APPENDIX G.

State Long-Term Care Programs and Expenditures

SFY 2008 – 2009

I. Overview of State Agencies Providing Long-Term Care Services and Supports

II. State Long-Term Care Programs in Connecticut – SFY 2009

III. State Long-Term Care Program Expenditures in Connecticut – SFY 2009

I. Overview of State Agencies Providing Long-Term Care Services and Supports

Department of Social Services (DSS): DSS provides a broad range of services to people who are elderly or have disabilities, families and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance, and independent living. It administers over 90 programs. By statute, it is the State agency responsible for administering a number of programs under federal legislation, including the Social Security Act (which includes Medicaid), the Rehabilitation Act managed by the Bureau of Rehabilitation Services, the Food Stamp Act and the Older American Act. DSS administers the Connecticut Home Care Program for Elders (CHCPE), a portion of which is State-funded, the Connecticut Home Care Program for Adults with Disabilities that is also state funded, and other programs such as the Personal Care Assistance (PCA) Waiver Program, the Acquired Brain Injury (ABI) Waiver Program, the Katie Beckett Model Waiver Program, the Department of Developmental Services Home and Community Based Waiver Program, the Connecticut AIDS Drug Assistance Program, and the Connecticut Pharmaceutical Assistance Contract to the Elderly (ConnPACE). Under recent grant programs from both Centers for Medicare and Medicaid Services (CMS) and the Administration on Aging (AOA), the department has begun initiatives to develop both Aging and Disability Resource Centers (ADRC's) and piloted Cash and Counseling services to people with disabilities and older people.

Department of Developmental Services (DDS): DDS provides case management, residential habilitation, individualized supports, campus settings, day habilitation, prevocational services, supported employment, respite care, and family support to approximately 15,400 persons with intellectual disabilities and their families. In addition, the Department provides Birth to Three services to approximately 5,000 children and their families. As of June 2009, 72 percent of those people eligible to receive services from DDS were living in their own or their family home, 18.5 percent lived in public or private community living arrangements, 2 percent lived in community training homes, 3.5 percent lived in campus settings and 2.2 percent were in skilled nursing facilities.

Department of Mental Health and Addiction Services (DMHAS): DMHAS has 18 Local Mental Health Authorities that provide a vast array of community mental health services for persons with mental illness. In addition, DMHAS operates inpatient hospitals and facilities for persons with severe addiction and/or psychiatric problems. DMHAS also contract with private not for profit agencies who provide an array of substance abuse and mental health services across the state. In SFY 2009, DMHAS served 57,095 persons with mental illness in the community and 3,851 persons with mental illness in inpatient facilities. Also in SFY 2009, a total of 69,083 persons received substance abuse in the community, and 8,402 received inpatient services.

Department of Economic and Community Development (DECD): DECD oversees all State statutes related to accessible housing. In addition to being a key partner in the assisted living demonstrations, it administers capital grants for the conversion of

adaptable living units to accessible units for persons with disabilities. The agency is also responsible for a statewide registry of accessible housing.

Department of Transportation (DOT): (DOT) provides about $110 million a year in subsidies to bus and paratransit systems throughout the state. The fixed route bus system provides discounted (half-fare) rides to seniors and people with disabilities. Out of a total of 37 million riders annually on the fixed-route system, about 2 million rides are provided annually to elderly and disabled customers. DOT administers the Federal Section 5310 program, which provides vehicle grants to municipalities and non-profit organizations. Over 100 vehicles funded by this grant program are operating around the state. In addition, the federal Americans with Disabilities Act (ADA) requires that demand-responsive paratransit services be provided to pre-qualified individuals who are not able, due to their disability, to utilize the local fixed-route bus system. ADA paratransit services are available to origins and destinations within 3/4 mile of the local bus route and are operated during the same days and hours as the local bus service. The State currently spends over $20 million annually to support ADA services, and provides over 750,000 rides annually. The DOT-subsidized bus and paratransit operations serve 107 towns in the state. The State Legislature appropriated $5 million annually to a "State Matching Grant Program to Provide Demand Responsive Transportation to Seniors and People with Disabilities." This program allows municipalities to apply for a portion of the funds, determined by a formula, and requires an equal match by the municipality. The Federal Transit Administration New Freedom Program provides grant funds for transportation related programs that go beyond the requirements of the Americans with Disabilities Act of 1990. These grants are made available through the DOT and must be derived from locally-coordinated human services transportation - public transit plan.

The Department of Public Health (DPH): The mission of DPH is to protect and improve the health and safety of the people of Connecticut. DPH is the state's leader in public health policy and advocacy. The Department is a partner to local health departments for which it provides advocacy, training and certification, technical assistance, consultation, and specialty services such as risk assessment that are not available on the local level. Additionally, DPH establishes health priorities and evaluates the effectiveness of health initiatives. The agency also has regulatory functions which focus on the quality of services provided by licensed professionals, health care institutions, child day care providers, laboratories, ambulances, and environmental health entities. Resources are also dedicated to epidemiology, vital statistics, health education, and surveillance.

***Department of Children and Families (DCF)*:** DCF provides a variety of community-based and institutional services for children and adolescents with disabilities and their parents. The department's mandates include Prevention, Child Protection, Juvenile Justice Services and Behavioral Health. Services are provided through contracted providers as well as State operated facilities. DCF and DSS have formed the Behavioral Health Partnership to provide enhanced access to and coordination of a more complete and effective system of community-based behavioral health services and supports and to improve individual outcomes.

Office of Protection and Advocacy for Persons with Disabilities (P&A):
P&A is an independent State agency created to safeguard and advance the civil and human rights of people with disabilities. By providing various types and levels of advocacy assistance, P&A seeks to leave people with disabilities and their families better informed, equipped, and supported to advocate for themselves and others. During the 2009 fiscal year, P&A provided information, referral, or short-term assistance to 10,323 people, while 1,480 individuals received a more intensive level of advocacy representation. The P&A Abuse Investigation Division (AID) investigated or monitored 1,182 investigations into reports of suspected abuse or neglect of adults with mental retardation. Also, P&A staff provided training to over 2,000 individuals on disability rights topics and disseminated information to more than 5,900 people. More than 12,500 P&A publications and program brochures were distributed. The P&A website, which also posts all agency publications in printable formats, received over 775,000 hits during the 2009 fiscal year and provided an additional resource for disability information.

