go meals at a congregate site, a consumer must meet the following criteria:

- (A) Age 60 or older
- (B) Has completed an assessment within the past 3 months
- (C) Is unable to attend the regular congregate meal program
- (D) Is a member of a priority population as determined by greatest economic need or greatest social need and has regular need for grab-and-go meals *or* is determined to have a time-limited need for a grab-and-go meal
- (E) Has been determined to not have need for home delivered meals

The Program Instruction provided by the BOA to the AAAs and ENPs memorializes the requirements that:

- (1) The provision of meals enhance and not diminish the congregate meals program. The state, AAAs, and ENPs will monitor any impact on congregate meal program participation.
- (2) Provision of grab-and-go meals will be targeted to reach greatest economic need and greatest social need populations.
- (3) Grab-and-go meals will not be provided to any individual who has not undergone an individual assessment upon requesting grab-and-go meals and, as a result of that assessment, been determined to be in a target

population, or have occasional need for such meal.

- (4) Grab-and-go meals may not be provided by an ENP without the express prior approval of the AAA overseeing the program.
- (5) Grab-and-go meals may be provided program-wide in the event of a disaster or emergency situation when the AAA has determined that it is necessary and has advised the Bureau of Aging of same. In such circumstances, grab-and-go meals may only be provided to eligible consumers who have completed an assessment. Unless otherwise directed by the Administration on Aging, the use of Title III-C1 funds for these meals may not exceed 25% of the funds expended under Title III-C1.

The provision of grab-and-go meals was reviewed with ENPs and stakeholders at quarterly Nutrition Services Stakeholder Meetings, and stakeholders were made aware of the State Plan Amendment and public comment period.

Funding Allocation – Ombudsman Program

45 CFR Part 1324, Subpart A:

How the State agency will coordinate with the State Long-Term Care Ombudsman and allocate and use funds for the Ombudsman program under Title III and VII, as set forth in 45 CFR part 1324, subpart A.

RESPONSE:

The Department of Aging and Disability Services comprises the Bureau of Aging (the designated State Unit on Aging) and the Long-Term Care Ombudsman Program (LTCOP), among other Bureaus. The BOA and the LTCOP coordinate, with the Long-Term Care Ombudsman having autonomy over the LTCOP and Long-Term Care Community Ombudsman (not funded by federal funds). The LTCOP receives administrative funds from Title III-B, in line with the Intrastate Funding Formula, as well as Title VII Ombudsman funds.

Funding Allocation – Elder Abuse, Neglect, and Exploitation

45 CFR § 1321.27 (k):

How the State agency will allocate and use funds for prevention of elder abuse, neglect, and exploitation as set forth in 45 CFR part 1324, subpart B.

RESPONSE:

Title VII Elder Abuse, Neglect, and Exploitation funds are allocated in equal amounts to the five AAAs, with the remainder allocated to the BOA for statewide initiatives, and the LTCOP receives an allocation of Title VII Ombudsman funds.

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.

Monitoring of Assurances

45 CFR § 1321.27 (m):

Describe how the State agency will conduct monitoring that the assurances (submitted as Attachment A of the State Plan) to which they attest are being met.

RESPONSE:

The BOA monitors State Plan assurances on an ongoing basis, through a variety of tools and methods. For each new State Plan cycle, a monitoring tool is created which captures the goals, objectives, strategies, and outcomes contained in the State Plan. Quarterly, BOA staff complete the monitoring tool and update it with key accomplishments, challenges, and data. Where an item is incomplete or not on track, staff and managers evaluate the item, explore the reason for the deficiency, and where possible, make adjustments to bring the item in line.

There is a similar monitoring tool for Area Plans, which each AAA completes and the BOA reviews. Where there are any items incomplete or not on track, BOA staff work with AAA staff to identify the issue, and provide technical assistance where appropriate.

The BOA performs regular monitoring of the program, compliance, and fiscal aspects of AAA performance, and performs periodic monitoring of subcontractors. 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. If required, a Corrective Action Plan is developed between the BOA and the

contractor and monitored to ensure compliance and improvement. It is also required that the AAAs perform routine monitoring of their subcontractors for compliance, address any deficiencies identified and make the BOA aware.

The BOA provides technical assistance and guidance on compliance with the Older Americans Act and the related regulations. Where specific guidance is needed, a Program Instruction (PI) is created and provided to the AAAs and service providers, capturing the policies and procedures that are applicable to the program or provider. PIs are reviewed by program staff and management before being sent to the AAAs, and in many cases, the AAAs are asked to provide feedback on the PI. Program or provider monitoring is done in line with the policies and procedures that have been provided to the contractors.

The LTCOP provides regular reporting in line with the State Plan Assurances and Ombudsman-related State Plan goals, objectives and strategies.

State Plans Informed By and Based on Area Plans

45 CFR § 1321.27 (c):

Evidence that the State Plan is informed by and based on area plans, except for single planning and service area States.

