



**Area Plan to Serve Older Adults in the South Central Region**

**October 1, 2021 through September 30, 2024**

# Agency on Aging of South Central Connecticut Area Plan

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**Application for Area Agency on Aging Designation and Award  
under Title III of the Older Americans Act of 1965  
as amended Federal Fiscal Year 2018 – 2021**

**Cover Sheet**

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## Verification of Intent

DRAFT

## Acronyms

AAAs: Area Agencies on Aging

ADRC: Aging & Disability Resource Center

A.L.I.C.E.: Asset limited, income constrained, employed

AOASCC: Agency on Aging of South Central CT

CHCPE: Connecticut Home Care Program for the Elderly

CHOICES: CT program for Health insurance assistance, Outreach, Information and referral, Counseling, Eligibility Screening

CDSMP: Chronic Disease Self-Management Program

DSMP: Diabetes Self-Management Program

DSS: Department of Social Services

FPL: Federal Poverty Level

I&A: Information and Assistance

LTSS: Long-term Services & Supports

MFP: Money Follows the Person

MOW: Meals on Wheels

NAMRS: National Adult Maltreatment Reporting System

NFCSP: National Family Caregiver Support Program

PCA: Personal Care Assistant

RSVP: Retired Senior Volunteer Program

SCSEP: State of CT Senior Employment Program

SILC: State Independent Living Council

SMP: Senior Medicare Program

SNAP: Supplemental Nutrition Assistance Program

SUA: State Unit on Aging

TEARS: Timely Elder Abuse Resource System

## **Executive Summary**

Agency on Aging of South Central Connecticut is pleased to put forward this area plan that will be in effect, upon approval, from October 1, 2021 through September 30, 2024. The format varies from earlier plans to reflect the State Unit on Aging's most recent CT State Plan on Aging ("State Plan"). This provides consistency in the look, feel, and format of the State Plan and the individual plans for each area agency on aging.

AOASCC's goals follow the State Plan goals: Long Term Services and Supports, Healthy Aging, and Elder Rights Goal, with clear and concise objectives, strategies and measures. Our identified regional priorities then fit within these goals: Community-Based Services; Health Prevention and Wellness; and Elder Rights and Abuse Prevention.

The impact of the COVID-19 pandemic on older adults has shaped the creation of this plan. The collaboration and creativity in addressing the increased needs in our community, especially food insecurity and isolation, has given AOASCC the opportunity to see the needs and strengths of the community from a different perspective as you will see reflected in our objectives, strategies and measures.

This plan represents AOASCC's commitment to being a conduit of Older Americans Act services as an integral part of our dedication to serve as an advocate of independence in south central Connecticut.

## Context

### Overview of the Agency on Aging of South Central Connecticut

**Mission statement:** Our mission is to empower adults to remain as independent and engaged as possible within their communities through advocacy, information and services.

**Core Values:** AOASCC is committed to the elimination of ageism; empowering people to live in their communities of choice; honoring diversity and embracing inclusion; and ensuring access to services to meet basic needs of older adults.

**Accomplishments and Challenges:** Outline the primary accomplishments of the agency as a planning, advocacy and funding entity during the current plan period.

The AOASCC successfully accomplished the activities set forth in the previous Area Plan. The attached table addresses each planned strategy and accomplishment. Below is a highlight of achievements.

**Caregivers:** The previous Area Plan focused considerable attention on the needs of family caregivers. Successfully completed strategies include creating caregiver support groups in the Valley, east shoreline and North Haven; funding a grandparent support group; providing evidenced-based Powerful Tools training 6 times in the plan period; hosting the annual Fearless Caregiver Conference 3 times; providing respite services to 278 unduplicated caregivers; spending \$213,000 on supplemental items.



**People with Disabilities:** AOASCC provided training on communication with health care providers for individuals with disabilities and their caregivers; 3 staff received training in person-centered planning and one became a master trainer; we provided in-home assessments for individuals with disabilities as part of the person-centered planning process; we transitioned 265 persons from nursing homes to community living; 4,932 people received care management services through CHCPE and AOASCC Vice President was elected Vice President of the State Independent Living Council.

**Supporting Basic Needs:** Callers to the ADRC were screened for 5 basic benefits; application assistance for benefit programs was provided to all callers who requested assistance; 750 SNAP applications were submitted to DSS; 2,100 people were provided with free groceries during the pandemic; transportation services were funded through 4 community providers covering the entire region.

**Community Engagement:** The Art of Aging exhibit, of the works of senior artists, was held each year. In 2020 it was a virtual exhibit due to the pandemic; AOASCC was a host site for senior volunteers through SCSEP for 2 years, unfortunately the pandemic disrupted their continuing work; the Volunteer and Training Department and the ADRC recruited 102 new volunteers and maintained a longstanding group of more than 300 volunteers. Staff serve on the Boards and committees of multiple organizations throughout the region.

**Elder Rights:** The SMP program recruited volunteers, provided community awareness activities and partnered with local organizations; the annual T.E.A.R.S., elder abuse conference, was held each year attracting more than 650 people each year; the Ageism Coalition met throughout the plan period and worked successfully with other advocacy

groups to encourage the enactment of an elder abuse registry; new M-teams were formed in the east shoreline and the Meriden/Wallingford area; we funded legal services for older veterans and general legal services for low-income older adults.

**Healthy Aging:** AOASCC provided training and workshops for DSMP and CDSMP; Healthy Ideas, depression management program, was offered; we funded dental care, providing sliding-scale services to low income older adults throughout the 20 town region; home delivered meals; and health screenings in collaboration with health care providers.

Address the following:

- a. Strategies that were successful in accomplishing these goals;

The AOASCC continues to be a leader in the south central region in planning and advocating for changes needed to enhance the lives of older adults in the area. As both a grantor and a grantee, AOASCC partners with many public and private organizations to effect meaningful change. During the most recent Area Plan period, AOASCC participated in joint activities with the Greater New Haven Community Foundation, the Valley Community Foundation, the New Haven Food Policy Committee, The State Independent Living Council, CT Coalition of Aging, Center for Independent Living, the CT Cross Disability Alliance, Valley Health & Human Services Council, the Meriden/Wallingford, Senior Council, North Haven Municipal Council, Guilford Senior Network. Some of the accomplishments produced through these collaborations include: expanding the availability of farm fresh food to low income seniors; expanding transportation options for Valley seniors; participating in emergency planning for North

Haven seniors; providing companions for Milford family caregivers; developing a plan to add adult day services to the Valley region; working with the city of New Haven to develop a plan to distribute air conditioning to low income seniors; updating a resource guide with the Health & Human Services Council; representing senior issues in the development of the Valley Community Index Study, planning the Carlson Forum about the impact of Covid-19 on seniors, expanding M-teams for elder abuse in Meriden/Wallingford, the Valley and the east shoreline, developing a plan for deaf interpreting at public meetings, working on the development of the State Plan for Independent Living and serving on the legislative advocacy committees of the Valley senior Council, the SILC and the Cross Disability Alliance. Additionally, AOASCC funded 32 non-profit organizations during the plan period who provided advocacy on behalf of seniors through their service and information programs.

b. Your agency's strengths that supported meeting these strategies;

AOASCC is an independent, non-profit 501©3, with an engaged Board of Directors and a staff of 124 professionals and trained employees who work to implement the program of the AOASCC. The organizational structure ensures individuals are working with sufficient supervision to ensure reliable performance and that quality control measures are monitored. Annual audits indicate the organization is operating on sound footing. The finance department is staffed by experienced, educated professionals who utilize standard accounting procedures. AOASCC has a long history of administering major federal grants with success.

AOASCC is the oldest Area Agency on Aging in the state and adheres to the guidance provided by the Administration for Community Living in the process of implementing the

Older Americans Act. Our long standing relationship with sub-grantees enables us to effectively work together to achieve success in community activities. AOASCC has worked consistently to maintain our relationship with clients, caregivers and community partners. As a result the AOASCC is seen as a trusted source of accurate, impartial information and quality services. AOASCC has been successful in attracting volunteers to serve with us to augment our paid staff and expand our ability to meet the needs of the communities we serve.

- c. Your agency's challenges that limited the ability to meet these strategies.

Identify any actions taken or planned actions to strengthen the agency in these areas.

The past Area Plan period was notable for the challenges presented by change. The economic climate for non-profits in CT was challenging. Tax incentives for donations to non-profits were limited due to an economic downturn. The downturn limited direct donations and limited the availability of support from private foundations; federal dollars were held constant but prices for all things increased. It became necessary for AOASCC to seek lower cost office space. Locating space with adequate parking for 150 staff and more for consumers wasn't possible in New Haven at our price point. AOASCC moved from our hub city to the town of North Haven, from an office building to a strip mall and downsized staffing.

After 10 years of leadership, our president retired and we began a new era with new leadership. Almost immediately after the change in leadership, the pandemic changed all of our lives. Despite the changes and challenges however, a review of the area plan strategies in the attached report makes clear that almost every strategy was

implemented. Although some required using a different method to achieve the end, AOASCC forged forward, energized under new leadership.

- d. Summarize how you see your agency's role has changed in the community over the past area plan period and how you anticipate it changing in the next three years. Include impact of the coronavirus pandemic.

AOASCC has always been involved in the activities of the 20 communities in our region, but we made an even bigger commitment during this area plan to expand our activities and partner even more with the community. Some of the things we did to this end are: creating a vice president for community programs position; providing technical assistance to small non-profits to expand their capacities to serve; serving in leadership roles on community committees; serving as a topic expert for organizations such as the Chambers of Commerce; collaborating with area colleges to develop interest in aging careers; developing direct service programs when community providers have been unable to fill unmet needs.

The pandemic demonstrated how important it is to have an organization with ties to thousands of older adults throughout the region, which is available and equipped to meet unanticipated needs. Within the first 2 weeks of the social distancing mandate, AOASCC created a food program that quickly, got food to isolated, low income seniors. At the same time, AOASCC worked with the Corporation to redirect grant funds from a project, put on hold due to Covid-19, to the Vaccine Buddies program through which we were able to assist scores of seniors and their caregivers connect with vaccinations. Our care management staff, working with colleagues throughout the agency ensured that PPE was packaged and delivered to all of our care

management clients. The ADRC recruited 47 volunteers who called each of the clients in the Home Delivered Meals program, the Statewide Respite program and the National Family Caregivers Program to ensure they were safe. They placed follow up calls throughout the year to any client who indicated they wanted a call.

As we move forward in the next plan period, AOASCC will look to increased collaboration with community partners and other AAAs to ensure we are always able to respond to emergent needs. This will include having the capacity to provide direct services at times, as we continue to also fund other organizations already providing needed services.

\* Note that details of these primary accomplishments are captured in the Accomplishments Attachment (Attachment F).

## Needs and Targets

### Status and needs of older individuals:

- 1) Describe the needs assessment your agency undertook for this Area Plan. Include how this tool was developed, when it was completed and key results. Attach a copy of the needs assessment and results.

Needs Assessment was targeted to 3 groups: older adults, caregivers and aging network professionals. Surveys of senior center directors; Interagency Council members; 100 clients of ADRC; 50 caregivers were completed. Surveys were developed by Vice President for Community Programs at AOASCC. Surveys were administered by social work students from Quinnipiac University and Southern CT State University. See attachment

- 2) (A)The area's age 60 and over population and (B) the projected needs of this population in your agency's region during the area plan period. Use information gathered through the agency's needs assessment, demographic data, survey instruments, community meetings/hearings, documented reports of unmet needs and other sources relevant to the planning process for your service area

The most commonly identified needs reported by seniors, families and aging network professionals were subsidized, accessible housing; door through door transportation; money for basic needs; social connections; technology access, modernization of senior centers, and appliance replacement. There is little change in the reporting of need compared with the previous Area Plan. The addition of social connections is a newly identified need. Transportation continues to be the most highly ranked need despite the availability of many transportation programs throughout the region. Consumers and professionals both identify the need for transportation services that provide more assistance than is available in curb-to-curb programs.

- 3) Tell us the projected change in the number of individuals age 60 and over in the region and how this projected change may impact the delivery of services and programs.

Unlike other regions, New Haven experienced a growth in total population in the area plan period. The fastest sector of growth was in the 60+ age group. As a result we anticipate an increase in the volume of consumers who contact AOASCC for services. Fewer caregivers are available due to their own aging needs and the length of time older caregivers are remaining in the workforce to supplement limited retirement income. Covid 19 revealed the great information gap that exists for older adults. The importance of the gap as society relies on technology to provide essential information requires attention. Lastly, more hands-on services are needed across the entire LTSS spectrum.

- 4) Describe how the programs, policies, and services provided by the AAA can be adjusted to meet the needs of the changing population of individuals age 60 and older as well as the service demand

The reputation of AOASCC and relationships established through the ADRC, serve as a point of entry for increased direct services: transportation, chaperones, food assistance, counseling, case management, support groups, training. In the existing spectrum of LTSS in our community, there is a need for increased direct services, provided by trusted, not for profit providers to ensure consumers have a range of options to select from when making long term care plans.

- 5) Include information on the availability and capability of providers in the AAA region to address service needs and access challenges. Address whether there are specific geographic areas where there are gaps in availability of providers or challenges in securing competent and willing providers. If there are geographic or provider gaps, what action will the AAA undertake to fill these geographic or provider gaps.

