WESTERN CT AREA PLAN ON AGING

October 1, 2025 – September 30, 2028.

Western CT Area Agency on Aging, Inc

II. Table of Contents

Required Attachments

III. VERIFICATION OF INTENT

Area Plan for the Western Connecticut Area Agency on Aging, Inc. Planning and Service Area
October 1, 2025 – September 30, 2028

The proposed Area Plan is hereby submitted for the **Western Connecticut Planning and Service Area** for the period of October 1, 2025, through September 30, 2028.

The Area Plan includes all assurances to be followed by the **Western CT Area Agency on Aging, Inc.** under the provisions of Title III of the **Older Americans Act of 1965, as amended**. The Area Agency, as identified above, will assume full authority to develop and administer the Area Plan in accordance with the requirements of the Act and related Federal and State regulations and policies.

In accepting this authority, the Area Agency assumes responsibility to develop and implement the Area Plan for a comprehensive and coordinated system of services and to serve as the **advocate and focal point for older adults** in the Planning and Service Area.

The proposed Area Plan has been developed in accordance with all applicable rules and regulations specified under the Older Americans Act and is hereby submitted to the **State of Connecticut Bureau of Aging (BOA)** for approval.

Submitted by: Western Connecticut Area Agency on Aging, Inc.

May 1, 2025	Spring Raymond
Date	Spring Raymond, President/CEO

Approved by Governing Body of Western Connecticut Area Agency on Aging, Inc:

Date	Susan Coates, Chairperson, Board of Directors
Date	Kathy Kinane, Chairperson, Advisory Council

IV. Acronyms

Acronym	Definition
AAA	Area Agency on Aging
AASCC	Agency on Aging of South-Central Connecticut
ACL	Administration for Community Living
ADRC	Aging and Disability Resource Centers
ADRD	Alzheimer's Disease and Related Dementias
ADS	Aging and Disability Services
ARPA	American Rescue Plan Act
BESB	Bureau of Education and Services for the Blind
BOA	Bureau of Aging
CAP	Corrective Action Plan
CARES	Coronavirus Aid, Relief, and Economic Security Act
CIL	Center for Independent Living
CDSME	Chronic Disease Self-Management Education
CEJC	Coalition for Elder Justice in Connecticut
CHLC	CT Healthy Living Collective
CHOICES	Connecticut's program for Health insurance assistance, Outreach, Information and referral, Counseling, Eligibility Screening
CHSP	Congregate Housing Services Program
DPH	Department of Public Health
DSS	Department of Social Services
ENP	Elderly Nutrition Program/Provider
FFY	Federal Fiscal Year
FPL	Federal Poverty Level
HCBS	Home and Community Based Services
IFF	Intrastate Funding Formula
I&R/A	Information & Referral/Assistance
LTCOP	Long Term Care Ombudsman Program
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning
LTSS	Long Term Services and Supports
MIPPA	Medicare Improvements for Patients and Providers Act
MIS	Management Information System(s)
NCAAA	North Central Area Agency on Aging
NFCSP	National Family Caregiver Support Program
NSIP	Nutrition Services Incentives Program
NWD	No Wrong Door
OAA	Older Americans Act
PSA	Planning and Service Area
PSE	Protective Services for the Elderly
SCSEP	Senior Community Service Employment Program
SDOH	Social Determinants of Health
SMP	Senior Medicare Patrol
SUA	State Unit on Aging
SWCAA	Southwestern Connecticut Agency on Aging
WCAAA	Western Connecticut Area Agency on Aging

V. Narrative

a. Executive Summary

On behalf of the Western Connecticut Area Agency on Aging (WCAAA), we are proud to present our Area Plan on Aging for Federal Fiscal Years 2025–2027. This plan builds on our longstanding commitment to empower older adults, support caregivers, and strengthen the aging services network across our 41-town service region. Aligned with the State Plan on Aging—*Rooted in Connection*—and guided by the mandates of the Older Americans Act (OAA), our plan reflects WCAAA's deep understanding of regional needs and our initiative-taking strategies to meet them.

Our region is no exception to the growth of Connecticut's population. As the proportion of residents aged sixty and older rises, WCAAA remains focused on ensuring that older adults can live independently, safely, and with dignity in the setting of their choice. Our programs and partnerships aim to expand access to long-term services and supports (LTSS), address caregiver burden, and promote healthy aging through evidence-based programs, education, and direct assistance.

Through robust collaboration with senior centers, municipal agents, healthcare partners, and other community-based organizations, WCAAA has expanded its visibility and impact. We have embraced innovation, prioritized equity, and worked intentionally to close service gaps, especially among underserved, rural, and linguistically isolated populations. Whether through nutrition programs, or Chronic Condition workshops, Service Navigation, CHOICES counseling, or fraud prevention efforts led by our Senior Medicare Patrol, we strive to meet individuals where they are and guide them towards meaningful supports and assistance.

The COVID-19 pandemic introduced lasting challenges, from social isolation to staffing shortages, but it also made us adapt and rethink in creative ways. WCAAA transitioned and modernized our technology infrastructure, building new pathways for digital inclusion. We equipped local senior centers with devices and training under a "Train-the-Trainer" model, which enables older adults to engage in telehealth, virtual programming, and online resources. Our commitment to adaptability and resilience has continued into the post-pandemic era, positioning us to serve more effectively each year.

To ensure long-term organizational health and service quality, WCAAA has made significant investments in workforce development, leadership succession planning, and the strengthening of our volunteer base. We have also strengthened the governance capacity of our Board of Directors through training, strategic planning retreats, and efforts to diversify membership in alignment with our communities. Our recent strategic planning process engaged stakeholders from across sectors and reaffirmed our mission while sharpening our priorities.

We also initiated long-term planning for the *Lifeline Fund*, our regionally focused resource that provides emergency financial support to older adults and individuals with disabilities. In parallel, we advanced advocacy efforts around housing, transportation, nutrition, and elder justice—ensuring that regional concerns inform both local action and statewide priorities.

Our work is grounded in WCAAA's values of **integrity, inclusion, compassion, and advocacy**. These principles guide our daily operations and our long-term goals. As we look ahead, we do so with confidence—knowing that our foundation is strong, our partnerships are deep, and our community's voice remains at the center of all we do.

This Area Plan reflects not only our agency's vision but the input of the older adults, caregivers, providers, and stakeholders who helped shape it. Together, we are building an inclusive, age-friendly future—one rooted in connection, equity, and opportunity for all.

I. Overview of the AAA

1. Mission Statement

WCAAA's mission—to enrich the lives of older adults, individuals with disabilities, and their caregivers by providing support, services, and information to help them live well with assurance, independence, and dignity—serves as the foundation for all strategic planning and program implementation outlined in the Area Plan.

The Area Plan's three overarching goals— (1) Long-Term Services and Supports, (2) Healthy Aging, and (3) Elder Rights—are directly aligned with this mission. Each goal translates the mission into actionable strategies and measurable outcomes designed to address the evolving needs of our region's aging population.

Assurance and *Independence* are advanced through programs that enable aging in place, such as chore services, transportation, personal emergency response systems, and housing supports. These initiatives align with Goal 1: Empower older adults to remain in the community setting of their choice.

Dignity and Wellness are central to our health promotion programs and caregiver support efforts. By offering chronic disease self-management, nutrition counseling, and respite services, WCAAA addresses both individual and family well-being in support of Goal 2: Provide older adults with prevention and wellness opportunities.

Trust and Protection are reflected in our commitment to elder justice through legal assistance, Medicare fraud prevention, and public education. These safeguards reinforce Goal 3: Protect elder rights and prevent abuse, fraud, and neglect.

Compassion, Inclusion, and Choice are embedded throughout all service delivery strategies, ensuring that culturally competent, person-centered care remains a cornerstone of our work. Programs are designed to reflect the diverse lived experiences, languages, and preferences of the people we serve. In short, the Area Plan is both a roadmap and a direct extension of WCAAA's mission and values. By guiding resource allocation, fostering partnerships, and setting clear priorities, the Plan ensures that WCAAA continues to fulfill its mission in a manner that is relevant, responsive, and rooted in community need.

2. Core Values

Our core values—dignity, compassion, inclusion, choice, trust, and collaboration—influence every decision we make and shape the services we provide.

The Western Connecticut Area Agency on Aging's core values are not only central to our organizational identity but are also embedded within every aspect of the Area Plan. These values serve as guiding principles in the design, delivery, and evaluation of services across all six goals and strategic objectives:

Dignity drives our commitment to ensuring that all older adults and individuals with disabilities are treated with respect and supported in living safely and independently in the community, which is at the heart of Goal 1: Long-Term Services and Supports.

Compassion informs our caregiver support, case management, and health promotion programs. It is reflected in how we train staff, engage with clients, and respond to those in crisis.

Inclusion is foundational to our outreach strategies, ensuring that underserved populations—especially those in rural, low-income, minority, and LGBTQ+ communities—have equitable access to services.

Choice is upheld through person-centered planning, benefits counseling, and housing and care navigation—ensuring that individuals are empowered to make decisions that align with their goals and preferences.

Trust is reinforced through transparent reporting, responsive communication, and adherence to ethical practices. This builds community confidence in programs such as CHOICES, the Senior Medicare Patrol, and legal assistance services.
Collaboration defines our regional and statewide partnerships with senior centers, municipal leaders, healthcare providers, and the broader aging network. These partnerships make our strategic objectives achievable, particularly through multi-sector initiatives.

Together, these values provide the ethical and relational framework that ensures WCAAA's Area Plan is not only strategic and data-driven but also person-centered, inclusive, and grounded in respect for those we serve.

3. **Accomplishments and Challenges**

During the 2021–2025 period, the Western Connecticut Area Agency on Aging (WCAAA) confronted challenges, many of which mirrored broader statewide trends affecting all five Connecticut Area Agencies on Aging (AAAs). These challenges included pandemic-related disruptions, severe workforce shortages, the digital divide, funding limitations, increased service demands, and addressing social determinants of health.

The COVID-19 pandemic deeply affected older adults in Connecticut, where nearly 90% of COVID-19 fatalities were among individuals aged sixty-five and older. [1] WCAAA, along with the four other Connecticut AAAs, was forced to pivot operations quickly to maintain service continuity amid lockdowns and severe health risks. Emergency response plans were activated, transitioning many services to remote delivery formats such as meal distributions, telephone reassurance, and virtual counseling.[2] Federal relief funding through the CARES Act and American Rescue Plan Act (ARPA) provided critical temporary resources—Connecticut's aging network received over $50 million in emergency funding, which allowed services like home-delivered meals and emergency support programs to rapidly expand.[3] Despite these efforts, the pandemic heightened social isolation among seniors, increased health risks, and disrupted traditional service delivery models.

Workforce Shortages in Aging Services

WCAAA and its partner providers experienced acute staffing shortages during 2021–2025. Home care agencies struggled to recruit personal care aides and homemakers due to wage stagnation and pandemic burnout.[4] The direct care workforce shortage became so severe that the Connecticut legislature approved a 26% wage increase for personal care assistants to help stabilize the sector.[5] Staffing shortages extended to AAA internal operations, where difficulty recruiting and retaining case managers, outreach workers, and counselors created operational pressures. Similar trends were documented nationally, where over 80% of AAAs reported staffing challenges impacting service delivery. [6]

The Digital Divide and Technology Access

The pandemic accelerated the need for digital engagement, exposing significant technological access barriers among older adults. Seniors lacked broadband connections, smartphones, tablets, or the skills needed to use them effectively. In response, WCAAA partnered with the Connecticut State Unit on Aging on programs like "Bridging the Digital Divide," distributing technology bundles and offering digital literacy training across multiple senior housing and community sites.[7] Between 2021 and 2024 over 350 older adults statewide were served through these initiatives.[8] Nevertheless, digital inequity remains an ongoing barrier to service access, health information, and telehealth for vulnerable seniors.

Funding Constraints

Although temporary federal emergency funds bolstered AAA services during the pandemic, WCAAA faces returning funding challenges as COVID-19 relief dollars phase out. Connecticut's AAAs have historically been funded at levels insufficient to meet the full demand for Older Americans Act services, often resulting in waiting lists for programs like homemaker services, caregiver respite, and legal assistance.[9] Additionally, inflationary pressures created budget strain, increasing costs for nutrition programs, transportation, and workforce recruitment.[10] Without permanent increases in federal OAA appropriations or state allocations, WCAAA must continue to carefully prioritize limited resources to serve the most vulnerable populations.

Increased Demand for Services

The state's aging population continues to grow rapidly. Between 2010 and 2021, Connecticut's 65+ population increased by 128,000 people, driving higher demand for supportive services.[11] During the pandemic, WCAAA and sister AAAs also served older adults who had not previously needed assistance, leading to consistent higher caseloads even after the public health emergency ended. Nutrition services provide a clear example: between April 2020 and September 2021, Connecticut AAAs delivered over 37,000 grocery bundles to isolated seniors unable to access food safely. [12] Many individuals who entered the home delivered meal program during COVID-19 were found to have additional service needs. They now require ongoing case management, caregiver support, transportation, or legal advocacy.

Challenges Related to Social Determinants of Health

WCAAA's service region, like much of Connecticut, faces significant social determinants of health (SDOH) challenges. A substantial proportion of older adults live on fixed incomes, struggling with rising cost of living, food, and healthcare costs.[13] In early 2025, homelessness among individuals aged 55 and older reached alarming levels, with 1,415 older adults experiencing homelessness statewide.[14] In rural parts of Western Connecticut, lack of transportation and health services further isolates vulnerable seniors.[15] These realities have shifted WCAAA's strategic priorities to include stronger advocacy for affordable housing, transportation services, food security, and broader health equity initiatives—recognizing that social conditions are critical determinants of health and well-being in aging communities.

Despite the unprecedented challenges of the 2021–2025 period—including the COVID-19 pandemic, workforce shortages, technological barriers, and rising social needs—WCAAA remained steadfast in advancing its strategic objectives. Through adaptive leadership, cross-sector partnerships, and innovation, WCAAA successfully aligned its initiatives to achieve the six core goals outlined in its 2021–2025 Area Plan.

Alignment with Area Plan Goals:

In the face of evolving community needs and ongoing public health challenges, the 2021-2024 area plan contained six goals that allow WCAAA to implement innovative strategies that ensure the continued support and wellbeing of older adults and individuals with disabilities in the region.

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

Objective 1: Expand access to supportive community services.

Adult Day Services: From October 2021 to December 2024, WCAAA consistently funded at least three adult day centers annually, providing over 22,900 hours of Alzheimer's Aide respite services.

In-Home Services: Between Federal Fiscal Years (FFY) 2022 and 2024, WCAAA awarded $904,477 to subrecipients for in-home services, including chore assistance, money management, and energy aid. These services supported 909 unduplicated clients with 47,770 hours of chore services alone.
Transportation Access: From October 2021 through September 2024, WCAAA funded 10,748 medical transportation trips through $140,487 in grants. An additional $178,989 supported 33,130 one-way social transportation trips, reconnecting older adults to vital resources and activities.
Objective 2: Strengthen care for older adults and their caregivers.
Congregate Housing Services Program (CHSP): CHSP delivered over 28,000 units of service to 215 clients, covering foot care, companionship, home health aide support, homemaker services, personal care assistance, and emergency response systems.
Family Caregiver Support (Title III-E): Through Title III-E funding, WCAAA served 469 unduplicated clients, delivering over 95,000 units of service including care management, support groups, respite care, benefits counseling, and application assistance.
Connecticut Statewide Respite Care Program: This program supported 326 clients with 94,967 units of both direct and supplemental respite services.

