



STATE PROGRAMS FOR OLDER ADULTS

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Connecticut's Senior Population

According to the 2010 Census, over 500,000 Connecticut residents (about 14% of the entire state) are age 65 or older. Approximately 85,000 of these residents are at least 85 years old.

ISSUE

This report describes select programs and services offered by the state to assist older adults. It updates OLR Report [2014-R-0165](#).

This report has been updated by OLR Report [2016-R-0095](#).

SUMMARY

The state's principal programs for older adults provide cash assistance, energy assistance, health care, housing, legal assistance, long-term care, nutrition, property tax relief, and transportation.

We have included programs that have (1) age as one criterion for eligibility or (2) a large proportion of older adult clients even though the programs are not aimed solely at that group. Many of the programs serve additional populations, such as people with disabilities. Some of these programs are means tested; some are funded, at least 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 2-1-1 telephone information line.

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FINDING SUPPORT AND INFORMATION

Area Agencies on Aging (AAAs)

The state has five AAAs, which are private, nonprofit planning and service agencies for older adults that receive state and federal funds to carry out the federal Older Americans Act (OAA) requirements. The AAAs must (1) represent older adults in their geographic areas, (2) develop and administer an area plan, (3) coordinate and help local public and nonprofit private agencies to develop 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 services for older adults. They award funds to regional agencies, which in turn provide meals and related social services at local sites. Some of the AAAs are also Access Agencies through DSS's CT Home Care Program for Elders (CHCPE, see below) and provide services under DSS's Money Follows the Person program (MFP, see below). The State Department on Aging (SDA) distributes both federal OAA funds and state matching funds to the AAAs for their various programs (including elderly nutrition), many of which are discussed elsewhere in this report.

For more information, or to find your AAA, visit

<http://www.ct.gov/agingservices/cwp/view.asp?a=2509&q=312998>.

Municipal Agent for the Elderly

Each municipality must appoint a municipal agent for its older adult residents for a two-year renewable term. The agent is trained by the State Department on Aging (SDA) 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 ([CGS §7-127b](#)).

SDA

SDA administers programs that support, and provide assistance to, older adults and their families, caregivers, and advocates.

SDA's Aging Services Manual is intended to help professionals access information necessary to best serve older adults. More information about the manual is available at <http://www.ct.gov/agingservices/cwp/view.asp?a=2514&q=442474>.

For more information about SDA, visit <http://www.ct.gov/agingservices/site/default.asp> or contact the department at:

55 Farmington Avenue
Hartford, CT
(860) 424-5274

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 veterans' benefits are below certain thresholds.) 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 have a monthly gross income of \$906 (or \$1,415 for married couples) and be (1) age 65 or older, (2) blind, or (3) disabled and between age 18 and 65. Individuals living in residential care homes may have higher income limits, as DSS considers those costs when determining eligibility.

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.

[PA 15-5, June Sp. Sess.](#) freezes payment standards for the next two fiscal years.

EDUCATION

Tuition Waivers for Older Adults

By law, the University of Connecticut, the Connecticut State University system, and 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 students are enrolled in the course for it to be offered and enough space is left to accommodate the senior citizen ([CGS §§ 10a-77\(d\), -99\(d\), and -105\(e\)](#)).

EMPLOYMENT PROGRAMS

Senior Community Service Employment Program

This program, administered by SDA and funded under Title V of the Older Americans Act, helps low-income adults age 55 or older find employment opportunities. The program matches a person's skills and interests with a position in a community service agency for on the job training. To be eligible, the person must be unemployed and have an income of not more than 125% of the federal poverty level (FPL).

For more information, visit

<http://www.ct.gov/agingservices/cwp/view.asp?a=2513&q=313068>.

ENERGY ASSISTANCE

Home Heating Assistance

The state runs two programs that help low-income households of all ages offset their winter heating bills: the Connecticut Energy Assistance Program (CEAP) and the Contingency Heating Assistance Program (CHAP). The programs are primarily funded by federal block grants, which can vary by year, and administered by DSS and local community action agencies.

CEAP

This program is available to households with incomes up to 150% of the FPL (\$29,685 for a three-person household in 2015).

In addition, households with incomes between 150% and 200% of the FPL (\$39,580 for a three-person household in 2015) can receive CEAP assistance, provided at least one household member is (1) age 60 or older, (2) under age 6, or (3) has a disability.