In the south central region there is a need for an Adult Day Center to serve the lower Naugatuck Valley. AOASCC continues to work with the Valley Health & Human Service Council and the Valley Senior Council to develop a strategy to meet the need. The pandemic interrupted plans that were in place. This issue will continue to be advocated for in the next Area Plan timeline.

Subsidized senior housing continues to be identified by consumers, caregivers and aging network professionals as a key factor in limiting the ability of seniors to remain as community dwellers. In the south central region, new housing for older adults has been primarily targeted toward upper income seniors. Although some newer housing sites have designated units for lower income seniors, typically there are very few units dedicated to low income.



In the congregate meal program we observe a dwindling number of seniors selecting the congregate dining option at senior centers. However, restaurant dining options have waiting lists. ENPs have found it very difficult to engage restaurants as congregate sites, due primarily to reimbursement factors. The health and social value of congregate dining is well established through research and the negative health consequences of social isolation has also been documented. AOASCC will continue to work with ENPs to advocate for increased flexibility and reimbursement to establish more restaurant sites.

AOASCC funds medical and social transportation throughout the south central region, however, seniors continue to identify transportation as the primary factor that limits their ability to function independently in the community. The issue is especially evident in social transportation since most of the service providers in our region only provide medical transportation. AOASCC will explore the possibility of providing volunteer based transportation as a direct service and will also explore other ride options such as contracting with demand service providers in the for profit sector. The need for transportation encompasses more than the curb to curb service option provided by most programs.

Covid-19 revealed the major gap in access to technology for older adults. In the next area plan timeline AOASCC will use its relationships with senior centers, its access to Title III funding, its knowledge of community programs and its grant writing skills to identify funding sources and programs that can increase the access of older adults to technology.

### **The target population:**

Target setting: Describe how the AAA sets targets for services. Include how the AAA interprets and utilizes information retrieved from Census and American Community Survey data in order to set targets for services.

AOASCC utilized population based percentages and past history for existing programs to establish targets for future development.

Strategies for targeting: Outline the AAA's strategies for targeting individuals 60 and older, including those with the greatest economic and social need, including low income minority residents; individuals age 60 and older at risk for institutional placement; individuals with limited English proficiency; individuals residing in rural areas and individuals with Alzheimer's disease, related disorders, as well as older individuals living with severe disabilities.

The Allocations process vets applications; technical training for all sub-grantees features importance of including target populations in all programs, site visit team reviews outreach materials and strategies. All sub-grantees are encouraged to join the Interagency Council to increase cross agency familiarity with target consumers. The Allocations Committee prioritizes selection of programs for funding that are located in areas with high density of target populations. AOASCC engages in activities with community groups in target communities. Diversity, Equity & Inclusion activities of AOASCC help ensure the agency supports activities to address the needs of individuals with the greatest economic and social needs.

Serving the target population: Outline the AAA's strategies for serving individuals age 60 and older. Each year, the AAA shall:

1. Identify the number of persons in each of the target groups in its planning and service area;

Category	Population
Low-Income Minority	282,069
Risk of Institutionalization	256,427
Low Language Proficiency	299,267
Rural	0
Alzheimer's Disease	101475
Severe Disabilities	118,643

2. describe the methods used to support older individuals within the region through administered services and programs;

AOASCC provides benefits eligibility screening and application assistance through the ADRC to assist seniors with access to economic benefits. Outreach for benefits

screening is conducted in low income neighborhoods. Information counselors collaborate with service providers throughout the region to facilitate referrals to AOASCC for benefit assistance.

AOASCC administers the CHCPE and provides care management assistance to 5,000 individuals designed to reduce the risk of institutionalization; additionally, AOASCC requires each sub-grantee to gather information about their clients risk of institutionalization and how their programs address the matter.

AOASCC employs several bi-lingual staff to increase ease of communication, agency materials are translated into Spanish and uses a paid translation service to facilitate communication with individuals irrespective of their dominant language.

AOASCC works with the Alzheimer's Association to promote referrals between both agencies; additionally AOASCC hosts a support group for caregivers caring for individuals with dementia; AOASCC manages the Statewide Respite program in the south central region.

3. provide information on the extent to which the AAA has been successful in meeting the established targets for services to these populations.

Targets are established for each of the identified areas with each sub-grantee at the time of the service award. Success in reaching targets is a deciding element in funding decisions for recurring grantees. The majority of our sub-grantee have achieved targets, as planned.

Collecting data: Describe how the AAA collects data and how data is entered into the SUA-designated statewide management information system (MIS). Describe how the data entry is monitored to address missing or incomplete data.

1. AOASCC requires the completion of Consumer Registration Forms (Form 5s) for all consumers who receive services from OAA funded programs, with the exception of a small number of services that are aggregately reported or reported using manual data systems. Form 5s are submitted monthly along with service utilization data and program invoices. All data is due to AOASCC monthly, by the 15<sup>th</sup> day following the month being reported. AOASCC requires consumer registration forms to be updated

annually. Technical Assistance is provided to sub-grantees of AOASCC by the Grants accountant and the MIS point person to ensure data is properly recorded and accurate accounts are maintained.

2. **Area Agency Data Entry Process:** AOASCC employs 2 FTE Data Entry staff to enter and review program data for OAA and State-funded services. Data entry responsibilities are delineated by program type. Data is entered upon receipt from grantees or internal program staff and reconciled monthly prior to the issuance of provider reimbursement. In order to ensure compliance with SUA's data entry timeframe, AOASCC requires that all reports for the prior month be submitted to data entry staff by the 15<sup>th</sup>. AOASCC then has an expected 30 day turn-around time for data entry and reconciliation prior to the payment process. The initial 15 day reporting period combined with the 30-day entry and reconciliation period is to ensure compliance with SUA's 45-day data entry timeframe for services to be entered into Wellsky.
3. **Area Agency Data Quality Monitoring Process:** AOASCC reviews data quality as follows:

<b>Monthly</b>	
	Pre-Reimbursement Fiscal/Data Reconciliation
	Missing Fund IDs
	Missing Demographic Information
	Duplicate Tracking Aggregate Services
<b>Quarterly</b>	
	Form 5 Reassessment Tracking
	Consumer Relationships
<b><u>Semi-Annually &amp; Annually</u></b>	
	Incorrect Service Dates
	Survey data preparation
	Nutrition Services Interruption tracking
	Targeted service delivery/actual service usage

AOASCC continues to be committed to capturing quality data for the programs it administers. Grantees are encouraged to request technical assistance as needed for seamless data reporting. Additionally, twice per year technical assistance

training is provided to all sub-grantees (new & returning sub-grantees). AOASCC staff are similarly encouraged to request technical assistance from the State Unit on Aging when data reporting and quality management issues arise.

#### Determining if Targets were Met

AOASCC uses a tracking sheet; monthly dash board reports to the Board of Directors and reports to the Allocations Committee to determine if targets are met. Previous year performance is contrasted with current year using the State Performance Report (SPR).

## Plan Development Process

Provide an overall summary of the agency's area plan development process, including, but not limited to, the outline of the steps, assessment, research or survey instruments used and type of data and materials analyzed. Describe how your AAA solicited input for the development of the plan (i.e., public hearings, surveys, website, etc.). Include a description of the process used to address the needs of older individuals in the agency's region and how target populations or areas of need were prioritized.

### Area Plan Development Process

The AOASCC Area Plan was developed using a **four-prong process**: review of the literature, including statistical compendia, best practices, and research articles; survey of consumers; survey of family caregivers; listening sessions with members of the aging network.

#### Review of the literature:

The following documents were consulted in a review of the literature.

1. American Community Survey/Census 2019; County level data
2. Community Foundation of Greater New Haven: Understanding our Region 2020.
3. CT Demographics by Cubit, 2020
4. Data/USA: New Haven County 2021
5. Census Reporter.Org, 2021

6. United Way Financial Hardship Report 2020
7. US Census Bureau American Community Survey, 2018
8. CT Health Disparities.org/A snapshot 2018
9. Alzheimer's Disease More Prevalent in Blacks & Hispanics.  
<https://www.medpagetoday.com>alzheimersdisease>
10. Older Residents perceptions of nursing homes. <http://www.ncbi.nlm.nih.gov>.
11. The Final Word: Connecticut MFP Participants' Qualitative Feedback on Program Experiences 2018
12. Health Disparities in Connecticut: Causes, Effects, and What We Can Do by Arielle Levin Becker January 2020
13. Racial and Ethnic Differences in 30-Day Hospital Readmissions JAMA, October 11, 2019
14. Covid-19.newhavenct.gov
15. U.S. Department of Health and Human Services. (2018)
16. National Adult Maltreatment Reporting System: Adult Maltreatment Report 2018.
17. Censusreporter.org 2021
18. United Way Financial Hardship Report, 2020.
19. DataHaven Community Wellbeing Survey 2018.
20. Strong Social Support Services, Such As Transportation And Help For Caregivers, Can Lead To Lower Health Care Use And Costs HEALTH AFFAIRSVOL. 32, NO. 3: PROMOTING HEALTH & WELLNESS
21. The Robert Wood Johnson Clinical Scholars Program Yale University School of Medicine A Preliminary Understanding of the Social Determinants of Health in New Haven and Using Data to Improve Health: A Report of the Robert Wood Johnson Clinical Scholars Community Solutions Project, 2008

22. Association of poor housing conditions with COVID-19 incidence and mortality across US counties. Khansa Ahmad et.al. Published: November 2, 2020 <https://doi.org/10.1371/journal.pone.0241327> National Academies of Sciences, Engineering, and Medicine. 2020.
23. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25663>external.com Anxiety And Depression Symptoms Spike Under Social Distancing, Syeda Hasan <https://www.keranews.org/health-science-tech/2020-07-30>
24. Technology Use Among Seniors, Pew Research Institute, 2017.
25. State of Connecticut Long-Term Care Demand Projections (2019), released by Governor Lamont and DSS .
26. Adult Maltreatment Report (2018). Administration for Community Living and Administration on Aging.
27. Kaiser Family Foundation Issue Brief: Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity (May 2018).

## Demographics

Consistent with statewide demographics, New Haven County continues to grow older: of the 858,000 people living in New Haven County, 17.9% are over the age of 65(1). This is higher than the statewide average of 16.4%. However, unlike most of the state, the working age population is shrinking (2). The median age in New Haven County is 41.3, significantly older than the national average. Data for 2021 indicates that the county reversed a decade's long trend of shrinking population (3). There was a 6% increase in the number of residents in 2020. Diversity in the region continues to increase (4). One in three residents are non-white; the largest increase was in new immigrant growth. Nineteen percent are non-English speaking, with



Spanish language being the primary language for this segment of the population. Thirteen percent of the population is African American. The number of people living in poverty is 20% higher than the statewide average (5) and in the city of New Haven, the hub city of the south central region, one in four residents live below the federal poverty level (6).

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

The need for long-term services and supports (LTSS) cuts across all racial, ethnic and financial groups (7, 25), however, limited resources available to some segments of the population indicate a greater need for LTSS in some regions (8). In New Haven County with higher than average incidence of poverty, low educational attainment, illiteracy and low health literacy, there is a greater need for LTSS (2). Multi-factor social determinants of health such as poverty, housing, education, literacy, health beliefs, transportation and social isolation abound in New Haven County (9).

The incidence of Alzheimer's disease has shown the largest increase in African-Americans (4% increase) and Hispanic individuals (7% increase) indicating an anticipated increase in the number of people requiring LTSS to manage their health in their community of choice. (10)

A preponderance of individuals indicate preference for remaining in non-institutional care, despite compromised health status due to aging and disability (11). Despite health challenges, individuals who have transitioned from nursing homes to community-based care report greater satisfaction in their lives (12).

## **Healthy Aging**

Health disparities correlate with race and economics (13). In New Haven County where there is a large minority population and a high prevalence of poverty, African Americans are hospitalized more often and for longer periods of time than whites for conditions of heart disease, asthma, stroke and diabetes. A similar pattern exists for Hispanics. Alarming, members of minority communities are 20%-30% more likely to be readmitted to the hospital within 30 days of discharge (14). During the pandemic, hospitalizations due to Covid-19, in New Haven County were 43% African American and deaths were 38%, despite being only 12% of the population (15). Here we see the nexus between race, ethnicity, culture, health beliefs, poverty, health literacy, housing and access to care disproportionately impacting people in New Haven.

## **Elder Rights**

Since the implementation of the National Adult Maltreatment Reporting System in 2016, there has been a steep, steady increase in the number of cases of elder abuse reported (16). Although county specific data is not available at this time, CT data indicates a doubling in the number of reported cases since the implementation of NAMRS. Some maintain that this increase isn't the result of an increase in incidents, but solely attributable to changes in reporting, however, there has been a significant increase in the number of substantiated cases during the same time period. The Justice Department projects 1 in 10 older adults are victims of elder abuse. The most common type of elder abuse is neglect. The group most likely to be victims of neglect are the 80+ seniors. Since New Haven County has a

disproportionate number of 80+ seniors, one anticipates that there will be an increase in the incidents of elder abuse.

## **Economic Security**

In New Haven County, the poverty level is 20% higher than the state average (17).

In CT 1 person in 10 is poor. In the city of New Haven 1 in 4 is living below the Federal Poverty Level (18). Forty-percent are white, 26% are Hispanic and 19% are African-American (3). Inadequate housing, food insecurity, insufficient transportation and lack of access to technology are the result of the high level of poverty. Average rental rate for a one bedroom apartment in New Haven is \$1,300 per month. Cost of food is higher in low income neighborhoods. Although the average household has 2 cars, low income older adults in New Haven rely on public transportation. Most older adults have access to cell phones but few have access to the Internet in their homes. The high degree of food insecurity became apparent during the pandemic when in the period of one week, many of our residents had no access to food when they could not use their SNAP EBT cards and the soup kitchens and food pantries were closed. A recent study by the Valley Community Foundation revealed that 43% of people using food pantries are 65+ and they use the pantries 3 times per month on average (19).