The COVID-19 pandemic significantly intensified social isolation among older adults and disrupted access to critical in-person services essential for maintaining independent living. Many older individuals faced heightened risks due to prolonged isolation, reduced mobility, and delayed care, while caregivers experienced increased stress without adequate respite or support systems in place.

In response, the WCAAA implemented a series of strategic actions to expand access to home- and community-based supports, strengthen care coordination, and reconnect older adults with essential resources.

Key efforts included: Resident Services Coordination at senior housing sites was enhanced to deliver more robust onsite case management, streamline benefits enrollment, and provide crisis intervention support.

Outreach, established through partnerships with senior centers, libraries, and health clinics, offered in-person information, counseling, and referral services in easily accessible community locations. Medicare benefits counseling, funded through Title III-B and delivered via CHOICES and SHIP programs, ensured that older adults could secure appropriate healthcare coverage and reduce out-of-pocket expenses.

Transportation services were expanded through Title III-B grants, helping reconnect individuals to healthcare appointments, grocery shopping, and social activities that support daily living and emotional well-being.

Integration of the Congregate Housing Services Program (CHSP) provided comprehensive in-home support such as nutrition, housekeeping, and personal care—services vital for individuals aging in place with dignity. Title III-E family caregiver support programs delivered targeted services including respite care, caregiver training, and emotional support, reducing caregiver burnout, and supporting long-term care continuity at home.

Collectively, these interventions helped mitigate the negative effects of isolation, stabilize physical and emotional health outcomes, and reinforce the capacity of older adults and their caregivers to maintain independence. WCAAA's coordinated approach empowered thousands of individuals across Western Connecticut to age safely in the communities they call home, with dignity, connection, and security.

Goal 2: Implement Aging and Disability Answers in partnership with AAAs statewide.

The COVID-19 pandemic significantly complicated the service landscape for older adults and individuals with disabilities. Programs were forced to quickly adapt, shifting formats, or suspending

services, which created confusion and barriers to access, especially for those navigating multiple systems of care. The need for clear, coordinated, and person-centered navigation became increasingly urgent.

To address these challenges, WCAAA joined the statewide initiative, AgingCT, a unified effort among Connecticut's five Area Agencies on Aging to create a seamless, consumer-focused network of aging and disability resources. Through this initiative, *Aging Answers* was launched to guide older adults and caregivers in accessing long-term care options, support services, and benefits tailored to individual needs and preferences.

With support from the Connecticut General Assembly, funding was secured to place a full-time Service Navigator at each AAA site. These navigators play a critical role in assisting consumers with complex benefit enrollments, person-centered planning, and linkages to a broad array of supports.

WCAAA fully integrated the Aging and Disability Resource Center (ADRC) framework into its operations, embracing a No Wrong Door approach to ensure that consumers receive timely and accurate assistance regardless of their initial point of contact. This model is supported through a combination of Title III-B and state resources.

As part of the AgingCT collaboration, WCAAA participated in the statewide implementation of a Salesforce-based Client Management System, which will improve case tracking, follow-up, and coordination across programs including nutrition, transportation, legal services, and caregiver support.

Staff from CHOICES (Title III-B), Senior Medicare Patrol (SMP), Service Navigation, and Resident Services Coordination (RSC) teams underwent comprehensive cross-training. This bolstered internal capacity, improved client service delivery, and ensured continuity across all access points.

Through these coordinated efforts, WCAAA was able to develop and advanced and integrated system of care. Clients benefited from streamlined access to health and long-term care benefits, home-based services, caregiver support, and community resources. The No Wrong Door approach ensured that every entry point led to personalized assistance, reducing confusion and delays, and promoting greater independence, security, and well-being for older adults and caregivers throughout Western Connecticut.

Goal 3: Improve the Economic Security of Older Adults

Economic insecurity among older adults intensified during the pandemic due to inflation, the limitations of fixed incomes, and disruptions in employment, housing, and healthcare access. Many seniors faced increased financial strain and uncertainty, particularly those living alone or without strong social support networks. WCAAA responded with a multi-faceted approach to improve financial security for older adults, leveraging Title III-B resources along with CHOICES, SHIP, and MIPPA programs. These efforts focused on increasing access to cost-saving benefits, emergency supports, and financial education:

Emergency Response Systems (PERS): From October 2021 through September 2024, 293 unduplicated clients received a total of 7,248 units of service related to the installation, maintenance, and monitoring of Personal Emergency Response Systems, enabling safe and independent living for financially vulnerable seniors.

Alternative Housing Assistance: Through Title III-B funding, WCAAA supported alternative housing for older adults in need, providing 326 days of temporary housing in 2022, 291 days in 2023 and 610 days in 2024. These services addressed critical short-term housing needs, preventing homelessness and supporting recovery from crises.

Information & Referral (I&R/A): In 2022 alone, 4,742 older adults—both caregivers and non-caregivers—received assistance in navigating essential economic supports such as SNAP, energy assistance, housing programs, and local aid resources.

Medicare Savings and Benefit Enrollment (MIPPA): WCAAA conducted extensive outreach through MIPPA-funded efforts, resulting in 684 older adults enrolled in Medicare Savings Programs

(MSP) and Low-Income Subsidy (LIS) programs. There were 22,759 outreach contacts, targeting underserved populations including rural, minority, and ESL communities.

Medicare Counseling (CHOICES/SHIP): Over 20,800 individuals received one-on-one Medicare counseling through CHOICES and SHIP, helping older adults make informed decisions, reduce out-of-pocket costs, and access the full range of benefits available to them.

Financial Literacy and Economic Empowerment: WCAAA offered virtual and in-person financial literacy workshops, webinars, and individualized counseling during Medicare Open Enrollment and throughout the year. These sessions focused on navigating benefit systems, budgeting for healthcare, preventing fraud and financial exploitation (in collaboration with SMP initiatives).

Expanded Media and Outreach Campaigns: Innovative outreach methods—including radio broadcasts, Spanish-language podcasts, newspaper articles, and bilingual newsletters—ensured that vital financial information reached traditionally underserved communities.

Through this integrated and targeted approach, WCAAA strengthened the economic well-being of older adults across Western Connecticut. These initiatives improved access to health and financial benefits, stabilized household budgets, and empowered older adults to live with greater financial confidence and security.

Goal 4: Provide Seniors with Prevention and Wellness Opportunities – Achievements FFY2022–2024 Challenge

Social distancing restrictions initially hindered participation in traditional group wellness programs, such as chronic disease self-management or exercise classes. WCAAA adjusted Title III-D Disease Prevention and Health Promotion programs to ensure continued delivery of service. Evidence-based programs such as Live Well with Chronic Conditions and Diabetes Self-Management Education (DSME), were transitioned to virtual, telephone, and hybrid formats. Nutrition education funded under Title III-C was sustained with a dietitian that met with each home-delivered meal client to assess and educate as needed. Title III-E caregiver wellness supports also included health promotion resources focused on self-care, mental health, and caregiver burden mitigation.

As a result, seniors-maintained access to critical wellness resources, learned skills to manage chronic illnesses, and remained engaged in preventative health activities despite physical distancing constraints.

Objective 1: Provide information about program services and issues of importance to older adults, families, and members of the aging network.

WCAAA hosted a large-scale health fair and participated in community health and wellness events across its 41-town service area, offering presentations, printed materials, and one-on-one guidance to attendees. These events served as a vital touchpoint for older adults and caregivers to connect with programs such as CHOICES, SMP, caregiver support, nutrition services, and evidence-based wellness programs. Our Advisory Council members and Board of Directors have been visiting each focal point and senior center dividing up the towns to hand deliver materials and personally explain WCAAA programs and services.

In addition to in-person engagement, WCAAA expanded its media presence through biannual magazine - The Western Compass, radio and television interviews, and feature articles in local newspapers. These media campaigns highlighted team member expertise and covered issues such as Medicare updates, caregiver tips, fraud prevention, and emergency preparedness.

By leveraging community events and mass communication platforms, WCAAA significantly increased public awareness of aging services and strengthened its connection with both individuals and organizations throughout the region. These efforts have been especially impactful in reaching rural and

underserved communities, helping to reduce barriers to access and foster greater engagement with the aging network.

Objective 2: Broaden access to and awareness of Chronic Disease Self-Management Education (CDSME) Programs to promote holistic health and wellness.

Seventeen virtual diabetes workshops and other CDSME programs, including Chronic Pain and Live Well Diabetes Prevention, were delivered in underserved communities. DSMP workshops and the new 'Monitor My Health' program were successfully launched with supplemental foundation support.

Objective 3: Establish Monitoring My Health (MMH) program in FFY 2022 to broaden Evidence-Based Health and Wellness Programs.

The MMH program saw an 18.8% increase in services between 2022–2023 and an 86.1% increase in 2024. A total of 4,654 clients were served, including forty-six at high nutritional risk and sixty-five living in poverty.

Objective 4: Develop multi-faceted approaches addressing food insecurity and malnutrition.

From FFY2022 through FFY2024, 1,858 unduplicated clients received 3,818 units of nutrition education, assessment, and counseling. Most were at risk of institutionalization, with a substantial number living in poverty or rural areas.

Objective 5: Expand outreach to the greatest economic need regions.

Outreach to individuals with the greatest economic and social need met or exceeded all MIPPA contract targets, helping connect vulnerable individuals to SNAP and other public income support programs.

Objective 6: Reduce caregiver financial burden.

Respite services were provided through CSRCP and NFCSP, totaling 81,197 hours of care across 271 unduplicated clients. Twenty-one percent (CSRCP) and 39% (NFCSP) of clients resided in rural areas.

Objective 7: Train staff on Behavioral Health options within the western region.

CHOICES counselors received behavioral health training, including NAMI-CT modules and tools for Alcohol and Substance Abuse Prevention. CHOICES Quick Guides incorporated the Senior Outreach and Engagement Program to enhance referrals.

Objective 8: Expand diversity and inclusion.

Staff participated in LGBTQ trainings, and the agency adopted inclusive language in forms and documents. Suicide prevention protocols were established with care managers and ADRC/I&R/A staff trained in **Question, Persuade, and Refer (QPR)**, a widely used suicide prevention training program. The QPR approach teaches individuals to recognize the warning signs of suicide, question the person about their thoughts, persuade them to seek help, and refer them to the appropriate resources for professional support.

Objective 9: Enhanced Business Acumen leads to beneficial relationships with health care entities.

AAAs pursued cooperative agreements and alternative funding, laying the foundation for Social Determinants of Health initiatives and healthcare integration.

Objective 10: AAA-CT enhance statewide responses in the event of future Major Disaster Declarations.

Emergency response and community partners were integrated into communications and agency newsletters, ensuring partnership and readiness in future disaster scenarios.

Goal 5: Protect Elder Rights and Well-Being and Prevent Elder Abuse, Fraud, Neglect, and Exploitation

Objective 1: Enhance Protection of Vulnerable Seniors through OAA Programs

Between 2022 and 2024, Connecticut Legal Services provided a total of 2,787 units of legal assistance. In 2022, 1,035 units were delivered. This number declined to 949 units in 2023 (an 8.3% decrease), and further to 803 units in 2024 (a 15.4% decline). Despite this downward trend, CT Legal Services continued to deliver critical legal support, maintaining its essential role across the state.

In 2024, a new initiative—CFHC Legal Assistance—was launched to expand access to legal services. In its inaugural year, the program delivered 45.7 units of legal assistance, offering legal support to underserved individuals.

As of 2025, both CT Legal Services and the CFHC Legal Assistance Initiative remain fully operational and are expected to increase service capacity significantly. These programs demonstrate a commitment to innovation and accessibility in meeting the legal needs of older adults and vulnerable populations.

The COVID-19 pandemic increased scams targeting Medicare beneficiaries, leading to heightened risks of elder abuse, neglect, and exploitation. The SMP program used diverse platforms—radio, print, webinars, and virtual presentations—to deliver fraud prevention education. Legal service partnerships with CT Legal Services and the Long-Term Care Ombudsman Program ensured timely legal and advocacy responses. SMP volunteers and staff equipped older adults with fraud detection tools and reporting resources. Public campaigns targeted rural, minority, and ESL populations, ensuring inclusive elder rights education.

These measures significantly strengthened the safety net for vulnerable seniors, leading to timely interventions and reducing instances of elder fraud, neglect, and exploitation.

WCAAA's expansion of SMP operations and legal service partnerships played a vital role in safeguarding elder rights throughout Western Connecticut.

Goal 6: Create Awareness for Seniors and Caregivers Around Elder Abuse and Fraud

Heightened isolation and misinformation during the pandemic made it increasingly difficult for seniors and caregivers to recognize, respond to, or report instances of elder abuse and fraud. These conditions amplified risks, especially among non-English speaking and socially isolated individuals.

In response, WCAAA launched comprehensive public education efforts under Title III-B Elder Rights programming, integrated Senior Medicare Patrol (SMP) initiatives, and bolstered caregiver outreach via Title III-E supports.

These coordinated efforts included regional media campaigns featuring bilingual messages on elder abuse prevention, fraud awareness, and access to reporting tools. Title III-E caregiver workshops that included training on recognizing abuse, reporting procedures, and accessing legal and financial support services. SMP teams collaborated with caregiver support groups to extend training and awareness efforts to family members, professionals, and service providers.

Implementing these strategies elevated public awareness, empowered caregivers, and fostered stronger community protection for seniors at risk of abuse or exploitation. WCAAA's engagement with bilingual media and caregiver groups bridged gaps in education, particularly within underserved populations.

Objective 1: Increase Elder Justice Awareness

Between FFY2022 and FFY2024, WCAAA responded to 45 Information & Referral/Assistance (I&R/A) contacts specifically related to elder abuse and protective services. These inquiries reflect continued community concern and the importance of making elder justice resources widely known and accessible.

a. Successful Strategies

During the 2021–2025 planning period, WCAAA implemented a range of innovative strategies that enabled the agency to meet program goals despite significant operational challenges. Leveraging virtual platforms and enhanced telephonic outreach, supported by a new call routing system, ensured continuity of services and improved responsiveness. WCAAA also deepened local partnerships with

senior centers, food pantries, and public health departments to close service gaps, while launching the quarterly “Western CT Regional Leadership Breakfast” to foster regional collaboration.

Internally, the agency restructured operations to support cross-functional training and adopted the “Aging Answers” service model, empowering staff to deliver holistic, person-centered support. Additionally, outreach to underserved communities was strengthened through partnerships with faith-based groups, shelters, and pantries. These strategies—along with expanded service navigation, strengthened data systems, and a commitment to inclusive, community-based solutions—positioned WCAAA as a resilient and responsive leader throughout the period.

b. Agency Strengths That Supported Program Goals

WCAAA’s success was underpinned by a combination of organizational strengths that allowed for a swift and effective response to evolving community needs. The agency’s committed and flexible staff quickly adapted to alternative service delivery models, including virtual and hybrid approaches. Data systems—such as STARS, I&R/A, and WellSky—enabled real-time tracking, service coordination, and timely interventions. Long-standing, trust-based partnerships with municipalities and community organizations facilitated a unified regional response. Additionally, a multilingual team and certified CHOICES counselors ensured equitable access to services, fostering inclusion across diverse populations.

c. Challenges That Limited Goal Attainment

Despite impressive performance, WCAAA encountered persistent challenges that impacted service delivery. Workforce shortages across the aging services sector—particularly in home care and direct support roles—limited provider capacity. Many older adults face digital access barriers, restricting participation in virtual programs. Rising costs for transportation, food, and essential services placed strain on both providers and clients. Most critically, sustained high demand for services continued to outpace funding, necessitating ongoing triage and prioritization to serve the region’s most vulnerable resident.

d. Actions Taken and Planned to Strengthen the Agency

WCAAA has undertaken a comprehensive series of initiatives to strengthen its organizational capacity, sustainability, and long-term impact. These efforts reflect a commitment to continuous improvement across staffing, governance, technology, and community engagement.