Board of Education and Services for the Blind (BESB): BESB offers a comprehensive array of services to improve the independent living skills of adults and children who are legally blind or visually impaired. Services are customized to each consumer's specific situation and include vocational counseling, technology training, teaching to improve activities of daily living, training in use of devices for safe travel, provision of low vision evaluations and aides, and self-advocacy training. Rehabilitation professionals are available to come to the homes, schools and places of employment of consumers, delivering specialized independent living, educational and vocational training. In addition, the agency Business Enterprises Program offers a unique opportunity for people who are blind to become entrepreneurs.

Commission on the Deaf and Hearing Impaired (CDHI) – CDHI works to advocate, strengthen and implement state policies affecting deaf and hard of hearing individuals. Services and supports include: interpreting services for deaf and hard of hearing persons interacting with the public; counseling and assistance regarding many types of job related concerns; individual, marital, family and group counseling services to deaf and hard of hearing persons and hearing family members; and orientation seminars on deafness and deaf culture. There are approximately 204,334 hearing impaired people in Connecticut.

Department of Veterans' Affairs (DVA) – DVA provides health care, residential and rehabilitative services for veterans honorably discharged from the Armed Forces. In October 2008, DVA opened the new state of the art 125-bed Adult Care Facility. The facility is licensed by the state DPH as a Chronic Disease Hospital and provides general medical care, physical therapy, occupational therapy, respiratory therapy, an Alzheimer unit, and hospice care. In SFY09, the average monthly hospital census was 111. The Residential Facility is certified by the Federal Department of Veterans Affairs and has 488 licensed beds. In SFY09, the average monthly residential census was 340. Veterans receive substance abuse treatment, social work services, educational and vocational rehabilitation, job skills development, self-enhancement workshops, employment assistance and transitional living opportunities.

II. State Long-Term Care Programs in Connecticut – SFY 2009

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DSS	Connecticut Home Care Program (CHCP)	Adult day health care Adult foster care Assisted living services Care management Chore services Companion services Home health aide services Home delivered meals Homemaker services Hospice services Info & referral MH counseling Minor home modifications Nursing services Nutritional services PCA services Personal emergency response system Physical, speech, respiratory & occupational therapy Respite care Transportation	Personal residences Adult day care centers Congregate housing Elderly housing Residential care homes Assisted living Alzheimer's facilities with private assisted living	Age 65 and over. Must have at least one critical need (bathing, dressing, toileting, transferring, eating/ feeding, meal preparation, medication administration). Medicaid income limit = $2,022/ month. Medicaid asset limit = Indiv $1,600/ couple $3,200. State funded income limit = no limit. State funded asset limit = Indiv $32,868/ couple $43,824 (one or both receiving services)	<u>Total Participants</u> Total - 14,800 Waiver - 9,387 State - 5,413 <u>Age</u> 65-84: 63.9% 85+: 35.8% <u>Gender</u> male: 25.7% female: 74.3% <u>Race/Ethnicity</u> W = 70.0% AA = 13.1% Hisp = 14.5% Asian = 0.8% Am Ind = 0.1%

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DSS	CT Home care Program for adults with Disabilities (CHCPD)	Adult day health care Adult foster care Assisted living services Care management Chore services Companion services Home health aide services Home delivered meals Homemaker services Hospice services Info & referral MH counseling Minor home modifications Nursing services Nutritional services PCA services Personal emerg. response system Physical, speech, respiratory & occupational therapy Respite care Transportation	Personal residences Adult day care centers Congregate housing Elderly housing Residential care homes Assisted living Alzheimer's facilities with private assisted living	Ages 18-64 Must be diagnosed with a degenerative neurological condition Must need assistance with at least 3 critical needs Must not be Medicaid active or eligible Financial eligibility is the same as the state funded portion of the CT Home care Program for elders	Total Participants 41 Age N/A Gender N/A Race/Ethnicity N/A

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DSS	Personal Care Assistance Waiver Note: Information updated for SFY 2006	Personal care assistance services Personal emergency response system	Personal residences	Age 18-64. Chronic severe and permanent disabilities. Would otherwise require nursing facility care. Capable of self-direction. Medicaid income limit = $1,809/ month. Income in excess of 200% FPL applied to care.	Total Participants 748 Age Under 50: 340 Over 50: 408 Gender Male: 321 Female: 427 Race/Ethnicity N/A

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DSS	Acquired Brain Injury Waiver (ABI)	Case-management Chore Cognitive behavioral program Community living supports Companion Day Habilitation Durable medical equipment Family training Homemaker services Home delivered meals Independent living skill training Information and referral Personal care assistance Personal emergency response system Pre-vocational services Respite care Substance abuse Supported employment Transportation Vehicle modification Transitional living	Personal care residence Group residence	Age 18-64. Brain injury that is not a result of a developmental disability or degenerative condition. Dysfunction is not primarily the result of a mental illness. Would otherwise be institutionalized. Medicaid income limit = Less than 200% FPL. Medicaid asset limit = Individual $1,600	Total Participants 369 Age 18-49: 241 50+: 147 Gender Male: 254 Female: 115 Race/Ethnicity N/A

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DSS	Katie Beckett Model Waiver	Case management & Medicaid State Plan services	Personal Residences	Birth to 64 years old Would otherwise require care in a nursing home or ICF/MR. Medicaid income limit = $1,692. Medicaid asset limit = $1,000. Income of parent or spouse not counted.	Total Participants 187 Age N/A Gender N/A Race/Ethnicity N/A
DSS	Seniors Helping Seniors	Volunteers may shop for clients, provide transportation to shopping or medical appointments, provide some budgeting assistance or escort their clients to the doctor's office. Volunteers also act as advocates, linking their clients to appropriate community services.	Personal residences Doctor's offices Hospitals Shopping centers	Age 60 and Over.	Total Participants Volunteers - 34 Clients – 158 Age N/A Gender N/A Race/Ethnicity N/A

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DSS	CHOICES	Health insurance counseling Information & referral	Senior Centers Libraries Personal residences Elderly housing Assisted living Hospice facilities Nursing facilities Area Agencies on Aging	Age 60 and over. Under 60 if Medicare eligible.	Total Participants Individual Clients - 67,737 Age N/A Gender N/A Race/Ethnicity N/A
DSS	SMP – Senior Medicare Patrol	Information & referral Train the trainer	Congregate housing Elderly housing Assisted living Senior centers	N/A	Total Participants Volunteers - 67 Presentations – 15 Beneficiaries who attended presentations – 550 Reached by community education events – 43,612