Lack of reliable transportation is a frequently cited factor in medical non-compliance and hospital readmissions (20). Sub-standard, over-crowded housing is considered to be a factor in the spread of Covid-19 in poor, minority dominated neighborhoods (21).

## Social Isolation

Research by Dr. Nick Nicolson indicates approximately 25% of older adults experience social isolation (22). Social isolation has been identified as a significant health risk, comparable to obesity and smoking. During the pandemic, the incidence of social isolation was demonstrated in the high number of self-reported incidents of anxiety and depression among seniors who were socially distancing (23).

The pandemic also revealed the consequences of having large numbers of older adults cut off from information access due to our society's growing reliance on technology as a method to provide vital information. According to a Pew Institute report "there remains a notable digital divide between younger and older Americans. And many seniors who are older, less affluent or with lower levels of educational attainment continue to have a distant relationship with digital technology." (24) In New Haven, the higher rate of poverty combined with the concentration of oldest, old residents, resulted in great difficulty in ensuring seniors were able to access websites to gain information, register for vaccinations and apply for benefits. Not only did social isolation have long range health consequences due to loneliness and depression, but there were also immediate consequences such as falling and being unable to get up; having a stroke and dying because no one got you to an ER. In many areas, the pandemic resulted in seniors joining the information highway, however, poor, older seniors were left behind in most instances.

## **Consumer Surveys**

Four college social work interns were recruited to conduct telephone consumer surveys. The closed –ended survey was developed by AOASCC staff. It combined a series of pick-list questions and Likert-like rating scales. It sought to elicit information about basic needs access; quality of life; health status; elder rights; ageism; and community engagement. In addition to closed-end questions there was an opportunity for the senior to add any comments in an open-end format. Two hundred participants were drawn at random from a list of names containing all the names of seniors who called the AOASCC seeking information in the 3 months prior to the survey. 164 seniors agreed to participate. Each question was read to the participant and their responses were recorded on the survey tool. Following the completion of all of the surveys, the scores for each item were tallied. The open-end responses were read by a committee of AOASCC staff and volunteers to identify common themes.

## **Caregiver Surveys**

A combined, closed-end and open-end survey was developed for family caregivers to complete. The survey was mailed to all active, family caregivers in the National Family Caregiver Support Program and the Statewide Respite Program at AOASCC (195 caregivers). 125 surveys were returned completed.

## Listening Sessions

A series of listening sessions was held via ZOOM, with senior center directors, elderly nutrition providers, members of the Interagency Council, Valley Senior Council and AOASCC sub-grantees.

**March 15, 2020, and April 12, 2020** Sessions with the senior center directors, were topic specific: transportation, information access, housing, nutrition. The senior center listening sessions were followed up with a brief survey inquiring about the above topics, to ensure each senior center had the opportunity to be heard regarding the session topics.

**October 17, 2020** A listening session was held with members of the Interagency Council. The Council is comprised of non-profit and for-profit organizations serving seniors in the south central region. Thirty-two members attended the session. The conversation was facilitated by the Vice President for Community Programs at AOASCC.

**January 15, 2021** A listening session was held with directors and outreach staff of AOASCC sub-grantees,. Twenty-four of our grantees participated. The session was facilitated by the Grants Liaison.

**February 4, 2021** A listening session was held with members of the Valley Senior Services Council, covering lower Naugatuck Valley region. Sixteen members, representing all 5 Valley towns, drawn from municipal agents, non-profit providers, visiting nurse programs, home care agencies and faith-based organizations, participated.

**April 1, 2021** A listening session was held with AOASCC elderly nutrition providers.

A total of six staff, drawn from both providers, attended.

Information from all sources were subjected to analysis identifying measures of central tendency, rank order needs based on survey and listening sessions; gap-analysis based on identified needs; development of geo-map of services.

DRAFT

## **Goals and Objectives**

**Goal 1: Empower older individuals to reside in the community setting of their choice.**

### **Objective 1: Enhance Long Term Services Supports**

#### **Strategies:**

Utilize Aging & Disability Answers (a statewide information hub) to provide uniform, seamless information to the community.

- Fund Adult Day Centers
- Fund In-home Services
- Fund Medical Transportation
- Fund Social Transportation
- Fund Chore Services
- Provide Person-centered planning

#### **Measure:**

- Implement Aging & Disability Answers in partnership with all AAAs-
- 2021/22, assess and improve AAA efficiencies and partner development.
- 2023/24, launch website and begin navigation services.
- Review Wellsky data entry reports and fiscal invoices for sub-grantee performance
- Maintain ADRC/Disability database



## **Objective 2: Improve Economic Security of Older Adults**

### **Strategies:**

Provide information about benefits & assist with application completion and submission for the following benefit programs:

- SNAP
- Medicare Savings Program
- LiHeap
- Tax Rebate
- Medicaid
- Lifeline
- Employment Assistance

### **Measure:**

Review Wellsky data reports, SHIP online reports and I&A Services reports for compliance with proposed targets.

## **Objective 3: Provide Services & Supports to Family Caregivers**

### **Strategies:**

Through NFCSP & CSCRP provide the following services:

- Counseling
- Care Management
- Respite
- Support Groups

- Training
- Information & Assistance

**Measure:**

Review Wellsky reports and AOASCC/FoxPro database and fiscal invoices for providers.

**Objective 4: Provide Care Management services in the following programs:**

**Strategies:**

- CHCPE
- MFP
- NFCSP
- CSCR
- Older adults and their families

**Measure:**

Review Access database reports, Wellsky reports, AOASCC manual database, fiscal provider invoices.

**Objective 5: Provide Information about programs, services and issues of importance to older adults, families and members of the aging network.**

**Strategies:**

- Partner with regional Area Agencies on Aging to deliver and improve the customer/caregiver experience when seeking supports.
- Identify staff strength among the five AAAs.

- Work with program staff from the SUA to identify and facilitate training.
- Provide CHOICES counseling
- Provide Information & Assistance:
  - Individual
  - Educational Forums
  - Website
  - Social Media

**Measure:**

- 2022/23, uniform training protocols for all AAAs,
- Assessment tool development
- AIRS certification of at least one Information Specialist in each Agency-ongoing
- Facilitate opportunities for at least one annual workshop for statewide AAA Information and Assistance staff to discuss best practices- ongoing
- CHOICES online data tool
- I&A Services Report

## **Goal 2: Provide older adults with prevention and wellness opportunities**

### **Objective 1. Broaden access to and awareness of evidenced-based, holistic health and wellness.**

#### **Strategies:**

- Fund DSMP workshops
- Provide DSMP volunteer training
- Promote DSMP workshops
- Fund CDSMP workshops
- Fund Monitor My Health

#### **Measure:**

Conversations held with Griffin Hospital and Yale Medical Center to become sites for workshops and volunteer training for CDSMP & DSMP. Wellsky reports, Fiscal invoices.

### **Objective 2. Increase access to dental prevention opportunities.**

#### **Strategies:**

- Fund Merricare Dental
- Promote Mission of Mercy (free dental clinics)
- Provide information about dental services & insurance

#### **Measure:**

Review Wellsky reports; AOASCC manual database; aggregate public education reports

### **Objective 3. Reduce fall risk.**

#### **Strategies:**

- Provide information about fall risk
- Fund Moving for Better Balance training
- Evaluate fall risk in care management clients

#### **Measure:**

Review Wellsky reports, fiscal invoices, and Access database.

### **Objective 4. Improve Stress Coping**

#### **Strategies:**

- Train older adults & caregivers in Powerful Tools
- Fund behavioral health screening
- Fund in-home emotional support
- Provide counseling & support services

#### **Measure:**

Review Wellsky reports

### **Objective 5. Improve nutrition status**

#### **Strategies:**

- Fund Home Delivered Meals
- Provide nutrition education for HDM clients
- Fund congregate meals programs

- Assist with SNAP applications
- Promote healthy eating through Facebook posts
- Provide healthy cooking demonstrations

**Measure:**

Review Nutrition risk scores, Wellsky reports, NCOA reports, Fiscal invoices.

**Objective 6. . Reduce risk of social isolation through social engagement**

**Strategies:**

- Recruit & train volunteers for RSVP
- Provide Intergenerational Tutoring opportunities
- Place trained Foster Grandparents in community daycare centers
- Place Senior Companions in community housing
- Provide volunteer chaperones in Trusted Ride Certified program
- Create opportunities for trained Medicare volunteers in CHOICES program
- Create training and outreach opportunities for SMP volunteers
- Host annual Art of Aging
- Include older adults on the AOASCC advisory Council
- Include older adults in the Ageism Coalition

**Measure:** Review RSVP data tracking tool, Senior Corps data tracking tool, SHIP online data tool, Attendance at AOASCC Advisory Counsel and Ageism Coalition membership distribution.

**Goal 3: Protect elder rights and well-being and prevent elder abuse, fraud, neglect and exploitation**

**Objective 1: Increase Elder Rights protection.**

**Strategies:**

- Provide information about Advanced Directives
- Refer seniors and families to elder law attorneys re: Conservators
- Fund New Haven Legal Assistance
- Fund CT Vet Legal Center to assist low-income, homeless veterans

**Measure:**

Review fiscal invoices, reports from AOASCC manual database

**Objective 2 : Increase knowledge of aging network re: elder abuse**

**Strategies:**

- Host annual TEARS conference
- Share elder abuse information through Ageism Coalition
- Fund Elder Abuse Prevention programs
- Host SC M-Team
- Participate in M-Teams in Meriden, the Valley and East Shore

**Measure:**

Review aggregate attendance sheets.

## **Required Attachments**



## **ATTACHMENT A**

### **Standard Assurances**

The Area Agency makes the following assurances, which it must be able to substantiate:

#### **A. GENERAL ADMINISTRATION**

##### **1. Authority and Capacity**

The Area Agency on Aging assures that it has the authority and capacity to develop the Area Plan, and carry out, directly or through contractual or other arrangements, a program pursuant to the Plan within its Planning and Service Area.

##### **2. Compliance and Requirements**

The Area Agency agrees to administer the program in accordance with Title III of the Older Americans Act of 1965, as amended, the Regulations of Connecticut State Agencies (Section 17b-423), the Area Plan, and all applicable Federal and State regulations, policies and procedures.

##### **3. Efficient Administration**

The Area Agency on Aging will utilize such methods of administration as are necessary for the proper and efficient administration of the Plan.

##### **4. General Administration and Fiscal Requirements**

The Area Agency's uniform administration requirements and cost principals are in compliance with the relevant provisions of 45 CFR Part 74 except where these provisions are superseded by statute or program regulations.

##### **5. Training of Staff and Volunteers**

The Area Agency will provide proper training for all personnel necessary for the implementation of the Area Plan.

#### 6. Management of Funds

The Area Agency will maintain sufficient financial control and accounting procedures to assure proper disbursement of and accounting for Federal funds under the Plan.

#### 7. Safeguarding Confidential Information

The Area Agency has implemented such regulations, standards and procedures as are necessary to meet the requirements on safeguarding information under relevant program regulations.

#### 8. Records and Reports

The Area Agency agrees to keep such records and make reports in such form and containing such information as may be required by the State Unit on Aging and in accordance with the guidelines issued by the Administration on Community Living. The Area Agency agrees to maintain such accounts and documents as will serve to permit expeditious determination to be made at any time of the status of funds within the award, including the disposition of all monies received from the State Unit on Aging, and the nature and amount of all charges claimed to be against such funds.

#### 9. Public Information

The Area Agency will provide for a continuing program of public information specifically designed to assure that information about the program and activities carried out under the Area Plan are effectively and appropriately promulgated throughout the Planning and Service Area. The Area Agency will make available at reasonable times and places in the offices of the Area Agency, the Area Plan, and all periodic reports for review upon request by interested persons and representatives of the media.

## 10. Standards for Service Providers

All providers of services under the plan operate fully in conformance with all applicable Federal, State, and local fire, health, safety and sanitation and other standards prescribed in law and regulations. The Area Agency provides that where the State or local public jurisdiction requires licensure for the provision of services, agencies providing such services shall be licensed.

## 11. Area Plan Amendments

Area Plan amendments will be made in conformance with applicable program regulations.

## 12. Public Hearings

The Area Agency will conduct prior to the submission of the Area Plan to the State Unit on Aging for approval, a public hearing (s) for the three – year submission of the Area Plan, and annual adjustment as necessary. The purpose of these hearing(s) will be to provide the opportunity for older persons, their caregivers, the general public, officials of general-purpose local government, and other interested parties to comment on the Area Plan. The Area Agency will give adequate public notice prior to conducting of such hearing. The Area Agency will also conduct such hearing prior to requesting a waiver from the State Unit on Aging to expend less than the mandated percentages of their IIIB allotment for any priority services.

## 13. Evaluation

The Area Agency will cooperate and assist in any efforts undertaken by the State Unit on Aging to evaluate the effectiveness, feasibility, and costs of activities under the Area Plan.

## B. PROVISION OF SERVICES

### 1. Priorities

The Area Agency has a reasonable and objective method for establishing priorities for services and such method is in compliance with Title III of the Older Americans Act.