WCAAA implemented targeted recruitment and retention strategies to enhance workforce stability among staff and contracted providers. Significant investments were made in professional development, leadership training, and succession planning to preserve institutional knowledge and prepare emerging leaders. These efforts are designed to ensure operational continuity and sustained excellence in service delivery.

The agency prioritized the growth and development of its Board of Directors, offering orientation, ongoing training, and opportunities for strategic engagement. New members were recruited to reflect diverse regional perspectives, and existing members participated in workshops focused on nonprofit governance, fiduciary responsibility, and strategic leadership. These efforts have deepened board capacity and alignment with WCAAA’s mission and vision.

Strategic Planning and Organizational Direction:

WCAAA launched a multi-year strategic planning process involving staff, board, advisory council members, and community stakeholders. This initiative identified key priorities, risk areas, and growth opportunities. The strategic plan now guides decisions across finance, governance, programs, and partnerships, with clear metrics for evaluation and accountability.

Technology Investment and Access Expansion:

To improve efficiency and reach, WCAAA modernized its internal technology infrastructure, upgrading essential software, hardware, and data systems. In the community, the agency provided technology to senior centers and individuals through a "Train-the-Trainer" model, improving digital literacy and connectivity among older adults.

Program Innovation and Emergency Response Preparedness:

WCAAA began fundraising for a Lifeline Fund to sustain its capacity for rapid response to clients experiencing urgent financial or service-related crises. Funding models and internal protocols were strengthened to ensure timely support.

Community Outreach and Regional Collaboration:

The agency expanded its outreach efforts, working in close partnership with senior centers, municipal agents, and local leaders across all forty-one towns in the planning and service area. These collaborations have strengthened the regional aging network, identified unmet needs, and helped co-design more comprehensive and accessible programming for older adults and individuals with disabilities.

Through these integrated efforts—spanning governance, planning, workforce, technology, and outreach—WCAAA continues to reinforce its role as a responsive, resilient, and mission-driven leader in the field of aging services.

e. Evolving Role of WCAAA in the Community

Since its founding, the WCAAA has been a critical partner in supporting older adults, individuals with disabilities, caregivers, and families across its 41-town region. Over the last four years, WCAAA has evolved beyond its traditional roles of planning and funding. Today, the agency serves as a regional convener, navigator, and advocate—guiding residents through increasingly complex systems of health and social care. In 2024, WCAAA experienced significant transformation, adapting to community needs, expanding programs, strengthening advocacy, and positioning itself as a central leader in aging services and systems change.

Over the past four years, the WCAAA has undergone a transformative shift—expanding its role beyond traditional planning and funding to become a regional convener, navigator, and advocate. As the needs of older adults, caregivers, and individuals with disabilities have grown more complex, WCAAA has responded with agility and leadership, guiding residents across forty-one towns through fragmented health and social service systems.

In 2024, WCAAA marked its 50th Anniversary, reaffirming its identity as a trusted and enduring community resource. The agency strengthened its executive leadership locally and nationally, participating in USAging' s national director initiatives and engaging directly in advocacy for the reauthorization of the Older Americans Act. Regionally, WCAAA played an active role in the Danbury Age Well Community Council (AWCC) and hosted a series of Regional Leadership Breakfasts, convening stakeholders to address housing, transportation, and economic security.

Programmatically, WCAAA expanded its impact through service enhancements aligned with community needs. A new Service Navigator was hired to strengthen outreach and direct support. CHOICES programming saw increased counselor certification and outreach, while caregiver support services were modernized and integrated across both state and federal programs. The agency also grew its evidence-based health promotion offerings, launched bilingual "Live Well" workshops, and fortified the Veterans Directed Program by improving coordination with VA partners. A grant award supported the development of a new homecare Client Management System, enabling future integration and data-informed service delivery.

WCAAA's community integration efforts also advanced significantly. The agency built strategic partnerships with libraries, health systems, and senior centers; hosted interagency trainings; and collaborated with AgingCT and the Coalition to End Homelessness on forward-looking statewide initiatives. These efforts collectively demonstrate WCAAA's evolution into a central force for innovation, systems change, and regional leadership, positioning the agency to continue meeting the growing and diverse needs of Western Connecticut's aging population.

Recognizing the critical role of policy in shaping aging services, WCAAA significantly expanded its legislative advocacy efforts during the past planning period. The agency collaborated closely with AgingCT and USAging to support the reauthorization of the Older Americans Act at the federal level. It developed clear legislative priorities and actively communicated with policymakers on key issues such as financial exploitation prevention, caregiver respite expansion, and reforms to Medicaid asset limits. WCAAA fostered bipartisan engagement by convening events and meetings with legislators from across the political spectrum, elevating regional concerns around housing, transportation, and the sustainability of home-delivered meals. Additionally, the agency coordinated direct outreach to local and state representatives to advocate for increased funding and broader support for aging programs throughout Western Connecticut.

During the 2021–2025 Area Plan period, the WCAAA implemented substantial internal reforms to strengthen organizational resilience and prepare for future service demands. A complete rebuilding of the agency's financial system, along with the transition to online banking and consolidation of financial functions, improved operational efficiency, transparency, and fiscal oversight. WCAAA also successfully completed all financial and grant audits and introduced enhanced budget forecasting tools to support long-term strategic planning.

Workforce development and retention was and remains a priority. Staff participated in comprehensive training focused on CPR, sexual harassment prevention, technology use, safety protocols, de-escalation techniques, mental health awareness, and person-centered planning—ensuring that employees are equipped to respond with skill and sensitivity to the needs of the aging population.

To advance agency-wide modernization, WCAAA launched strategic technology initiatives, including evaluation of agency-branded access cards and on-site badge printing to support a more secure and efficient workplace. In line with its mission and evolving communication strategies, the agency phased out legacy partnerships, such as with LPI newsletter publishers, and launched "The Western Compass" a comprehensive, agency-produced regional resource magazine tailored to older adults and caregivers across Western Connecticut.

These operational investments reflect WCAAA's transition from a traditional funder and planner to a modern, multifaceted leader in aging services. By integrating advanced systems, building internal capacity, and elevating its public presence, WCAAA has positioned itself as a trusted convener, advocate, and innovator—capable of guiding communities through the increasingly complex landscape of aging and disability support services.

WCAAA's role has evolved significantly over the past Area Plan period. Once a planner and funder, WCAAA has become a regional convener, systems navigator, and advocate for our community, older adults, caregivers, and individuals with disabilities. The agency now leads cross-sector collaborations and policy efforts that influence statewide aging priorities while maintaining deep local connections across the 41-town service region.

Looking Ahead: Strategic Vision and Priorities for 2025–2028

As WCAAA enters the 2025–2028 Area Plan period, it envisions a broader, more integrated role within the aging services landscape of Western Connecticut—one rooted in innovation, strategic growth, and community responsiveness. The agency is guided by four internal strategic goals that will shape operations and organizational development over the next three years:

1. **Foster a workplace culture** that supports personal and professional growth, positioning WCAAA as an employer of choice within the nonprofit and public health sectors.
2. **Diversify funding sources** to reduce reliance on government contracts and ensure long-term sustainability through private partnerships, philanthropic investment, and grant development.
3. **Deliver responsive, person-centered programs** that reflect the evolving needs of older adults, caregivers, and individuals with disabilities.
4. **Enhance operational efficiency and internal systems** through the implementation of modern tools, cross-program coordination, and data-driven management.

To meet the increasingly complex and growing needs of the community, WCAAA will expand its I&R/A offerings, implement integrated case management models, and strengthen chronic disease self-management and wellness programming. New software platforms will facilitate streamlined data sharing and internal referrals, while grant-funded initiatives will prioritize urgent needs in housing, transportation, and behavioral health.

WCAAA will also continue its evolution into a regional hub for aging services, combining service delivery with advocacy, systems-level coordination, and community engagement. Legislative advocacy has already been expanded during the current plan cycle. WCAAA worked in close partnership with the Connecticut General Assembly, AgingCT, and USAging to preserve and enhance funding for Older Americans Act (OAA) programs, advocate for reforms to Medicaid asset limits, and expand caregiver respite and service navigation infrastructure.

The agency's strategic framework for 2025–2028 is aligned with the goals outlined in the Connecticut State Plan on Aging and centers around three primary statewide priorities:

1. **Long-Term Services and Supports** – Empower older adults to remain in their homes and communities of choice through coordinated, accessible supports.
2. **Healthy Aging** – Promote disease prevention and overall wellness through evidence-based education, outreach, and engagement.
3. **Elder Rights** – Safeguard older adults from fraud, abuse, neglect, and exploitation, while promoting independence and dignity.

To achieve these goals, WCAAA will focus on seven cross-cutting priorities:

- Strengthening **Service Navigation** through the Aging Answers model
- Investing in **workforce development and succession planning**
- Advancing **digital inclusion** through technology access and training initiatives
- Enhancing **caregiver support systems** and outreach
- Expanding **evidence-based wellness programs** to new populations
- Leading **policy and legislative advocacy** efforts on issues that matter most to older adults.
- Embedding **data-informed decision-making** into planning, evaluation, and resource allocation

These priorities reflect WCAAA's deep commitment to building an inclusive, high-performing aging network—one that is responsive, equitable, and prepared to meet the challenges and opportunities of the coming years.

WCAAA enters the 2025–2028 planning period with optimism, preparedness, and momentum. As the region's aging population grows more diverse and complex, WCAAA remains committed to building inclusive, accessible, and innovative systems of care. The agency will continue to lead regional efforts in addressing social determinants of health and play a vital role in emergency preparedness, public health, and housing stabilization.

With strategic foresight, engaged leadership, and a trusted community presence, WCAAA will continue to be a central hub in Connecticut's aging services ecosystem—one that uplifts, connects, and empowers the older adults and caregivers of Western Connecticut.

ii. Needs and Targets

As part of its Area Plan development process, the WCAAA implemented a comprehensive stakeholder engagement strategy to gather input from a broad cross-section of the region. WCAAA distributed over five hundred community feedback surveys, receiving thirty-five detailed responses from organizational partners. The primary goal of the survey was to assess both current and emerging needs of older adults and individuals with disabilities, identify service gaps, and collect input on how WCAAA can enhance its support and coordination across the 41-town Planning and Service Area.

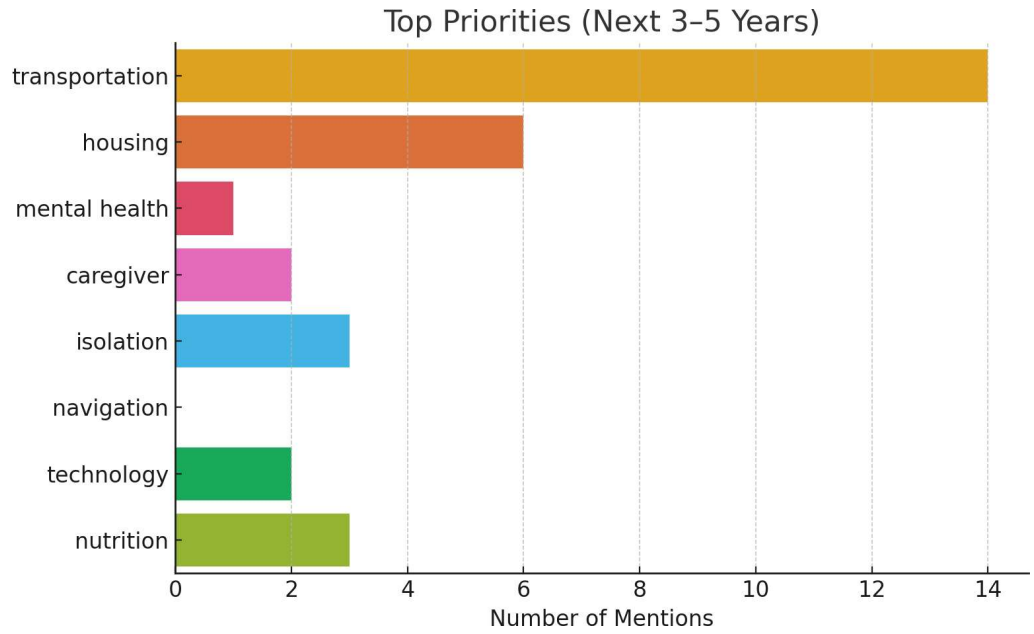
In addition to the survey, WCAAA hosted community meetings and public input sessions to gather direct feedback from key stakeholders, including older adults and individuals with disabilities, Family caregivers, Municipal Agents, town social workers, and senior center directors, local service providers and nonprofit organizations and members of the WCAAA Advisory Council and Board of Directors.

This inclusive outreach ensured that the Area Plan is informed by real-world insights and reflects the lived experiences, priorities, and concerns of those served by WCAAA programs.

Organizations completed a structured online survey composed of multiple open- and closed-ended questions. The questions focused on the served populations, priority areas, emergency needs, service access barriers, and recommendations for future WCAAA programming. Responses were qualitatively analyzed for key themes, and quantitative patterns were identified through keyword analysis.

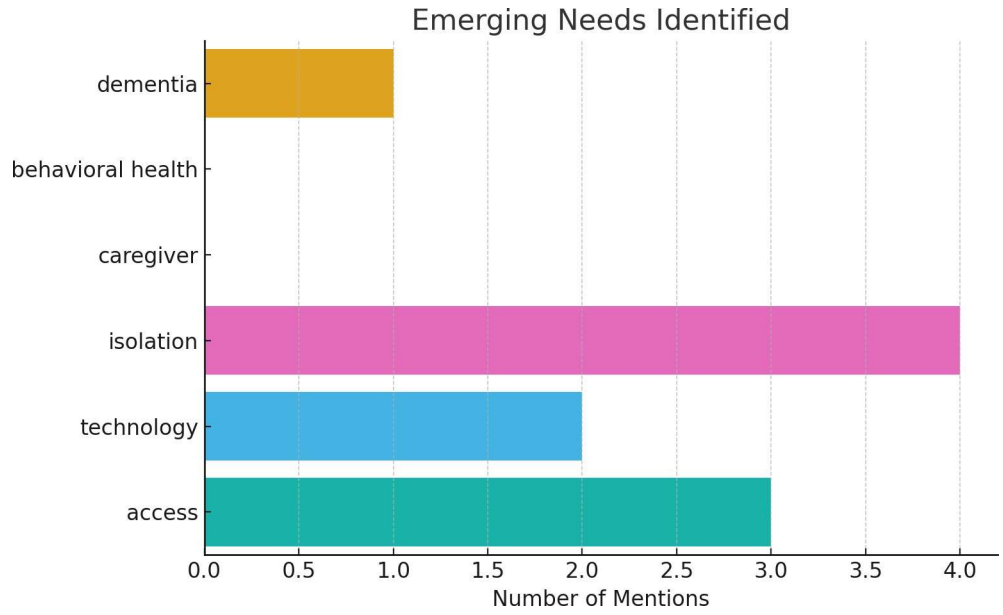
Key Findings

1. Top Priorities for the Next 3–5 Years, respondents identified the following service priorities:



2. Emerging Needs

Agencies noted the following emerging issues:



One of the most pressing issues in our aging community is the increasing prevalence of Alzheimer's disease and related dementias, which is placing new demands on caregivers, healthcare providers, and community-based supports. The need for dementia-capable services, respite programs, and caregiver education is expected to rise significantly during the Area Plan period.