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 for 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 \$330 up to \$550 for vulnerable households and up to \$505 for non-vulnerable households. Renters whose heat is included and who pay more than 30% of their

gross income toward rent received between \$80 and \$100 of winter heating assistance.

Households using “deliverable fuels,” including heating oil, kerosene, and propane, are eligible for a one-time crisis assistance benefit of \$415. 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 \$415.

For more information, visit

<http://www.ct.gov/dss/cwp/view.asp?A=2353&Q=305194>.

CHAP

CHAP is available to households whose income is too high for CEAP but less than 60% of the state median income (SMI) (\$52,524 for a three-person household in 2015). Although this program is not restricted to older adults, a household in which at least one member is age 60 or older may receive a higher benefit level. Currently, the basic benefit is \$285; households with incomes up to 60% of the SMI may also receive a one-time crisis assistance benefit of \$130.

For more information, visit

<http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305188>.

Weatherization

Certain households may also qualify for the Weatherization Assistance program, also administered by the community action agencies. In general, households with income less than 60% of the SMI are eligible. Priority may be given to low-income families with older adults, individuals with disabilities, or 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 (GAPS)

GAPS, developed by SDA, is a statewide network of grandparents, relative caregivers, and providers who share information about services and opportunities,

offer support, and link grandparents, and other relatives raising children, to respite care and other services.

For more information, visit

<http://www.ct.gov/agingservices/cwp/view.asp?a=2513&q=313054>.

Kinship Fund and Family Respite Fund Grants

The 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, winter coat, or activities like summer camp or tutoring. To be eligible, a relative guardian must not be receiving benefits or subsidies from DCF.

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

The Department of Children and Families (DCF), in consultation with other agencies, and within available resources, operates a kinship navigator program that provides information and referral services to relative caregivers. Information on the program is available through the state's 2-1-1 Infoline.

For more information, visit <http://www.211ct.org/focus/kinshiplist.asp>.

Subsidized Guardianship Program for Grandparents and Fictive Kin Caregivers

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 up to \$500 per child for expenses incurred by the family in the custody transfer process.

[PA 15-199](#) makes certain fictive kin caregivers and foster care providers eligible for the subsidized guardianship program under some circumstances. A "fictive kin caregiver" (1) is unrelated to a child by birth, adoption, or marriage; (2) has an

emotionally significant relationship with the child similar to a family relationship; and (3) is not approved by DCF to provide foster care.

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.

For more information, visit

<http://www.ct.gov/fosteradopt/cwp/view.asp?a=3795&Q=447952>.

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.

Medicare Savings Programs (MSP)

Seniors on Medicare with incomes not low enough to qualify for full Medicaid may 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. Eligibility is determined by an individual's or couple's income.

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 Medicare Part D or Medicare Advantage Plans with prescription coverage. Both federal and state law require such individuals to enroll in one of these plans.

These individuals can get help paying for their premiums and co-payments from the federal Low-Income Subsidy (LIS) program. But, the program only covers payments up to a set "benchmark" amount. 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.) ([CGS § 17b-265d](#)).

[PA 15-5, June Sp. Sess.](#) eliminates DSS' obligation to pay any Medicare Part D prescription co-payments for those who are eligible for full Medicaid assistance and have Medicare Part D coverage (e.g., dual-eligible).

[PA 15-165](#) expands the list of over-the-counter drugs and products covered under Medicaid to include those the DSS commissioner determines to be appropriate based on their clinical efficacy, safety, and cost effectiveness.

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% of the 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

Certain individuals, including those eligible for both Medicaid and Medicare, are able to enroll in a special needs plan (SNP). SNPs offer benefits tailored to individuals with certain chronic ailments or other health concerns. However, the plans may restrict the network of providers from which an individual may receive care.

Connecticut Medicare Assignment Program (ConnMAP)

ConnMAP prohibits medical providers from billing enrollees above the "reasonable and necessary" rate established by Medicare for Medicare Part B covered services. The annual income limits for the program are currently \$44,951 for singles and \$60,613 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.

Health Insurance Counseling – CHOICES Program

The CHOICES program is managed by SDA in partnership with AAAs and the Center for Medicare Advocacy. According to SDA, the program provides seniors and people with disabilities free information and counseling on: health insurance; 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>.