### 2. Eligibility

The activities covered by the Area Plan serve only those individuals and groups eligible under the provision of Title III of the Older Americans Act.

### 3. Residency

No requirements as to the duration of residency or citizenship will be imposed as a condition of participation in the Area Agency's program for the provision of services.

### 4. Coordination and Maximum Utilization of Services

The Area Agency to the maximum extent possible coordinates and utilizes the services and resources of other appropriate public and private agencies and organizations.

### 5. Services to older individuals who are Native Americans

Provide 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.

To the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI.

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.

#### 6. Direct Provision of Service by the Area Agency

No support services or nutrition services will be directly provided by the Area Agency except where, in the judgment of the State Unit on Aging, provision of such services is necessary to promote innovations or improve service delivery and will not diminish services already provided under this Act. Direct service provision by the Area Agency in certain circumstances, with proper justification, is appropriate, during the time period covered by the area plan.

#### 7. National Aging Program Information System (NAPIS)

The Area Agency will collect and provide data in a manner acceptable to the State Unit on Aging that fulfills the requirements of the Older Americans Act.

## ATTACHMENT B

### Area Plan Assurance Sec. 306 of the Older Americans Act

The Area Agency on Aging assures that it will comply with the Older Americans Act, including Section 306 as described below.

#### AREA PLANS

**SEC. 306. (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,<sup>10</sup> 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 who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

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

**(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; and

**(ii)** inform the older individuals referred to in sub-clauses (I) through (VI) 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 (42 U.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; and

**(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;

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

**(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; and

**(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; and

**(17)** **(a)** 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.

**(b)** 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) <sup>11</sup> protection from elder abuse, neglect, and exploitation;
- (L) 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. ø42 U.S.C. 3026

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Chief Executive Officer,  
Area Agency on Aging

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Date



## Emergency Preparedness Plan

### Attachment B: Emergency Preparedness Plan

Include the AAA's Emergency Preparedness Plan. At a minimum, the Emergency Preparedness Plan must include:

- Information detailing how the AAA coordinates activities with local and state emergency response agencies, relief organizations, local and state governments, and other institutions that have responsibilities for disaster relief service delivery.
- A communications strategy: identifying the individual and their contact information designated as the Area Agency Emergency Communications Officer; explaining how the AAA communicates with local and state governments, as well as, the local community; and outline the protocols for after-hours, weekends, and alternative solutions for regular communication systems are temporarily down, inactive, or defective during the weekday.
- A public information strategy: Explain how updated information will be relayed to the public.
- An outreach and assistance strategy: Explain how will clients, especially those with greater access challenges, will be contacted and responsibly supported?
- Emergency operations procedures: Identify preparations are in place for the provision of services before, during and transitioning (recovery) through an agency, local or state emergency. Include descriptions of special emergency roles and staff assigned to each.
- Situation reporting: Identification of the designated AAA Liaison and backup AAA Liaison to ADS SUA during emergencies (agency, local, or state) including contact information. Regular updates will be required by the SUA and to any other stakeholders deemed necessary by the AAA.

## Agency on Aging of South Central Connecticut Emergency Preparedness Plan



### Scope

This plan covers the following services provided by AOASCC to older adults, individuals with disabilities and caregivers in south central Connecticut:

- The administration of care management programs (CHCP, MFP, CFC, PCA Waiver);
- As a consultation, information, and support source through the Aging and Disability Resource Center;
- As an Older Americans Act funding and oversight entity, and
- As a community partner through the administration of the numerous volunteer programs administered through the Volunteer and Training Department.

AOASCC provides services to clients who are considered especially at-risk through the CHCP, MFP, CFC and the PCA Waiver programs and through two services funded through OAA Title III funding, transportation and home delivered meals.

AOASCC Staff responsible for emergency preparedness:

- The President & CEO and Executive Assistant
- The Care Management Director who is designated as the Disaster Communications Officer – responsible for CHCP, MFP, CFC and PCA Waiver programs
- The VP of Community Programs and ADRC Program Assistant – responsible for I&A and Title III programs
- The Volunteer and Training Director – volunteer programs
- The Director of Administration – communication with staff

In considering emergency preparedness, the level of interaction and the response plan varies by department based on the service type rendered.

### Communication Plan

In the event of a natural disaster (i.e. hurricanes, winter storms) or other situation where the office is closed (such as loss of electricity), this information will be communicated as follows:

- Staff are informed through their staff email accounts which are accessible remotely via Microsoft Office 365 and via a phone message which is recorded in each staff's company voice mail and accessed via a direct phone number.
- Volunteers are instructed to call into the main office phone and to check the local media
- State Government – Information is conveyed to the following two state departments:
  - Department of Social Services: MFP Project Director (and designated staff); Social Services Program Administration Manager; Director of Home and Community Based Services
  - Department of Aging and Disability Services: Social Services Program Manager; Field Representative for SCC
- Municipalities are notified via our Public Information Plan

## **Public Information Plan**

In the event the AOASCC office cannot open due to an emergency condition and/or closure of the office building:

- This information is disseminated through local media via the media's closure report system.
- AOASCC's general voice mail messages are updated to inform callers as to the status of the office.
- In the case of clients of the CHCP, MFP, CFC and PCA Waiver programs, they are given an option to reach the on-call care manager if they are in need of urgent assistance as follows:

For clients receiving ongoing care management services, the Care Management Department is available 24 hours a day seven days a week through AOASCC's on-call system. Care-managed clients, their supporters, provider agencies, and community partners are aware of the 24-hour coverage.

The on-call system is staffed with a care manager with support from the management team under normal conditions. In emergency conditions, additional care managers and management staff augment this response team.

## **Outreach and Assistance**

AOASCC provides services to clients who are considered especially at-risk through the CHCP, MFP, CFC and the PCA Waiver programs and through two services funded through OAA Title III funding, transportation and home delivered meals. In the event of an emergency, at-risk/frail clients of these programs are contacted and provided services as follows.

### **Home Delivered Meals**

All meal providers who receive TIII funding are required to supply shelf-stable meals prior to the winter months in which service could be interrupted due to road conditions or power outages. If the meal provider is unable to provide meals, the provider notifies the client regarding the disruption of service.

### **CHCP, MFP, CFC and PCA Waiver Clients**

In the event that a provider will be unable to render services, the provider's on-call staff communicates with the client's informal support system (e.g., family, caregivers) as designated in the client's back-up plan.

For clients who are frail/at-risk, in the event of an emergency situation, the designated AOASCC care manager contacts each client to ensure adequate care is in place. In the event that clients or their support system cannot be reached, a request is made through the local police department for a safety check.

### **Medical Transportation**

Clients who receive Title III funded transportation for medical appointments are informed when signing up for the service that transportation is contingent upon weather and road conditions.

## **Emergency Operations Procedures**

Preparation for the provision of services is as follows:

### **Prior:**

#### **Home Delivered Meals**

All recipients of home delivered meals (Title III and CHCP clients) are provided with shelf-stable meals at the beginning of each winter season with information regarding possible disruption of services due to winter weather. As a part of ongoing monitoring, ADRC staff will request periodic reports from vendors on the status of the delivery of shelf-stable meals.

#### **Medical Transportation**

All participants are informed by the sub-grantee that transportation is contingent upon weather and road conditions to ensure consumer safety.

#### **CHCP, MFP, CFC, PCA Waiver Clients**

All clients receiving care management service are assessed for the need for a back-up plan. Those that are deemed at-risk in the absence of formal services, a back-up plan is established and documented in AOASCC's client *database and provided to the vendors providing services*.

For those clients who are determined to be at-risk, but choose to not establish a back-up plan, this client is required to sign an at-risk agreement. This at-risk agreement outlines the risks involved when there is an absence of services, as might occur in the case of a natural disaster when formal services might be disrupted.

All staff who serve in an on-call capacity participates in a required in-service education program to ensure they are fully versed in AOASCC's on-call protocol and use of the remote systems.

In the case that there is prior knowledge of a possible disruption of services (such as a major winter storm), fragile/at-risks and clients who have a fragile support system are contacted to ensure adequate care is in place.

All vendors who provide services to CHCP clients or meals under TIII funding are required to maintain emergency contact numbers. These contact numbers are maintained and updated and are an integral piece of the AOASCC on-call procedures.

## During

### Home Delivered Meals

If the meal provider is unable to provide meals, the provider notifies the client regarding the disruption of service. Notification is also provided to ADRC staff.

### Medical Transportation

All participants are informed by the sub-grantee that rides are cancelled due to the weather emergency.

### CHCP, MFP, CFC, PCA Waiver Clients

For clients receiving ongoing care management services, an on-call response team is available 24 hours a day seven days a week through AOASCC's on-call system. In emergency conditions, additional care managers and management staff augment the response team.

The disaster communications officer is responsible for contacting local municipalities and/or 211 Infoline to gain information on emergency shelters. This information is then communicated to on-call staff.

In the event that fragile, care-dependent, care-managed clients need alternate housing, *the on-call administrative team* is responsible for contacting local skilled nursing facilities to determine if they can accept admissions. The on-call care managers will work to secure the necessary medical documentations and ASCEND pre-approval, if possible.

In the event that a provider cannot reach a client to render services, the provider's on-call staff communicates with the client's informal support system (e.g., family, caregivers) as designated in the back-up plan.

For clients who are frail/at-risk, the designated AOASCC care manager contacts each client to ensure adequate care is in place. In the event that clients or their support system cannot be reached, a request is made through the local police department for a safety check.

All on-call staff have remote access to the care management client database. This database is housed on the server of the agency, and the building where the office is located has a generator back-up. In case that this server is affected, the server is backed up at a remote location.

## Post

### Home Delivered Meals

The ADRC Program Manager continues to stay in communication with the meal providers until delivery is fully resumed.

### Medical Transportation

The sub-grantee works with clients to reschedule rides.

### CHCP, MFP, PCA Waiver Clients

For clients receiving ongoing care management services, each client's needs are reassessed and updates are made as warranted.

### Situation Reporting

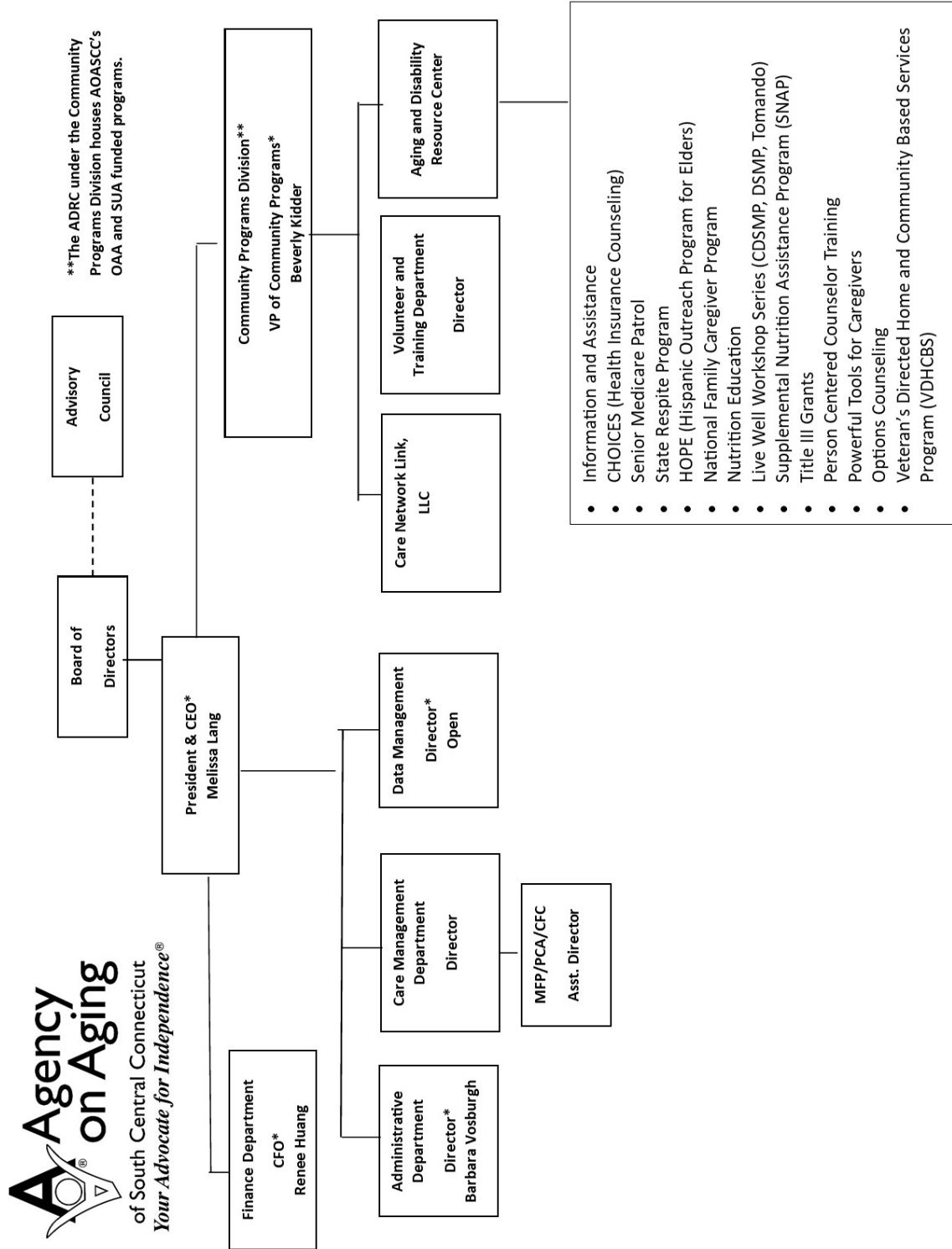
The Disaster Communications Officer will maintain ongoing communication with designated AOASCC staff. Any information that is deemed significant to the overall emergency response situation will be reported to designated state staff as follows:

- DSS: The Care Management Director who is designated as the Disaster Communications Officer will communicate with the MFP Project Director (and designated staff); Social Services Program Administration Manager; Director of Home and Community Based Services.
- Department of Aging and Disability Services: The Care Management Director who is designated as the Disaster Communications Officer will communicate with the State Social Services Program Manager; Field Representative for SCC.

