



STATE ELDERLY PROGRAMS

By: Kevin E. McCarthy, Principal Analyst

QUESTION

What programs and services does the state offer to assist the elderly?

SUMMARY

This report updates OLR Report [2013-R-0251](#), which describes select state programs and services for the elderly.

The state's principal elderly services programs provide cash assistance, energy assistance, health care, housing, legal assistance, long-term care, nutrition, property tax relief, and transportation. We have included programs where (1) age is one criterion for eligibility or (2) a large proportion of the clients are elderly even though the programs are not aimed solely at that group. Some of these programs are means tested. Some are funded, in part, with federal money. In addition to the internet links referenced in the report, additional information on many of these programs may be obtained by contacting the state's United Way 211 telephone information line.

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CASH ASSISTANCE

State Supplement Program (SSP)

Under the SSP program, the Department of Social Services (DSS) provides state cash assistance to supplement federal Supplemental Security Income (SSI) payments. (An individual not receiving SSI may still qualify for SSP if his or her monthly Social Security, private pension, or veteran's benefits are low.) DSS bases the amount of a person's state aid on his or her total need. It then compares this amount to the individual's income, and the difference, after deductions are taken, is the SSP benefit. But the program's need standards are frozen at FY 09 levels for FY 14 and FY 15.

To qualify for benefits, an individual must be (1) age 65 or older, (2) blind, or (3) disabled between age 18 and 65, and have monthly gross income of \$2,094 or less if living alone. Assets cannot exceed \$1,600 for singles and \$2,400 for married couples. In general, individuals who transfer assets within 24 months before applying for SSP assistance are presumed to have done so to evade the asset limits. (For more information, visit http://www.ct.gov/dss/lib/dss/pdfs/state_supplement.pdf.)

ENERGY ASSISTANCE

Home Heating Assistance

The state runs two programs that help low-income households of all ages offset their winter heating bills. The programs are funded mainly by federal block grants, which can vary by year, and administered by DSS and local community action agencies.

The Connecticut Energy Assistance Program (CEAP). This program is available to households with incomes up to 150% of the federal poverty level (FPL) (\$29,295 for a three-person household in 2013). In addition, households with incomes between 150% and 200% of the FPL (\$39,060 for a three-person household in 2013) can receive CEAP assistance, provided at least one household member is age 60 or older or has a disability (the eligibility criteria for the 2014-15 have not been determined). Liquid assets cannot exceed \$10,000 for homeowners and \$7,000 for renters, unless the excess assets, when added to the household's annual income, still leave the family within the income limits. CEAP-eligible homeowners may also qualify for funding to provide emergency repair or replacement of unsafe or inoperable heating systems.

According to DSS, during the most recent heating season, basic CEAP benefits for homeowners and renters who pay separately for heat ranged from a minimum of \$100 up to \$585 for vulnerable households and up to \$535 for non-vulnerable households. Renters whose heat is included and who pay more than 30% of their gross income toward rent received between \$100 and \$120 of winter heating assistance. Households using “deliverable fuels,” including heating oil, kerosene, and propane, are eligible for a one-time crisis assistance benefit of \$410. And, depending on available funding, CEAP participants who use up their basic and crisis benefits are eligible for a “safety net” assistance benefit of up to \$410. (For more information, visit <http://www.ct.gov/dss/cwp/view.asp?A=2353&Q=305194>.)

The Contingency Heating Assistance Program (CHAP). This has been available to households whose income is too high for CEAP but less than 60% of the state median income (SMI) (\$51,999 for a three-person household in 2014). Although this program is not restricted to the elderly, a household in which at least one member is age 60 or older may receive a higher benefit level. Currently, the basic benefit is \$300; households with incomes up to 60% of the SMI may also receive a one-time crisis assistance benefit of \$100. (For more information, visit: <http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305188>.)

Weatherization

CEAP-eligible households may also qualify for the Weatherization Assistance program, also administered by the community action agencies. Priority may be given to low-income families with elderly or disabled individuals and those with children under age six.

In addition, the Weatherization Residential Assistance Partnership (WRAP) helps low-income utility customers with high energy bills reduce their costs through several weatherization measures. WRAP is administered by DSS in partnership with community action agencies and utility companies. (For more information on the heating and weatherization programs, visit <http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305194>.)

