

2018 State Programs For Older Adults

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Issue

This report describes select state programs and services to assist older adults. It updates OLR Report [2017-R-0146](#). This report has been updated by OLR Report [2019-R-0236](#).

Summary

According to the 2017 annual census estimates, there are approximately 577,698 Connecticut residents age 65 or older, representing over 16% of the state's population. The state's principal programs for people in this age group provide cash, energy, and legal assistance; health care; housing; long-term care; nutrition; property tax relief; and transportation.

This report describes programs that (1) have age as one criterion for eligibility or (2) serve a large proportion of older adult clients even if 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.

Table of Contents

Finding Support and Information	4
Area Agencies on Aging (AAAs).....	4
DORS.....	4
Municipal Agent for the Elderly	4
Cash Assistance	5
State Supplement Program (SSP).....	5
Education and Employment Programs	5
Tuition Waivers for Older Adults.....	5
Senior Community Service Employment Program	5
Energy Assistance and Weatherization	6
CEAP – Basic Assistance	6
Weatherization Assistance	7
Grandparents Raising Grandchildren	7
Grandparents as Parents Support (GAPS) Network	7
Kinship Fund and Family Respite Fund Grants	7
Subsidized Guardianship Program	8
Health Care	8
Connecticut Medicare Assignment Program (ConnMAP)	8
Drug Coverage for Medicare-Medicaid Dual Eligibles	9
Health Insurance Counseling – CHOICES Program	9
Medicaid	9
Medicaid for Employed Disabled Program (MED Connect).....	9
Medicare Savings Programs (MSP)	10
Table 1: Current MSP Income Limits	10
Housing	10
Assisted Living Demonstration Project.....	10
Congregate Housing for the Elderly Program.....	11
Congregate Housing Services Program	11
Elderly Rental Assistance Program (ERAP) and Rental Assistance	11
Program (RAP)	11
Private Assisted Living Pilot Program	12
Rental Rebate Program	12
Reverse Annuity Mortgages.....	13
Legal Assistance	13
Long-Term Care	14
Adult Day Care—Alzheimer's Disease	14
Alzheimer's Respite Program	14
Community First Choice (CFC).....	15
Connecticut Homecare Program for Elders (CHCPE).....	15
DSS Small-House Nursing Home Pilot.....	16
Long-Term Care Partnership Insurance Program	16
Money Follows the Person (MFP) Demonstration Project.....	16
National Family Caregiver Support Program	17
Statewide Aging and Disability Resource Centers (ADRC)	17

Nutrition	18
State Elderly Nutrition Program	18
Prevention and Wellness	18
Chronic Disease Self-Management Education Programs	18
Fall Prevention Program	18
Property and Income Tax Relief	19
Circuit Breaker	19
Municipal Local Option Property Tax Relief for Seniors	19
Municipal Property Tax Freeze	19
State Income Tax Exemption for Military Retirement Income	20
Protection from Abuse and Neglect	20
Coalition for Elder Justice in Connecticut.....	20
Division of Criminal Justice – Statewide Prosecution Bureau	20
DSS Conservator of the Estate or Person Program	20
Elder Abuse Reporters	20
Long-Term Care Ombudsman	21
Protective Services	21
Transportation.....	21
Automobile Insurance Discounts for Senior Drivers.....	21
Handicapped Access Program/Dial-a-Ride/ADA Paratransit.....	21
Municipal Dial-A-Ride Grant Program	22

Finding Support and Information

Area Agencies on Aging (AAAs)

The state's five AAAs are a central, comprehensive source of information about programs and services for older adults. AAAs are private, nonprofit planning and service agencies for older adults that receive state and federal funds to carry out the federal Older Americans Act (i.e., Title III) requirements. Generally, they plan, coordinate, evaluate, and act as brokers for older adult services. They award funds to local agencies, which in turn provide meals and related social services at local sites. Some of the AAAs are also access agencies through the Department of Social Services' (DSS) CT Home Care Program for Elders (CHCPE, see below) and provide services under DSS's Money Follows the Person program (MFP, see below).

By law, the AAAs must (1) represent older adults in their geographic areas, (2) develop and administer an area elderly services plan, (3) coordinate local public and nonprofit private agencies and help them to develop programs, (4) receive and distribute federal and state funds for these purposes, and (5) perform additional federally required functions.