*Adopted March 2017; updated June 2021*

# Attachment D

## AOASCC Organizational Structure



October 2021

## Focal Points Designated in the Planning and Service Area

**Attachment E**  
**Focal Points Designated in the Planning and Service Area**

Name	Address	Phone Number	Contact Person and Title	Designation Date
Doyle Senior Center	153 Main Street Ansonia, CT 06401	203-736-5926	Jeff Coppola, Director, Recreation Department	1990
Canoe Brook Senior Center	11 Cherry Hill Road Branford, CT 06405	203-315-0683	Dagmar Ridgeway, Director	1988
Derby Senior Center	293 Main Street Derby, CT 06418	203-736-1485	Christine Sonsini, Executive Director	1982
East Haven Senior Center	91 Taylor Avenue East Haven, CT 06512	203- 468-3277	Robert Petrucelli, Director	1989
Guilford Senior Center	32 Church Street Guilford, CT 06437	203-453-8086	Terry Buckley, Seniors Program Coordinator	1989
Miller Senior Center	2901 Dixwell Avenue Hamden, CT 06518	203-287-2548	Suzanne Burbridge, Elderly Services Director	1986
Madison Senior Center	29 Bradley Road Madison, CT 06443	203-245-5685	Austin Hall, Director of Senior Services	1990
Meriden Senior Center	22 West Main Street Meriden, CT 06451	203-630-4701	Rick Liegl, Senior Affairs Administrator	1982
Milford Senior Center	9 Jepson Drive Milford, CT 06460	203-877-5131	Leonora Rodriguez, Executive Director	1982
Casa Otoñal	135 Sylvan Avenue New Haven, CT 06519	(203) 773-9849	Milagros Gomez	1989
Atwater Senior Center	26 Atwater Street New Haven, CT 06513	203-946-8558	Georgiann Dogolo, Elderly Services	1985
Dixwell/Newhallville Senior Center	255 Goffe Street New Haven, CT 06511	203-946-8541	Gwendolyn Grady, Elderly Services Specialist	1986



**Attachment E  
Focal Points Designated in the Planning and Service Area**

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Contact Person and Title</b>	<b>Designation Date</b>
East Shore Senior Center	415 Townsend Avenue New Haven, CT 06512	203-946-8544	Michele Clary-Butler, Elderly Services Specialist	1989
The Towers at Tower Lane	18 Tower Lane New Haven CT 06519	203.772.1816 ext. 320	Gustave (Gus) Keach-Longo, Presiden/CEO	2021
Joyce Budrow Senior Center	189 Pool Road North Haven, CT 06473	203-239-5432	Judy Amarone, Manager	1983
Orange Senior Center	525 Orange Center Road Orange, CT 06477	203-891-4789	Dennis Marsh, Senior Services Coordinator	1987
Oxford Senior Center	10 Old Church Road Oxford, CT 06478	203-881-5231	Heather Haney, Assistant Director	1990
Seymour Senior Center	20 Pine Street Seymour, CT 06483	203-888-0406	Elderly Services Manager	1990
Shelton Senior Center	81 Wheeler Street Shelton, CT 06484	203-924-9324	Doreen Laucella, Director	1983
Wallingford Senior Center	238 Washington Street Wallingford, CT 06492	203-265-7753	William Viola, Executive Director	1983
West Haven Senior Center	201 Noble Street West Haven, CT 06516	203-937-3507	Sharon Mancini, Director	1983
Woodbridge Senior Center	4 Meetinghouse Lane Woodbridge, CT 06525	203-389-3430	Kristy Moriarty, Senior Center Director	1987

## **Accomplishments**

### **Area Plan 2018-2020**

#### **Goal 1: Empower older adults to reside in the community of their choice.**

Objective 1: Caregivers will have opportunities for training to enhance skills to maintain care recipient stay in the community.

Strategy 1: Provide 2 evidence-based caregiver trainings per year 2018, 2019, 2020, 2021

Strategy 2: Provide communication training annually 2018,2019,2020, 2021

Objective 2: Caregivers will feel supported in their caregiving role to enable them to continue to care for the care recipient

Strategy 1: Provide resources to area caregiver support groups

Strategy 2: Co-lead dementia support group at ADC, 2018

Strategy 3: Provide free access to Fearless Caregiver Conference ,2018

Objective 3: Caregivers will have access to respite services

Strategy 1: Using Title III-E funding provide respite services, 2018,2019, 2020, 2021

Objective 4: Provide support & Training for “grand families”

Strategy 4: Through Sub-grantee, provide grandparent training sessions 6 times per year 2018, 2019

Objective 5: Ensure individuals with severe disabilities receive assistance with long term care planning

Strategy 1: Require information counselors successfully complete person-centered planning curriculum. 2018

Strategy 2: Within available funding, dedicate staff time to provide in-home assessments of consumers with severe disabilities 2018, 2019

Strategy 3: Participate on the Board of Directors of the State Independent Living Centers 2018, 2019

Strategy 4: Continue to provide services through Community 1<sup>st</sup> Choice. 2017,2018, 2019, 2020

Objective 5: Support the availability of in-home support services

Strategy 1: Continue to fund community providers of in-home services using Title III funds 2018,2019, 2020, 2021

Strategy 2: Provide care management services to ensure appropriate levels of in-home services are provided in CHCPE and the Statewide Respite Program 2018,2019, 2020, 2021

Objective 7: Support the availability of Adult Day Centers

Strategy 1: Continue to fund ADCs within the limits of available funding 2018, 2019, 2020, 2021

Strategy 2: Participate in the development of a new ADC to serve lower Naugatuck Valley

Objective 8: Support the availability of care through community

Strategy 1: Educate consumers about the availability of self-directed care options 2018, 2019

Strategy 2: Encourage consumers to “self-serve” using myplacect.org website 2018, 2019, 2020, 2021

Strategy 3: Continue to assist institutionalized adults to transition to community living through MFP 2018, 2019, 2020, 2021

Objective 9: Ensure older members of LBGT community have access to LTSS

Strategy 1: Provide information to PRIDE programs about LTSS 2019

Strategy 2: Collaborate with the CCOA on program to expand awareness of the intersection between aging and LBGT 2019

**Goal 2: Ensure older adults have information and access to programs designed to enhance income security**

Objective 1: Ease the financial burden of caregiving

Strategy 1: Using Title III-E supplemental funds pay for items required by care recipient, 2018, 2019, 2020, 2021

Strategy 2: Screen all care recipients for financial benefits, 2018, 2019, 2020, 2021

Strategy 3: Using Title III-E funding provide financial assistance with “back to school” costs, 2018, 2019

Strategy 4: Screen grandparent caregivers for financial benefits, 2018

Objective 2: Increase participation in benefit programs

Strategy 1: Information counselors will screen callers to ADRC for Medicare Savings Program 2018,2019, 2020, 2021

Strategy 2: Information counselors will screen callers to ADRC for SNAP eligibility 2018,2019, 2020, 2021

Objective 3: Raise awareness about financial exploitation

Strategy 1: SMP staff will provide community education about financial fraud and abuse 2018, 2019, 2020, 2021

Strategy 2: SMP staff will recruit and train volunteers to educate consumers about financial abuse

Objective 4: Raise awareness about Medicare D

Strategy 1: CHOICES counselors will conduct New to Medicare classes at least twice per year, 2018,2019, 2020, 2021

Strategy 2: CHOICES counselors will assist Medicare recipients in the selection of Medicare D plans by using Medicare.gov resources 2018,2019,2020, 2021

Objective 5: Increase employment opportunities for older adults

Strategy 1: Serve as host site for SCSEP participants 2018, 2019

Strategy 2: Conduct computer training classes to upgrade employment skills 2018, 2019

Strategy 3: Seek funding to continue STEPS employment program 2018

**Goal 3: Ensure older adults are provided with resources to protect them from abuse.**

Objective 1: Raise awareness about elder abuse

Strategy 1: Hold annual TEARS conference 2018, 2019, 2020, 2021

Strategy 2: Feature topic of elder abuse annually in AOASCC newsletter 2018, 2019, 2020, 2021

Objective 2: Work with aging network to manage elder abuse effectively

Strategy 1: Participate in M-teams throughout SC region 2018, 2019, 2020, 2021

Strategy 2: Provide annual AOASCC staff training about elder abuse 2018, 2019, 2020, 2021

Objective 3; Ensure resources are available for legal assistance to older adults

Strategy 1: Using Title III funds support New Haven Legal Services to provide legal counsel to older adults 2018, 2019, 2020 2021

Strategy 2: Continue to partner with CT Legal Services and SDA to create seamless referral systems 2018, 2019

Strategy 3: Participate in cross training provided by CLS and SDA 2019

Strategy 4: Utilizing SMP staff to partner with CLS & SDA, provide training about financial abuse 2019, 2020

**Goal 4: Ensure older adults have access and information necessary for healthy aging.**

Objective 1: Contribute to a society where aging is viewed positively by highlighting the contributions of older adults

Strategy 1: Hold annual Art of Aging exhibit, 2018, 2019, 2020, 2021

Strategy 2: Feature activities of older volunteers in monthly newsletter, 2018, 2019, 2020, 2021

Strategy 3: Create volunteer opportunities for older adults 2018, 2019

Objective 2: Ensure access to physical and behavioral health services

Strategy 1: Utilize Title III B funds to provide health screenings through sub-grantees 2018, 2019, 2020, 2021

Strategy 2: Utilize Title IIIB funding to provide access to behavioral health services 2018, 2019, 2020, 2021

Strategy 3: Utilize Title IIID funding to provide evidence based disease prevention programs 2018, 2019

Strategy 4: Raise awareness about self-directed care options 2018, 2019

Strategy 5: Utilize evidence based Healthy Ideas program to reduce depression in caregivers and care recipients 2018, 2019

Objective 3: Ensure transportation is available for older adults

Strategy 1: Explore resumption of weekend transportation for social activities 2018

Strategy 2: Continue to fund transportation programs with Title IIIB funds 2018, 2019, 2020, 2021

Objective 4: Ensure culturally competent, aging information is available to Spanish-speaking older adults and caregivers

Strategy 1: Through HOPE (Hispanic Outreach) ensure members of aging network who serve Spanish speaking consumers are trained in programs and services that benefit older adults. 2018, 2019, 2020,2021

Strategy 2: Ensure informational materials produced by AOASCC are available in Spanish

Strategy 3: Available funding permitting, employ Spanish speaking staff to work with Spanish speaking consumers

Objective 5: Ensure older adults are protected from food insecurity

Strategy 1: Continue to fund home delivered meals programs and congregate meal sites 2018,2019, 2020, 2021

Strategy 2: Conduct nutrition risk assessments biannually on all HDM recipients.

## **Goal 5: Eliminate Ageism in Society**

Objective1: Raise awareness about ageism

Strategy 1: Hold statewide conference on ageism, 2018

Strategy 2: Use social media to broadcast information about ageism, 2018, 2019, 2020, 2021

Objective 2: Establish collaborations with groups committed to elimination of ageism

Strategy 1: Develop a statewide council of members of the aging network to work together to eliminate ageism, 2018

Objective 3: Advocate for the elimination of policies that enable ageism 2019, 2020, 2021

Strategy 1: Working with the council, identify legislators who will promote legislative changes needed to reduce age discrimination, 2019, 2020, 2021

Strategy 2: Advocate for proposed legislative changes, 2019, 2020, 2021



## Accounting System Certification

### ACCOUNTING SYSTEMS CERTIFICATION

#### STATEMENT TO BE SUBMITTED WHEN AREA AGENCY IS A PRIVATE NONPROFIT AGENCY AND ITS ACCOUNTING SYSTEM WILL NOT BE MAINTAINED BY A PUBLIC AGENCY

Department of Aging and Disability Services  
State Unit on Aging  
55 Farmington Avenue, 12<sup>th</sup> Floor  
Hartford, CT 06105

Dear Grantor:

We are certified public accountants and have been engaged to audit the financial statements of the Agency on Aging of South Central Connecticut, Inc., for the year ended September 30, 2020 hereafter referred to as the Area Agency on Aging, which is a private nonprofit organization in North Haven, Connecticut.

We understand that the Agency on Aging of South Central Connecticut, Inc. has received annual grants of Federal Title III funds from the grantor, hereafter referred to as the State Unit on Aging, for use in accordance with the Older Americans Act of 1965, as amended.

In planning and performing our audit of the financial statements of the Agency on Aging of South Central Connecticut, Inc. as of and for the year ended September 30, 2020, in accordance with auditing standards generally accepted in the United States of America, we considered Agency on Aging of South Central Connecticut, Inc.'s internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.