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DSS	Home Share Programs	Home sharing for adults in exchange for a monetary contribution or performance of services such as housekeeping, shopping, etc. Contractor provides housing counseling for all applicants, enrolls appropriate people in the home share program, and matches compatible people to share a home.	Private homes	At least one adult in a match must be over the age of 60.	Total Participants 349 people counseled 37 people enrolled in home share program 9 matches made Age N/A Gender N/A Race/Ethnicity N/A
DSS	CT Partnership for Long-Term Care - Information & Education Program	Information & referral One-on-one counseling Regional public forums	Personal residences Libraries Schools Senior Centers	Age 18-89	Total Participants Calls for information - 748 Individuals counseled - 748 Attended public forums 2,000 Age 44-66 attended forums Gender N/A

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
					Race/Ethnicity N/A
DSS	Statewide Respite Care Program (for persons with Alzheimer's or related dementia)	Adult day care Care management Chore services Companion services Counseling Home health aide services Home delivered meals Homemaker services Information & referral Nursing services Personal emergency response system Short-term respite care Information and referral Support groups	Personal residences Adult day care centers Congregate housing Elderly housing Residential care homes Assisted living for short-term respite Hospice facilities Nursing facilities	No age requirement. Alzheimer's or a related dementia. $30,000 income $80,000 assets Co-pay of 20% of cost of service required (may be waived upon financial hardship)	Total Participants 924 Age N/A Gender N/A Race/Ethnicity N/A
DSS	Retired Senior and Volunteer Program	Information & referral Volunteer services	Schools, airports, state institutions, community social agencies, police departments	Age 55 and over.	Total Participants Volunteers - 4,286 Age < 60: 208 60-74: 971 75+: 1,703 Gender N/A

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
					Race/Ethnicity N/A
DSS	Supportive Services and Health and Wellness: Older Americans Act Title IIIB and Title IIID	Adult day care Care management Chore services Companion services Home health aide services Homemaker services Hospice services Information & referral Mental health counseling Nursing services PCA services Personal emergency response system Recreation services Respite care Transportation Medication monitoring	Area Agencies on Aging Personal residences Adult day care centers Congregate housing Elderly housing	Age 60 and over.	Total Participants 18,253 Age N/A Gender N/A Race/Ethnicity N/A
DSS	Elderly Nutrition Program: Older Americans Act Title IIIC and State Nutrition	Nutritionally balanced meals served through congregate meal sites and home delivery	Senior Community Cafes Residential Homes	Age 60 and over and their spouses/ caregivers	Total Participants Congregate meals: 945,022 meals served to 15,022 participants Home delivered meals: 1,382,372 meals served to 7,678 participants

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DSS	CT's National Family Caregiver Support Program: Older Americans Act Title IIIE	Adult day care Assistive devices/ Supplemental services Care management Chore services Home health aide services Homemaker services Information & referral Personal emergency response system Transportation Grandparents support Support groups	Personal residences Adult day care centers Elderly housing Nursing facilities (for short term respite only)	Care recipient must be age 60 and over. Two or more ADL limitations. Children 18 yrs of age or younger for grandparent support.	Total Participants Respite – 810 Supplemental services – 386 One-on-one assistance – 7,681 Counseling, support groups, training – 2,029 Age N/A Gender N/A Race/Ethnicity N/A
DSS	Congregate Housing Services	Adult day care Care management Chore services Companion services Home health aide services Information & referral Nutritional services Personal care attendant services Personal emergency response system Transportation	Congregate housing	Age 60 and over. Frail with temporary or permanent disabilities.	Total Participants 269 Age N/A Gender N/A Race/Ethnicity N/A

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
		Medication monitoring Foot care			
DSS	Senior Community Service Employment Program	Information & referral Employment & training	Community (AAA, Community Action Agencies, municipalities, community-based orgs.)	Age 55 and over. Income not exceeding 125% of the federal poverty level.	Total Participants 179 Age 55-64: 116 65-84: 63 Gender male: 49 female: 130 Race/Ethnicity W = 117 AA = 53 Hisp = 16 Asian = 2 Am Ind = 3
DSS	Medicare Legal and Education Assistance Project	Health insurance counseling Information & referral Legal representation for Medicare appeals	Not setting specific	Medicare eligible by virtue of age or disability.	Total Participants 13,954 direct client assistance Age N/A Gender N/A

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
					Race/Ethnicity N/A
DSS	Elderly Health Screening Program	Mental health screening/ counseling Nutrition education Health promotion/ wellness education Geriatric assessment Health screening: breast, prostate, cholesterol, eye, cardiovascular, etc. Foot care	Personal Residences Congregate Housing Elderly Housing Any community setting Community Health Centers Public Health Departments	Age 60 and over.	Total Participants 2,943 Age N/A Gender N/A Race/Ethnicity N/A
DSS	Evidenced-Based Health Program	Chronic disease self-management, Fall prevention assessment,	Agencies on Aging		Total Participants 241 service providers and older adults
DSS	Nursing Home Diversion Modernization	Cash and Counseling, information, assistance and support	Agencies on Aging	Cash & Counseling: A signed physician's statement attesting to the fact that the care recipient has Alzheimer's or a related dementia Cannot be on CHCPE Income: at or below	Total Diversion I and Diversion II Participants 530

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
				$41,000/yr Assets: At or below $109,000 Information Assistance and Support: Ages 18 and older	
DSS	CT Consumer Law Project for Elders	Legal council regarding consumer problems	No specific setting		Total Cases Handled 1,462 Community Outreach Events 17
DDS	Home and Community-Based Services Waivers	Personal support Individualized home support Adult companion services Group day services Individualized day services Respite care Residential habilitation Supported employment services Environmental accessibility adaptations Personal emergency response system (PERS) Transportation Vehicle modifications	Personal residences Community living arrangement Community training home Community day program site Community employment	Individuals over the age of three. Person with mental retardation needing ICF/MR level of care. Medicaid program: Income less than 300% of SSI and assets less than $1600.	Total Participants Comprehensive Waiver 4,620 Individual and Family Support Waiver 3,899 Age N/A Gender N/A

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
		Specialized medical equipment and supplies IFS family training Behavioral support Healthcare coordination			Race/Ethnicity N/A
DDS	Intermediate Care Facility for persons with Mental Retardation (ICF/MR)	Residential habilitation Day habilitation Prevocational services Supported employment services	ICF/MR	No age limit. Person with mental retardation needing ICF/MR level of care. Medicaid program: Income less than 300% of SSI and assets less than $1600.	Total Participants in DDS operated ICF/MRs 723 Age 0-18: 0 19-54: 334 55-64: 233 65+: 156 Total Participants in privately operated ICF/MRs 357 Age 0-18: 2 19-54: 252 55-64: 74 65+: 29 Gender N/A