The state's Department of Rehabilitative Services (DORS) distributes both federal Title III 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>.

DORS

At the state level, DORS (1) serves as the designated "state unit on aging" under the federal Older Americans Act and administers related programs and (2) administers various other programs that support and assist older adults and their families, caregivers, and advocates.

Initially, 2017 legislation consolidated the State Department on Aging (SDA) within DSS, but a new law subsequently transferred all SDA functions, powers, duties, and personnel from DSS to DORS ([PA 18-169](#), §§ 7-23 & 29-40). For more information about DORS, visit: <http://www.ct.gov/agingservices/site/default.asp> or contact the department at (860) 424-5274.

Municipal Agent for the Elderly

Municipal agents for the elderly are a primary legal source of information about older adult programs and services. Each municipality must appoint a municipal agent for its older adult residents for a two- or four-year renewable term. The agent is responsible for disseminating information to seniors and helping them (1) learn about available community resources and (2)

apply for benefits to which they may be entitled. DORS must provide municipalities with guidelines, information, and technical materials to help agents perform their duties ([CGS § 7-127b](#)).

Cash Assistance

State Supplement Program (SSP)

Under the SSP program, DSS provides state cash assistance mainly to seniors that receive 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.

Generally, to qualify for benefits, an individual must have a monthly income less than \$909 (or \$1,420 for married couples) and be (1) age 65 or older, (2) blind, or (3) disabled and age 18 to 64. Individuals living in certain rated housing (e.g., boarding homes) may have higher income limits, up to \$2,250, as DSS considers those costs when determining eligibility.

Liquid assets cannot exceed \$1,600 for singles and \$2,400 for married couples. Payment standards are currently frozen. 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://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Fact-Sheets-and-Issue-Briefs/Fact-Sheets/AgedBlindDiabledFactSheet.pdf>.

Education and Employment Programs

Tuition Waivers for Older Adults

By law, state residents age 62 or older may qualify for a tuition waiver at any of the state's public higher educational institutions, 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\(e\)](#)).

Senior Community Service Employment Program

This program, administered by DORS and funded under Title V of the Older Americans Act, helps low-income adults age 55 or older find jobs. 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) (\$15,175 for

an individual in 2018). For more information, visit:
<http://www.ct.gov/agingservices/cwp/view.asp?a=2513&q=313068>.

Energy Assistance and Weatherization

The Connecticut Energy Assistance Program (CEAP) helps low-income households of all ages offset their winter heating bills. The program is primarily funded by federal block grants, which can vary by year, and is administered by DSS and local community action agencies. Applications are accepted each August for the upcoming winter season.

CEAP – Basic Assistance

Eligibility and benefit levels for CEAP basic assistance varies based on need, costs, and energy burden. Renters whose rent includes heat may be eligible for between \$125 and \$165 for winter heating assistance, provided their household income does not exceed 150% of the FPL (\$18,210 for an individual in 2018) and they pay more than 30% of their gross income toward rent. For homeowners and renters who pay separately for heat, the program is available for households with incomes up to 60% of the state median income (\$34,366 for individuals in 2018). Liquid assets cannot exceed \$15,000 for homeowners or \$12,000 for renters, unless the excess assets, when added to the household's annual income, 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, homeowners and renters who pay separately for heat could receive up to \$660 in basic CEAP benefits for vulnerable households and up to \$605 for non-vulnerable households. A vulnerable household has at least one member who (1) is age 60 or older, (2) is under age 6, or (3) has a disability.

CEAP - Crisis Assistance. Households using “deliverable fuels,” including heating oil, kerosene, and propane, are eligible for a one-time crisis assistance benefit of up to \$655 if their income is below 200% of the FPL (\$24,280 for individuals in 2018), or \$295 if their income is above 200% of the FPL and below 60% of the state median income. Crisis assistance applies to households that have exhausted their basic benefit and are at imminent risk of losing heat.

CEAP - Safety Net. 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 \$455 per fuel delivery. Non-vulnerable households may be eligible to receive up to two such benefits; vulnerable households up to three. Safety Net Assistance benefits are not available for households with income over 200% FPL.

For more information about CEAP, visit <http://portal.ct.gov/DSS/Economic-Security/Winter-Heating-Assistance/Energy-Assistance--Winter-Heating/Eligibility>.