HOUSING

Elderly Housing

DOH and federal Department of Housing and Urban Development (HUD) funds are used to develop various older adult housing complexes. Residents must meet certain income limits to qualify for this housing. The income limits for state-assisted older adult 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 older adults. 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, and transportation services, and at least one meal a day in a common dining room.

Residents who need more help can receive assisted living services, including “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 older adult residents of state-subsidized congregate living facilities who need assisted living services. DSS runs CHCPE, and DOH has its own subsidy program. Functional eligibility for the subsidies is the same, but CHCPE imposes asset limits on eligibility, while DOH imposes income limits. Both programs allow participants to protect a certain amount of their income when determining how much they must contribute toward their care costs.

For more information, visit

<http://www.ct.gov/agingservices/lib/agingservices/manual/housing/congregatehousingforelderlyfinal.pdf>.

Congregate Housing Services Program

This HUD-funded program provides extra services to adults age 62 or older living in federal housing who need help with activities of daily living. It is administered by SDA and the AAAs at select sites. Participants pay 10% of the cost of support services.

For more information, visit

<http://www.ct.gov/agingservices/lib/agingservices/manual/housing/congregatehousingprogramfinal.pdf>.

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 older adults living in government-subsidized housing for older adults. 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 at any percentage of the annual aggregate family income and define income and eligibility for these subsidies.

The program operates in four locations (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 six federally funded older adult housing developments: Tower 1/Tower East in New Haven, Immanuel House in Hartford, Juniper Hill in Mansfield, Kingsway Senior Housing in Norwalk, 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) in private assisted living facilities for up to 125 participants who have used up their own resources. The program has two parts; one is funded through a Medicaid waiver, and the other is state-funded. Through this program, the state pays for assisted living services for older adults who meet all eligibility requirements for CHCPE.

For more information, visit

<http://www.ct.gov/dss/cwp/view.asp?a=2353&q=391114>.

Elderly Rental Assistance Program (ERAP) and Rental Assistance Program (RAP)

Low-income older adults may be eligible for rental assistance under one of two programs. DOH's ERAP provides project-based rental assistance to adults with disabilities and low-income adults age 62 or older living in state-funded housing projects for older adults. To qualify, seniors must spend more than 30% of their annual income on rent and utilities. The ERAP 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=530490>.

Alternatively, older adults 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, which vary by location throughout the state.

RAP currently has a waitlist of approximately 5,000 individuals who are notified when funding vouchers become available based on a first-come, first-serve basis. RAP is need-based, and there is no age requirement.

For more information, visit

<http://www.ct.gov/doh/cwp/view.asp?a=4513&Q=530584>.

Rental Rebate Program

State law provides reimbursement for older adult or totally disabled renters 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) age 65 or older; (2) age 50 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) age 18 or older and permanently and totally disabled. 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 up to \$700 for single individuals. 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.](#))

Reverse Annuity Mortgages

Connecticut Housing Finance Authority's (CHFA) Reverse Annuity Mortgage (RAM) program provides loans to low-income older adult 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 years. After that, interest continues to accrue. The interest rate on a RAM loan is 1.50% above the CHFA Homebuyer Mortgage Program rate, which is below traditional market rates.

To qualify for a RAM loan, borrowers must be at least age 70 and their annual household income cannot exceed \$86,300. SDA 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, funds derived from equity in home property through a RAM loan or other home equity conversion loan are excluded if (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 the following legal organizations to provide free legal help on elder law issues to people age 60 or older who may not be able to afford a private attorney:

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

In addition, Statewide Legal Services of Connecticut (<http://www.slsct.org>) is also available to refer older adults to an appropriate legal service.

Priority is given to people with problems regarding health care access, nursing home issues, patients' rights, and federal and state benefit programs.

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, SDA provides funding to subsidize programs and staff for people working with individuals with Alzheimer's disease.

Alzheimer's Respite Program

The Statewide Respite Care program provides respite services for people who care for people with Alzheimer's disease, or related disorders, regardless of age, who are not enrolled in CHCPE. SDA administers the program in partnership with the state's AAAs and the Connecticut chapter of the Alzheimer's Association.

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 \$44,591 and assets do not exceed \$118,549. 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.

For more information, visit

<http://www.ct.gov/agingservices/cwp/view.asp?a=2513&q=313026>.