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
					Race/Ethnicity N/A
DMHAS	Case management-Mental Health	Info & Referral Transportation Case management	Personal Residences RCH NF Shelters Supportive housing sites Psychosocial clubs	Adults age 18 and over. Primary diagnosis of a psychiatric disorder; Requires assistance in obtaining and coordinating treatment, rehabilitation, and social services without which the individual would likely require a more intensive level of care. No private insurance to pay for comparable services.	Total Participants NA Age NA Gender NA Race/Ethnicity NA
DMHAS	Assertive Community Treatment (ACT)	A set of clinical, medical & psychosocial services, provided on a one-to-one basis, essential to maintaining an individual's ability to function in community settings. Services available 24/7.	Personal residences Community settings	Adults age 18 and over. Primary diagnosis of a psychiatric disorder; Would otherwise require more intensive and restrictive services.	Total Participants NA Age NA Gender NA

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
				No private insurance to pay for comparable services.	Race/Ethnicity NA
DMHAS	Mental Health Intensive Outpatient Services	Individual, group or family psychotherapy; Psycho-educational groups; Classes on ADLs; Recovery oriented services.	Non-residential services provided in a general hospital, private free-standing psychiatric hospital, psychiatric out-patient clinic for adults, or a State-operated facility.	Adults age 18 and over. Primary diagnosis of a psychiatric disorder; Behavior does not pose an imminent risk of harm to self and other; Living environment can assure a reasonable degree of safety; Symptomology/ behavior warrants an increase in frequency and/ or intensity of clinical contact in an effort to stabilize the individual. No private insurance to pay for comparable services.	Total Participants NA Age NA Gender NA Race/Ethnicity NA

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DMHAS	Mental Health Outpatient Clinical Services	Individual, group or family counseling; Education to client and family; Support with connecting to/referral to natural community supports; Assistance with obtaining/ maintaining employment.	Non-residential services provided in a general hospital, private free-standing psychiatric hospital, a State-operated facility, a facility licensed by DPH to offer "outpatient treatment," or by a private independent psychiatrist or psychologist or private group practice.	Adults age 18 and over. Primary diagnosis of a psychiatric disorder. No private insurance to pay for comparable services.	Total Participants NA Age NA Gender NA Race/Ethnicity NA
DMHAS	Mental Health Residential - Group Home	Rehabilitative support focusing on areas of self-care and independent living skills.	Group home	Adults age 18 and over. Primary diagnosis of a psychiatric disorder; Significant skill deficits in the area of self-care and independent living as a result of the psychiatric disability. No private insurance to pay for comparable services.	Total Participants 371 Age NA Gender NA Race/Ethnicity NA

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DMHAS	Mental Health Residential - Supervised Housing	Supportive counseling directed at solving day to day problems with community living; Psycho-education groups; Assistance with employment; Rehabilitative support.	Supervised housing	Adults age 18 and over. Primary diagnosis of a psychiatric disorder; Significant skill deficits in the area of independent living as a result of severe and persistent mental illness. No private insurance to pay for comparable services.	Total Participants 1,044 Age NA Gender NA Race/Ethnicity NA
DMHAS	Mental Health Residential - Supported Housing	Supportive counseling directed at solving day to day problems with community living; Psycho-education groups; Assistance with employment; Teaching/ coaching of daily life skills.	Supportive housing	Adults age 18 and over. Primary diagnosis of a psychiatric disorder; Moderate skill deficits in the area of independent living as a result of the psychiatric disability. No private insurance to pay for comparable services.	Total Participants 1,879 Age NA Gender NA Race/Ethnicity NA
DMHAS	Psychosocial Rehabilitation	Independent living and community reintegration skill development.	Community setting	Adults age 18 and over. Primary diagnosis of a psychiatric disorder; Moderate impairment in	Total Participants NA Age NA

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
				vocational, educational and/or social functioning; Needs assistance with at least 2 ADLs. No private insurance to pay for comparable services.	Gender NA Race/Ethnicity NA
DMHAS	Crisis Stabilization Beds (respite)	Short-term residential services to help stabilize a rapidly deteriorating behavioral health condition and avert hospitalization.	A facility of not more than 15 beds staffed 24/7.	Adults age 18 and over. Primary diagnosis of a psychiatric disorder; Increased exacerbation of symptoms within the past 24 hours; Does not present as an imminent safety risk to self or others consistent with criteria for inpatient psychiatric care. No private insurance to pay for comparable services.	Total Participants NA Age NA Gender NA Race/Ethnicity NA

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DMHAS	Mobile Crisis Services	Psychiatric evaluation; Psychiatric stabilization; Brief clinical treatment; Medication evaluation; Hospital pre-screening.	Personal residences Congregate housing Elderly housing Residential care homes Nursing facilities Shelters On the streets	Adults age 18 and over. Primary diagnosis of a psychiatric disorder; Presentation of symptoms/ behaviors that place the individual at risk to self or others. No private insurance to pay for comparable services.	Total Participants NA Age NA Gender NA Race/Ethnicity NA
DMHAS	Long-Term Psychiatric Hospitalization	Medication evaluation; Individual/ group counseling; Specialized treatment services.	Psychiatric hospital	Adults age 18 and over. Primary diagnosis of a psychiatric disorder; Chronic risk of being a danger to self or to others or chronic grave disability as a result of the psychiatric disorder. No private insurance to pay for comparable services.	Total Participants NA Age NA Gender NA Race/Ethnicity NA
DMHAS	Substance Abuse Residential - Long-Term Care	Clinical/ therapeutic services Individual/ group counseling Psychosocial programming Relapse Prevention	Structured recovery environment	Adults age 18 and over. General Assistance recipients with significant problems with behavior	Total Participants NA Age NA

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
		Employment skill development		and functioning in major life activities due to substance abuse.	Gender NA Race/Ethnicity NA
DECD	Congregate Operating Subsidy Program	Assisted living services Care management Chore services Companion services Health insurance counseling Info & referral Nutritional services PCA services Recreation services Transportation	Congregate housing	Age 62 and over and frail. One ADL minimum. Annual income cannot exceed the "Low Income" for the area adjusted for family size as defined by HUD.	Total Participants 951 residents Age 65+: 951 Gender N/A Race/Ethnicity N/A
DECD	Elderly Rental Registry and Counseling	Funds provided to hire a Resident Service Coordinator to assist residents of State-funded elderly facilities.	Elderly Housing	N/A	Total Participants 2,505 units in 36 facilities Age N/A Gender N/A