Weatherization Assistance

The Weatherization Assistance Partnership helps low-income utility customers reduce their utility costs through several home improvement measures. The program is administered by the Department of Energy and Environmental Protection in partnership with community action agencies and utility companies.

In general, households with income less than 60% of the SMI are eligible for assistance. Priority may be given to low-income families with older adults, individuals with disabilities, or households with children under age six. For more information on the weatherization program, visit http://www.ct.gov/deep/cwp/view.asp?a=4405&Q=569064&deepNav_GID=2121.

Grandparents Raising Grandchildren

Grandparents as Parents Support (GAPS) Network

GAPS, developed by the former State Department on Aging, 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

There are two funds that provide cash assistance to income eligible relatives, including grandparents, who were granted guardianship of a child by a probate court or Superior Court in Connecticut:

1. The Kinship Fund provides up to \$500 per child per year (with an annual family cap of \$2,000) for child-rearing costs, such as health or basic needs, enrichment and educational activities, and for expenses that help children participate fully in school life, such as school

clubs and sports fees, and events that mark milestones for the child such as class photos and graduation fees.

2. The Family Respite Fund provides up to \$2,000 per family per year to directly benefit guardians. Funds can be used for rent, rental deposits, household furnishings, utilities, food, transportation, and other expenses the court deems appropriate.

To qualify for a grant, a relative court-appointed guardian cannot be receiving benefits or subsidies from the Department of Children and Families (DCF). Applications for grants are available at the probate courts and regional children's probate courts. For more information, visit <http://www.ctprobate.gov/Pages/Kinship-and-Granparent-Respite-Fund.aspx>.

Subsidized Guardianship Program

Licensed relative guardians of children involved in the child welfare system (e.g., victims of child abuse) can receive benefits under the DCF Subsidized Guardianship program, provided the child or children have resided with the caregiver for at least six months. Guardians receive monthly stipends equal to that of the prevailing foster care rate. Relative guardians may also qualify for a one-time exceptional expense payment of up to \$500 per child for expenses incurred by the family in the custody transfer process.

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

Health Care

Connecticut Medicare Assignment Program (ConnMAP)

ConnMAP protects income eligible Medicare beneficiaries from unreasonable and unnecessary charges. Program participants receive a benefit card to present to participating health care providers, who are prohibited from billing enrollees above the “reasonable and necessary” rate established by Medicare for Part B covered services. For 2018 eligibility, 2016 adjusted gross income must be under \$46,000 for singles and \$62,000 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://uwc.211ct.org/connmap-connecticut-medicare-assignment-program/>.

Drug Coverage for Medicare-Medicaid Dual Eligibles

Seniors and individuals with disabilities covered by both Medicare and Medicaid (i.e. “dually eligible”) receive most of their prescription drug coverage through Medicare Part D or Medicare Advantage Plans with prescription coverage. Both federal and state laws require such individuals to enroll in one of these plans.

These dually eligible individuals can get help to pay for their premiums and co-payments from the federal Low-Income Subsidy (LIS) program; however, the program only covers payments up to a set “benchmark” amount. Thus, state law requires these individuals to enroll in a Part D benchmark plan. (A benchmark plan offers basic Part D coverage with premiums equal to, or lower than, the regional low-income premium subsidy amount calculated annually.) DSS is required to pay for the portion of Medicare Part D prescription drug copayments that exceeds, in the aggregate, \$17 in any month ([CGS § 17b-265d](#)).

Health Insurance Counseling – CHOICES Program

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

Medicaid

Medicaid 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. Medicaid is state and federally funded and administered by DSS. For more information, visit <http://www.ct.gov/hh/cwp/view.asp?a=3573&q=421548&hhNav=1>.

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 counted 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 (in 2018, \$2,023 a month for an individual or \$2,743 a month for a couple).

Those whose income exceeds this amount must pay a monthly premium based on 10% of the excess income. For more information, visit: <http://portal.ct.gov/DSS/Health-And-Home-Care/Disability-Services/Med-Connect-Medicaid-for-Employees-with-Disabilities/Med-Connect-Medicaid-for-Employees-with-Disabilities/Eligibility> .

Medicare Savings Programs (MSP)

Seniors on Medicare with incomes not low enough to qualify for full Medicaid may qualify for the MSP, which uses Medicaid funds to help pay Medicare premiums, deductibles, and some coinsurance. The three program tiers are: Qualified Medicare Beneficiaries, Special Low-Income Medicare Beneficiaries, and Qualified Individuals.