Brain Get Your Mind Moving (GYMM) Program

SDA contracts with the New England Cognitive Center's GYMM program to (1) provide cognitive evaluations and 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.

These services are also offered by some senior centers, adult day care centers, and other communities serving older adults.

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 or 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 \$2,199 for the individual who receives the services. The asset limit is \$1,600 for an individual receiving services, or \$3,200 per couple if both receive services. If only one spouse of a married couple receives services, the spouse not receiving services is allowed to keep a higher amount to avoid impoverishment. In such a case, the asset limit is \$25,444 per couple, or higher in certain circumstances.

The state-funded portion currently has no income limit; asset limits are \$35,766 for an individual and \$47,688 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 9%; those with income over

200% of the FPL must contribute 9% 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 15-5, June Sp. Sess.](#) makes several changes to CHCPE. It restricts eligibility for the state-funded portion of CHCPE for FY 16 and FY 17 to only those who (1) require a nursing home level of care or (2) live in affordable housing under the state's assisted living demonstration projects.

It increases, from 7% of the cost of care to 9%, the co-payment required from participants in the state-funded portion of CHCPE who do not live in affordable housing under the state's assisted living demonstration projects. By law, such participants with income over 200% of the FPL must also pay an amount of applied income determined by DSS.

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 and 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.

The Office of Policy and Management approves the policies, maintains statistics, and engages in program planning, administration, and outreach. Over 40,000 policies have been purchased since 1992, when the program began.

For more information on this program, visit

<http://www.ct.gov/opm/cwp/view.asp?a=2995&q=383452>.

MFP Demonstration Project

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 September 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 program. For the first 12 months that

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 Program

The National Family Caregiver Support Program uses grants given to states to provide information, referral, training, counseling, respite care, and other supportive services to (1) people caring for individuals age 60 or older, or individuals of any age with Alzheimer's disease or a related disorder, and (2) grandparents and other relative-caregivers (not including a child's parents) caring for children or adults age 18 to 59 with disabilities. SDA runs the program, in coordination with the AAAs, with funding from the federal Older Americans Act (OAA).

SDA allocates the federal funds it receives to the state's AAAs through OAA 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.

DSS Small-House Nursing Home Pilot

The law requires DSS 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. 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](#)).

Statewide Aging and Disability Resource Centers (ADRC)

SDA administers a statewide ADRC program to help older adults, 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. The program also offers people of any age information on planning for long-term services and support.

[PA 15-19](#) renamed the program, formerly called the Community Choices program, and designated it as the state's ADRC pursuant to federal law.

For more information, visit

<http://www.ct.gov/agingservices/cwp/view.asp?a=2510&q=385896%20>

NUTRITION

SDA Elderly Nutrition Program

Under federal law, SDA operates 13 elderly nutrition projects that provide nutritionally-sound meals to people age 60 or 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. People with disabilities living in housing facilities that are congregate meal sites may 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>.

[PA 15-40](#) requires the aging and social services departments, together with certain nutrition service stakeholders, to study alternative funding sources for elderly nutrition programs.

Senior Farmers' Market Nutrition Program

This Department of Agriculture-administered program provides low-income individuals age 60 or older with \$15 vouchers (five \$3.00 checks) to purchase fresh fruits, vegetables, and herbs at authorized farmers' markets. Individuals and couples must have incomes not exceeding 185% of the FPL (in 2015, \$21,775 for an individual or \$29,471 for a couple). Clients must be participating in another program with proper means testing verifying their eligibility. Examples of other programs include renter rebate or congregate meal programs. The program currently serves approximately 32,000 low income seniors at 196 sites.

For more information, visit

<http://www.ct.gov/doag/cwp/view.asp?a=3260&q=399020>.

PREVENTION AND WELLNESS

Chronic Disease Self-Management Education Programs

The Chronic Disease Self-Management Program (also called Live Well), administered by SDA, educates adults with chronic conditions and teaches practical skills for managing chronic health programs. A Spanish version, called Tomando Control de su Salud, is also offered.

For more information, visit

<http://www.ct.gov/agingservices/cwp/view.asp?Q=561212&A=2513>.

Fall Prevention Program

By law SDA 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 §§ 17a-303a and 38a-48](#)). SDA contracts with Yale University's Collaboration for Fall Prevention to promote and support fall prevention research and evidence-based practices.