GRANDPARENTS RAISING GRANDCHILDREN

Grandparents as Parents Support Network

This is a statewide network of local grandparents as parents support programs that provide advocacy and support and link grandparents and other relatives raising children to respite care and other services. DSS established the network in 1998 with a private foundation grant. (For more information, visit <http://www.ct.gov/agingservices/cwp/view.asp?a=2513&q=313054>.)

Kinship Fund and Family Respite Fund Grants

The Children's Trust Fund's Kinship and Respite Fund programs provide one-time grants of up to \$500 per child and \$2,000 per family to help relative caregivers, including grandparents, pay for certain nonrecurring child rearing costs. These can pay for such things as a bed or winter coat or for activities like summer camp or tutoring. Applications for funds are available at the probate courts and regional children's probate courts. A team in the probate court administrator's office reviews applications. (For more information, visit <http://www.ctprobate.gov/Pages/Kinship-and-Grandparent-Respite-Fund.aspx>.)

Kinship Navigator Program

DCF, in consultation with other agencies, and within available resources, operates a kinship navigator program that provides information and referral services to relative caregivers. The program's information is available through the state's 2-1-1 Infoline (<http://www.211ct.org/focus/kinshiplist.asp>).

Subsidized Guardianship Program

Grandparents who become guardians of grandchildren involved in the child welfare system (e.g., victims of child abuse) can receive benefits under the DCF Subsidized Guardianship program. Grandparents receive monthly stipends equal to that of foster care payments. Relative guardians also may be eligible for a one-time exceptional expense payment of no more than \$500 per child for expenses incurred by the family in the transfer of custody process. (For more information, visit <http://www.ct.gov/dcf/cwp/view.asp?a=2561&q=314320&dcfPNavCtr=%7C>.)

Grandparents who become guardians of children not involved in the child welfare system may be eligible for a substantially smaller Temporary Family Assistance payment from DSS.

HEALTH CARE

Medicaid

Medicaid is a state and federally funded program administered by DSS that provides medical assistance to low-income individuals, families, and seniors. For seniors, Medicaid expenditures primarily cover nursing home costs, but Medicaid also pays medical costs not covered under Medicare for qualified seniors living at home. The eligibility criteria vary depending on the type of care required, but in most cases applicants must pass both an income and asset test.

By law, the state has a claim against the estates of former public assistance recipients, including Medicaid recipients, to recover the cost of assistance provided. [PA 14-217](#) (§ 76) exempts, to the extent federal law allows, Medicaid recipients in the Medicaid Coverage for the Lowest Income Populations (MCLIP) program from this provision. The exemption applies to services provided on or after January 1, 2014.

Medicare Savings Programs (MSP). Seniors on Medicare with incomes that are not low enough to qualify for full Medicaid may instead qualify for certain programs that use Medicaid funds to help pay Medicare premiums, deductibles, and some coinsurance. These are: Qualified Medicare Beneficiaries, Special Low Income Medicare Beneficiaries, and Additional Low Income Medicare Beneficiaries. A household's income determines the program for which a person qualifies. (For more information, visit <http://www.ct.gov/dss/cwp/view.asp?q=451372>.)

Drug Coverage for Medicare-Medicaid and Full Medicaid. Seniors and individuals with disabilities covered by both Medicare and Medicaid receive most of their prescription drug coverage through the approved private Medicare Part D prescription plans in which federal and state law require them to enroll. These individuals can get help paying for their premiums and co-payments from the federal Low-Income Subsidy (LIS) program. But, the annual federal premium payment covers only "benchmark" prescription plans. Thus, state law now requires these individuals to enroll in a Part D benchmark plan. (A benchmark plan is one that offers basic Part D coverage with premiums equal to or lower than the regional low-income premium subsidy amount calculated annually.) In addition, these individuals must pay up to \$15 per month in co-payments, with DSS paying anything above that amount. Co-payments are subsidized by the LIS program.

[PA 14-217](#) (§ 74) expands the list of over-the-counter drugs that DSS may pay for through Medicaid and other medical assistance programs to include those that must be covered as essential health benefits under the federal Affordable Care Act, including drugs rated "A" or "B" in the current U.S. Preventive Services Task Force recommendations for people with specific diagnoses. Such drugs include aspirin for men age 45 to 79 and women age 55 to 79 to prevent cardiovascular disease.

Medicaid Administrative Services for the Elderly and Disabled. By law, DSS must contract with one or more entities to provide administrative services to elderly and disabled Medicaid recipients, including those (1) dually eligible for Medicare and (2) enrolled in dually eligible special needs plans. Administrative services may include care coordination; utilization, disease, provider network, and quality management; and customer service.