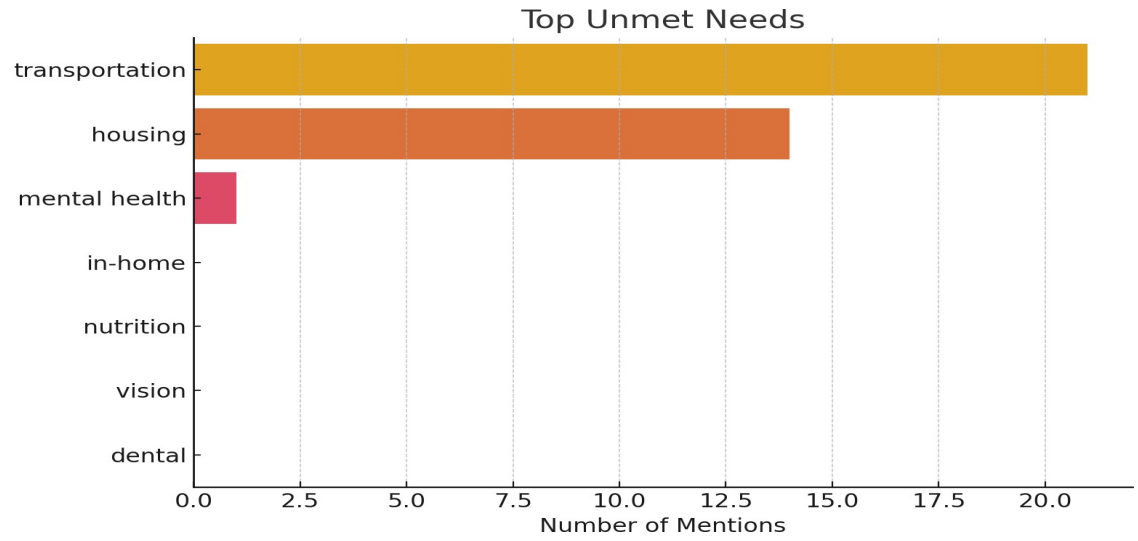
Additionally, behavioral, and mental health challenges—including depression, anxiety, and trauma—are increasingly reported among older adults, often compounded by social determinants such as poverty, chronic illness, or grief. The availability of age-appropriate mental health services remains uneven across the region, especially in rural areas.

Social isolation and loneliness also continue to emerge as serious public health risks, as older adults live alone, lack access to transportation, or face mobility limitations that reduce their opportunities for connection and engagement. These conditions have been further exacerbated by the lingering impacts of the COVID-19 pandemic.

Finally, a growing digital literacy gap presents a significant barrier as service access and communication channels continue to shift online. Older adults who lack access to devices, broadband, or basic digital skills are increasingly at risk of exclusion from vital services such as telehealth, online benefits enrollment, and virtual support groups.

These emerging needs underscore the importance of responsive, community-informed strategies that address the multifaceted challenges facing the region's aging population.

3. Unmet Needs



Despite the breadth of services currently available across the WCAAA's Planning and Service Area there are several critical needs that remain significantly underserved. These persistent gaps limit the ability of older adults and individuals with disabilities to age with dignity, safety, and independence in their communities.

Most prevalent among these is transportation, particularly for medical and social appointments. Many older adults, especially those living in rural or semi-rural towns—lack access to reliable, affordable transportation options, resulting in missed medical care, limited social engagement, and increased isolation.

Safe, affordable housing is another high-priority unmet need. Rising housing costs, limited senior-specific developments, and aging housing stock have made it increasingly difficult for older adults to find and maintain stable living environments. Housing insecurity is particularly acute among renters and those on fixed incomes.

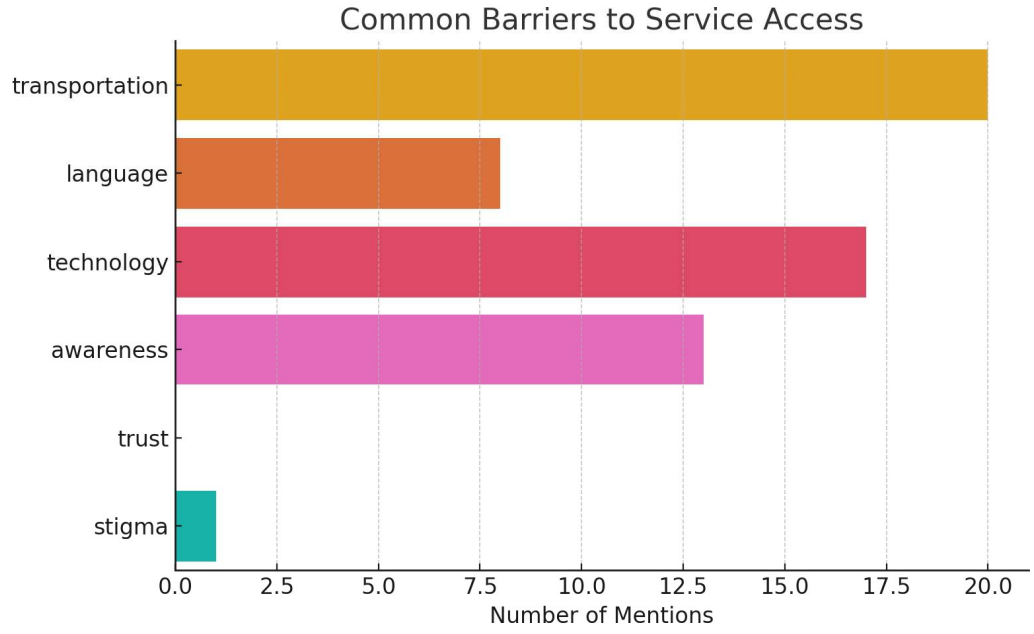
In addition, there are ongoing challenges in ensuring consistent access to in-home support and personal care services, particularly for individuals who do not meet Medicaid eligibility but still need assistance with activities of daily living. These gaps place significant strain on family caregivers and increase the risk of premature institutionalization.

Lastly, older adults continue to face barriers in accessing vision and dental care, services that are often not fully covered by Medicare and can be financially out of reach for those with limited resources. The absence of regular preventive care in these areas can lead to serious health complications and diminished quality of life.

These unmet needs highlight the importance of ongoing advocacy, targeted funding, and strategic partnerships to address service gaps and improve equity in access across the region.

4. Barriers to Access

- Technology limitations and digital divide



Recommendations

Based on the survey results, the following recommendations are proposed:

1. Increase visibility through local community outreach and on-site visits.
2. Strengthen partnerships with town-level service providers.

3. Expand direct access to transportation, mental health, and home care services.
4. Tailor outreach strategies for isolated, rural, and culturally diverse populations.
5. Develop multilingual materials and digital training for older adults and caregivers.

Current and Projected Needs

The Western Connecticut Area Agency on Aging (WCAAA) serves a diverse, aging population across forty-one towns. The PSA includes both urban centers and rural communities, resulting in significant variation in service accessibility, resource availability, and demographic characteristics. Based on comprehensive input gathered from organizational surveys, public meetings, demographic data (including the American Community Survey and Decennial Census), and internal reporting systems, the following needs have been prioritized.

One of the most significant trends is population growth among residents aged seventy-five and older, which is expected to rise sharply. This demographic shift will lead to increased demand for aging-in-place services, chronic disease management programs, and in-home support for daily living activities.

The prevalence of Alzheimer's disease and related dementias is also anticipated to increase, placing additional strain on both formal health systems and informal caregivers. The need for dementia-capable services, respite support, and caregiver education will continue to grow.

The region is already experiencing an affordable housing shortage, which is projected to worsen during the planned period. Limited development of senior-friendly housing and rising rental costs are exacerbating housing insecurity for older renters, particularly those on fixed incomes.

Transportation barriers remain a chronic concern, especially in rural and suburban towns with limited public transit options. Without targeted investment and service coordination, transportation challenges will continue to limit access to healthcare, food, and social engagement opportunities.

As services and healthcare increasingly move to digital platforms, technological barriers such as lack of internet access, digital devices, and training will disproportionately affect older adults, particularly those in low-income and rural areas. Digital inclusion is becoming essential for accessing telehealth, benefit applications, and community resources.

Additionally, older adults are presenting with increasingly complex health profiles, including co-occurring chronic diseases, behavioral health needs, and mobility challenges. These trends underscore the need for integrated, person-centered care and strengthened coordination across aging, health, and behavioral health systems.

Finally, the aging population is becoming more diverse. WCAAA anticipates growth among older adults who are Black, Indigenous, and People of Color (BIPOC), LGBTQ+, limited-English proficient, and economically insecure. These populations often face compounded barriers to care, making culturally and linguistically appropriate services essential for equity in access and outcomes.

I. Current Needs (FFY2025)

Based on analysis of thirty-five stakeholder surveys, regional demographic data, and ongoing community engagement, WCAAA has identified the following current needs among older adults and individuals with disabilities, listed in order of priority:

1. <u>Transportation</u>

Limited access to affordable, reliable transportation continues to be the most frequently cited barrier, especially in rural and suburban areas where public transit is lacking. This affects access to healthcare, food, and social opportunities.

2. <u>Affordable Housing</u>

There is a growing demand for safe, affordable, and accessible housing options for low- and moderate-income seniors. Rising costs, long waitlists, and aging housing stock compound the problem.

3. Mental Health & Social Isolation

Stakeholders highlighted increased loneliness, depression, and cognitive decline among older adults, particularly since the COVID-19 pandemic. Counseling, companionship programs, and dementia-specific supports are in high demand.

4. In-Home Supportive Services

Many individuals aging at home require help with daily living tasks. Gaps remain in access to homemakers, personal care, chore, and respite services, especially for those not qualifying under Medicaid.

5. Caregiver Support

Family caregivers are experiencing significant stress and burnout. There is demand for increased respite services, training, and emotional support, particularly for those caring for individuals with Alzheimer's disease.

6. Nutrition & Food Insecurity

While congregate and home-delivered meal programs remain vital, access remains uneven. Stakeholders noted increased food costs and medical dietary needs as growing concerns.

7. Health System Navigation

Older adults and caregivers frequently struggle with navigating Medicare, Medicaid, long-term care options, and benefit programs. Demand for unbiased counseling, especially via CHOICES, remains high.

8. Digital Inclusion

Many older adults lack internet access, digital literacy, or devices necessary for telehealth and service navigation. This disproportionately affects low-income and rural individuals.

II. Projected Needs (FFY2025–FFY2028)

Over the course of the 2025–2028 Area Plan period, the needs of older adults across the Western Connecticut Area Agency on Aging's (WCAAA) Planning and Service Area (PSA) are projected to intensify and diversify. These shifts are driven by multiple factors, including accelerated demographic aging, the rising cost of living, and the enduring effects of the COVID-19 pandemic on health, housing, and social connection.

Provider Information

The WCAAA contracts with a diverse network of providers to deliver critical services under the OAA and other funding streams. These providers include municipal human service departments, nonprofit agencies, senior centers, transportation operators, and home care organizations serving older adults and individuals with disabilities across the 41-town Planning and Service Area (PSA).

I. Provider Availability and Capabilities

Overall, the provider network is robust and experienced in delivering services across Title III-B (Supportive Services), III-C (Nutrition), III-D (Health Promotion), and III-E (Caregiver Support). Providers demonstrate strong capabilities in:

- Home-delivered and congregate meals
- Transportation coordination
- Homemaker and personal care services
- Benefits counseling and care coordination
- Dementia and caregiver support
- Evidence-based wellness programming

Providers in urban centers such as Waterbury, Danbury, Torrington, and Naugatuck offer extensive service infrastructure, including full-time staff, multidisciplinary teams, and higher program capacity.

These areas also benefit from established nonprofit networks and public transit access, improving service reach.

II. Geographic and Provider Gaps

Despite overall network strength, gaps persist in rural, geographically isolated, and lower-income communities. Towns where service access and provider availability are more limited include:

Geographic Area	Identified Challenges
Colebrook, Warren, Cornwall, Sharon, Woodbury, and Norfolk	Sparse provider presence, transportation isolation, and limited broadband connectivity.
North Canaan and Salisbury	Lack of bilingual service providers and limited in-home support capacity.
Roxbury, Washington, Bridgewater	Aging populations with limited public transportation options and infrequent outreach programming.
Kent, Newtown, and Goshen	Difficulty recruiting trained personal care-aides and caregivers.
Bethlehem and Morris	Infrequent evidence-based program offerings and inconsistent access to medical transportation.

Additionally, providers have cited difficulties in securing qualified staff, particularly in:

- Homemaker and personal care roles
- Respite providers for dementia care.
- Transportation drivers for rural routes
- Bilingual service professionals (Spanish and Portuguese especially)

III. WCAAA Strategies to Address Gaps

The Western Connecticut Area Agency on Aging (WCAAA) will implement a comprehensive set of strategies during the 2025–2028 Area Plan period. These strategies are designed to strengthen infrastructure, enhance equity, and ensure that critical services reach older adults and individuals with disabilities in both urban and rural communities.

WCAAA will continue to participate in **regional housing coalitions**, collaborate with the **Connecticut Coalition to End Homelessness**, and engage with **state legislators and local leaders** to advocate for sustainable funding and policy solutions. Through ongoing **Regional Leadership meetings**, the agency will bring together stakeholders to collectively address and respond to community-wide challenges.

In addition, WCAAA will prioritize **funding transportation projects** that address unmet community needs and will actively **engage contractors and providers** in expanding their capacity to serve high-need populations.

Key strategies include:

1. Provider Recruitment & Development

WCAAA will strengthen its provider network through targeted outreach and support, particularly in underserved and rural areas.

2. Funding and Contract Flexibility

The agency will utilize discretionary resources—such as the **Lifeline Fund**—to support emergent client needs. Procurement processes will be adjusted to allow service contracts with providers with varied payment options, making it feasible for providers to serve smaller communities.

3. Transportation

WCAAA will continue to invest in transportation initiatives to increase outreach in hard-to-reach communities. Partnerships with regional transportation planners and senior centers with an effort to support the creation or expansion of dial-a-ride services and volunteer driver programs that enhance access to medical appointments, shopping, and community engagement.

4. Workforce Pipeline Initiatives

In partnership with service providers WCAAA will continue to show flexibility and cooperation in filling difficult positions in understaffed communities. Through its publications they will highlight the benefits in volunteering, homemaking, and caregiving.

5. Enhanced Coordination with Local Governments

WCAAA will formalize and deepen its relationships with municipal agents and town-based social service departments, especially in rural towns. These partnerships will facilitate better data collection, outreach, and service integration at the local level.

6. Technology and Access Equity

Recognizing the growing digital divide, WCAAA will continue to support digital service tools and remote program delivery options. In collaboration with technology training partners, the agency will work to improve digital literacy among older adults and caregivers and help them navigate telehealth, benefits enrollment, and information resources.

This targeted and responsive provider strategy ensures WCAAA continues to deliver high-quality, accessible services to older adults and individuals with disabilities across all communities in the region—regardless of geography, income, or identity.

Target Populations

Target Setting for Supportive Services

The WCAAA establishes targets for supportive services using a data-driven and community-informed approach to ensure services are aligned with the evolving needs of older adults and individuals with disabilities in our Planning and Service Area (PSA).