Healthy IDEAS

IDEAS, which stands for Identifying Depression, Empowering Activities for Seniors, is a new SDA initiative to incorporate evidence-based depression detection programs with existing community-based case management. The program attempts to identify and reduce depression symptoms in older adults with chronic health conditions or functional limitations.

PROPERTY AND INCOME TAX RELIEF

Circuit Breaker

The Circuit Breaker program entitles older adults and individuals with a total disability to a property tax reduction. An applicant must (1) be age 65 or older, have a spouse age 65 or older, or be at least age 50 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) live in Connecticut at least one year before applying ([CGS § 12-170aa to cc](#)). The current qualifying income for this program is \$42,200 for married couples and \$34,600 for singles. However, state law allows municipalities to limit eligibility based on property value.

For more information, visit

<http://www.ct.gov/opm/cwp/view.asp?a=2985&Q=383136>.

Municipal Property Tax Freeze

Towns may freeze the property taxes on a home whose owner or spouse is at least age 70 and a state resident for 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](#)).

Municipal "Local 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 older adults and totally disabled homeowners who are at least age 65 and have been taxpayers in the town for at least a year. Towns may establish income criteria. The tax relief may take any form, including freezing tax payments at specified levels. But the overall amount of tax relief is limited to 10% of the total value of real property in the town in each given year.

The total value of tax relief a homeowner may receive under this and the tax freeze and circuit breaker programs cannot exceed his or her annual tax. Towns that provide relief receive no state reimbursement for the tax revenue they forgo ([CGS § 12-129n](#)).

State Income Tax Exemption for Military Retirement Income

[PA 15-244](#) fully exempts federally taxable military retirement pay from the state income tax. Prior law exempted 50% of this retirement pay.

PROTECTION FROM ABUSE AND NEGLECT

Long-Term Care Ombudsman

Under the Connecticut Long-Term Care Ombudsman program, an ombudsman's office in the SDA 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.

[PA 13-234](#) required the Ombudsman's Office, starting July 1, 2014, to administer a pilot program serving home- and community-based care recipients in Hartford County ([CGS § 17a-408](#)). As of July 1, 2015, the program has been implemented in

limited fashion. [PA 15-5, June Sp. Sess.](#) limits the program to within available appropriations.

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 or 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.

[PA 15-236](#) increases the number of mandated reporters of elderly abuse and expands the training requirements for employees of certain entities who care for someone age 60 or older and gives abused, neglected, exploited, or abandoned elderly people a civil cause of action against perpetrators. It also requires the Aging Commission to (1) study best practices for reporting and identifying elderly abuse, neglect, exploitation, and abandonment and (2) create a portal of training resources for financial institutions and agents.

[PA 15-242](#) adds licensed or certified EMS providers to the list of mandated elder abuse reporters.

For more information, visit

<http://www.ct.gov/dss/cwp/view.asp?A=2353&Q=305232>.

Coalition for Elder Justice in Connecticut

The coalition is a public/private partnership that helps prevent abuse and protects the rights and wellbeing of vulnerable elders. It consists of state agencies and public and private stakeholders and works to address issues of elder justice in the state.

For more information, visit

<http://www.ct.gov/agingservices/cwp/view.asp?Q=536572&a=2513> or <http://elderjusticect.org/>.

Division of Criminal Justice –Statewide Prosecution Bureau

The bureau is responsible for investigating and prosecuting “white collar” and other financial crimes, including crimes involving financial abuse or exploitation of older adults.

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 older adults 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 of suspecting the abuse 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 § 17a-412](#)).

[PA 15-233](#) broadens DSS' ability to issue subpoenas when investigating allegations of elder abuse and allows DSS to petition the probate court for an order to enter an elderly person's premises to conduct an assessment under certain conditions.

[PA 15-150](#) requires DSS, after receiving a report from a mandated elder abuse reporter about a long-term care facility resident, to notify the resident's (1) guardian or conservator, if any; (2) legally liable relative; or (3) other responsible party, unless the individual to be notified, in any case, is the suspected perpetrator.

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

This program provides transit districts with funds to meet the federal Americans with Disabilities Act's mandates. 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 the needs of a person with disabilities. 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

This program for the disabled and adults age 60 or older allocates matching grants to municipalities based on a formula with two equal factors: the municipality's relative share of the state's older adult 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 collaborate on service design to determine how to use the funding most effectively.

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