Medicaid for Employed Disabled Program (MED Connect). This DSS-administered program provides affordable health care coverage to employed individuals with disabilities who earn up to \$75,000 annually and whose assets do not exceed \$10,000 if single or \$15,000 for a married couple. Coverage is free for individuals with income up to 200% FPL. Those whose income exceeds this amount must pay a monthly premium equal to 10% of the excess income. (For more information, visit <http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305220>.)

Medicare Advantage Special Needs Plan for the Dually Eligible

DSS offers voluntary Medicaid Special Needs Plans (SNPs) to frail seniors who are eligible for both Medicaid and Medicare. SNPs integrate the full range of Medicaid and Medicare benefits, including primary, acute, behavioral, and long-term health care services.

Connecticut Medicare Assignment Program (ConnMAP)

ConnMAP prohibits medical providers from billing enrollees for charges beyond what the federal Medicare program determines is a "reasonable and necessary" rate, of which Medicare pays 80% (a practice called "balance billing.") Thus, any provider accepting Medicare patients may not balance bill ConnMAP enrollees beyond the 20% co-payment for the service. (Patients are also responsible for Medicare Part B premiums and deductibles.) The annual income limits for the program are currently \$43,560 for singles and \$58,740 for married couples. Applicants must (1) have resided in the state for at least six months before applying and (2) be enrolled in Medicare Part B. (For more information, visit <http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305218#CONNMAP>.)

Health Insurance Counseling – CHOICES Program

The CHOICES program is managed by the Department on Aging in partnership with the Area Agencies on Aging (AAAs) and the Center for Medicare Advocacy. The program provides seniors with health insurance information and counseling; information on Medicare plans, including Medicare Part D plans; and available long-term care options. (CHOICES stands for Connecticut's programs for Health insurance assistance, Outreach, Information and referral, Counseling and Eligibility Screening.) (For more information on the program, visit <http://www.ct.gov/agingservices/cwp/view.asp?a=2513&q=313032>.)

Elderly Health Screening

The Aging Department funds elderly health screening programs for seniors age 60 and older at various statewide locations. The programs provide health screenings that include tests for cancer, dental disease, and mental health conditions. They also provide health care education, nutritional counseling, and physical activity programs. (For more information, visit <http://www.ct.gov/agingservices/cwp/view.asp?a=2513&q=315244>.)

HOUSING

Elderly Housing

The Department of Housing (DOH) and federal Department of Housing and Urban Development (HUD) funds are used to develop various elderly housing complexes. Residents must meet certain income limits to qualify for this housing. The income limits for state-assisted elderly housing, including congregate housing, are 80% of the area median income adjusted for family size.

Congregate Housing

DOH provides grants and loans to developers to construct or rehabilitate existing structures to create congregate housing for low-and moderate-income, frail elderly. DOH also provides an operating subsidy to offset the expense of congregate services for lower-income residents. A congregate housing complex contains separate living units for residents and provides some housekeeping, personal care, transportation, and at least one meal a day in a common dining room.

Residents who need more help can receive assisted living services which include “hands on” personal care, assistance with activities of daily living, nursing, and medical services that enable the resident to stay in his or her congregate apartment instead of moving into a nursing home. The state offers two programs that help elderly residents of state-subsidized congregate living facilities who need assisted living service services. DSS runs the Connecticut Home Care Program for Elders (CHCPE), and DOH has its own subsidy program. Functional eligibility for the subsidies is the same, but the CHCPE program imposes asset, but not income limits on eligibility, while DOH's imposes income, but not asset, limits. Both allow participants to protect a certain amount of their income when determining how much they must contribute toward their care costs.

Congregate Housing Services Program. This HUD-funded program provides extra services to seniors age 62 or older living in federal housing who need help with activities of daily living. It is administered by DSS and the AAAs at select sites in eastern and western Connecticut. Participants pay 10% of the cost of support services.

Assisted Living Demonstration Project

In addition to the congregate sites, assisted living services are available to people participating in the assisted living demonstration program for low- and moderate-income seniors living in government-subsidized elderly housing. To qualify, tenants must be age 65 or older and eligible for either (1) CHCPE or (2) the Department of Mental Health and Addiction Services' home and community-based program for adults with severe and persistent psychiatric disabilities.

The law permits a combination of subsidized and unsubsidized units in the same facility and gives DOH discretion to set the rental subsidy for the pilot at any percentage of the annual aggregate family income and define income and eligibility for these subsidies.