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
					Race/Ethnicity N/A
DECD	Elderly Rental Assistance Program	Financial Assistance to make rents affordable to low/ moderate income elderly.	Personal residences	Age 62 and over or disabled. Certified disabled by Social Security Board or other federal board or agency as being totally disabled. Annual income cannot exceed the "Low Income" for the area adjusted for family size as defined by HUD.	Total Participants 1,416 Age 0-64: 457 65+: 959 Gender N/A Race/Ethnicity N/A
DECD	Housing Assistance and Counseling	Assisted living services Info and referral	Elderly Housing (federal 202 or 236)	Age 62 and over. Requires assisted living services (at least 1 ADL) as determined by Care Plan.	Total Participants 59 Age 65+: 59 Gender N/A Race/Ethnicity N/A

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DOT	Local Bus Services	Transportation (Local bus at half fare)	Community	All ages Seniors and people with a qualifying disability.	Total Participants 1,750,000 passenger trips (of 37,000,000 total trips) Age N/A Gender N/A Race/Ethnicity N/A
DOT	ADA Paratransit Van Services	Transportation	Community (within 3/4 mile of local public bus routes)	All ages Any person with a disability who is unable, due to physical or mental impairment, and without the assistance of another individual, to board, ride or disembark from any public local bus. Also for those with a specific impairment-related condition that prevents them from traveling to or from a bus stop.	Total Participants Over 18,000 registered users Age N/A Gender N/A Race/Ethnicity N/A

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DOT	State Matching Grant Program	Demand Responsive Transportation to Seniors and People with Disabilities	Municipality applies for funds and provides matching funds	Seniors and people with disabilities of all ages.	Total Participants 134 municipalities applied Age N/A Gender N/A Race/Ethnicity N/A
DOT	Federal Transit Administration – New Freedom Program	Transportation related services that go beyond the Americans with Disabilities Act of 1990	Services must be derived from a locally-coordinated public transit human services transportation plan.	People with disabilities of all ages	Total Participants Not available Age N/A Gender N/A Race/Ethnicity N/A

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DPH	Facility Licensing and Investigations Section (FLIS)	Regulatory jurisdiction for state licensing programs. Conducts surveys/ investigations of health care entities that participate in Medicare and Medicaid.	Nursing Homes Residential Care Homes Hospitals Outpatient Clinics Dialysis Units Ambulatory Surgical Facilities Substance Abuse and Mental Health Facilities Home Health Agencies Assisted Living Services Agencies	Institutions identified under CGS 19a-490. Medicare and Medicaid entitlement enrollment is a voluntary participation program open to various types of providers.	N/A
DVA	Veterans' Health Care Services	Provides a continuum of health care, social and rehabilitative services including: General medical and nursing care Alzheimer's and dementia care Hospice and respite care Physical, occupational and respiratory therapy Long-term substance abuse rehabilitation program	Health care facility (onsite)	Veterans as defined by CGS 27-103 who served honorably and are residents of Connecticut	Average Monthly Census 111 Age N/A Gender N/A Race/Ethnicity N/A

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DVA	Residential and Rehabilitative Services	Provides domiciliary level of care to facilitate rehabilitation and return to independent living including: Residential services General medical care Substance abuse treatment Social work services Educational support Employment skill development	Residential domicile (onsite)	Veterans as defined by CGS 27-103 who served honorably and are residents of Connecticut	Average Monthly Census 340 Age N/A Gender N/A Race/Ethnicity N/A
DCF	Care Coordination	Serves children or youth who have serious emotional disturbance (SED), are involved in multiple-agencies, and may be at risk for removal of home or community. It is a home-based intervention that allows for the care coordinator to work with the family to develop a family vision and using the family's strengths and a Child and Family Team to assist the family in achieving that vision.	It is a home-based intervention and all 169 towns and cities are served through 8 provider organizations.	Families may self refer or referrals are received from DCF and other community providers. Birth to age eighteen Services can be received up to age 21 if client is still receiving services from their local educational authority.	Capacity to serve 1,500 families per year.

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DCF	Children with Complex Medical Needs – Foster Care	Foster Care for a small population of children that have medical needs beyond the common childhood illnesses.	Foster Homes - Some children may have the need for special medical equipment.	Children and youth placed in the custody of DCF voluntarily or involuntarily Birth to 18	SFY 2009- 231 certified foster homes, with an additional 78 homes in the certification process.
DCF	Community Life Skills	The Community Based Service Model for life skills training is one of the components of the Community Life Skills Program. The central focus of the community-based program is the development and/or enhancement of the participant's knowledge of essential life skills to promote preparation for adulthood and self reliance. Through program design and content, it provides youth with the opportunity for learning, problem solving, and enhancement of self esteem.	Varied settings within the community.	DCF involved youth residing in out of home placement within the community.	Adolescents and Young Adults ages 15-21

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DCF	Community Emergency Services: Emergency Mobil Psychiatric Services Emergency Mobil Services (EMS)/Care Coordination	This service provides emergency services including mobile response; psychiatric assessment; medication consultation, assessment, and short-term medication management; behavioral management services; substance abuse screening and referral to traditional and non-traditional services for any family with a child in crisis. This service was re-procured in SFY 08/09 with enhanced program standards, quality improvement, and statewide Call Center through United Way 211.	Statewide Community Providers providing emergency referrals, and consultation.	Statewide EMPS providers have a centralized, toll-free phone number to serve as a point of entry and to provide person-to-person assistance and connection to crisis services. The centralized number is accessible 24 hours per day, 7 days per week, 365 days per year. In the event of a psychiatric emergency, a trained screener will, within 15 minutes, facilitate direct contact with a licensed EMPS staff member or other emergency service as necessary.	Children and Youth ages 5-18
DCF	Connecticut Children's Place (CCP)	Provides diagnostic, brief treatment, residential care and educational instruction for abused and neglected children between the ages of 10 and 18 from all over the state.	Residential - Children live in three cottages, each with a capacity for 14 children.	Children placed in the custody of DCF voluntarily or involuntarily	Youth, and adolescents ages 10-18