Data Utilization and Interpretation

WCAAA uses demographic data from the most recent *Decennial Census* and the *American Community Survey (ACS)* to identify trends in population aging, disability status, poverty levels, living arrangements, and rural residency. This information is disaggregated by town, age cohort, race/ethnicity, income level, and housing status to ensure equitable resource distribution. Key indicators analyzed include:

- The population of individuals aged 60+ and 75+
- The percentage living below 100% and 200% of the federal poverty level
- The number of older adults living alone
- Disability prevalence among seniors
- Limited English proficiency
- Access to transportation and housing stability

This data provides a foundation for determining geographic areas with the highest need and informs the prioritization of service categories, such as homemaker assistance, transportation, chore services, and caregiver support.

Target Setting Process:

1. **Needs Assessment Integration**: Targets are informed by both quantitative Census/ACS data and qualitative findings from community surveys, public hearings, focus groups, and input from providers and consumers.

2. **Prioritization Criteria**: Services are prioritized based on unmet needs, regional disparities, population vulnerability, and existing service gaps.
3. **Program-Specific Benchmarks**: Each Title III-B supportive service is assigned annual targets based on historical utilization, projected population changes, and funding availability.
4. **Stakeholder Input**: The Advisory Council and community partners provide insight into local trends, barriers, and service gaps that influence final target numbers.
5. **Continuous Monitoring and Adjustment**: Targets are revisited annually and adjusted based on updated ACS data, program outcomes, waitlist data, and emerging needs.

Through this method, WCAAA ensures that supportive services are strategically deployed to maximize impact, reach underserved communities, and uphold equity in service delivery.

Targeting Strategies for Individuals Aged 60 and Older

WCAAA employs a multifaceted, data-informed strategy to ensure that older individuals at greatest risk—economically, socially, and medically—are prioritized in service planning and delivery. These efforts are grounded in the Older Americans Act (OAA) requirements and aligned with the demographic composition of our 41-town Planning and Service Area (PSA).

Data-Informed Targeting

WCAAA uses U.S. Census Bureau's *Decennial Census* and *American Community Survey (ACS)* data to analyze the geographic and demographic distribution of target populations. This information is supplemented by:

- Community needs assessments.
- Consumer surveys
- Public input sessions
- Provider-reported service gaps

This evidence base ensures that targeting strategies reflect the actual proportion of underserved populations within the PSA.

II. Populations Targeted and Strategies Employed

Target Population	Strategy	Implementation Methods	
Individuals with the Greatest Economic Need	Prioritize individuals below 100–200% of the Federal Poverty Level (FPL).	Income verification, benefits screenings (CHOICES, MIPPA), DSS partnerships.	
Individuals with the Greatest Social Need	Identify and prioritize those experiencing isolation due to geography, language, or disability.	Use social isolation indicators; coordinate services to reduce barriers.	
Low-Income Minority Individuals	Conduct culturally competent outreach to minority communities.	Bilingual materials, partnerships with cultural associations and faith-based groups.	

At Risk for Institutional Placement	Promote aging in place through home- and community-based supports.	Utilize CHCPE, ADRC, MFP programs; provide homemakers, nutrition, and caregiver support.	
Limited English Proficiency (LEP)	Increase language access and culturally appropriate services.	Translate materials, hire bilingual staff, provide interpreters, ESL partnerships.	
Individuals in Rural Areas	Expand access to isolated or underserved regions.	Mobile outreach, transportation support, satellite service locations (e.g., libraries, senior centers).	
Older Native American Individuals	Ensure access and inclusion of Native American elders.	Maintain contact with tribal entities; ensure services are available and inclusive.	
Older LGBTQ Individuals	Provide culturally sensitive and affirming services.	Partner with LGBTQ+ organizations, train staff in inclusive practices, update intake processes.	
Individuals with Alzheimer's and Related Dementias	Support both clients and caregivers with dementia-specific services.	Caregiver support groups, training, respite services, Alzheimer's Association partnerships.	
Individuals with Severe Disabilities	Ensure equitable service access and prioritize functional support needs.	Collaborate with ABI Waiver, DDS, and provide accessible mobility and personal care services.	
Individuals Living with HIV	Address stigma and provide holistic aging support.	Partner with HIV/AIDS agencies, ensure confidentiality, and integrate care through I&R and CHOICES.	

Alignment with Population Proportions

WCAAA conducts annual reviews comparing service usage with population estimates to identify underrepresented groups. Adjustments to outreach, provider contracts, and resource allocation are made accordingly to align services with demographic need.

WCAAA is committed to delivering equitable and person-centered services to individuals aged sixty and older throughout its 41-town Planning and Service Area (PSA). Guided by the Older Americans Act (OAA), WCAAA employs data-informed strategies to identify and meet the needs of target populations, particularly those facing economic hardship, social isolation, linguistic and cultural barriers, geographic isolation, and chronic health challenges.

Identification of Target Populations (FFY2025–FFY2028)

Using population modeling and estimates derived from the American Community Survey and local service data, WCAAA has identified the approximate number of persons in each target group within

its PSA. Estimates were generated by applying standardized population percentages to the total population age 60 and older across the forty-one towns:

Target Population	Estimated % of 60+ Population	Average Annual Estimate (PSA)
Total Population Age 60+	100%	180,000+
Low-Income Minority Individuals	10%	18,000
Individuals with Limited English Proficiency	5%	9,000
Socially Isolated Individuals	15%	27,000
At Risk for Institutionalization	7%	12,600
Individuals with Severe Disabilities	12%	21,600
LGBTQ+ Elders	5%	9,000
Individuals with Alzheimer's or Related Dementias	9%	16,200
Rural Older Adults	20%	36,000
HIV Positive Older Adults	1%	1,800

These numbers are refined annually using program data, local assessments, and town-level demographic trends to ensure relevance and alignment with actual service needs.

Population estimates are derived from U.S. Census Bureau data including the 2020 Decennial Census and the 2018–2022 American Community Survey (ACS) 5-Year Estimates, as well as WCAAA service utilization records and program administrative data compiled through WellSky and I&R/A systems. Percentage assumptions are based on national prevalence rates, state trend data, and local needs assessments.

ii. Methods Used to Support Target Populations

WCAAA delivers services through a robust network of contracted providers, municipal agencies, senior centers, and direct program initiatives. Methods used to support older adults in target groups include:

- **Culturally Competent Outreach**: Tailored messaging and multilingual materials reach low-income minority and LEP individuals through senior centers, community health centers, health fairs, churches, and grassroots partners.
- **CHOICES and I&R/A Services**: Benefits counseling and resource navigation are provided via trained staff and volunteers, with accommodation for language and disability access.
- **In-Home and Community-Based Supports**: Homemaker, chore services, transportation, and meal services are prioritized for those at risk of institutional placement, living in rural areas, or socially isolated.
- **Dementia and Caregiver Programs**: Title III-E funds support respite, training, and Alzheimer's-specific support for caregivers and care recipients.
- **Inclusion of LGBTQ+ and HIV+ Individuals**: Affirming services, confidentiality protections, and partnerships with local advocacy organizations promote equity and trust.

WCAAA also coordinates with programs such as CHCPE, MFP, SMP, and the Live Well evidence-based workshops to ensure a comprehensive and person-centered approach.

iii. Evaluation of Success in Meeting Service Targets

WCAAA conducts ongoing evaluation of service reach and effectiveness through:

- **Monthly Provider Reporting**: Contractors report demographic and service data aligned with OAA performance measures with the submission of Form 5 data.
- **Data Validation and Analysis**: Target population service rates are reviewed quarterly in WellSky and I&R systems to identify gaps and inform realignment strategies.
- **Annual Program Reviews**: Results are shared with the Board of Directors and Advisory Council to refine targets and strategies.
- **Community Feedback Mechanisms**: Surveys and focus groups, Regional Leadership meetings, and provide user perspectives to measure cultural competence, access, and satisfaction.

Progress to Date:

- Title III-funded programs have met or exceeded service delivery benchmarks for low-income, rural, and minority elders in most towns.
- Bilingual CHOICES counselors and partnerships with ESL organizations have significantly increased LEP access.
- Respite and dementia-related programs have grown each year, with over 1,000 caregivers supported annually.
- Social isolation remains a priority area, with new initiatives launching in FFY2026 to expand peer connection and volunteer engagement models.

WCAAA remains committed to continuous improvement in targeting and reaching underserved older adults and adapting strategies to meet the dynamic needs of the PSA population.

d. Data Collection

The Western Connecticut Area Agency on Aging (WCAAA) utilizes a structured and multi-layered approach to collect, validate, and report data on services provided to older adults, individuals with disabilities, and caregivers across the PSA. This process ensures compliance with the Bureau of Aging (BOA) requirements and facilitates informed decision-making, program evaluation, and planning.

WCAAA collects data through multiple intake points and service touchpoints using standardized tools, including:

Form 5: Completed by Title III-funded providers, this form captures detailed demographic, service unit, and outcome data for individuals served through grant-funded programs.

Information and Referral/Assistance (IR&A) Tracking: All CHOICES, I&R, and Options Counseling interactions are documented by trained staff and volunteers using standardized forms and procedures, capturing the nature of assistance provided, referral outcomes, and client demographics.

Client Feedback Instruments: Surveys, provider reports, and direct client contact also inform data quality and identify emerging needs or patterns not captured in formal service units.

All collected data is entered into **WellSky Aging & Disability**, the BOA-designated statewide Management Information System (MIS). This platform is used by WCAAA for all service categories, including:

- Title III-B Supportive Services
- Title III-C Nutrition Services
- Title III-D Disease Prevention
- Title III-E Caregiver Support
- CHOICES, SMP, MIPPA, and other discretionary grants

Each program maintains detailed client records that include demographics, service history, and outcome measures, allowing for robust longitudinal tracking.

To ensure timely and accurate reporting:

- WCAAA enforces **monthly data entry deadlines**, with all service records for the prior month required to be entered into WellSky by the **15th of the following month**.

- For CHOICES and IR&A, staff and volunteer counselors are instructed to enter encounters into the system **within 48 hours** of client contact, whenever feasible.

WCAAA applies a layered quality assurance process to ensure data accuracy and completeness:

- Monthly internal data audits are conducted to flag missing or incomplete entries, especially in Form 5 submissions and IR&A records.
- Automated validation reports within WellSky are reviewed to detect outliers, inconsistencies, or records lacking required fields.
- Program leads and grant managers monitor contractor compliance with data entry requirements and provide technical assistance where needed.
- Quarterly feedback is provided to contracted providers summarizing data quality trends and offering guidance for correction or training.

WCAAA regularly updates its data protocols in alignment with BOA guidelines and provides:

- Ongoing training to staff, volunteers, and provider agencies on Form 5 completion, IR&A documentation, and WellSky usage.
- One-on-one coaching for new team members and provider staff to reinforce best practices in real-time data entry and client confidentiality.

e. Evaluation of Target Achievement

WCAAA employs a structured, data-driven approach to evaluate whether service delivery targets for older adults and individuals with disabilities have been met across its 41-town Planning and Service Area (PSA). These evaluations are essential to ensuring program accountability, equitable service access, and continuous improvement.

Targets for each program year are established based on:

- Demographic data from the Decennial Census and American Community Survey (ACS)
- WCAAA's internal utilization and service history (via WellSky Aging & Disability)
- Community feedback from surveys, public input, and municipal partnerships
- BOA guidance and priority population benchmarks

Targets are disaggregated by service type, geographic area, and priority population group (e.g., low-income minority, LEP individuals, rural older adults, caregivers, etc.).

WCAAA determines whether annual targets were met using the following mechanisms:

1. **WellSky Data Analysis**
   Monthly and quarterly data from the WellSky MIS system are analyzed to compare actual service units delivered and client counts against established targets. Data includes:
   - Unduplicated client counts
   - Service units (e.g., meals delivered, transportation rides)
   - Demographic breakdowns by age, race/ethnicity, language, income, and geography
2. **Provider Performance Reviews**
   Contracted providers submit **Form 5** and quarterly progress reports. These are reviewed to assess:
   - Output achievement (service volume vs. target)
   - Outcomes (e.g., client satisfaction, reduced isolation, caregiver burden alleviation)
   - Target population reach (percent of clients from underserved groups)

3. **Monitoring Priority Group Penetration**
   WCAAA compares the proportion of individuals served from each priority group with their representation in the PSA population. For example:
   - If 20% of the PSA population is considered a low-income minority, WCAAA aims to meet or exceed that proportion in service delivery.
4. **Annual Evaluation Reports**
   End-of-year evaluations are conducted by program managers and the planning department to document:
   - Goals met, exceeded, or underachieved.
   - Barriers contributing to unmet targets (e.g., staffing shortages, transportation limits)
   - Corrective actions and technical assistance plans

Input from advisory councils, providers, town agents, and consumers is collected to validate quantitative findings and identify service gaps not captured through MIS alone.

When service delivery targets are not met, the Western Connecticut Area Agency on Aging (WCAAA) takes timely and strategic corrective actions to improve performance and address service gaps. These corrective measures may include offering additional technical assistance and training to providers, particularly in areas such as data entry, program reporting, and outreach to underserved populations.

WCAAA may also adjust outreach strategies to improve engagement in communities or demographic groups that are underrepresented in service delivery. In response to shifting demand or unforeseen barriers, the agency is prepared to reallocate resources mid-year, ensuring that funding and support are directed where they are most needed. Finally, WCAAA will revisit and refine performance targets when necessary to ensure that they remain both realistic and equitable, based on updated data and changing community conditions.

This responsive, data-informed approach enables WCAAA to uphold its commitment to service quality, equity, and continuous improvement across the Planning and Service Area.

The Western Connecticut Area Agency on Aging (WCAAA) maintains comprehensive policies and procedures to ensure the quality, effectiveness, and fiscal integrity of all programs funded and administered within its 41-town Planning and Service Area (PSA). These policies govern how the agency evaluates and monitors both direct service programs and subrecipient activities to fulfill the intent of the Older Americans Act (OAA) and ensure compliance with applicable federal and state regulations.

C. Quality Management

WCAAA maintains a comprehensive quality management system designed to ensure effectiveness, accountability, and community impact of its programs. This system integrates ongoing programmatic and fiscal oversight with outcome-based evaluation and stakeholder engagement.

As part of this framework, program performance is evaluated annually using a combination of outcomes-based metrics, service utilization data, and progress reports submitted by subrecipients. These evaluations allow WCAAA to assess whether funded programs are meeting established objectives and reaching targeted populations.

To supplement this annual review, quarterly monitoring is conducted. All subrecipients are required to submit Form 5 and narrative reports that detail the number and type of service units delivered, progress made toward stated goals, demographic characteristics of clients served, and any operational challenges encountered. This allows WCAAA to identify trends, address issues early, and provide technical assistance where needed.

In addition, WCAAA conducts monthly financial reviews to ensure fiscal accountability. Subrecipients are required to submit monthly fiscal reports documenting expenditures, which are then reviewed for

allowability, consistency with approved grant budgets, and compliance with timeliness requirements. This process helps maintain alignment between financial activity and programmatic goals.

Finally, WCAAA performs a community impact review to ensure that programs not only meet contractual targets but also deliver measurable benefits to older adults and caregivers across the region. These reviews examine indicators such as increased access to services, reductions in social isolation, enhanced caregiver support, and participation in health promotion programs. This data-driven approach ensures that WCAAA-funded initiatives continue to produce meaningful, real-world outcomes aligned with the agency's mission.

To ensure full compliance with **2 CFR Part 200, Subpart F** and **45 CFR Part 75, Subpart F**, the WCAAA implements a structured and initiative-taking approach to monitoring and evaluating its subrecipients. These activities ensure the proper use of federal funds, program integrity, and alignment with the goals of the Older Americans Act (OAA).