The program operates in four locations (for a total of up to 300 units): Herbert T. Clarke House in Glastonbury, The Retreat in Hartford, Luther Ridge in Middletown, and Smith Street Assisted Living in Seymour.

DOH also created state-funded assisted living demonstration programs in five federally funded elderly housing developments: Tower 1/Tower East in New Haven, Immanuel House in Hartford, Juniper Hill in Mansfield, Wells Country Village in Talcottville, and Horace Bushnell in Hartford. (For more information, visit <http://www.ct.gov/dss/cwp/view.asp?a=2353&q=391114>.)

Private Assisted Living Pilot Program

DSS operates a private assisted living pilot program that helps pay for assisted living services (but not room and board) for up to 125 participants in private assisted living facilities who have used up their own resources. The pilot has two parts; one is funded through a Medicaid waiver, and the other is state-funded. Through this pilot, the state pays for assisted living services for seniors who meet all eligibility requirements for CHCPE. (For more information, visit <http://www.ct.gov/dss/cwp/view.asp?a=2353&q=391114>.)

Rental Assistance Program (RAP)

Low-income seniors may be eligible for rental assistance under one of two programs. DOH's Elderly RAP provides project-based rental assistance to disabled adults and low-income seniors age 62 and older living in state-funded elderly housing projects. To qualify, seniors must spend more than 30% of their annual income on rent and utilities. The RAP amount is the difference between 30% of their adjusted gross income, less a utility allowance, and the base rent. (For more information, visit <http://www.ct.gov/doh/cwp/view.asp?a=4513&Q=530584>)

Alternatively, seniors living in the community are eligible for certificates to help them pay for private housing under DOH's RAP program, which helps low-income families of all ages. In general, the family's income may not exceed 50% of the median income for the county or metropolitan area in which the family lives. Connecticut has adopted the median income levels published by HUD, and these vary by location throughout the state.

Rental Rebate Program

State law provides a reimbursement program for renters who are elderly or totally disabled, and whose incomes do not exceed certain limits. Persons renting an apartment or room, or living in cooperative housing or a mobile home may be eligible for this program. The recipient or his or her spouse must be (1) 65 years of age or older, (2) 50 years of age or older and the surviving spouse of a renter who at the time of the renter's death had qualified and was entitled to tax relief provided such spouse was domiciled with such renter at the time of the renters' death, or (3) 18 years of age or older and permanently and totally disabled per Social Security standards. The recipient also must have lived in the state for at least one year.

Renters' rebates can be up to \$900 for married couples and \$700 for single persons. The rebate amount is based on a graduated income scale and the amount of rent and utility payments (excluding telephone) made in the calendar year prior to the year in which the renter applies (CGS § [12-170d](#) et seq.)

[PA 14-217](#) allows the Office of Policy and Management secretary to reduce the amount of subsequent rebates to recoup the amount of the overpayment if he determines a renter was overpaid. Aggrieved claimants have the right to appeal the secretary's decision.

Reverse Annuity Mortgages

CHFA's Reverse Annuity Mortgage (RAM) program provides loans to low-income elderly homeowners to help pay for medical or long-term care needs. Eligible costs include those associated with hospitals, nursing homes, residential care homes, in-home care, adult day care, durable medical equipment, medically needed home alterations, long-term care insurance premiums, and uninsured recurring or catastrophic medical and prescription drug expenses.

Unlike a regular mortgage, a RAM loan is not repaid until the owner dies or the house is sold. The borrower receives monthly payments for five or 10 years. After that, interest continues to accrue at 7% a year. To qualify, borrowers must be at least 70 years old and their annual household income cannot exceed \$89,200. DSS also engages in outreach, provides the public with information on the program, and accepts applications.

By law, the funds from RAMs, in certain circumstances, are not treated as income or assets for determining Medicaid eligibility. Specifically, DSS excludes funds derived from equity in home property through a reverse annuity mortgage loan or other home equity conversion loan if the following criteria are met: (1) the funds are held in an account that does not contain other funds and (2) the Medicaid recipient does not transfer the funds to anyone for less than fair market value. (For more information, visit

<http://www.chfa.org/Homeownership/for%20Homeowners/ReverseAnnuityMortgageProgram.aspx>.)