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DCF	Crisis Stabilization Beds	Crisis stabilization is a 24 hour, short term residential program that offers the child and family a "cooling off" period from a particular crisis. This short term intervention is designed to enable crisis stabilization staff an opportunity to make good, appropriate assessments and interventions that may prevent a longer out of home disruption.	There are two crisis stabilization programs in Connecticut. One located in Farmington on the UCONN Medical Center Campus a program of Wheeler Clinic and one in Hamden a program of the Children's Center.	Crisis stabilization will accept all referrals made by Emergency Mobile Psychiatric Service (EMPS) providers that follow a certain criteria.	Children, Youth, and adolescents ages 7-18
DCF	Emergency Shelters	Providing emergency placement of children and youth until the most appropriate placement is located for the child or youth.	Facilities can have up to 20 beds	Children placed in the custody of DCF voluntarily or involuntarily	Youth, and adolescents ages 9-18
DCF	Extended Day Treatment	A community-based program that offers a structured, intensive, therapeutic milieu with integrated clinical treatment services. Services are provided year round during non-school hours for an average period of six	Schools, child guidance clinics, hospitals, residential programs.	Families may self refer or referrals are received from DCF and other community providers. A candidate for admission to an EDT program must meet the Intermediate Level of Care criteria, as defined	Youth, and adolescents ages 5-17

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
		months.		in the Connecticut Behavioral Health Partnership's Guidelines for Making Level of Care Decisions.	
DCF	Family Support Team	Family Support Teams provide an array of intensive treatment and support services to children, youth and families in their homes and communities.	Services are delivered in the home and community, and may be provided for an indeterminate length of time. FST staff also provide 24-hour/7-day emergency crisis response.	FST services are currently available only to children and families with DCF-involvement. Referrals to FST are made by the DCF Area Offices.	Youth, and adolescents ages 9-18
DCF	Family Violence Outreach	Providing support, advocacy, education, and case management services to families dealing with issues of domestic violence	Statewide offices to provide referral, consultation, home visits, and services to address a wide variety of domestic violence issues.	Families may self refer or referrals are received from DCF and other community providers	NA
DCF	Foster Care: (Relative and Non-Relative)	Provides a family environment for children who are temporarily unable to live in their biological homes. Together with other services provided to foster parents, families and children, these homes facilitate the reunification of children with their families or establish another	Home Settings Statewide	Children, Youth, and Adolescents in the care and custody of DCF	Birth to 18 SFY 2005 – 2193 active foster homes

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
		permanent family for the children.			
DCF	Foster Care Supports	Providing support, advocacy, education, and case management services to foster families in the attempt to maintain a child's placement. Also, collaboration with Connecticut Association of Foster and Adoptive Parents (CAFAP)	Varied settings within the community depending on activity. (counseling, sports, in-home therapy, aftercare services, social activities, etc.)	DCF Foster Families	NA
DCF	Group Homes	Provides a continuum of living options for youth ages 14 and up moving toward successful adulthood, the goal being the least restrictive, most community-based possible. They will focus on life skills programming, educational planning along with vocational planning.	Community home-like settings with multiple staff.	Youth in the care and custody of DCF	Youth ages 14-18 Average Capacity is 6-10 youths
DCF	High Meadow- Closing February 2010	Provides residential treatment for severely emotionally disturbed adolescents who require intensive and comprehensive services,	Residential -42 beds providing treatment that can only be effected in a setting which protects the youth and/or community in a 24-hour a day	Children placed in the custody of DCF voluntarily or involuntarily	Youth, and adolescents ages 12-17

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
		but who do not require the most restrictive environment available.	structured program.		
DCF	Independent Living Program: Community Housing Assistance Program (CHAP) Transitional Living Apartment Program (TLAP) programs.	Youth live in a semi-supervised subsidized housing environment, which includes receive case management services that promotes the acquisition of independent living skills, educational, vocational, pre-employment, and job placement opportunities.	Varied settings within the community	Youth who have been or return to state care may be eligible to receive housing support.	Youth ages 18-23
DCF	Intensive Home Based Services – Functioning Family Therapy (FFT)	Family Support Teams offer intensive clinical services and support to children and youth returning from out-of-home care or who are at risk of requiring out-of-home care due to psychiatric, emotional, or behavioral difficulties.	Provides home-based treatment to children, youth and families in their homes and communities.	Eligibility for FST services does not require DCF-involvement. Referrals to FST are typically made by the DCF Area Offices, System-of-Care Collaboratives, and community providers.	Youth, and adolescents ages 9-18

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DCF	Intensive Home Based Services: Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS), Multidimensional Family Therapy (MDFT), and Multisystemic Therapy (MST)	IICAPS offers intensive clinical services and support to children and youth returning from out-of-home care or who are at risk of requiring out-of-home care due to psychiatric, emotional, or behavioral difficulties. MDFT offers intensive clinical services and support to children and youth returning from out-of-home care or who are at risk of requiring out-of-home care due to substance abuse or co-occurring disorders. MST offers intensive clinical services and support to children and youth returning from out-of-home care or who are at risk of requiring out-of-home care due to problems of delinquency, disruptive behavior and/or substance abuse.	Provides home-based treatment to children, youth and families in their homes and communities. Services are typically delivered for an average of 5 to 6 months. All service staff also provide 24-hour/7-day emergency crisis response.	Eligibility for all programs does not require DCF involvement. Referrals to all programs are typically made by the DCF Area Offices, System-of-Care Collaboratives, Juvenile Justice staff, inpatient psychiatric hospitals or community providers	Youth, and adolescents ages 9-15

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DCF	Lifelong Family Ties Project	A child centered program that moves outward from the child's perception of people important to him/her to identify life connections through current and past family and community ties. The goal of the program is to create life long connections for the child in the following way: either through a permanent placement resource, a mentoring relationship, a supportive relationship and/or other positive connections to the child's kin network.	Varied settings within the community. Currently 2 local providers.	Children/youth identified for this program are those who have been legally free for adoption and for who past efforts at finding an adoptive family have been unsuccessful for a year or more.	Children, Youth, and adolescents ages 5-18 Capacity to serve approximately 50 children per year.
DCF	Outpatient Adolescent Substance Abuse Treatment	Services shall include but not be limited to diagnostic evaluation, family, group and individual therapies, medication services, crisis or emergency interventions to assist families and youth with substance abuse use and dependence.	Home and community settings statewide	Families may self refer or referrals are received from DCF and other community providers	Youth ages 14-18

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DCF	Positive Youth Development	Nine statewide contractors are promoting this initiative to accomplish three main goals in their communities; Select an evidence-based or promising practices positive youth development prevention program in a small community; 2) Support parents in their role as parents; 3) Provide recreational and enrichment opportunities for children participating in the program and their families.	Home and community settings statewide	Families may self refer or referrals are received from DCF and other community providers	NA
DCF	Residential Care Facilities	Facilities are 24-hour mental health facilities that operate for the purpose of effecting positive change and normal growth and development for emotionally disturbed, behaviorally disordered, and socially maladjusted youth.	Clinical settings state and nationwide	Youth are referred through a holistic treatment plan, involving DCF staff and mental health professionals.	Adolescent females and males age 13-17