The management of Agency on Aging of South Central Connecticut, Inc. is responsible for establishing and maintaining a system of internal accounting control. In fulfilling this responsibility, estimates and judgments by management are required to assess the expected benefits and related costs of control procedures. The objective of internal accounting control is to provide reasonable, but not absolute, assurance as to the safeguarding of assets against loss from unauthorized use or disposition, and the reliability of financial records for preparing financial statements and maintaining accountability for assets. We understand that the objective of those administrative control procedures comprehended in the State Unit on Aging criteria is to provide similar assurance as to compliance with its related requirements. The concept of reasonable assurance recognizes that the cost of a system of internal control should exceed the benefits derived and also recognizes that the evaluation of these factors necessarily requires estimates and judgments by management.

There are inherent limitations that should be recognized in considering the potential effectiveness of any system of internal control. In the performance of most procedures, errors can result from misunderstanding of instructions, mistakes of judgment, carelessness, or other personal factors. Control procedures whose effectiveness depends upon segregation of duties can be circumvented by collusion. Similarly, control procedures can be circumvented intentionally by management with respect either to the executing and recording of transactions or with respect to the estimates and judgment required in the preparation of financial statements. Further, projection of any evaluation of internal control to future periods is subject to the risk that the procedures may become inadequate because of change in conditions, and that the degree of compliance with the procedures may be deteriorated.

Policies require that the grantee and its sub-grantee/contractors have established an accounting system with internal controls adequate to safeguard their assets, check the accuracy and reliability of the accounting data, promote operating efficiency and encourage compliance with prescribed management policies and such additional fiscal, accounting and administrative requirements as the State may establish. We understand that procedures in conformity with the criteria referred to in the third paragraph of this report are considered by the State Unit on Aging to be adequate for its purposes in accordance with the Older Americans Act of 1965, as amended and related regulations. Our consideration of internal control was for the limited purpose described in the third paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

This report is intended for the use in connection with the grant to which the report refers and should not be used for any other purposes.



\_\_\_\_\_  
Signature of Accountant

Teresa J. Opalacz, CPA

\_\_\_\_\_  
Name of Accountant

Guilmartin, DiPiro & Sokolowski, LLC

\_\_\_\_\_  
Name of Firm

March 24, 2021

\_\_\_\_\_  
Date

## **Request for Waiver from Procurement to Provide Direct Service**

### **Waiver Requests:**

For the 2022 – 2024 planning period, AOASCC is requesting approval from the SUA for the following direct service waivers:

Title IIIB Waiver Request: I&A and ADRC

Title IIID Waiver Request: Powerful Tools

Title IIIE Waiver Request: NFCSP

Title III-C2 Waiver Request

## Title IIIB Waiver Request: Information & Assistance Waiver

AAA Name: Agency on Aging of South Central Connecticut  
Date Submitted: July 1, 2021

Waiver Title: Information & Assistance Waiver

Time Period of Waiver (Federal Fiscal Years): Oct. 1, 2021 – Sept. 30, 2024

*Please check which Categories of this waiver you are requesting:*

Information & Assistance

Title IIIB Funds

Number of Clients to be served: 3500

Number of Units to be provided: 4200

Title III-B Waiver Total \$

Match: At least 15% \$

Program Income: \_\_\_\_\_

Total Program: \$

Other Resources: \_\_\_\_\_

Grand Total: \$

### Program Waiver Justification

**Statement of Need:** In a brief paragraph, provide information regarding the need of the service and the need for the AAA to provide the service directly. Include an explanation how assurances in the Title III Waiver PI (SUA-SPI-17-1) are met. If applying for more than one Category (i.e., Information & Assistance, Aging and Disability Resource Center, etc.), your request should indicate how services would be coordinated between categories. Include any relevant data to support or justify your need statement.

Information & Assistance at the Agency on Aging of South Central CT (AOASCC) is provided by AIRS certified staff. Information topics include: social programs & services, health topics, economic, and social issues of importance to older adults.

Older adults often need assistance in navigating the maze of available information, from multiple sources. Research demonstrates older adults, feel information from the government is confusing and intimidating and feel they need help when applying for benefits (NIA-NIH/Gov/tips for improving communication, 2021).

Because of the close working relationship between direct services programs provided by AOASCC and sub-grantees, funded through the Older Americans Act, AOASCC can efficiently refer consumers to appropriate services and ensure that the referral connection is completed. Collaborating with aging network partners, through our Interagency Council, AOASCC ensures its program doesn't duplicate existing

programs, but rather compliments the network by providing a resource in towns where information programs are missing and providing in-depth information in towns where only basic I&R is available.

**Category 1:** Information & Assistance

Title III-B Funds \$

Number of clients to be served: 3500

Number of units to be provided: 4,200

**Category 2:** Person Centered Counseling Title III-B Funds

Number of clients to be served: 200

Number of units to be provided: 800

**Category 3:**  Title III-B Funds \$

Number of clients to be served:

Number of units to be provided:

**Total Budget Summary for all waivers:**

Title III-B Waiver – Category 1:

Title III-B Waiver – Category 2:

Title III-B Waiver – Category 3:

Title III-B Waiver Total All Categories

Match: At least 15%

Program Income:

Total Program:

Other Resources:

Grand Total:

A. **NARRATIVE:** In narrative form, address the following items in two pages or less:

1. **Service Description:**

- a. For each category of services to be provided under this waiver (i.e., Information & Assistance, Aging and Disability Resource Center, etc.), provide a brief overview of the services to be provided, including the service definitions to be used, and how these services will be coordinated.

Services	Target Population	Geographic Areas Served	Unit Definition	Clients/units	Measurement
Telephone Information	Individuals 60+ years	20 town region of SC CT	1 contact	3500/4200	I&A database
Public Education	Individuals 60+ years	20 town region of SC CT	1 contact	1200/12	Aggregate/Attendance records
Benefits Education	Individuals 60+	20 town region of SC CT	1contact	300/12	I&A database

Position	FTE	Role
Information Counselors	1.5 FTE	Education for Medicare/ Medicaid Beneficiaries; Provision of information and assistance; Outreach; Public Education; CHOICES volunteer training/coordination
ADRC Director	.05 FTE	Supervision
Grants Accountant	.05 FTE	Fiscal management
Clerical Support	.25 FTE	telephones

Trained, certified counselors, provide information about programs and services, Medicaid issues, benefits and community resources. Multiple forms of information distribution are utilized: telephone counseling, in-person counseling, small groups, community education programs, fairs, AOASCC website, and limited home visits for older adults with disabilities.

**Service descriptions:**

- Telephone counseling: Calls triaged at ADRC main desk and assigned to available information counselors.
- In-person counseling: available on a more limited basis for individuals who are unable to utilize telephone assistance. Clients are seen by appointment.
- Small group information services: provided at select times to groups of individuals with need for similar information such as SNAP or home heating or senior housing options.
- Community education programs: delivered by information counselors and outreach staff at locations throughout the community such as senior housing, libraries and senior centers.

- Counselors participate in senior and health fairs throughout the year, bringing information about community programs and the programs and services of AOASCC.
  - The AOASCC website is used increasingly by consumers. Counselors receive email, forwarded from the website, from people seeking information about services
  - Outreach is targeted to low income and minority group members and individuals at risk of institutionalization. Traditionally, AOASCC targets outreach to African-American and Hispanic seniors and seniors with disabilities, particularly dementia disorders and people at risk of institutionalization.
- b. Complete the table below following the examples provided. For each Category, list the services to be provided, target population and geographic areas served.

Example 1: Category 1: Information & Assistance

<b>Services</b>	<b>Target Population</b>	<b>Geographic Areas Served</b>
I & A, Outreach	Medicare Beneficiaries	Entire AAA region

Example 2: Category 2: Aging and Disability Resource Center

<b>Services</b>	<b>Target Population</b>	<b>Geographic Areas Served</b>
Person-Centered Counseling	Persons needing LTSS; those with complex issues, those requiring short term support	Entire AAA Region
Benefits counseling	Individuals referred for meals on wheels	City of Bridgeport

Category 1: Information & Assistance

<b>Services</b>	<b>Target Population</b>	<b>Geographic Areas Served</b>
Telephone Information	Individuals 60+ years	20 town region of SC CT
Outreach	Individuals 60+ years	20 town region of SC CT
Benefits Counseling	Individuals 60+ referred for HDM	20 town region of SC CT

Category 2: Person Centered Counseling

Services	Target Population	Geographic Areas Served
Person-centered counseling	Individuals 60+ with disabilities	20 town region of SC CT

2. **Service Delivery:** Describe how the service will be provided, how potential consumers will be informed about the availability of the services and how the services will be targeted and tracked within the MIS system (SAMS). Provide a chart outlining the FTE staff position(s) dedicated to each category of the waiver and the coordination between Title III-B waiver categories.

AASCC's services are provided in a handicapped accessible building with ample handicap parking. Signage is prominent to ensure ease of access. The agency subscribes to translation services that enable staff to provide counseling to individuals irrespective of language. Text for information materials complies with guidelines for screen reader use. Most written information is available in English and Spanish, and increasingly, information flyers are created in a bilingual format.

AOASCC maintains a database of email addresses for all consumers who contact us for services. Information about programs and services are distributed regularly through email. Additionally, the AOASCC website and Facebook are utilized to provide service information. AOASCC participates in senior fairs throughout the year.

AOASCC has an agency link on the websites of our grantee organizations.

Information & Assistance clients are tracked with in an excel data system with information from client intake sheets. Data entry is completed by agency volunteers. Data is reported in the aggregate for all information services. At this time AOASCC does not have sufficient data entry staff to increase data entry by 4,000 additional I&A clients, into the SAMS system. Consumers who attend fairs and educational presentations would add another 2,000 – 3,000 clients. Volunteers cannot enter this data into SAMS because of licensing restrictions.

Staff Member	Services
Rena Brown	Telephone benefits counseling; in-person counseling
Janet Perez	Outreach
Carolyn Ciccarella	Telephone counseling; in-person counseling
Jan Simmons	Telephone counseling, community educations, small groups
Tom Davis	Telephone benefits counseling; person-centered planning, community education
Beverly Kidder	Supervision



**2. Client Satisfaction:** Describe how the service staff will determine client satisfaction and make improvement if problems are identified. Provide copy of survey tool.

Client satisfaction is monitored using quarterly surveys of a 50-person sample, per quarter, of all callers to the ADRC and targeted surveys to areas of special interest. Satisfaction ratings continue to be high with most categories exceeding 90% and none lower than 75% in both general surveys and targeted surveys. A copy of the survey is included below.

Client Satisfaction Survey	
<i>Our records indicate that, recently, you were in contact with our agency. We hope it was a positive experience. The Agency on Aging of South Central CT is eager to enhance the quality of services you receive from our agency. It is important to include <b>your impressions</b> in an assessment of our services. Therefore, we ask that you take a moment to complete this form and return it to us in the enclosed envelope. Your responses will be held in confidence and will never interfere with your access to our services in the future.</i>	
<i>Thank you for your cooperation.</i>	
<b>PLEASE TAKE A MOMENT TO COMPLETE THIS FORM</b>	
1. Was our staff courteous?      Yes      No	
2. Did we return your call in a timely manner?      Yes      No	
3. Please indicate, about what you were calling? Check all that apply.	
<input type="checkbox"/> Medicare <input type="checkbox"/> Insurance <input type="checkbox"/> Homecare <input type="checkbox"/> Caregiver Concerns	
<input type="checkbox"/> Financial Assistance Programs <input type="checkbox"/> Transportation <input type="checkbox"/> Housing	
<input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Adult Day Care	
<input type="checkbox"/> Long Term Care <input type="checkbox"/> Legal Problems <input type="checkbox"/> Senior Employment	
<input type="checkbox"/> Medical Equipment <input type="checkbox"/> Health Issues	
Other _____ (Please specify)	
4. Was the information you received helpful?      Yes      No	
5. Did the staff attempt to provide you with information about related topics, which might be helpful to you?      Yes      No	
6. Would you be inclined to call our agency again if you needed information on another matter?      Yes      No	
7. Are you aware a member of our staff would be willing to assist you in the completion of forms and applications, if you needed help?      Yes      No	
8. Would you refer a friend or relative to our agency if they needed information related to programs and services for seniors?      Yes      No	
9. Are there services you would like to see our agency offer in the future?	
Yes      No      Please describe.	
<b>THANK YOU FOR YOUR TIME. PLEASE RETURN THE COMPLETED FORM IN THE ENVELOPE PROVIDED.</b>	

**3. Sub-Contracts (if applicable):** Describe plans for sub-contracting services components.

NA

**BUDGET:** Attach a line item budget for each waiver requested using the form provided by SDA.

*Please note: your Title III-B waiver budget request shall not exceed 25% of the AAA's Title III-B allocation for the previous federal fiscal year, prior to transfers, per SUA-SPI-17-01.*

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We, the undersigned approve and submit the attached service description for Title III-B waiver and assure that the description represents a formal commitment to carry out the service program and to utilize state and federal funds as described herein.