A 2018 law eliminates a decrease in MSP eligibility that was scheduled to take effect July 1, 2018, thus maintaining the program’s current income eligibility limits shown in Table 1 below ([PA 18-81](#)). Eligibility is based on the FPL, which is adjusted annually, and applicants at the lowest income levels qualify for the most benefits.

Table 1: Current MSP Income Limits

MSP Tier	Individual Income Limit (% FPL)	Individual Annual Income Limit
QMB	Less than 211%	\$25,615
SLMB	211% to 231%	\$28,043
QI	231% to 246%	\$29,864

For more information, visit: <http://portal.ct.gov/DSS/Health-And-Home-Care/Medicare-Savings-Program/Medicare-Savings-Program>.

Housing

Assisted Living Demonstration Project

Assisted living services are available to people participating in the assisted living demonstration program for low- and moderate-income older adults residing in government-subsidized housing. To qualify, tenants must be age 65 or older and eligible for either the (1) Connecticut Homecare Program for Elders or (2) 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 the Department of Housing (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: Horace Bushnell and Immanuel House in Hartford, Juniper Hill in Mansfield, Tower 1/Tower East in New Haven, Kingsway Senior Housing in Norwalk, and Wells Country Village in Talcottville.

For more information, visit <http://www.ct.gov/doh/cwp/view.asp?a=4513&q=530492>.

Congregate Housing for the Elderly Program

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 them to stay in their congregate apartment instead of moving into a nursing home. Administered jointly by the Connecticut Housing Finance Authority (CHFA) and Department of Housing (DOH), the Congregate Housing for the Elderly Program offers housing and support services to frail elders age 62 or older who have an annual income below 80% of the area’s median income and meet other criteria. For more information, visit: <http://uwc.211ct.org/congregate-housing-programs/>.

Congregate Housing Services Program

This program provides meals and help with activities of daily living to adults age 62 or older living in certain (usually rural) housing communities to prevent unnecessary institutionalization. It is administered by DORS and the AAAs at select sites (currently seven in eastern Connecticut and six in western Connecticut), and is funded by the federal Department of Housing and Urban Development (HUD). Participants pay 10% of the cost of support services. For more information, visit: <http://www.ct.gov/agingservices/cwp/view.asp?q=313066>.

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 elderly housing projects. 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 is need-based, with no age requirement. In general, the family's income cannot 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.

The waitlist for RAP is currently closed. When the list is about to be opened, a notice and pre-application form will be placed in local newspapers as well as on the DOH website.

For more information, visit <http://www.ct.gov/doh/cwp/view.asp?a=4513&q=530584>.

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. The program is open to older adults who meet all eligibility requirements for CHCPE. For a list of participating facilities, visit: <http://www.ctseniorlaw.com/pilotprogram>.

Rental Rebate Program

State law provides rent reimbursement for older or permanently disabled adults whose qualifying incomes do not currently exceed \$35,300 for singles and \$43,000 for married couples (income limits are adjusted annually). 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 the spouse was domiciled with the renter at the time of the renter's 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 ([CGS §§ 12-170d](#) et. seq.).

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.

A new law shifts responsibility for funding the program from municipalities to the state, eliminating the requirement that OPM annually recover from each municipality 50% of the cost of issuing the rental rebates, up to \$250,000. Prior law required OPM to recover rebate costs by selecting at least one state grant per municipality from which to withhold funds ([PA 18-81](#), effective July 1, 2018). For more information, visit <http://ct.gov/opm/cwp/view.asp?a=2985&q=383154>.

Reverse Annuity Mortgages

CHFA's Reverse Annuity Mortgage (RAM) program provides lump sum or monthly installment loans to low-income elderly homeowners to help pay for their 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. The amount of the six-year term loan is based on the borrower's home equity and is not repaid until after the house is sold, transferred, or no longer occupied by the borrower. The interest rate on a RAM loan is 1.5% 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 \$96,300 for one or two person households. Information and applications for RAM loans can also be obtained from DORS. 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 a home's property through a RAM loan or other home equity conversion loan are excluded if (1) they are held in an account that does not contain other funds and (2) the Medicaid recipient does not transfer them to anyone for less than fair market value. For more information, visit <http://www.chfa.org/Homeownership/for%20Homeowners/ReverseAnnuityMortgageProgram.aspx>.