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DCF	Respite Care Services	Provides temporary care to the caregiver of the child or adolescent with serious emotional disturbances. With the goal of reducing the stress of the caregiver and avoiding "burnout," and preventing family disruption (or out–of–home placement)	Home-based and community-based settings, six providers covers the entire state.	Referrals are received from DCF and Care Coordinator providers	Children 6- 18 years old Capacity to serve 325 children per year
DCF	Riverview Psychiatric Hospital	The hospital provides comprehensive care to children and adolescents with severe mental illness and related behavioral and emotional problems who cannot be safely assessed or treated in a less restrictive setting.	Hospital	Children placed in the custody of DCF voluntarily or involuntarily	Youth, and adolescents ages 9-18
DCF	Safe Homes	The purpose of a SAFE Home is to provide a safe and stable environment for children who experience out-of-home placement for the first time. SAFE Homes should facilitate keeping sibling groups together, provide the opportunity for children to remain in close proximity to their own communities and	Community home-like settings with multiple staff. Children are placed in a SAFE Home for an average of thirty (30) days, up to a maximum of forty-five (45) days, in order to allow DCF and SAFE Home staff the opportunity to make appropriate permanency and service planning	Serves children who are referred by DCF	Children ages 3-12

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
		allow children to attend their own schools.	decisions, thus minimizing the possibility of future placement disruptions.		
DCF	Supportive Housing Program	Subsidized housing and intensive case management services to DCF families statewide for whom inadequate housing jeopardizes the safety, permanency and well being of their children. Intensive case management services are provided to assist individuals to develop and utilize a network of services in the following areas: economic (financial support, employment assistance), social (housing, transportation, family support, parenting education, child care) and health (medical/mental health care for adult and child, relapse prevention, and abuse issues). Housing is secured in conjunction with the family and DSS provides a Section VIII voucher.	Home Settings Statewide The program serves families statewide through a network of contractors managed by The Connection, Inc. Case management services are funded through DCF.	Current Involvement with DCF	Capacity: 500 families

State Agency	Long-Term Care Program	Services	Settings	Eligibility	Demographics July 1, 2008 – June 30, 2009
DCF	Support Staff and Therapeutic Support Staff	Support Staff and Therapeutic support staff provide interaction through a one-to-one relationship with a trained, supervised, caring adult. Focus is on increasing self-esteem, habilitation, resiliency, the development and improvement of social skills and peer relations, and promoting age appropriate behaviors in normative, non-clinical settings Support Staff and Therapeutic Support Staff provide guidance, advocacy and education to youth with complex behavioral health needs through the use of structured, home and community-based interactions and activities.	Home-based and community-based settings available statewide through DCF Discretionary dollars.	Referrals are received from DCF and Care Coordinator providers	Youth, and adolescents ages 11-17 Capacity depends on number of referrals per year.

III. State Long-Term Care Program Expenditures in Connecticut – SFY 2009

State Agency	Long-Term Care Program	Total Expenditures SFY 2009	State Expenditures	Medicaid Expenditures	OAA Title III Expenditures	Other Federal Expenditures	Other Expenditures
DSS	Connecticut Home Care Program (CHCPE) (For SFY 2008)	$233,617,263	$51,964,883	$181,652,380			
DSS	Connecticut Home Care Program for Adults with Disabilities (CHCPD)	$680,000	$680,000				
DSS	Personal Care Assistance Waiver	$19,971,087		$19,971,087			
DSS	Acquired Brain Injury Waiver (ABI)	$36,799,460		$36,799,460			
DSS	Katie Beckett Model Waiver	$25,963		$25,963			
DSS	Seniors Helping Seniors	$25,865	$25,865				

State Agency	Long-Term Care Program	Total Expenditures SFY 2009	State Expenditures	Medicaid Expenditures	OAA Title III Expenditures	Other Federal Expenditures	Other Expenditures
DSS	CHOICES	$1,886,074	$1,294,340			$591,734 (DHHS/CMS)	
DSS	SMP – Senior Medicare Patrol	$180,000				$180,000	
DSS	Home Share Programs	$101,619	$101,619				
DSS	CT Partnership for LTC - Information & Education Program	$7,819	$7,819				
DSS	Statewide Respite Care Program (for persons with Alzheimer's or related dementia)	$2,106,753	$2,106,753				
DSS	Retired Senior and Volunteer Program	$92,700	$92,700				

State Agency	Long-Term Care Program	Total Expenditures SFY 2009	State Expenditures	Medicaid Expenditures	OAA Title III Expenditures	Other Federal Expenditures	Other Expenditures
DSS	Supportive Services (Title IIIB) and Health and Wellness (Title IIID) and Administration	$5,312,285	$234,402 State Match		$5,077,883		
DSS	Elderly Nutrition Program (Title IIIC and NSIP)	$10,929,468	$2,750,723		$6,645,998	$1,532,747 (NSIP)	
DSS	CT's National Family Caregiver Support Program (Title IIIE)	$1,774,267			$1,774,267		
DSS	Congregate Housing Services	$352,864				$60,797 (SSBG) $292,067 (HUD)	
DSS	Senior Community Service Employment Program	$1,128,346				$1,128,346	
DSS	Medicare Legal and Education Assistance Project	$450,473	$322,473			128,000	

State Agency	Long-Term Care Program	Total Expenditures SFY 2009	State Expenditures	Medicaid Expenditures	OAA Title III Expenditures	Other Federal Expenditures	Other Expenditures
DSS	Elderly Health Screening Program	$332,602	$332,602				
DSS	Evidenced-Based Health Program	$211,410				$211,410	
DSS	Nursing Home Diversion Modernization	$1,149,396				$241,392 Nursing Home Diversion I $236,988 Nursing Home Diversion II	
DSS	CT Consumer Law Project for Elders	$110,000				$110,000	
DDS	Home and Community Based Services Waivers	$631,522,326		$631,522,326			
DDS	Intermediate Care Facility for Persons with Mental Retardation (ICF/MR)	$214,143,313		$214,143,313 Does not include private ICF/MRs			