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Area Agency on Aging Director

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Date

---

Authorized Official of Agency on Aging (optional)

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Date

---

For SDA Use Only

\_\_\_\_ Approved

\_\_\_\_ Time Period of Approved Waiver

\_\_\_\_ Denied

---

Commissioner, State Department on Aging

---

Date

Title IIID Waiver Request: Powerful Tools

**Name** AAA Agency on Aging of South Central CT

**Date Submitted** July 1, 2021

**Title of Waiver** Powerful Tools

**Time Period of Waiver** FFY 2022-2024

**Waiver Request:** EBHP Program Coordination

**Title III-D Funds** \$20,000

Number of clients to be served: 60

Number of units to be provided: 60

**FFY2022 Waiver Budget Summary:**

Title III-D Waiver Total \$ 20,000

Match: At least 15% \$

Program Income: \$ 0

Total Program:

Other Resources:

Grand Total: \$

**A. NARRATIVE** In narrative form address the following items in two pages or less:

**1. Service Description**

AOASCC will provide the evidenced-based Powerful Tools program. This 6 session program teaches individuals how to establish priorities, utilize behavioral strategies to manage stressful situations, improve communication, develop effective relaxation techniques, develop self-confidence and utilize community resources. This 18 hour program was deemed to have met the highest-level criteria of evidence-based disease prevention and health promotion programs by the Administration for Community Living/Administration on Aging. Classes will be provided in 2 formats: in-person and on Zoom accommodating the special needs of consumers.

<b>Service</b>	<b>Target Population</b>	<b>Geographic Area</b>	<b>Unit Definition</b>	<b>Client/Unit</b>	<b>Tracking</b>
Powerful Tools	Individuals 60+ and caregivers	Entire 20 town SC region	1 completer*	60/60	SAMS

\*Completers are defined as participants who attended at least 4 out of 6 workshop sessions.

## **2. Service Delivery**

- Promote Powerful Tools program through outreach activities: Newsletter, Facebook, email, presentations.
- Educate aging network about Powerful Tools
- Provide 2 Powerful Tools training annually (12 sessions) in-person at AOASCC offices, lunch provided; training manuals provided; community resources kit provided;
- Provide 1 Powerful Tools training annually on Zoom (6 sessions), Training material provided; package of community resources provided.
- Trained presenters (2) conduct 3 hour sessions, for 6 consecutive weeks. Program combines scripted session instruction and small group exercises and participant journals Each participant identifies 1 or 2 goals for good health and develops a behavioral activation plan to achieve the goals. Information, training, Peer support, and relaxation training are key elements of the program.

## **3. Client Satisfaction**

Powerful Tools utilizes a standardize client evaluation tool used for all trainings. See attached.

## **4. Sub Contracts**

N/A

## **5. Budget**

Line item budget attached

### Title III-E Waiver Request: Family Caregiver Support

AAA Name: Agency on Aging of South Central CT

Date Submitted: July 1, 2021

Waiver Title: Family Caregiver Support

Time Period of Waiver (Federal Fiscal Years): 2022 -2024

Geographic Areas Served: South Central CT

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### **Program Waiver Justification**

**Statement of Need:** Provide information regarding the need for the service and the need for the AAA to provide the services directly (1 to 2 paragraphs). Include an explanation how assurances in the Title III Waiver PI (SUA-SPI-17-1) are met. Please attach any relevant data to support or justify your need statement.

According to the Family Caregiving Alliance 2021 data:

- There are 43.5 million caregivers who provide care to adult family members.
- 34% of caregivers are 65 + years of age
- The average number of hours per week spent care giving is 24.4
- The average number of years the caregiver has been providing care is 4
- 33% have no help in their caregiving role (paid or other family)
- 46% provide hands-on medical and nursing care
- 96% provide assistance with ADLs
- 15% provide care for 2 parents
- 37% of care recipients have multiple health conditions
- 40% of caregivers report high caregiver burden
- 25% caregivers feel their personal health has been compromise
- 15.7 million provide care for someone with dementia

Caregivers report significant need for education and training in the tasks of the caregiver role. The need for caregivers to have support and respite is apparent. AOASCC is uniquely positioned to provide the full range of caregiver services identified in the National Family Caregiver Support Program federal regulations to educate and support caregivers: assistance, benefits education, public education, caregiver counseling, respite, supplemental services, training, and support groups. Relationships between the Aging and Disability Resource Center, Care Management Department, Grants and Communications Department, Nutrition Assessment services, and Title III grant sub-recipients

maximize AOASCC's capacity to meet the needs of family caregivers. Care Managers and Information Counselors who are CHOICES and A.I.R.S.-certified and certified care managers, provide information and assistance and person-centered care planning to family caregivers through telephone and in-person counseling and case management, and support groups. This interconnected range of services enables AOASCC to provide the needed services in a more efficient and effective manner than can be provided by other community service providers.

### **Service Delivery – Caregivers/Grandparents**

Services are divided into two sections: Section 1: Title III-E Waiver (Non-Respite Care and Non-Supplemental Services) and Section 2: Respite Care and Supplemental Services. Services are also divided into two populations: Caregivers and Grandparents.

When completing the section below, provide information of the number of caregivers and grandparents expected to be served, the number of units served to those individuals, and the amount of Title III E funds by service.

### **Non-Respite Care and Non-Supplemental Services**

#### **Section 1**

Title III-E Waiver Funding for Services to Grandparents

\$ \_\_\_\_\_ 0 \_\_\_\_\_

<b>Service</b>	<b># of Caregivers</b>	<b># of Units</b>	<b># of Grandparents</b>	<b># of Units</b>	<b>Title III E Funds</b>
NFCSP Outreach	300	12	0		
NFCSP Benefits Education	500	12	0		
NFCSP Case Management	200	1,000	0		
NFCSP Caregiver Counseling	150	250	0		
NFCSP Caregiver Support Groups	30	36	0		
NFCSP Caregiver Training	85	25	0		

<b>Service</b>	<b>Estimated Unduplicated Count of Caregivers Served</b>	<b># of Units</b>	<b>Estimated Unduplicated Count of Grandparents Served</b>	<b># of Units</b>	<b>Title III E Funds</b>
NFCSP Information and Assistance	1,400	2,000	0		
NFCSP Public Education *	100,000	12			
*Aggregate					

\*Denotes a permissible aggregate service. For all other services, ADS-SUA approval is needed to report aggregately. Provide a detailed explanation why an individual registration cannot be obtained.

### **Respite Care and Supplemental Services**

#### **Section 2**

<b>Service</b>	<b># of Caregivers</b>	<b># of Units</b>	<b># of Grandparents</b>	<b># of Units</b>
Respite	80	40,000	0	
Supplemental Services	75	37,500	0	

Title III-E Request for Funding for Respite for Caregivers \$ \_\_\_\_\_  
 Title III-E Request for Funding for Supplemental services for Caregivers \$ \_\_\_\_\_  
 Title III-E Request for Funding for Respite Services for Grandparents \$ \_\_\_\_\_  
 Title III -E Request for Funding for Supplemental Services for Grandparents \$ \_\_\_\_\_

#### **Budget Summary:**

Total Title III-E Waiver Funds from Section 1 \$ \_\_\_\_\_  
 Total Title III-E Funds – Respite and Supplemental Services from Section 2 \$ \_\_\_\_\_  
 Match: At least 25%: \$ \_\_\_\_\_  
 Program Income: \$ \_\_\_\_\_  
 Total Program: \$ \_\_\_\_\_  
 Other Resources: \$ \_\_\_\_\_

**Grand Total:** \$ \_\_\_\_\_

**A. Narrative:** In narrative form, address the following items in two pages or less.

1. **Service Description:** Provide a brief overview (one paragraph) of the services to be provided.

AOASCC provides the full complement of services identified in Title III-E of Older American's Act: assistance, benefits education, public education, caregiver counseling, respite, supplemental services, training, and support groups.

2. **Service Delivery:** Describe how the AAA will deliver service(s) (four paragraphs or less).

- a. How potential clients will be informed and receive the services

AOASCC will conduct a minimum of one outreach activity per month to inform the public about the availability of services provided through NFCSP. These activities include fairs, public forums, newsletters, social media posting, radio & television appearances and newspaper and magazine articles.

Clients are referred to the program by AOASCC information counselors in multiple agency programs, agency sub-grantees, senior center staff, community agencies and self-referred.

Referred families are contacted by AOASCC care management assistant for initial interview, application is sent to family for signatures, family data entered into AOASCC FoxPro system for fiscal tracking and WellSky. Care Management assessment is completed by AOASCC care management staff, and care plan developed and implemented. Respite/supplemental services are arranged. Monthly respite billing is reviewed by AOASCC director and fiscal department staff. Case management and counseling is provided as needed by respite care management staff.

Caregiver support groups (1 in-person, 1 online) are offered twice per month.

Caregiver training is provided 4 times per year at AOASCC offices.

Benefit education programs are offered 12 times per year at community locations throughout the 20 town region.

- b. How services will be targeted and tracked within MIS (WellSky Aging and Disability)

All Care management, counseling, support groups and training activities are tracked in WellSky. Public education and outreach activity are reported in the aggregate. I&A activities are tracked using AOASCC manual database.



- c. To request approval for aggregate reporting, provide a detailed explanation which described why an individual registration cannot be obtained. ADS SUA approval is required.

Public forums do not provide the opportunity for registration. Participation is estimated by attendance. I&A clients are served by information counselors working in multiple agency programs and client data from these interactions is recorded in an agency-wide manual database. Extracting the information for those I&A clients who are caregivers and re-entering the data into Wellsky would create an undue burden on AOASCC and increase the cost of data management. Since the current data system at AOASCC enables us to determine which I&A calls are caregivers we are able to complete accurate reports for SUA quarterly caregiver reporting.

- d. Provide a chart which clearly outlines the individual staff positions dedicated to this waiver including specific duties performed and the portion of FTE.

Position	Staff Name	FTE
Care Manager	Susan Shultz	
Care Manager Assistant	Patricia Soos	
Supplemental Coordinator	Tom Davis	
Data Entry	Ruth Tarquino	
Supervisor	Beverly Kidder	
Billing staff	Pat Archer	

3. **Client Satisfaction:** Describe how client satisfaction is measured and how improvements are made when problems are identified. Provide a copy of the Title III E waiver survey tool.
4. **Client Satisfaction:** Client satisfaction surveys will continue to be distributed to participants. Survey data is collected, tabulated, and analyzed. Results are used to improve the quality of service delivery as appropriate. AOASCC will issue evaluations upon the completion of all caregiver trainings. Evaluations will include a place for participants to indicate topics for which they would like to receive additional training and materials. AOASCC consumer satisfaction survey tool used for caregiver programs is attached.
5. **Sub-Contracts:** Describe plans for sub-contracting service components and how all program requirements are being met.

There are no sub-contracts

**B. BUDGET:** Complete the line item budget workbook as provided by ADS and submit to ADS with completed waiver request. The budget and budget narrative reflect the scope of work. Please include the staff position name and FTE equivalent in the budget narrative section of the workbook.

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We, the undersigned, approve and submit the attached service description for Title III Waiver and assure that the description represents a formal commitment to carry out the service program and to utilize state and federal funds as described herein.

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Signature of Area Agency Director

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Date

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Signature of Authorized Official of Area Agency (optional)

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Date

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-----  
For ADS Use only

\_\_\_\_ Approved

\_\_\_\_\_  
Time Period of Approved Waiver

\_\_\_\_ Denied

\_\_\_\_\_  
\_\_\_\_\_  
Commissioner, Aging and Disability Services

**National Family Caregiver Support Program  
Caregiver Quality Assurance Survey**

We are always looking to improve the quality of our program and we cannot accomplish this without you. We would appreciate your response to the following survey. Please return it in the enclosed envelope.

1. Overall, how satisfied are you with the respite service(s) and/or item(s) that you and/or your family member received?

Would you say ...

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

Comments:

2. To what extent did the service(s)/item(s) that you and/or your family member received help you as a caregiver?

Would you say...

- ☐ They helped a lot
- ☐ They helped a little
- ☐ They did not help
- ☐ They made things worse

Comments:

3. Have the service(s)/item(s) enabled you to provide care for your family member for a longer time than would have been possible without these services?

Would you say...

- ☐ Yes, definitely
- ☐ Yes, I think so
- ☐ No, I do not think so
- ☐ No, definitely not

Comments:

## SURVEY FOR CARE MANAGEMENT SERVICES

1. Were you treated in a courteous and professional manner by the Care Manager?  
☐ Yes    ☐ No    ☐ Not Sure

2. Did you feel she understood the type of care you need to help you stay at home?  
☐ Yes    ☐ No    ☐ Not Sure

3. Was the Care Manager helpful in explaining the services available to meet your care needs?  
☐ Yes    ☐ No    ☐ Not Sure

4. Was the Care Manager helpful in assisting you to arrange for services to meet your needs?  
☐ Yes    ☐ No    ☐ Not Sure

5. Were you satisfied with your participation in developing your care plan?  
☐ Yes    ☐ No    ☐ Not Sure

6. Do you have any suggestions to improve our care management service?  
☐ Yes    ☐ No    ☐ Not Sure

If yes, please explain: 1) improve training for homemakers; 2) provide more time for service.

7. Would you use care management services if you needed them again?  
☐ Yes    ☐ No    ☐ Not Sure

Thank you for completing this survey, AOASCC

### Title III-C2 Waiver Request

AAA Name: Agency on Aging of South Central CT

Date Submitted: July 1, 2021

Waiver Title: Nutrition Education

Time Period of Waiver (Federal Fiscal Years): FFY 2022-2024

Geographic Areas Served: \_\_\_\_\_

#### Program Waiver Justification

Statement of Need: In a brief paragraph, provide information regarding the need for the service and need for the AAA to provide the service directly. Include an explanation how assurances in the Title III Waiver PI (SUA-SPI-17-1) are met. Please attach any relevant data to support or justify your need statement.