LEGAL ASSISTANCE

The state's AAAs contract with legal organizations to provide free legal help on elder law issues to people age 60 and older who cannot afford to hire a private attorney. Priority is given to people with problems regarding health care access, nursing home issues, patient's rights, and federal and state benefit programs. The following organizations provide assistance:

1. Statewide Legal Services of Connecticut (<http://www.slsc.org>);
2. Connecticut Legal Services, Inc. (<http://connlegalservices.org>) serves Eastern, Western and Southwestern Connecticut;
3. Greater Hartford Legal Aid (<http://ghla.org/>) serves North Central Connecticut; and
4. New Haven Legal Assistance Association (<http://nhlegal.org/>) serves South Central Connecticut.

In addition to these state-funded programs, some nonprofit organizations also provide legal assistance to seniors. For example, Connecticut Legal Services, Inc. offers free legal help to people age 60 and older who have consumer problems through its statewide CLPE telephone hotline. The hotline number is 1-800-296-1467.

LONG-TERM CARE

Adult Day Care—Alzheimer's Disease

CHCPE subsidizes the attendance fees for people attending adult day care who qualify financially. In addition, DSS provides funding through the Alzheimer's Respite Program to pay for adult day care program staff for people with Alzheimer's disease. Approximately 29 adult day centers participate.

Alzheimer's Respite Program

The Statewide Respite Care program provides respite for caregivers for people with Alzheimer's disease, or related disorders, regardless of age, who are not enrolled in CHCPE. DSS administers the program in partnership with the state's AAAs.

An individual is eligible to receive up to \$7,500 of services annually, depending on need, if his or her annual income does not exceed \$43,198 and assets do not exceed \$114,844. Income and asset limits are annually increased to reflect Social Security cost of living adjustments.

Respite services provided include homemaker services, adult day care, short-term medical facility care, home health care, and personal care assistant and companion services. There is no age requirement for eligibility, but these diseases primarily affect seniors. Information on the program is available at <http://www.ct.gov/agingservices/cwp/view.asp?a=2513&q=313026>.

Brain Get Your Mind Moving (GYMM) Program

DSS contracts with the New England Cognitive Center's GYMM program to (1) provide cognitive training sessions for people with Alzheimer's disease and related dementias and (2) collect data from program clients to study the efficacy of the sessions. The program uses a two-tiered, non-pharmaceutical approach to address the needs of people with Alzheimer's disease. Its two primary interventions, computer exercises that target specific areas of cognition and hands-on cognitive training in a small group environment, are designed to maintain cognitive functioning levels in these individuals.

Connecticut Homecare Program for Elders (CHCPE)

CHCPE is a Medicaid waiver and state-funded program that provides home and community-based services for eligible individuals age 65 and older who are at risk of institutionalization. Services include care management, adult day care, homemaker services, transportation, meals-on-wheels, minor home modifications, and certain personal care assistant and assisted living services. An "access" agency helps the client and his or her family determine the most appropriate service package for each participant.

Financial eligibility differs for the program's two portions. For the Medicaid-funded portion, the monthly income limit is currently \$2,163 for the individual who receives the services. The asset limit is \$1,600 per individual, \$3,200 per couple if both receive services, \$25,048 per couple, or higher if the couple undergoes a "community spousal assessment" if only one receives services. The state-funded portion currently has no income limit; asset limits are \$35,172 for an individual and \$46,896 for a couple, regardless of whether one or both are receiving services. (For more information, visit http://www.ct.gov/dss/lib/dss/pdfs/category_chart.pdf.)

By law, state-funded participants must contribute to the cost of their care. Those with income up to 200% of the FPL must contribute 7%; those with income over 200% FPL must contribute 7% of the cost of care plus an applied income amount DSS determines. Certain people living in affordable housing under the state's assisted living demonstration program are exempt. (For more information, visit <http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305170>)

[PA 14-217](#) requires DSS to analyze, by November 1, 2014, the cost of providing services under CHCPE and the pilot program to provide home care services to persons with disabilities. The DSS commissioner must (1) include a determination of necessary reimbursement rates for providers and (2) report, by January 1, 2015, a summary of the analysis to the Appropriations and Human Services committees.

Money Follows the Person Demonstration Project

Money Follows the Person (MFP) is a federal demonstration program that permits states to move people out of nursing homes or other institutional settings into less-restrictive, community-based settings. The 2010 federal health care reform law extends the demonstration period to 2016.

To qualify, an individual must have lived in a nursing home or other institution for at least 90 days and would have to stay there if not for the community-based services provided under the demonstration. For the first 12 months the participant lives in the community, the federal government pays an enhanced federal Medicaid

match. (In Connecticut, the normal Medicaid match is 50%, and the enhanced demonstration match is up to 75%).