1. Subrecipient Risk Assessment (Pre-Award and Annual)

Before awarding any grant and on an annual basis, WCAAA conducts a comprehensive risk assessment of each subrecipient. This evaluation is designed to identify the likelihood of noncompliance and inform the level of monitoring needed. The assessment includes a review of the subrecipient's financial capacity, prior performance, organizational history with federal funding, staff turnover, technical capability, and outcomes from previous audits or monitoring visits.

2. Review of Policies and Procedures

WCAAA performs formal reviews of each subrecipient's operational policies to ensure adherence to federal and state standards. These reviews include an assessment of financial policies and internal controls, procurement and personnel procedures, client recordkeeping and confidentiality protocols, and governance and reporting frameworks.

3. Subrecipient Audits and Site Visits

All subrecipients are monitored at least once every two years through a formal Subrecipient Audit, conducted by WCAAA's program and fiscal monitoring team. These reviews are comprehensive, addressing fiscal accountability, programmatic performance, and compliance with OAA regulations. Additionally, WCAAA ensures that all subrecipients who meet the federal threshold for Single Audits complete them in accordance with federal guidelines. Submitted audit reports are reviewed for findings. If any findings are identified, the subrecipient is required to develop and submit a Corrective Action Plan (CAP) outlining the steps being taken to address the deficiencies. Subrecipients identified as high-risk are subject to more frequent monitoring, including annual audits.

These monitoring protocols reinforce WCAAA's commitment to stewardship, transparency, and quality assurance in the administration of federal and state aging programs.

4. Ensuring Compliance with Grant Terms

WCAAA's Grants Management Team ensures all funded activities are aligned with the terms and conditions of the award, including maintaining documentation that clearly outlines deliverables, target populations, and allowable costs. Expenditure is consistent with approved budgets and grant purposes. Requiring certification from subrecipients on the use of grant funds. Providing training and technical assistance to enhance compliance

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IV. Continuous Quality Improvement

The WCAAA's commitment to accountability and continued improvement across all operations is reflected in its comprehensive quality management system, which aligns with federal and state requirements while promoting transparency, responsiveness, and community impact.

To remain current and compliant, WCAAA routinely updates its monitoring tools and internal checklists in accordance with guidance from the Connecticut Bureau of Aging (BOA). These tools support

consistent oversight of both direct service programs and subrecipients, ensuring that performance and fiscal management standards are met.

The agency also convenes semi-annual grantee meetings, uniting contracted partners to review updates to compliance protocols, funding requirements, and programmatic expectations. These sessions foster open communication, capacity-building, and shared understanding across the provider network.

In addition, WCAAA actively collects stakeholder feedback, including insights from program participants, municipal partners, and community organizations—regarding the performance of subrecipients. This input plays a critical role in guiding contract renewal decisions and identifying opportunities for technical assistance or program refinement.

To inform its ongoing planning and oversight efforts, WCAAA draws on data from the WellSky Aging & Disability system as well as monthly service and financial reporting from all providers. These sources help the agency monitor trends, detect service disparities, and identify emerging best practices across its 41-town Planning and Service Area.

WCAAA's quality management system ensures that all Older Americans Act (OAA) core programs and related services:

- meet federally mandated performance and fiscal accountability standards.
- are delivered by capable and responsive partners.
- are evaluated through a fair, data-driven monitoring process; and
- achieve measurable, meaningful outcomes that enhance the lives of older adults and individuals with disabilities across the region.

This commitment to continuous quality improvement strengthens public trust and ensures that WCAAA remains a leader in aging services—both as a funder and a convener of excellence in care.

d. Area Plan Development Process

The WCAAA employs a comprehensive and participatory approach to the development of its Area Plan, ensuring full alignment with the requirements set forth in the Older Americans Act (OAA) and the Connecticut State Bureau on Aging. This process is grounded in inclusive community engagement, collaborative stakeholder input, robust data analysis, and a continuous commitment to meeting the evolving needs of the region's older adults, caregivers, and individuals with disabilities.

Development of the 2025–2028 Area Plan was formally launched in Fall 2024 and followed a structured, multi-phase planning model. WCAAA convened a multidisciplinary planning team composed of program leads, data analysts, fiscal staff, and executive leadership. This team oversaw the planning framework, coordinated data collection, and facilitated stakeholder outreach.

Stakeholder Engagement and Outreach

WCAAA prioritized broad engagement to ensure the plan reflected diverse community voices. Surveys and facilitated community forums were used to solicit input from key populations, including:

- Older adults residing in both rural and urban communities
- Individuals with disabilities
- Family caregivers
- Municipal agents, town social workers, and senior center directors
- Nonprofit and community-based service providers
- Members of the WCAAA Advisory Council and Board of Directors

Public Feedback Mechanisms

To enhance transparency and inclusivity, WCAAA deployed multiple channels for public feedback:

- A strategic planning consultant was engaged to coordinate outreach and facilitate collaboration among community members, WCAAA staff, the Board of Directors, and the Advisory Council.
- Feedback sessions were integrated into quarterly Regional Leadership meetings.

- Announcements and participation opportunities were promoted through WCAAA's website, social media, newsletters, and partner publications.
- Listening sessions were held throughout the planning and service area, targeting both rural and urban municipalities to ensure equitable access to the planning process.

This multifaceted approach reflects WCAAA's ongoing commitment to regional collaboration, systems alignment, and evidence-based planning as it prepares to meet the complex and growing needs of older adults across Western Connecticut in the years ahead.

To ensure that its 2025–2028 Area Plan is rooted in real-world insights and grounded in evidence, the WCAAA utilized a variety of tools and data sources to assess both community needs and provider capacity. This multi-dimensional approach captured both quantitative service trends and qualitative feedback from stakeholders across the region.

One of the cornerstone instruments was the 2025 Community Feedback & Assessment Survey, a comprehensive 35-question questionnaire send out to partner organizations and community agencies. This survey gathered both qualitative and quantitative input on unmet needs, emerging trends, barriers to service access, and perceptions of WCAAA's effectiveness and visibility within the aging network.

In addition to stakeholder feedback, WCAAA conducted an extensive Form 5 and IR&A data review, analyzing demographic data, unit service volumes, and contact logs submitted by providers and entered into the WellSky Aging & Disability platform. This analysis provided detailed insight into service utilization patterns by town, program type, and priority population.

WCAAA also leveraged WellSky system-generated reports to evaluate client characteristics, service reach, and program performance across all Title III programs. These internal data analytics tools were critical in identifying geographic disparities, monitoring outcomes, and guiding future investments.

To supplement agency data, WCAAA relied on public demographic resources such as the 2020 Decennial Census and the 2018–2022 American Community Survey (ACS) 5-Year Estimates. These datasets provided valuable information on poverty rates, disability prevalence, language access, and rural/urban population distributions across the 41-town Planning and Service Area.

Finally, WCAAA engaged in provider and staff consultations throughout the planning process. Program managers, municipal agents, and frontline staff contributed firsthand observations about changing client needs, service delivery barriers, and emerging trends that are not always captured through formal data collection.

Together, these tools and perspectives allowed WCAAA to construct a holistic understanding of regional needs, ensuring that the Area Plan is both data-informed and grounded in lived experience.

The development of WCAAA's 2025–2028 Area Plan was grounded in a thorough analysis of diverse quantitative and qualitative data sources to ensure that planning decisions are responsive, equitable, and evidence-based. A wide array of datasets and community insights were synthesized to identify needs, assess service gaps, and prioritize future investments.

Key materials and sources analyzed during the planning process included:

- Regional demographic and geographic trends, disaggregated by town and subregion, to assess shifts in aging populations, rural density, income levels, and population growth.
- Service delivery volumes and utilization data across core programs and providers, which helped to reveal underused services, high-performing interventions, and geographic disparities in access.
- Documented unmet needs, particularly those categorized by social determinants of health such as housing stability, food security, mobility, and social connectedness.
- Barriers to access, including transportation limitations, affordability challenges, language access, and cultural responsiveness—all of which disproportionately affect marginalized populations.

- Stakeholder feedback, collected from municipal leaders, nonprofit service providers, older adults, and caregivers, which provided local context and validation for the quantitative findings.
- Subrecipient evaluations, including performance audits and program reviews, which assessed effectiveness, community impact, and progress toward equity in service delivery.

All data was reviewed through an equity lens to ensure prioritization of services for individuals with the greatest economic and social need. This included focused attention on populations who are low-income, members of racial or ethnic minority groups, residents of rural communities, individuals with limited English proficiency (LEP), people with disabilities, and LGBTQ+ older adults.

This comprehensive, inclusive approach ensures that the Area Plan reflects the real conditions and challenges facing Western Connecticut's aging population—and that WCAAA's strategies are rooted in both evidence and equity.

The plan was drafted by WCAAA's planning team in early 2025, reviewed by executive leadership, and shared with the WCAAA Advisory Council for comment. It was finalized following a public comment period and approved by the Board of Directors prior to submission to the State Bureau on Aging. This collaborative and evidence-based approach ensures the Area Plan accurately reflects the strengths, challenges, and opportunities across Western Connecticut's aging network.

VI. Goals, Objectives, Strategies and Measures

❖ Goal 1: Long Term Services and Support

Empower older adults to reside in the community setting of their choice.

Objective 1: Strengthen the aging network by promoting a person-centered approach and equitable access to services within a No Wrong Door (NWD) framework.

Strategy 1: Require training for I&R/A, CHOICES, and Service Navigator staff to align with policy and person-centered principles. *(Ongoing through 2028)*
Short-term outcome*:* Increased knowledge and cultural responsiveness among frontline staff.
Performance: 100% of staff trained annually in person-centered practices.

Strategy 2: Expand outreach and culturally responsive communication targeting low-income, rural, LEP, and LGBTQ+ older adults. *(By 2026)*
Medium-term outcome: More equitable service reach and increased community awareness.
Performance measure: 10% increase in clients served from high-need zip codes.

Strategy 3: Invest in Magazine and virtual outreach (e.g., storytelling, educational materials, events in fifteen underserved towns. *(2025–2028)*
Long-term outcome*:* Higher utilization of community-based supports among underserved older adults.
Performance Measure: fifteen service/educational events held in rural towns.

Objective 2: Empower and assist caregivers of older adults.

Strategies: Maintain and distribute Caregiver Program materials to caregivers. *(By 2025)*
Medium-term outcome: Caregivers have more accessible and consistent support materials.
Performance Measure: Caregiver guides distributed to 260 individuals.

Strategies: Develop caregiver resource roadmaps and public awareness campaigns. *(By 2026)*
Medium-term outcome: Caregivers have more accessible and consistent support materials and awareness.
Performance Measure: Twelve public engagements focused on caregiver awareness.

Strategies: Create a regional caregiver coalition to enhance cross-sector coordination. *(By 2027)*
Long-term Outcome*:* Better navigation of services and reduced caregiver burnout.
Performance Measure: Twelve coalition participants and one initiative launched.

Objective 3: Expand dementia-capable services and support.

Strategy: Deliver Alzheimer's Disease and Related Dementias (ADRD)-specific training for providers and staff. *(Bi-Annually)*
Short-term outcome: Providers understand dementia-inclusive practices.
Performance Measure: Two ADRD trainings completed annually by Caregiver staff.

Strategy: Participate in regional meetings and convene shareholders on gaps in service around dementia care. *(2025–2028)*
Medium-term outcome: Improved coordination among ADRD service providers.
Performance Measure: Number of cross-sector regional meetings convened or attended annually that include stakeholders focused on ADRD.

Strategy: Promote dementia-friendly initiatives and communities across towns through media platforms. *(Ongoing)*
Long-term outcome*:* Older adults with dementia are supported in inclusive, age-friendly communities.
Performance Measures: Increased number of towns promoting dementia-friendly initiatives

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❖ Strategic Goal 2: Healthy Aging

To provide older adults with prevention and wellness opportunities.

Objective 1: Increase access to evidence-based wellness programs in underserved areas.

Strategy: Offer 40+ CDSMP workshops across urban and rural locations. *(2025–2028)*
Short-term outcome*:* Older adults gain knowledge in chronic disease self-management.
Performance Measures: The number of workshops held and completers by language/region.

Strategy: Translate wellness materials and classes into Spanish and Portuguese. *(By 2027)*
Medium-term outcome*:* Increased program attendance among underserved groups.
Performance Measures: Number of workshops held and completers by language/region.

Strategy: Partner with senior centers and public health networks to build holistic wrap around services. *(Ongoing)*
Long-term*:* Improved health outcomes and reduced hospitalizations among older adults.
Performance Measures: % of participants reporting improved health behaviors.

Objective 2: Address food insecurity and malnutrition.

Strategies: Prioritize home-delivered meals based on Greatest Social Need (GSN) and Greatest Economic Need (GEN) criteria. *(Ongoing)*
Short-term outcome*:* Reduced wait times for high-risk recipients.
Performance Measure: Percentage of home-delivered meal referrals for individuals with high. GSN/GEN scores (≥6) processed and initiated within 5 business days.

Strategies: Strengthen partnerships with food pantries and referral networks. *(2025–2027)*
Long-term outcome: Improved nutritional health among low-income and isolated seniors.
Performance Measures: % of clients reporting improved access to nutritious meals.

Objective 3: Advance health equity and reduce isolation.
Strategies: Expand outreach for congregate meals and social connection programming. *(Ongoing)*
Short-term outcome*:* Older adults participate more in social programs.
Performance Measures: Number of social programs held.

Strategies: Promote technology training and access tools to reduce digital isolation. *(By 2027)*
Long-term Outcomes*:* Increased connectedness and access to telehealth/virtual services.
Performance Measures: Increase in the % of clients using technology for health or engagement.

- **Strategic Goal 3: Elder Rights**

To protect elder rights and well-being, and prevent elder abuse, fraud, neglect, and exploitation.

Objective 1: Increase elder justice education and prevention outreach.

Strategies: Host public forums and educational events with CT Elder Justice Coalition (CEJC). *(Biannually)*
Short-term outcome: Greater public and provider knowledge of elder abuse prevention.
Performance Measures: Number of educational events and attendees

Strategies: Distribute elder abuse prevention materials through all subrecipients. *(Annually)*
Medium-term outcome*:* Increased community referrals for suspected abuse.
Performance Measures: Number of elder abuse prevention materials distributed.

Strategies: Train WCAAA and provider staff in abuse identification and response. *(Ongoing)*
Long-term Outcome: Reduced incidence of abuse and improved protection of elder rights.
Performance Measures: % of Caregiver staff trained in elder justice principles.

Attachment A

AREA PLAN ASSURANCES

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

Sec. 306. AREA PLANS

(a) Each area agency on aging designated under section 305(a)(2)(A) shall, in order to be approved by the State agency, prepare and develop an area plan for a planning and service area for a two-, three-, or four-year period determined by the State agency, with such annual adjustments as may be necessary. Each such plan shall be based upon a uniform format for area plans within the State prepared in accordance with section 307(a)(1).