As requested by SUA, AOASCC provides nutrition assessment and education for each person receiving Title IIIC2 Home Delivered meals. When this request was made by SUA, it was determined that the AAA could provide the service more efficiently and effectively than a community provider. Since assuming the provision of these services AOASCC has provided nutrition assessment and education to 100% of all new HDM consumers and reassessed continuing consumers every other year. This is a significantly higher number of assessments and education sessions than were provided previously, by the community provider.

Service	# of Consumers	# of Units	Title III C2 Funds
Nutrition Education	750	3,000	
Nutrition Counseling	0	0	
Nutrition Assessment*	750	750	
*Nutrition Assessment provided before Nutrition Counseling is delivered			

(Definition for services are found in MIS Services Document 2018 and COVID Nutrition MIS Definitions V2. Program Instruction SUA-SPI-10-02 provides the description of the services as well as the qualifications needed to provide such services. A Social Services Assessment is not a service provided under this waiver nor through Title III C funds.)

**Budget Summary:**

Total Amount of Title IIIC-2 Waiver:	_____
Amount for Nutrition Education	_____
Amount for Nutrition Counseling	_____
Amount for Nutrition Assessment	_____
Match: At least 15%:	_____
Program Income:	_____
Total Program:	_____
Other Resources:	_____
Waiver Grand Total:	_____

Title III-C2 Waiver request shall not exceed 10% of the AAA's Total III C-2 allocation for the previous federal fiscal year, prior to transfers.

A. **NARRATIVE:** In narrative form, address the following items in two pages or less.

1. Service Description: Provide a brief overview (one paragraph) of service(s) to be provided.

AOASCC provides an eligibility screening for all referrals to this program. For clients who are eligible, a nutrition assessment is completed and data entered into WellSky. Active clients receive nutrition education 4 times per year, using nutrition materials provided by SUA and complimented by additional materials from the CDC and the American Heart Association.

2. Service Delivery: Describe how the AAA will deliver service(s) (3 paragraphs).

a. How potential clients will be informed and receive the services

Potential clients are informed about the availability of HDM through agency outreach activities including community fairs, flyers, social media posts and AOASCC Newsletter. Referrals are received from multiple sources including: senior centers, general public, resident services coordinators, discharge planners, and health providers.

b. How services will be targeted and tracked within MIS system (WellSky Aging and Disability).

All clients are entered into WellSky and assessment and education activities are captured on Form 5s and entered into WellSky. Performance is reviewed monthly by AOASCC fiscal department. Monthly review of WellSky is conducted by data entry staff to ensure services are not over lapped with CHCPE clients.

- c. Outline the FTE staff positions dedicated to each service under this waiver. Staff shall attend mandatory state training.

Position	Staff Member	FTE
Nutrition Educator	Janet Perez	.60
Nutrition Educator	Marsha Royster	.40
Data Entry	Ruth Tarquino	.20
Supervision	Beverly Kidder	.05
Grants Accountant	Cindy Wang	.05

3. Client Satisfaction: Describe how client satisfaction is determined and how Improvements are made when problems are identified. Provide copy of Title C2 Waiver survey tool.

Client satisfaction is monitored using quarterly surveys of a 50 person sample, per quarter, of all callers to the ADRC and targeted surveys to areas of special interest. Satisfaction ratings continue to be high with most categories exceeding 90% and none lower than 75% in both general surveys and targeted surveys. A copy of the survey is included below.

### Client Satisfaction Survey

*Our records indicate that, recently, you were in contact with our agency. We hope it was a positive experience. The Agency on Aging of South Central CT is eager to enhance the quality of services you receive from our agency. It is important to include **your impressions** in an assessment of our services. Therefore, we ask that you take a moment to complete this form and return it to us in the enclosed envelope. Your responses will be held in confidence and will never interfere with your access to our services in the future.*

*Thank you for your cooperation.*

### PLEASE TAKE A MOMENT TO COMPLETE THIS FORM

1. Was our staff courteous?    Yes      No
2. Did we return your call in a timely manner?    Yes    No
3. Please indicate, about what you were calling? Check all that apply.  
\_\_\_ Medicare    \_\_\_ Insurance    \_\_\_ Homecare    \_\_\_ Caregiver Concerns  
\_\_\_ Financial Assistance Programs    \_\_\_ Transportation    \_\_\_ Housing  
\_\_\_ Prescription Drugs    \_\_\_ Adult Day Care  
\_\_\_ Long Term Care    \_\_\_ Legal Problems    \_\_\_ Senior Employment  
\_\_\_ Medical Equipment    \_\_\_ Health Issues  
Other \_\_\_\_\_ (Please specify)
4. Was the information you received helpful? Yes    No
5. Did the staff attempt to provide you with information about related topics, which might be helpful to you? Yes    No
6. Would you be inclined to call our agency again if you needed information on another matter? Yes  
No
7. Are you aware a member of our staff would be willing to assist you in the completion of forms and applications, if you needed help? Yes    No
8. Would you refer a friend or relative to our agency if they needed information related to programs and services for seniors? Yes    No
9. Are there services you would like to see our agency offer in the future?  
Yes    No    Please describe.

**THANK YOU FOR YOUR TIME. PLEASE RETURN THE COMPLETED FORM IN THE ENVELOPE PROVIDED.**



**3. Sub-Contracts (if applicable):** Describe plans for sub-contracting services components.

NA

- B. **BUDGET:** Complete line item budget workbook as provided by ADS and submit ADS SUA with completed waiver request. The budget and budget narrative reflect the scope of work. Please include the staff position name and the FTE equivalent in the budget narrative section of the workbook.

---

We, the undersigned approve and submit the attached service description for Title III Waiver and assure that the description represents a formal commitment to carry out the service program and to utilize federal funds as described herein.

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Signature of Area Agency Director

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Date

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Authorized Official of Agency on Aging (optional)

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Date

---

For ADS Use Only

\_\_\_\_ Approved

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Time Period of Approved Waiver

\_\_\_\_ Denied

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Commissioner, Aging and Disability Services

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Date

## **Attachment I**

### **Cost Sharing Provisions**

AOASCC is requesting cost-sharing exclusively for services provided through the respite and supplemental components of the National Family Caregiver Support Program. Suggested cost-shares are based on the income of the Care Recipient. Consumers with incomes at or below 100% of the Federal Poverty Level are excluded from the cost-share provisions. AOASCC follows the Cost Share Chart issued by the SUA. AOASCC is not requesting approval for cost-share implementation for any other service category, at this time.

**Title III Waiver Budgets and Financial Workbook**

DRAFT

## Attachment K

### Needs Assessment Surveys

#### Client Needs Assessment Survey

##### **Longterm services and supports**

Do you require help with any of the following activities;

	<u>Yes</u>	<u>No</u>
Eating	_____	_____
Bathing	_____	_____
Dressing	_____	_____
Walking	_____	_____
Preparing meals	_____	_____
Managing medications	_____	_____
Light Housekeeping	_____	_____
Shopping	_____	_____
Transportation	_____	_____

	<u>Yes</u>	<u>No</u>
Have you ever used senior transportation services?	_____	_____
Have you ever received Meals on Wheels	_____	_____
Do you receive services from the CT Home Care Program?	_____	_____
Do you receive services from any other homecare co.?	_____	_____
Do you think there are enough services in the community to meet your needs?	_____	_____

If your answer is No, what services are missing?

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## Healthy Aging

	<u>YES</u>	<u>NO</u>
Do you participate in any exercise programs?	_____	_____
Do you exercise regularly?	_____	_____
Do you walk daily?	_____	_____
Do you leave your house at least once per week?	_____	_____
If it's important to you, do you still participate In religious services?	_____	_____
Do you have family contact weekly?	_____	_____
Do you volunteer?	_____	_____
Are you employed?	_____	_____
Do you participate in clubs?	_____	_____
Do you see friends weekly?	_____	_____
If you need information do you know where to go?	_____	_____
Do you receive benefits that require you to re-apply every year?	_____	_____
Do you need help with applications?	_____	_____
Do you use the Internet to get Information?	_____	_____
Can you use online programs?	_____	_____
Do you have a computer or a tablet?	_____	_____
Do you have a smart phone?	_____	_____

Where do you get most of your information about programs, benefits, services?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Elder Rights

	<u>YES</u>	<u>NO</u>
Do you think the rights of seniors are protected?	_____	_____
Do you think there should be a limit on driving age?	_____	_____
Do you think people with dementia have a right to vote?	_____	_____
Do you think health care is a right?	_____	_____
Do you think Social Security is a right?	_____	_____
Do you think there should be mandatory retirement?	_____	_____

*Elder Abuse*

Do you think you have been a victim of elder abuse?      \_\_\_\_\_      \_\_\_\_\_

Have you even been scammed?      \_\_\_\_\_      \_\_\_\_\_

Do you feel safe?      \_\_\_\_\_      \_\_\_\_\_

Do you think society does enough to protect seniors?      -----      -----

*Ageism*

Do you feel you have been discriminated against based on age?      \_\_\_\_\_      \_\_\_\_\_

Do you think age-discrimination should be a civil offense like  
Race or gender discrimination?      \_\_\_\_\_      \_\_\_\_\_

*Nursing Home Advocacy*

If you had to go into a nursing home, do you know who to call

if you feel you are the victim of abuse?      \_\_\_\_\_      \_\_\_\_\_

Is there anything else about elder rights you would like us to know?

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### Caregiver Needs Assessment Survey

As a family caregiver, you are faced with many challenges. What is the most difficult for you?

Please circle one.

Transportation

Preparing meals

Managing medications

Physical care

Increased costs

Supplies

Time for yourself

Errands

Managing finances  
busy

Accessing health care

Communication

Keeping him/her

Managing behavior

During the pandemic, have you found your caregiver activities changed? Y\_\_\_ N\_\_\_

If you answered yes, can you share what changed?

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Do you feel you are receiving enough help to continue to keep your relative at home? Y\_\_\_ N\_\_\_

If there was more assistance available, what would be most helpful to you?

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## Notes from Listening Sessions

### Interagency Council Listening Questions and Responses

3/15/21

What do think is the biggest gap in service for seniors

technology = access and education about tech;; income

Would you agree to have people from your centered trained in evidenced based health promotion programs if the state offered them at no cost?

Some interested in recruiting volunteers; a few would have staff trained. Limited staff a problem for all the agencies

How do you assess suicide risk and/or substance abuse problems with seniors in our region?

Hme care agencies use the resources of their clinical staff to make the assessment and they call eps. Some of the agencies trained in suicide risk assessment. Non- clinical program, like MOW call ES directly, and/or contact local mental health provider

Do you screen for elder abuse? If you suspect elder abuse is your protocol?

Staff attend annual elder abuse training provided by AOASCC. Suspected abuse is reported to EPS. In instances of suspected physical abuse, the local police are also contacted if the senior agrees

Is your agency doing anything about social isolation?

2 of the ADCs have virtual programming; 3 have developed telephone reassurance programs; 1 behavioral health provider developed virtual drop-in center. One domestic violence program started virtual meet & greet groups for victims. And provided the ipads

Do you provide any programing for family caregivers?

6 have caregiver support groups ; one hosts a caregiver information fair annually;m1 provides legal services for families making end of life documents.

Does your agency consider equity and inclusion in your management and programming?



Everyone said yes, but specifics were few. Predominantly, agencies formed committees issues statements of practice.

DRAFT

## Senior Centers Listening Questions and Responses

3/15/21

What do you think is the biggest gap in service for seniors

technology = access and education about tech; subsidized housing; door to door transportation; income

Would you agree to have people from your center trained in evidenced based health promotion programs if the state offered them at no cost?

Not sufficient staff. Not interested in recruiting volunteers; would pay for evidenced based programs as they do with Tai Chi

How do you assess suicide risk and/or substance abuse problems with seniors in our region?

Work with town social worker/public health nurse assigned to center; have social work on premises; work with local mental health provider agency; refer to EPS

Is the senior center director also the MA for your town? If yes, how does the senior center director provide services, information to seniors who don't use the senior center?

Most of the towns the MA is the senior Center Director.

They communicate with the senior center newsletter that goes out to all households with seniors, not just center members; post info on the town website, post info in the libraries. 2 towns have citizens tv programs;

Do you screen for elder abuse? If you suspect elder abuse is your protocol?

Staff attend annual elder abuse training provided by AOASCC. Suspected abuse is reported to EPS. In instances of suspected physical abuse, the local police are also contacted if the senior agrees. 2 towns have town social worker make a home visit and the social worker reports to eps.

Is your center doing anything about social isolation?

One center started a tech loan program to help people stay connected during the pandemic. Almost all towns provided virtual social and educational programs during the pandemic; 2 towns had parking lot programs during the pandemic; 10 centers did telephone personal reassurance.

Do you provide any programming for family caregivers?

5 Valley towns combine to provide annual 5 part support/training program for family caregivers

3 centers provide alzheimers training for families with the ALz Assoc.

One center has a dementia care program with a lot of family caregiver activities

2 centers partner with the town community center to provide caregiver education

Does your town offer any legal services to seniors?

The 5 valley towns partner to provide free conversation with an elder law attorney annually

Does your town have any sort of registry for older adults that would enable them to reach out to seniors in an emergency?

3 towns had registries for disaster emergencies, but the pandemic revealed these registries weren't maintained. The senior centers had contact information for their seniors, but not for non-members living in the town.

Does your town include seniors on your disaster preparedness council?

Not be design. Some members happen to be older in some of the towns but are on the council for other qualifications.