State law limits the maximum number of program slots to 5,000 (CGS § [17b-369](#)). It also requires the DSS commissioner to implement a similar home- and community-based services program for adults who may not meet the MFP institutionalization requirement, often referred to as MFP II (CGS § [17b-370](#)).

National Family Caregiver Support Act Program

The National Family Caregiver Support Act gives grants to states to provide information, referral, training, counseling, respite care, and other supportive services to (1) people caring at home for chronically ill, frail, elderly relatives or relatives with mental retardation or other developmental disabilities and (2) grandparents and other relatives caring for children at home. Although the program's funding is entirely federal, it is distributed through states, which must provide the services through their AAAs.

States must give priority to services to seniors with the greatest social and economic need (with particular attention to low-income seniors) and to seniors caring for relatives with mental retardation or other related developmental disabilities.

The Aging Department allocates the federal funds it receives to the state's AAAs through the federal Older Americans Act distribution formulas. The AAAs or their contractors provide the services, which include caregiver counseling, information about available services, help in accessing services, respite services, and limited supplemental services not available through other programs. Each AAA must coordinate its activities with community agencies and voluntary organizations providing similar services.

DSS Small-House Nursing Home Pilot

The law required DSS had to establish a pilot program, within existing resources, to help develop one small-house nursing home consisting of one or more units designed and modeled as a private home with no more than 14 people in each unit and no more than 280 beds overall. The pilot's goals are to improve the quality of life for nursing home residents and provide nursing home care in a "home-like," rather than institutional, setting (CGS § [17b-372](#)).

[PA 14-95](#) allows the DSS commissioner to expand, within available appropriations, the pilot program. The act eliminates the cap on the number of (1) homes and (2) program beds, which prior law set at 280.

Statewide Community Choices Program

The Aging Department administers a statewide Community Choices program to help the elderly, people with disabilities, and their caregivers. It provides a single, coordinated information, referral, and access program for people seeking long-term care support such as in-home, community-based, and institutional services. state's five AAAs currently operate these programs. (For more information, visit <http://www.ct.gov/agingservices/cwp/view.asp?a=2510&q=385896%20>)

NUTRITION

DSS Elderly Nutrition Program

Under federal law, the Aging Department operates 13 elderly nutrition projects that provide nutritionally sound meals to people age 60 and older and their spouses. Programs must provide one meal per day, five days per week. These meals are either offered at congregate sites, known as "senior community cafes," or delivered to the homes of people too frail to travel to the congregate locations or cook for themselves. Disabled people living in housing facilities that are congregate meal sites can also receive meals. There is no charge for the meals, although voluntary contributions are encouraged. Both federal and state funds are used to pay the program costs. (For more information, visit <http://www.ct.gov/agingservices/cwp/view.asp?a=2512&q=313042.>)

Senior Farmers' Market Nutrition Program

This Department of Agriculture-administered program provides low-income seniors age 60 or older with \$15 vouchers (five \$3.00 checks) to purchase fresh fruits, vegetables, and herbs at authorized farmers' markets. Individuals with incomes that do not exceed 185% of poverty income guidelines are eligible. Clients must be participating in another program with proper means testing verifying their eligibility. Examples of other programs include but are not limited to renter rebate programs or congregate meal programs.. (For more information, visit <http://www.ct.gov/doag/cwp/view.asp?a=3260&q=399020.>)

[PA 14-3](#) requires the agriculture commissioner to implement a two-year pilot program to authorize up to three individual, nonprofit farmers who engage in the cooperative retail marketing of Connecticut-grown farm products to participate as vendors in both the Connecticut Farmers' Market/Women, Infants and Children Program and the Connecticut Farmers' Market/Senior Nutrition Program. The commissioner may prescribe the requirements for participation in the pilot program.

PROPERTY TAX RELIEF

Circuit Breaker

The Circuit Breaker program entitles seniors and individuals with a total disability to a property tax reduction. An applicant must (1) be age 65 or older, have a spouse who is age 65 or older, or be at least 50 years old and a surviving spouse of someone who at the time of his or her death was eligible for the program; (2) occupy the property as his or her home; and (3) have resided in Connecticut at least one year before applying for (CGS § [12-170aa](#) to [cc](#)). The current qualifying income for this program is \$40,900 for married couples and \$33,500 for singles.

[PA 14-96](#) allows municipalities to adopt an ordinance limiting eligibility for a circuit breaker property tax credit based on the value of the property for which the homeowner is seeking the credit. Under the act, the property's value is determined according to its present true and actual value (i.e., full market value) on the municipality's most recent grand list.