Each such plan shall—

(1) provide, through a comprehensive and coordinated system, for supportive services, nutrition services, and, where appropriate, for the establishment, maintenance, modernization, or construction of multipurpose senior centers (including a plan to use the skills and services of older individuals in paid and unpaid work, including multigenerational and older individual to older individual work), within the planning and service area covered by the plan, including determining the extent of need for supportive services, nutrition services, and multipurpose senior centers in such area (taking into consideration, among other things, the number of older individuals with low incomes residing in such area, the number of older individuals who have greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals who have greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) residing in such area, the number of older individuals at risk for institutional placement residing in such area, and the number of older individuals who are Indians residing in such area, and the efforts of voluntary organizations in the community), evaluating the effectiveness of the use of resources in meeting such need, and entering into agreements with providers of supportive services, nutrition services, or multipurpose

senior centers in such area, for the provision of such services or centers to meet such need;

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services—

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

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

(3) (A) designate, where feasible, a focal point for comprehensive service delivery in each community, giving special consideration to designating multipurpose senior centers (including multipurpose senior centers operated by organizations referred to in paragraph (6)(C)) as such focal point; and

(B) specify, in grants, contracts, and agreements implementing the plan, the identity of each focal point so designated;

(4) (A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared —

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on—

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement, specifically including survivors of the Holocaust; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(6) provide that the area agency on aging will—

(A) take into account in connection with matters of general policy arising in the development and administration of the area plan, the views of recipients of services under such plan;

(B) serve as the advocate and focal point for older individuals within the community by (in cooperation with agencies, organizations, and individuals participating in activities under the plan) monitoring, evaluating, and commenting upon all policies, programs, hearings, levies, and community actions which will affect older individuals;

(C)(i) where possible, enter into arrangements with organizations providing day care services for children, assistance to older individuals caring for relatives who are children, and respite for families, so as to provide opportunities for older individuals to aid or assist on a voluntary basis in the delivery of such services to children, adults, and families;

(ii) if possible regarding the provision of services under this title, enter into arrangements and coordinate with organizations that have a proven record of providing services to older individuals, that—

(I) were officially designated as community action agencies or community action programs under section 210 of the Economic Opportunity Act of 1964 (42U.S.C. 2790) for fiscal year 1981, and did not lose the designation as a result of failure to comply with such Act; or

(II) came into existence during fiscal year 1982 as direct successors in interest to such community action agencies or community action programs;

and that meet the requirements under section 676B of the Community Services Block Grant Act; and

(iii) make use of trained volunteers in providing direct services delivered to older individuals and individuals with disabilities needing such services and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as

organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings;

(D) establish an advisory council consisting of older individuals (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in programs assisted under this Act, family caregivers of such individuals, representatives of older individuals, service providers, representatives of the business community, local elected officials, providers of veterans' health care (if appropriate), and the general public, to advise continuously the area agency on aging on all matters relating to the development of the area plan, the administration of the plan and operations conducted under the plan;

(E) establish effective and efficient procedures for coordination of—

(i) entities conducting programs that receive assistance under this Act within the planning and service area served by the agency; and

(ii) entities conducting other Federal programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b), within the area;

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental and behavioral health services (including mental health screenings) provided with funds expended by the area agency on aging with mental and behavioral health services provided by community health centers and by other public agencies and nonprofit private organizations;

(G) if there is a significant population of older individuals who are Indians in the planning and service area of the area agency on aging, the area agency on aging shall conduct outreach activities to identify such individuals in such area and shall inform such individuals of the availability of assistance under this Act;

(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate; and

(I) to the extent feasible, coordinate with the State agency to disseminate information about the State assistive technology entity and access to assistive technology options for serving older individuals;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the areawide development and implementation of a comprehensive, coordinated system for providing long-term care in home and community-based settings, in a manner responsive to the needs and preferences of older individuals and their family caregivers, by—

(A) collaborating, coordinating activities, and consulting with other local public and private agencies and organizations responsible for administering programs, benefits, and services related to providing long-term care;

(B) conducting analyses and making recommendations with respect to strategies for modifying the local system of long-term care to better—

(i) respond to the needs and preferences of older individuals and family caregivers;

(ii) facilitate the provision, by service providers, of long-term care in home and community-based settings; and

(iii) target services to older individuals at risk for institutional placement, to permit such individuals to remain in home and community-based settings;

(C) implementing, through the agency or service providers, evidence-based programs to assist older individuals and their family caregivers in learning about and making behavioral changes intended to reduce the risk of injury, disease, and disability among older individuals; and

(D) providing for the availability and distribution (through public education campaigns, Aging and Disability Resource Centers, the area agency on aging itself, and other appropriate means) of information relating to—

(i) the need to plan in advance for long-term care; and

(ii) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources;

(8) provide that case management services provided under this title through the area agency on aging will—

(A) not duplicate case management services provided through other Federal and State programs;

(B) be coordinated with services described in subparagraph (A); and

(C) be provided by a public agency or a nonprofit private agency that—

(i) gives each older individual seeking services under this title a list of agencies that provide similar services within the jurisdiction of the area agency on aging;

(ii) gives each individual described in clause (i) a statement specifying that the individual has a right to make an independent choice of service providers and documents receipt by such individual of such statement;

(iii) has case managers acting as agents for the individuals receiving the services and not as promoters for the agency providing such services; or

(iv) is located in a rural area and obtains a waiver of the requirements described in clauses (i) through (iii);

(9) provide assurance that -

(A) the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2019 in carrying out such a program under this title;

(B) funds made available to the area agency on aging pursuant to section 712 shall be used to supplement and not supplant other Federal, State, and local funds expended to support activities described in section 712;

(10) provide a grievance procedure for older individuals who are dissatisfied with or denied services under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including—

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(12) provide that the area agency on aging will establish procedures for coordination of services with entities conducting other Federal or federally assisted programs for older individuals at the local level, with particular emphasis on entities conducting programs described in section 203(b) within the planning and service area.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency—

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship; and

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used—

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(16) provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care;

(17) include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery;

(18) provide assurances that the area agency on aging will collect data to determine—

(A) the services that are needed by older individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019; and

(B) the effectiveness of the programs, policies, and services provided by such area agency on aging in assisting such individuals; and

(19) provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on those individuals whose needs were the focus of all centers funded under title IV in fiscal year 2019.

(b)(1) An area agency on aging may include in the area plan an assessment of how prepared the area agency on aging and service providers in the planning and service area are for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(2) Such assessment may include—

(A) the projected change in the number of older individuals in the planning and service area;

(B) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(C) an analysis of how the programs, policies, and services provided by such area agency can be improved, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the planning and service area; and

(D) an analysis of how the change in the number of individuals age 85 and older in the planning and service area is expected to affect the need for supportive services.

(3) An area agency on aging, in cooperation with government officials, State agencies, tribal organizations, or local entities, may make recommendations to government officials in the planning and service area and the State, on actions determined by the area agency to build the capacity in the planning and service area to meet the needs of older individuals for—

(A) health and human services;
(B) land use;

(C) housing;

(D) transportation;

(E) public safety;

(F) workforce and economic development;

(G) recreation;

(H) education;

(I) civic engagement;

(J) emergency preparedness;

(K) protection from elder abuse, neglect, and exploitation;

(L) assistive technology devices and services; and

(M) any other service as determined by such agency.

(c) Each State, in approving area agency on aging plans under this section, shall waive the requirement described in paragraph (2) of subsection (a) for any category of services described in such paragraph if the area agency on aging demonstrates to the State agency that services being furnished for such category in the area are sufficient to meet the need for such services in such area and had conducted a timely public hearing upon request.

(d)(1) Subject to regulations prescribed by the Assistant Secretary, an area agency on aging designated under section 305(a)(2)(A) or, in areas of a State where no such agency has been designated, the State agency, may enter into agreement with agencies administering programs under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act for the purpose of developing and implementing plans for meeting the common need for transportation services of individuals receiving benefits under such Acts and older individuals participating in programs authorized by this title.

(2) In accordance with an agreement entered into under paragraph (1), funds appropriated under this title may be used to purchase transportation services for older individuals and may be pooled with funds made available for the provision of transportation services under the Rehabilitation Act of 1973, and titles XIX and XX of the Social Security Act.

(e) An area agency on aging may not require any provider of legal assistance under this title to reveal any information that is protected by the attorney-client privilege.

(f)(1) If the head of a State agency finds that an area agency on aging has failed to comply with Federal or State laws, including the area plan requirements of this section, regulations, or policies, the State may withhold a portion of the funds to the area agency on aging available under this title.

(2) (A) The head of a State agency shall not make a final determination withholding funds under paragraph (1) without first affording the area agency on aging due process in accordance with procedures established by the State agency.

(B) At a minimum, such procedures shall include procedures for—

(i) providing notice of an action to withhold funds;

(ii) providing documentation of the need for such action; and

(iii) at the request of the area agency on aging, conducting a public hearing concerning the action.

(3) (A) If a State agency withholds the funds, the State agency may use the funds withheld to directly administer programs under this title in the planning and service area served by the area agency on aging for a period not to exceed 180 days, except as provided in subparagraph (B).

(B) If the State agency determines that the area agency on aging has not taken corrective action, or if the State agency does not approve the corrective action, during the 180-day period described in subparagraph (A), the State agency may extend the period for not more than 90 days.

(g) Nothing in this Act shall restrict an area agency on aging from providing services not provided or authorized by this Act, including through—

(1) contracts with health care payers;

(2) consumer private pay programs; or

(3) other arrangements with entities or individuals that increase the availability of home and community-based services and supports.

Spring Raymond, President/CEO
Wester CT Area Agency on Aging, Inc.

May 1, 2025
DATE

ATTACHMENT B

EMERGENCY PREPAREDNESS PLAN

WCAAA has a Business Continuity Plan ("BCP") that has been shared with and is accessible to the Management Team and the Executive Committee of the Board of Directors. The BCP identifies critical operations such as "Service Objectives" and "Essential Functions" and follows these objectives and functions through the following domains: Emergency Preparedness, Technology, Personnel, Financial, Restoration Plan, Plan Maintenance and Updating and Recovery Procedures. Examples of plan appendices include but are not limited to: Contact lists (employees, Board of Directors, State Unit on Aging), vendor lists, most current technology plan, insurance policies, and fiscal control manual. For the purposes of this Area Plan document only select portions are provided for brevity:

EMERGENCY PREPAREDNESS

Emergency Declarations may arise externally (e.g., Law Enforcement, Governmental agencies, and/or weather-related events; or internally from Management Team) in cases of agency or location-specific events such as fire, power-outage, or staff-related emergencies. In all cases, the Management Team is responsible for the communication of the Emergency Declaration to staff, the Board of Directors, the Advisory Council, the State Unit on Aging

	Communication	Consumer Facing	Operational	Providers/Vendors	Situation Reporting ASD/SUA (In chronological order of contact)
EXEC. DIR.	X	X	X	X	1
HOMECRE DIR.	X	X	X	X	4
FINANCE DIR.	X	X	X	X	2
HR/FINANCE	X		X	X	3

STAKEHOLDER COMMUNICATION

Stakeholder groups include Board of Directors, Advisory Council, Funders, Legislators, Grantees and Providers. The Executive Director will be responsible for crafting and delivering the messaging

to all stakeholders. Methodology will depend on nature and potential duration of business disruption. Methodologies include:

- Telephone call *
- Email
- ZOOM meeting
- Electronic Newsletter/Alert
- Social Media: Facebook, Twitter
- Website

*Also, out of office messages will be left on the WCAAA main line number with the necessary information as well as out-of-office messages on individual telephones and emails.

PERSONNEL

- Staff are expected to work together, to remain calm, and to assist each other in any way possible.
- All HIPPA guidelines and expectations remain in effect.
- Staff emergency contact information reviewed annually and new-hires' information added to contact list on an ongoing basis.
- In accordance with WCAAA's Telework Agreement, all functions of an employee's job shall be performed as if the employee was seated in the office. Telework Agreements signed and returned effective 1/11/21. Employees hired post-1/11/21 will receive the Telework Agreement in his/her new-hire paperwork.

RESTORATION PLAN

Management team maintains, controls, and periodically checks on all the records that are vital to the continuation of business operations and that would be affected by facility disruptions or disasters. The teams periodically back up and store the most critical files on-site.

TECHNOLOGY

WCAAA has effectively created an infrastructure that no longer requires an on-ground hub/presence for technology.

Technology Plan is reviewed annually with Technology Vendor to ensure systems are adequate and up to date. All deficiencies are addressed and expenditures/budget impact discussed proactively. Long-term strategy is also discussed.

RECOVERY PROCEDURES

WCAAA Management Team relays plans to return to office to Board of Directors, or to Executive Committee in the event of time constraints. WCAAA Management Team determines when conditions support return to office. Factors used to make this determination:

- Employee safety
- Contract deliverable achievement
- Customer service
- Cessation of over-arching Major Disaster Declaration

DISASTER STEPS/CHRONOLOGY

1. Disaster Occurrence
2. Notification of Management
3. Preliminary Damage Assessment
4. Declaration of Disaster
5. Plan Activation
6. Relocation to Alternate Site
7. Implementation of Temporary Procedure(s)
8. Establishment of Communication
9. Restoration of Data Process and Communication with Backup Location
10. Commencement of Alternate Site Operations
11. Management of Work
12. Transition Back to Primary Operations
13. Cessation of Alternate Site Procedures
14. Relocation of Resources Back to Primary Site

1. Since the last area plan period, the WCAAA has not been involved with the 41 towns' emergency planning mechanisms as senior center directors and municipal agents have assumed that responsibility as formal town agents. However, through our provider network meetings that **include senior center and other municipal representatives, we are aware of emergency procedures** for our towns. Western area municipalities have also developed relationships among small towns and share services and information through small regional units. That practice allows for sharing of equipment and facilities such as shelters that are handicapped accessible, allow animals, can accommodate wheelchairs or people who are oxygen dependent. While the WCAAA does not have responsibility for providing or planning emergency services, we share our emergency protocols with our towns through the senior centers and municipal agents via email blasts prior to weather issues, WCAAA Insider newsletter articles and website announcements. In our application process for Title III and State match funds, we request emergency plans & protocols from our grantees/contractors so that we are aware of their office procedures as they impact on our financed services. The WCAAA has two Disaster Communications Officers as they relate to the CHCP and remainder of Agency (Title III, Resident Service Coordinators). While the WCAAA's Executive Director is the Disaster Communications Officer for the Agency, the CHCP Director works directly with the Executive Director to communicate with CHCP and ABI staff as well as contractors.

2. Members of the general public obtain information from the following:

    - WCAAA Insider newsletter articles
    - WCAAA Website
    - Email blasts to towns
    - Message on WCAAA main telephone number
    - Posters provided to Resident Service Coordinators for distribution to their towns and housing residents.

- Radioed message on WATR radio whose distribution includes 41 towns; office closure is also published on three Connecticut TV stations (WVIT, WFSB, WTNH).

Wide distribution of emergency preparedness booklets prepared by the WCAAA and distributed to the towns and housing sites. All CHCP clients receive the pamphlet and copies are included in caregiver packets for other programs.

Prior to weather emergencies, clients of the CHCP are contacted by their Care Managers and reminded of emergency WCAAA procedures. Clients are also asked if prescription drugs are available for one week and if not, arrangements are made for prescription drugs to be delivered. Care Managers also make sure that clients have ample food for several days and may arrange for shelf stable meals to be delivered. A list of shelters is also provided to CHCP clients at the beginning of winter. Clients have access to an Emergency Worker who is available on a 24-7 basis by phone to deal with true emergency situations.

Residents who are in housing complexes with a WCAAA RSC have the cell phone number of the RSC for emergencies. However, the RSCs also distribute flyers with housing complex emergency procedures, local shelters and emergency transporters to their residents who receive emergency meals if desired. Participants in the National Family, Money Follows the Person and Alzheimer's Respite Care Programs who do not have local caregiver support receive telephone calls from WCAAA staff or volunteers prior to weather emergencies with reminders on prescription drugs and for checks on food availability.