State Agency	Long-Term Care Program	Total Expenditures SFY 2009	State Expenditures	Medicaid Expenditures	OAA Title III Expenditures	Other Federal Expenditures	Other Expenditures
				which are funded by DSS			
DMHAS	Assertive Community Treatment (ACT) (For SFY 2008)	$26,599,592	$26,598,799	$793	$44,075	$655,490	$27,299,156
DMHAS	Case Management Total	$30,118,312	$28,621,030	$1,497,282	$41,000	$1,746,245	$31,905,558
DMHAS	Crisis Stabilization (For SFY 2008)	$5,407,694	$5,229,020	$178,674		$11,144	$5,418,839
DMHAS	Long Term Psychiatric Hospitalization (For SFY 2008)	$119,088,453	$119,088,453	$0	$160,659	$1,251,927	$120,501,040
DMHAS	MH Intensive Outpatient (For SFY 2008)	$635,900	$477,708	$158,192	$18,064	$465,883	$1,119,847

State Agency	Long-Term Care Program	Total Expenditures SFY 2009	State Expenditures	Medicaid Expenditures	OAA Title III Expenditures	Other Federal Expenditures	Other Expenditures
DMHAS	MH Outpatient Therapy (For SFY 2008)	$53,843,535	$53,267,022	$576,513	$3,156,420	$10,149,639	$67,149,594
DMHAS	MH Psychosocial Rehabilitation (For SFY 2008)	$17,393,484	$15,543,873	$1,849,611		$1,090,103	$18,483,587
DMHAS	MH Residential Group Home (For SFY 2008)	$17,069,449	$17,069,449	$0	$2,767,275	$4,065,765	$23,902,489
DMHAS	MH Supervised Housing (For SFY 2008)	$22,785,907	$22,060,988	$724,919		$2,112,564	$24,898,471
DMHAS	MH Supported Housing (For SFY 2008)	$29,606,023	$22,072,491	$7,533,531	$10,194	$1,551,315	$31,167,532
DMHAS	Mobile Crisis Service (For SFY 2008)	$16,933,717	$15,280,349	$1,653,368	$105,019	$3,214,939	$20,253,675
DMHAS	Substance Abuse Residential Long Term Care	$1,991,959	$1,626,216	$365,743		$98,803	$2,090,762

State Agency	Long-Term Care Program	Total Expenditures SFY 2009	State Expenditures	Medicaid Expenditures	OAA Title III Expenditures	Other Federal Expenditures	Other Expenditures
	(For SFY 2008)						
DMHAS	Substance Abuse Residential Long Term Treatment (For SFY 2008)	$19,654,500	$17,111,968	$2,542,532	$317,935	$2,693,266	$22,665,701
DMHAS	Substance Abuse Residential Transitional / Halfway House (For SFY 2008)	$2,397,222	$2,268,567	$128,655	$4,482	$348,762	$2,750,466
DECD	Congregate Operating Subsidy Program	$6,076,723	$6,076,723				
DECD	Elderly Rental Registry and Counseling	$1,228,749	$1,228,749				
DECD	Elderly Rental Assistance Program	$1,644,346	$1,644,346				

State Agency	Long-Term Care Program	Total Expenditures SFY 2009	State Expenditures	Medicaid Expenditures	OAA Title III Expenditures	Other Federal Expenditures	Other Expenditures
DECD	Housing Assistance and Counseling	$571,000	$571,000				
DOT	Local Bus Services	$145,000,000	$110,000,000			$1,100,000	$4,000,000 (local) $33,000,000 (passenger fares)
DOT	ADA Paratransit Van Services	$24,900,000	$22,300,000			$210,000 (Sec 5307)	$1,000,000 (local) $1,550,000 (passenger fares)
DOT	State Matching Grant Program	$3,688,950	$3,688,950				
DOT	Federal Transit Administration - New Freedom Program	$37,722	$18,861			$18,861	
DVA	Veterans' Health Care Services	$15, 897,714	$5,010,596	$9,976,774			$892,344

State Agency	Long-Term Care Program	Total Expenditures SFY 2009	State Expenditures	Medicaid Expenditures	OAA Title III Expenditures	Other Federal Expenditures	Other Expenditures
DVA	Residential and Rehabilitative Services	$1,931,273	$ 1,617,952				$313,321
DCF	Care Coordination (Local Systems Of Care)	$702,716	$702,716				
DCF	Children with Complex Medical Needs	$4,688,543	$4,668,543			$20,000	
DCF	Community Life Skills	$947,254	$466,138			$481,116	
DCF	Community Emergency Services	$57,700	$57,700				
DCF	Connecticut Children's Place (CCP)	$14,818,274	$13,357,574			$1,460,700	

State Agency	Long-Term Care Program	Total Expenditures SFY 2009	State Expenditures	Medicaid Expenditures	OAA Title III Expenditures	Other Federal Expenditures	Other Expenditures
DCF	Crisis Stabilization Beds	$1,934,604	$1,934,604				
DCF	Emergency Shelters	$0	$0				
DCF	Short Term Assessment & Respite (Replaced Emergency Shelters)	$10,310,294	$10,310,294				
DCF	Extended Day Treatment	$7,022,623	$7,022,623				
DCF	Family Support Team	$7,169,218	$7,169,218				
DCF	Family Violence	$2,100,866	$1,777,508			$323,358	
DCF	Foster Care	$27,380,633	$27,380,633				

State Agency	Long-Term Care Program	Total Expenditures SFY 2009	State Expenditures	Medicaid Expenditures	OAA Title III Expenditures	Other Federal Expenditures	Other Expenditures
DCF	Foster Care Supports	$4,011,405	$3,586,406			$424,999	
DCF	Group Homes	$75,274,610	$75,274,610				
DCF	High Meadow	$11,653,211	$11,653,211				
DCF	Independent Living	$9,641,007	$8,344,252			$1,296,755	
DCF	Intensive Home Based Services – Functioning Family Therapy (FFT)	$2,068,492	$2,068,492				
DCF	Intensive Home Based Services	$0	$0				
DCF	Lifelong Family Ties Project	$578,288	$578,288				

State Agency	Long-Term Care Program	Total Expenditures SFY 2009	State Expenditures	Medicaid Expenditures	OAA Title III Expenditures	Other Federal Expenditures	Other Expenditures
DCF	Outpatient Adolescent Substance Abuse Treatment	$1,170,943	$1,170,943				
DCF	Positive Youth Development	$758,597	$758,597				
DCF	Residential Care	$74,783,872	$74,783,872				
DCF	Respite Care Services	$517,904	$91,912			$425,992	
DCF	Riverview Psychiatric Hospital	$33,260,568	$33,260,568				
DCF	Safe Homes	$15,095,899	$15,095,899				
DCF	Supportive Housing Program	$7,185,909	$7,185,909				
DCF	Therapeutic Child Care	$1,477,555	$1,477,555				