A 2018 law expands counseling and certification requirements for RAM loans. Among other things, it requires prospective applicants, or their representatives, to receive counseling from a HUD-approved agency before a lender may accept a final loan application or assess any related fees ([PA 18-38](#), effective October 1, 2018).

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. (<https://ctlegal.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, Inc. (<http://nhlegal.org/>), which serves South Central Connecticut.

In addition, Statewide Legal Services of Connecticut (<http://www.slsct.org>) refers 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

The Connecticut Home Care Program for Elders subsidizes the attendance fees for financially eligible people attending adult day care who qualify financially. In addition, DORS 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 caregivers of people with Alzheimer's disease, or related disorders, regardless of age, who are not enrolled in the Connecticut Homecare Program for Elders. DORS 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 \$44,725 and assets do not exceed \$118,905. Income and asset limits are annually increased to reflect Social Security cost of living adjustments. Participants must pay a 20% co-payment for the cost of services, which may be waived based upon demonstrated financial hardship.

Respite services provided include homemaker services, adult day care, short-term medical facility care, home health care, and personal care assistant (PCA) 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>.

Community First Choice (CFC)

CFC, established as part of the federal Affordable Care Act, is available to certain Medicaid beneficiaries. It provides “self-directed” PCA services to seniors in their homes, including meal preparation and delivery; home safety modifications; household chores; and assistance with activities of daily living, such as bathing and dressing. Program participants, or someone they appoint, choose which services they receive at home, manage those services, and determine who provides them. Participants may hire certain relatives and friends to provide services and set the hiring requirements for each staff person. (Spouses and legal guardians are excluded from receiving compensation under the program.)

The program is open to Medicaid beneficiaries who can self-direct PCA services and would otherwise require an institutional level of care (e.g., nursing home care). (For Medicaid eligibility requirements, see the section on Medicaid above.) For more information, visit <https://www.ctmfp.com/InformationCFC.aspx>.

Connecticut Homecare Program for Elders (CHCPE)

CHCPE 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.

Because CHCPE is funded with federal and state dollars, it has two portions, each with different eligibility requirements. For the Medicaid-funded portion, the monthly income limit is currently \$2,250 for the individual who receives the services. The asset limit is \$1,600 for an individual receiving services, or \$3,200 per married 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 \$26,320 per couple, or higher in certain circumstances.

The state-funded portion currently has no income limit; asset limits are \$37,080 for an individual and \$49,440 for a married couple, regardless of whether one or both are receiving services. 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://portal.ct.gov/DSS/Health-And-Home-Care/Connecticut-Home-Care-Program-for-Elders/Connecticut-Home-Care-Program-for-Elders-CHCPE>.

DSS Small-House Nursing Home Pilot

The Small-Housing Nursing Home Pilot Program, which DSS must establish within available appropriations, helps develop one or more small-house nursing homes 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](#)). DSS has not yet implemented the program, but the Jewish Home for the Elderly in Bridgeport is considered a small house nursing home.

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. OPM approves the policies, maintains statistics, and engages in program planning, administration, and outreach. Over 59,850 policies have been purchased since the program began in 1992. For more information on this program, visit <http://www.ct.gov/opm/cwp/view.asp?a=2995&q=383452>.

Money Follows the Person (MFP) Demonstration Project

The MFP federal demonstration program serves the elderly and individuals with mental illness and developmental disabilities by offering (1) enhanced Medicaid reimbursement for services for the first 12 months the participant lives in the community (i.e., 75%, instead of 50% reimbursement) and (2) flexibility to provide supplemental support services, such as housing coordinators, that Medicaid does not typically cover. States must continue to provide community-based services after the 12-month period for as long as the person remains Medicaid-eligible and in need of services. States are also expected to reinvest the savings they realize through the program. Connecticut is one of 43 states, plus the District of Columbia, participating in the program.

The program began in 2007 and was extended through 2016 by the Affordable Care Act. States may use any remaining 2016 grant funds until 2020; no additional funding is expected after the final 2016-2020 awards are made. States may request to continue transitioning MFP participants until December 31, 2018 and receive the enhanced match through December 31, 2019. All service claims must be finalized by September 30, 2020.