Municipal Option Property Tax Relief for Seniors

In addition to the circuit breaker and tax freeze programs, towns may provide additional "local option" tax relief to elderly and totally disabled homeowners who are at least age 65 and who have been taxpayers in the town for at least a year. Towns may, but are not required to, establish income criteria. The tax relief can take any form, including freezing tax payments at specified levels. But the overall amount of tax relief towns can provide is limited to no more than 10% of the total value of real property in the town in each given year. Tax relief is available to seniors under three main programs described below. But the total value of tax relief a homeowner can receive under this and the tax freeze and circuit breaker programs cannot exceed his or her annual tax. But towns that choose to provide relief receive no state reimbursement for the tax revenue they forgo (CGS § [12-129n](#)).

Towns may also freeze the property taxes on a home whose owner or spouse is at least 70 years old and a state resident of at least one year. The freeze continues for a surviving spouse who is at least age 62 when the homeowner dies. Homeowners must meet the circuit breaker income guidelines. Towns may also impose asset limits for eligibility and put a lien on the property (CGS § [12-170v](#)).

PROTECTION FROM ABUSE AND NEGLECT

Long-Term Care Ombudsman

Under the Connecticut Long-Term Care Ombudsman program, an ombudsman's office in the Aging Department represents the interests of residents in nursing and residential care homes and helps them resolve complaints about these facilities. One state and seven regional ombudsmen carry out these duties, assisted by over 60 volunteers.

The Ombudsman's Office also provides assistance and education to residents in assisted living facilities. People in state-subsidized assisted living programs have priority for these services, but the office will also help people in private assisted living facilities to the extent that funding is available.

2013 legislation requires the Ombudsman's Office, starting July 1, 2015, to administer a pilot program serving home- and community-based care recipients in Hartford County (CGS § [17b-403](#)).

Protective Services

Under the Protective Services for the Elderly program, DSS staff (1) investigate complaints of abuse, neglect, exploitation, or abandonment of seniors age 60 and older living in the community and (2) provide any needed protective services. If the investigation confirms the abuse, the case is referred to the state's attorney for investigation and possible prosecution. (For more information, visit <http://www.ct.gov/dss/cwp/view.asp?A=2353&Q=305232>).

Division of Criminal Justice –Statewide Prosecution Bureau

The state's Financial Crimes Bureau is responsible for investigating and prosecuting “white collar” and other financial crimes, including crimes involving financial abuse or exploitation of the elderly. (For more information, visit <http://www.ct.gov/csao/site/default.asp>.)

DSS Conservator of the Estate or Person Program

DSS runs a conservator of the estate or person program for elderly and disabled people with very low income and assets who cannot manage their own finances. The DSS commissioner is designated the client's conservator of the estate, and DSS employees perform financial functions for the client. (For more information, visit <http://www.ct.gov/dss/cwp/view.asp?A=2353&Q=305232>.)

Elder Abuse Reporters

Doctors, nurses, nursing home administrators, other health care personnel, and other professionals must report suspected elder abuse to DSS within three days or face penalties. DSS must refer substantiated abuse cases involving long-term care residents to prosecutors. Legal remedies are available for anyone subjected to retaliation or discrimination for, in good faith, reporting elder abuse or complaining to DSS about care in a long-term care facility (CGS § [17b-451](#) and § [17b-407](#)).

Task Force

[PA 14-3](#) establishes a task force to study the creation of senior safety zones to protect senior citizens from sexual offenders required to register by law. The task force must examine:

1. best practices nationwide for protecting senior citizens in their homes, at senior centers and at long-term nursing facilities from interaction with sexual offenders;
2. legal considerations related to identifying persons convicted of sexual offenses and preventing them from entering public facilities where senior citizens may live or congregate;
3. data regarding the percentage of sexual offenders whose victims are elderly persons; and
4. the most effective means to identify sexual offenders and limit their movements without affecting their constitutional rights.

TRANSPORTATION

Automobile Insurance Discounts for Senior Drivers

By law, a driver age 60 or older is eligible for an automobile insurance premium discount for successfully completing a Department of Motor Vehicle (DMV)-approved accident-prevention course. The premium discount, which is effective at the policy's next renewal, must be at least 5% and apply for at least two years. The driver must complete the course within the year before he or she applies for an initial discount. For any future discount, the driver must complete a course within the year before the current discount expires (CGS § [38a-683](#)).