RESPONSE:

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. The goals established as part of the state and area plans are consistent, however, the objectives and underlying strategies are tailored to the PSA. Where possible, providing guidance ensures that, though execution may vary, the direction and scope of the area plans align, and the BOA looks to Area Plans to inform the direction of the next State Plan.

Public Input and Review

45 CFR § 1321.29:

Describe how the State agency considered the views of older individuals, family caregivers, service providers and the public in developing the State Plan, and how the State agency considers such views in administering the State Plan. Describe how the public review and comment period was conducted and how the State agency responded to public input and comments in the development of the State Plan.

RESPONSE:

The BOA develops the State Plan with the input and feedback of older adults, their family members and caregivers, and service providers. During the development of the State Plan on Aging for Federal Fiscal Years 2025-2027, nine listening sessions were held. Eight sessions were held in-person and one was held

virtually , with participants reflecting on the proposed goals of the State Plan and offering input about matters of importance to them. When the Plan was drafted, it was posted for public comment and circulated to community partners and key stakeholders for comment. Where possible, public input and comments were addressed by or incorporated into the State Plan.

The State Plan Amendment for Federal Fiscal Year 2026 was posted for thirty days of public comment from May 15 to June 16. This post included all Attachments other than Attachment E. No comments were received during this period.

Program Development and Coordination Activities (Optional, only for States that elect to pursue this activity)

45 CFR § 1321.27 (h):

Certification that any program development and coordination activities shall meet the following requirements:

(1) The State agency shall not fund program development and coordination activities as a cost of supportive services under area plans until it has first spent 10 percent of the total of its combined allotments under Title III on the administration of area plans;

(2) Program development and coordination activities must only be expended as a cost of State Plan administration, area plan administration, and/or Title III, part B supportive services;

(3) State agencies and area agencies on aging shall, consistent with the area plan and budgeting cycles, submit the details of proposals to pay for program development and coordination as a cost of Title III, part B supportive services to the general public for review and comment; and

(4) Expenditure by the State agency and area agency on program development and coordination activities are intended to have a direct and positive impact on the enhancement of services for older persons and family caregivers in the planning and service area.

RESPONSE:

Not applicable.

Legal Assistance Developer

45 CFR § 1321.27 (l):

How the State agency will meet responsibilities for the Legal Assistance Developer, as set forth in part 1324, subpart C.

RESPONSE:

The BOA's Legal Assistance Developer (LAD) 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.

The LAD monitors the state's capacity for coordinating the provision of legal assistance, and works to encourage participation of legal assistance providers statewide. The LAD offers guidance and promotes activities which enable older adults, their families and caregivers to be connected to resources and education to manage their finances, and access supported decision-making about long-term healthcare and financial wishes, always observing the autonomy of the older adult.

The LAD shall not enter into any arrangement that would constitute a conflict of interest in holding the position.

Emergency Preparedness Plans – Coordination and Development

OAA 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.

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, including coordination with the state's 169 municipalities and two tribal nations, each of which has an emergency management director. This response includes addressing the needs of at-risk populations such as frail older adults.

The State Response Framework clearly outlines the Department of Aging and Disability Services' responsibilities. These include:

- (ii) Staffing the State Emergency Operations Center (SEOC) as requested by the Division of Emergency Management and Homeland Security (DEMHS);
- (iii) Serving on any DEMHS or SEOC Task Force including leading or supporting the State ESF 6 Mass Care Task Force
- (iv) Serving on a Housing Task Force or the State ESF-14 Long Term Recovery Committee
- (v) 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:

- (E) Nutrition assistance

- (F) Chore services
- (G) Transportation
- (H) Legal Assistance
- (I) Long Term Care Ombudsman Services
- (J) CHOICES
- (K) Aging and Disability Resource Center and Service Navigation – No Wrong Door Services
- (L) Information and Assistance
- (M) Assisting older resident disaster survivors in applying for state and federal assistance
- (N) 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. The Area Plan instructions provided to Area Agencies on Aging (AAAs) also require that AAAs emergency preparedness plans require coordination with local, state, and applicable tribal emergency response agencies. 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.

Emergency Preparedness Plans – Involvement of the head of the State agency

OAA 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.

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 older adults with disabilities or higher levels of in-person assistance required. 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 high-risk individuals as regular challenges can become more pronounced 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.

Attachment C: Intrastate Funding Formula

*Note: There have been no major revisions to the Intrastate Funding Formula since the State Plan on Aging for Federal Fiscal Years 2025-2027. There is additional information related to Disaster Set-Aside Funds and Title VII Elder Abuse Prevention Funds, however, there are no changes to the IFF calculations, or award levels.

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 (PSAs), 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

	<p>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.</p> <p>Data source: US Census Bureau, 2020 Decennial Census, Tables DP1 and H2</p>
Low Income Minority 60+ (16.67%)	<p>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 100% of the FPL may be more likely to need greater levels of assistance due to the combined factors of economic and social need.</p> <p>Data source: ACS 5 Year Estimates 2020, Table S1701</p>

*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 for administration, 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, ten percent, 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.