DSS implemented MFP in December 2008. To qualify, a person must (1) have been institutionalized for at least 90 days and (2) meet Medicaid eligibility criteria. In addition, it cannot cost more to care for the person in the community than in an institution. After someone qualifies for MFP, DSS assesses the person's service needs, develops a care plan, and helps the person find housing and services.

A 2018 law removes the 5,000-person cap on the number of program participants ([PA 18-99](#)). Existing law 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 (excluding a child's parents) caring for children under age 18 or adults ages 18 to 59 with disabilities. DORS runs the program, in coordination with the AAAs, with funding from the federal Older Americans Act (OAA).

DORS 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 training, information about available services, help in accessing services, respite services, and limited supplemental services not available through other programs. For more information, visit:

<http://www.ct.gov/agingservices/cwp/view.asp?a=2513&q=313064>.

Statewide Aging and Disability Resource Centers (ADRC)

This statewide DORS-administered program (formerly called "Community Choices") helps older adults, people with disabilities, and their caregivers by providing 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. For more information, visit

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

Nutrition

State Elderly Nutrition Program

Under federal law, DORS operates 15 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 offered either 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. Meals are free, 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 individuals age 60 or older with \$18 vouchers (six \$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 2018, \$22,459 for an individual or \$30,541 for a married 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 is not currently funded. For more information, visit <http://www.ct.gov/doag/cwp/view.asp?a=3260&q=399020> and <http://www.ct.gov/doag/cwp/view.asp?Q=594596&A=1401>.

Prevention and Wellness

Chronic Disease Self-Management Education Programs

The Chronic Disease Self-Management Program (also called Live Well), administered by DORS, educates adults with chronic conditions and teaches practical skills for managing chronic health programs. It is an interactive workshop provided once per week for six weeks in community settings, such as senior centers, churches, libraries, and hospitals. 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>.

Fall Prevention Program

By law DORS, within available appropriations, must 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](#)). DORS contracts with Yale University's Collaboration for Fall Prevention to promote and support fall prevention research and evidence-based practices. For more information, visit <http://www.ct.gov/agingservices/cwp/view.asp?a=2513&q=423470>.

Property and Income Tax Relief

Circuit Breaker

The Circuit Breaker program entitles older adults and individuals with a permanent and 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 to which the tax applies 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 \$43,000 for married couples and \$35,300 for singles.

Historically, the state generally reimbursed municipalities for lost revenue. But the 2017 budget act, with certain exceptions, allows the state to reduce reimbursements to municipalities by up to 100%. However, the law requires municipalities to continue to provide tax reductions to eligible homeowners, regardless of reimbursement levels ([PA 17-2, JSS](#), § 206).

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

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 paid taxes 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 under this and the tax freeze and circuit breaker programs cannot exceed the homeowner's annual tax ([CGS § 12-129n](#)).

Municipal Property Tax Freeze

Towns may freeze the property taxes on a home whose owner or owner's 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](#)).

State Income Tax Exemption for Military Retirement Income

The law fully exempts federally taxable military retirement pay from the state income tax. The exemption applies to federal retirement pay for retired members of the U.S. Army, Navy, Air Force, Marine Corps, Coast Guard, and Army and Air National Guard ([CGS § 12-701\(a\)\(20\)\(B\)](#)).

Protection from Abuse and Neglect

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?a=2513&q=536572>.

Division of Criminal Justice – Statewide Prosecution Bureau

This 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=416642>.

Elder Abuse Reporters

Doctors, nurses, nursing home administrators, other health care personnel, and other professionals must report suspected elder abuse to DSS within 72 hours 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](#)).

By law, after DSS receives a report from a mandated elder abuse reporter about a long-term care facility resident, it must 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.

Long-Term Care Ombudsman

Under the Connecticut Long-Term Care Ombudsman program, an ombudsman's office in DORS represents the interests of residents in nursing and residential care homes and helps them resolve complaints about these facilities. One state and eight regional ombudsmen carry out these duties, assisted by 12 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. For more information, visit: <http://www.ct.gov/lcop/site/default.asp>.

Protective Services

Under the Protective Services for the Elderly program, DSS staff investigate complaints of abuse, neglect, exploitation, or abandonment of seniors age 60 or older living in the community and provide them with 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://portal.ct.gov/DSS/Social-Work-Services/Social-Work-Services/Related-Resources>.

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-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 provides transportation services to individuals who are (1) age 60 or older or (2) have a disability. It 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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