Handicapped Access Program/Dial-a-Ride/ADA Paratransit

The Handicapped Access Program provides transit districts with funds to meet Americans with Disabilities Act mandates. In order to receive federal capital and operating funds, transit districts must provide paratransit services to complement existing fixed route services, including lift-equipped vans and other vehicles that meet a disabled person's transportation needs. They often take the form of "dial-a-

ride” services, where the person orders the transportation at least 24 hours in advance and pays a small fee. Some towns, senior centers, and other organizations also have dial-a-ride programs specifically for seniors.

Municipal Dial-A-Ride Grant Program

The municipal demand responsive (dial-a-ride) program for the disabled and seniors age 60 and older allocates matching grants to municipalities based on a formula with two equal factors: the municipality's relative share of the state's elderly population and its size compared to the state's total area. Municipalities must apply for the grants through a regional planning organization or transit district and must collaborate on service design to determine how to use the funding most effectively.

VOLUNTEER AND EMPLOYMENT PROGRAMS

Retired Senior Volunteer Program (RSVP)

The Aging Department funds 12 RSVP projects across that state that provide volunteer opportunities to people age 55 and over. Most participants work in nonprofit agencies. (For more information, visit <http://www.ct.gov/agingservices/cwp/view.asp?a=2513&q=313072>.)

Senior Community Service Employment Program

This program, which is funded under Title V of the Older Americans Act, helps low-income seniors age 55 and older find employment opportunities. The program matches a person's skills and interests with a position in a community service agency. To be eligible, the person must have an income not more than 125% of the federal poverty level. (For more information, visit <http://www.ct.gov/agingservices/cwp/view.asp?a=2513&q=313068>.)

Seniors Helping Seniors

This program located in Southeast, Central, and Eastern Connecticut enables senior volunteers to help other seniors remain in the community by providing transportation, shopping, chore services, and companionship. (For more information, visit <http://www.seniorshelpingseniors.com/SouthEastCentralCT/> and <http://www.seniorshelpingseniors.com/easternCT/>.)

MISCELLANEOUS

Area Agencies on Aging (AAAs)

The state has five AAAs, which are private, nonprofit elderly planning and service agencies that receive state and federal funds to carry out the federal OAA requirements. The AAAs must (1) represent elderly people in their geographic areas, (2) develop and administer an area plan, (3) coordinate and assist local public and nonprofit private agencies in developing programs, (4) receive and distribute federal and state funds for these purposes, and (5) perform additional federally required functions.

The AAAs plan, coordinate, evaluate, and act as brokers for elderly services. They award funds to regional agencies, which in turn provide meals and related social services at local sites. Two of the AAAs also contract with DSS to administer the CHCPE in their regions. Both federal OAA funds and state matching funds are funneled through the Aging Department to the AAAs for their various programs (including elderly nutrition), many of which are discussed elsewhere in this report.

Fall Prevention Program

By law the Aging Department must, within available appropriations, establish a fall prevention program targeted at older adults. The program must promote and support fall prevention research; oversee research and demonstration projects; and establish, in consultation with the public health commissioner, a professional education program on fall prevention for healthcare providers (CGS §§ [17b-33](#) and [38a-48](#)).

Long-Term Care Partnership Insurance Program

The Connecticut Partnership for Long-Term Care is a public-private initiative under which the state approves special long-term care insurance policies sold by private companies. (The policies must meet state standards.) People who buy them who later qualify for Medicaid can still keep assets equal to the amount the policy has paid for their care. Only Partnership-approved policies have this feature, called Medicaid asset protection.

Over 40,000 policies have been purchased since 1992 when the program began. The Office of Policy and Management approves the policies, maintains statistics, and engages in program planning, administration, and outreach. (For more information on this program, visit <http://www.ct.gov/opm/cwp/view.asp?a=2995&q=383452>.)

Municipal Agent for the Elderly

Each municipality must appoint a municipal agent for its elderly residents for a two-year renewable term. The agent is trained by the Aging Department and is responsible for disseminating information to seniors and assisting them in (1) learning about available community resources and (2) applying for benefits to which they may be entitled.

Elderly Tuition Waivers

By law, regional community-technical colleges must waive tuition for any state resident age 62 or older if at the end of the regular registration period enough other people are enrolled in the course for it to be offered and enough space is left to accommodate the senior citizens (CGS §§ [10a-77\(d\)](#), [-99\(d\)](#), and [-105\(e\)](#)).

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