Disaster Set-Aside: No funds are retained as a disaster set-aside prior to funds being allocated to the AAAs.

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.

Title VII Elder Abuse Prevention: The IFF is not used for Abuse, Neglect, and Exploitation funds. Each AAA is allocation an equal amount of the funds, and the remainder is retained by ADS for statewide Elder Abuse Prevention initiatives.

In the event that an AAA indicates that they will not utilize all allocated Title III or Title VII funds, the BOA has a written policy for the reallocation of funds which follows the IFF for Title III and an equal allocation for Title VII.

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.

Intrastate Funding Formula Calculation						
	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:

$$AW\% = \frac{\sum A(P1+P2+P3+P4+P5+P6)}{\sum S(P1+P2+P3+P4+P5+P6)}$$

$$AB\% = 20\%$$

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

$$AI\% = ((\sum A(P1+P2+P3+P4+P5+P6) / \sum S(P1+P2+P3+P4+P5+P6)) + .20) / 2$$

$$\$A = AI\% * \$S$$

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+

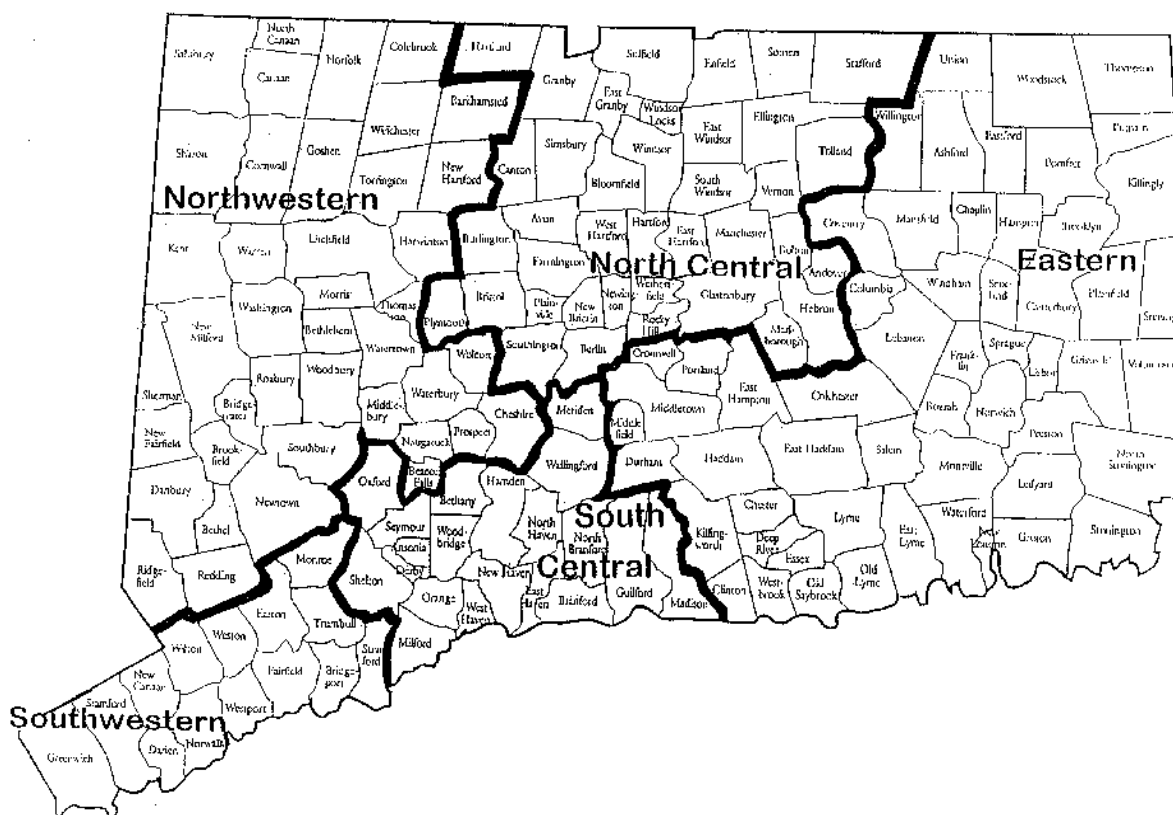
Σ = Sum

AW% = Planning and Service Area Weighted Percentage

AB% = Planning and Service Area Base Percentage

AI% = Planning and Service Area IFF Percentage

Attachment D: Geographic Identification of Planning and Service Areas



Agency on Aging of South Central CT

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

Southwestern CT Agency on Aging

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

North Central Area Agency on Aging

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

Western CT Area Agency on Aging

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

Senior Resources Agency on Aging

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

Attachment E: Evidence of Minimum Public Comment Period

The Bureau of Aging consulted with the Area Agencies on Aging during the drafting of the State Plan Amendment, specifically on the IFF and Information Requirements which contained some changes to policies and procedures. The Connecticut State Plan Amendment was posted to the Department of Aging and Disability Services website on May 15, 2025 with comment requested by June 16, 2025.

No comments were received during the 30 day public comment period.