Meals on Wheels participants comprise another group deserving of special attention prior to weather emergencies as these are typically the frailest seniors. In our initial telephone process with the senior (or family member), WCAAA staff obtains enough

information to determine risk. Questions are subtly asked about family and/or neighbor support and a list is maintained at the WCAAA office of MOW seniors who might need reminders or warning about weather emergencies. The WCAAA's Registered Dieticians confirm the information during home-based client assessments. Seniors who indicate that Municipal Agents can be notified about their homebound status usually receive telephone calls from municipal officials prior to weather emergencies. Some Meals on Wheels participants are contacted by the three Elderly Nutrition Projects to assess need for shelf stable meals and provide information on local shelters. MOW participants receive shelf stable meals as well as extra Boost if desired.

The WCAAA is then notified if MOW participants are moved to reside temporarily with family members or shelters. Some western area towns maintain lists of vulnerable seniors and younger persons with disabilities so that contact can easily be made with fire and police departments. Meals on Wheels participants are asked by the WCAAA staff if they wish to have their town senior center or Municipal Agent notified of their MOW status. If agreeable, WCAAA staff notify the town specific senior center or Municipal Agent and the MOW participant is added to the town's vulnerable person list for follow up in emergencies by fire and police departments. Several western area towns refer these names to their senior centers for follow up and that list is then maintained by the participating senior center.

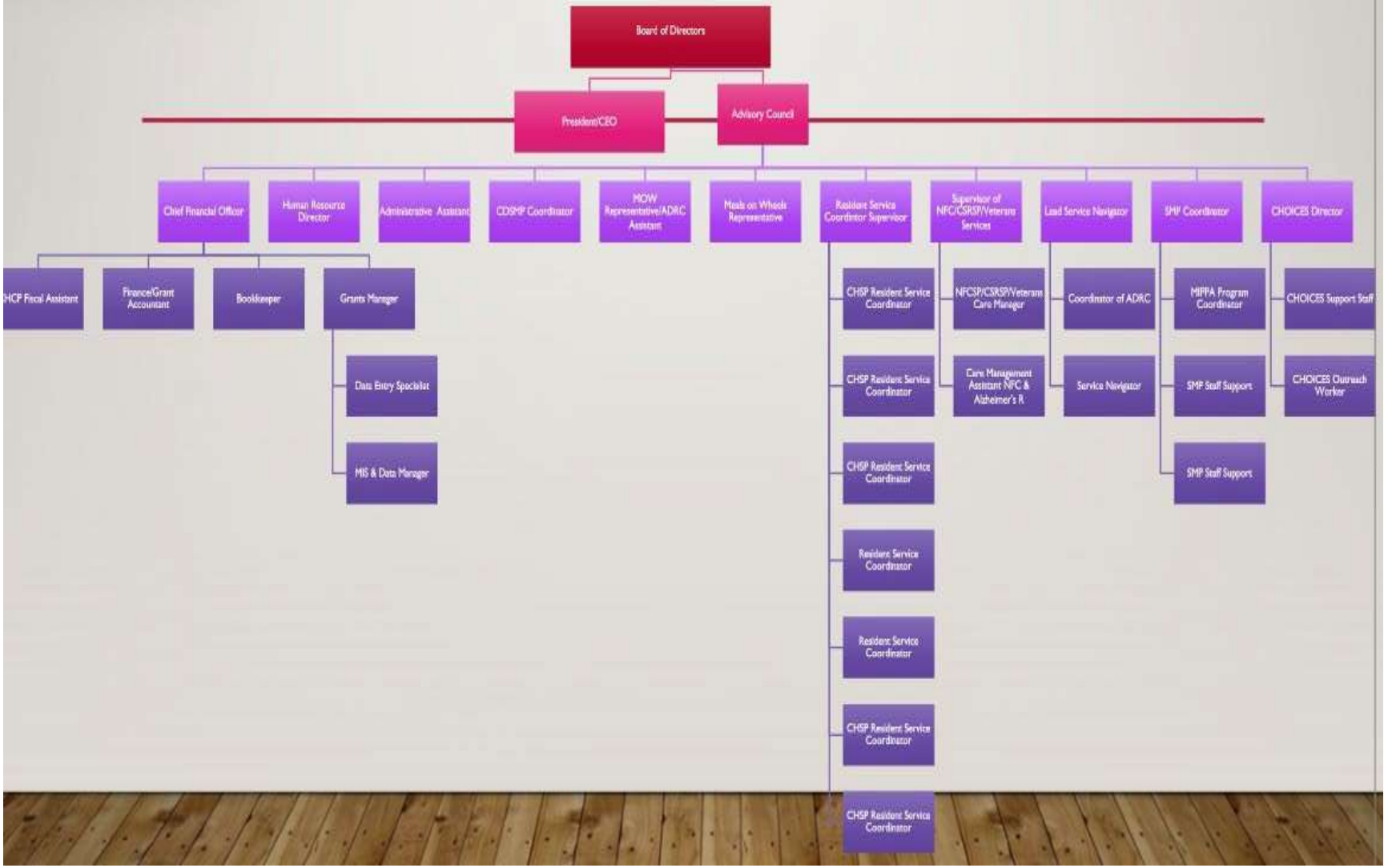
The following is the WCAAA's process for weather related emergencies as well as situations that might arise with office closure impact: The WCAAA Executive Director calls Finance or Human Resource Director at 5:45 on affected day to determine if office is open at 8:00 or delayed opening;

Director of Finance makes arrangements for telephone system; HR Director notifies TV stations of office closure or delayed opening and also places information on WCAAA

website in “for employees only category.” The Director of CHCP, ABI and MFP notifies those staff individually through texts/emails.

Thew WCAAA Executive Director notifies WCAAA Board of Directors and SUA by email of Agency closure or emergencies. The following is the WCAAA’s process for emergencies related to serve problems: employees receive calls to their cell phones and if employees are in office at time of emergency, a general announcement is also made. In the event of power outage that affects WCAAA office functions, employees are still required to come to work. Cell phones are provided or employees can be reimbursed for agency related calls. Out stationed employees such as Resident Service Coordinators are required to call the WCAAA’s Executive Director, Director of Finance or Director of Human Resources to log in and out times as well as provide a status report on their work sites.

WCAAA ORGANIZATION CHART



	Focal Point	Contact	Email	Address	Phone Number
1	Barkhamsted Senior Center	Dave Roberts	Granbydavidroberts@gmail.com	67 Ripley Hill Road, Barkhamsted, CT 06063	(860) 738-1264
2	Bridgewater Hilltop Senior Center	Kathy Creighton	kathy.bwsc@gmail.com	132 Hut Hill Road, Bridgewater, CT 06752	(860) 355-3090
3	Brookfield Senior Center	Ellen Melville	emelville@brookfieldct.gov	100 Pocono Road, Brookfield, CT 06804	(203) 775-5308
4	Cheshire Senior Center	Stefanie Theroux	stheroux@cheshirect.org	240 Maple Ave Cheshire, CT 06410	(203) 272-3162
5	Danbury Public Library	Katharine Chung	kchung@danburylibrary.org	170 Main Street, Danbury, CT 06810	(203) 797-4505
6	Edward E. Sullivan Senior Center	Joel Sekorski	joel_sekorski@torringtonct.org	88 East Albert St Torrington, CT 06790	(860) 489-2211
7	Fall Avenue Senior Center	Laura Garay	garay@watertownct.org	311 Falls Avenue Oakville/Watertown, CT 06779	(860) 945-5250
9	Grace Meadows	Nancy Gotschlich	ngotschlich@ehmchm.org	380 North Poverty Road, Southbury, CT 06488	(203) 264-3228
10	The Hispanic Coalition of Greater Wtby	Natalie Rosado	nrosado@thehispaniccoalition.org	135 East Liberty Street, Waterbury, CT 06706	(203) 754-6172
11	Hotchkiss Library of Sharon	Gretchen Hachmeister	ghachmeisterphd@gmail.com	10 Upper Main Street, Sharon, CT 06069	(860) 364-5041
12	Independence Northwest	Eileen Healy	eileen.healy@indnw.org	1183 New Haven Road, Suite 200, Naugatuck, CT 06770	(203) 729-3299
13	Town of Kent Social Services	Samantha Hasenflue	socialservices@townofkentct.org	41 Kent Green Blvd, Kent, CT 06757	(860) 927-1586
14	Middlebury Senior Center	JoAnn Cappelletti	jcappelletti@middlebury-ct.org	1172 Whittemore Road Middlebury, CT 06762	(203) 577-4166
15	Naugatuck Senior Center	Harvey Leon Frydman	HFrydman@naugatuck-ct.gov	300 Meadow Street Naugatuck, CT 06770	(203) 720-7069
16	New Fairfield Senior Center	Kathy Hull	khull@newfairfieldct.gov	Heritage Plaza, 33 Route 37 New Fairfield, CT 06812	(203) 312-5665

17	New Milford Senior Center	Jasmin Marie J. Ducsin-Jara	jducusin@newmilfordct.gov	40 Main St New Milford, CT 06776	(203) 355-6075
18	New Opportunities, Inc.	Judy Tallman	JTallman@newoppinc.org	232 North Elm Street, Waterbury, CT 06702	(203) 575-9799
19	Newtown Senior Center	Natalie Griffith	natalie.griffith@newtown-ct.org	8 Simpson Street, Newtown, CT 06470	(203) 270-4310
21	Regional YMCA of Western CT	Lisa O'Connor	loconnor@regionalymca.org	2 Huckleberry Hill Road, Brookfield, CT 06804	(203) 775-4444
22	Sherman Senior Center	Suzette Berger	seniorcenter@townofshermanct.org	8 Route 37 Center, Sherman, CT 06784	(860) 354-2414
23	Sherman Social Services	Lynne Gomez	shermansocserv@gmail.com	8 Route 37 Center, Sherman, CT 06784	(860) 354-2414
24	Southbury Senior Center	Andrea Corcoran	acorcoran@southbury-ct.org	561 Main St South Southbury, CT 06488	(203) 262-0651
26	Waterbury Senior Center	Mira LeVasseur	mlevasseur@waterburyct.org	1985 East Main Street, Waterbury, CT 06705	(203) 574-6746
27	Winsted Senior Center	Jennifer Kelley	jkelley@townofwinchester.org	80 Holabird Ave Winsted, CT 06098	(860) 379-4252
28	Woodbury Senior Center	Loryn Ray	lray@woodburyct.org	281 Main Street South, Woodbury, CT 06798	(203) 263-2828

Attachment E

WCAAA Area Plan 2025–2027: Summary of Accomplishments

The following is a summary of major accomplishments achieved by the Western Connecticut Area Agency on Aging (WCAAA) during the 2021–2025 planning period that contributed to meeting goals and objectives aligned with the Older Americans Act (OAA).

Goal 1: Empower Older Adults to Remain in the Community Setting of Their Choice

Expanded Access to In-Home and Community-Based Supports

- Provided over **47,770 hours of chore services** to 909 clients through $904,477 in awarded grants.
- Funded over **43,878 one-way transportation trips**, including 10,748 for medical purposes.
- Delivered **over 28,000 units of service** through the Congregate Housing Services Program (CHSP).

Support for Caregivers and Aging in Place

- Served **469 caregivers** through Title III-E and provided **95,000+ units of service** including respite care and support groups.
- Supported **326 clients** through the Statewide Respite Care Program with nearly **95,000 units** of service.

Strategic Initiatives

- Enhanced Resident Services Coordination at senior housing.
- Conducted in-person Medicare counseling at local access points including libraries and senior centers.
- Expanded CHSP to offer comprehensive supports in housing settings.

Goal 2: Implement Aging and Disability Answers (AgingCT)

Systems Integration and Navigation Support

- Fully integrated **Aging Answers** as part of the Aging and Disability Resource Center (ADRC) model.
- Onboarded and trained a full-time **Service Navigator** to assist clients with benefit enrollment and service planning.
- Adopted a statewide **Salesforce Client Management System** for coordinated case tracking.

Staff Development

- Cross-trained CHOICES, SMP, Navigation, and Resident Service Coordination staff.
- Implemented the "No Wrong Door" model to ensure seamless access to all programs.

Goal 3: Improve the Economic Security of Older Adults

Benefit Access and Housing Support

- Installed and monitored **7,248 Personal Emergency Response Systems (PERS)** for 293 clients.
- Provided **1,227 days of alternative housing support** to prevent homelessness.
- Assisted **4,742 individuals** through I&R/A with SNAP, energy assistance, and public benefits.

Medicare and Financial Assistance

- Enrolled **684 older adults** in Medicare Savings and LIS programs through MIPPA outreach.
- Delivered **20,800+ one-on-one Medicare counseling sessions** through CHOICES/SHIP.

Innovative Outreach

- Launched bilingual outreach through **radio, newsletters, and podcasts** to expand benefit awareness in underserved communities.

Goal 4: Promote Wellness and Prevention

Evidence-Based Health Programs

- Delivered **17 virtual CDSME workshops** including DSMP and Live Well.
- Launched the "Monitor My Health" program, which saw an **86% increase in service** delivery by 2024.

Nutrition and Health Education

- Reached **1,858 clients** with **3,818 units** of nutrition education, mostly targeting those at high nutritional risk.
- Offered health promotion tools under Title III-E for caregivers addressing stress and mental health.

Community Engagement and Media Presence

- Organized regional **health fairs** and **Western Compass** magazine to improve public awareness.
- Staff and board members delivered services and information to senior centers and focal points across the 41-town region.

Goal 5 & 6: Protect Elder Rights and Prevent Elder Abuse and Fraud

Legal Assistance and Advocacy

- Delivered **2,787 units** of legal assistance statewide.
- Launched **CFHC Legal Assistance Initiative** to serve additional clients.

Fraud Prevention and Elder Justice

- Expanded **SMP outreach** through bilingual media, community education, and fraud prevention toolkits.
- Conducted **Title III-B Elder Rights workshops** and public campaigns to raise awareness.
- Responded to **45 elder abuse-related I&R/A contacts** and equipped staff with referral tools.

Cross-Cutting Innovations and Strategic Progress

Organizational Strengthening

- Implemented succession planning, staff training, and board governance improvements.
- Launched strategic planning and increased board diversity.
- Established quarterly **Western CT Regional Leadership Breakfasts** to foster partnerships.

Technology Modernization

- Upgraded internal infrastructure and distributed tech kits via "Train-the-Trainer" model.
- Enhanced digital inclusion and remote access for older adults.

Emergency Preparedness and Lifeline Fund

- Advanced the **Lifeline Fund** to provide urgent financial assistance.
- Integrated emergency response partners into newsletters and trainings for future readiness.

WCAAA's coordinated approach, strong values, and adaptive leadership enabled the agency to meet the evolving needs of Western Connecticut's older adults and caregivers with resilience, equity, and innovation.

Title III-B
Information and Referral/Assistance and Service Navigator (ADRC) Waiver Request

AAA Name: Western CT Area Agency on Aging, Inc.
Date Submitted: 5/1/2025
Waiver Title: I&R/A and IW&CM
Time Period of Waiver (Federal Fiscal Years): 10/1/2025 – 9/30/2028
Geographic Area(s) Served: Northwest CT (41 Towns)

A. Narrative

1. **Program Waiver Justification:** In a brief paragraph, provide information regarding the need for the service(s) and need for the AAA to provide the service(s) directly. Include an explanation of how assurances in the Title III Waiver PI BOA-SPI-24-06 are met. *Address efforts made to identify community providers to provide the service.* Attach any relevant data to support or justify your need statements.

   The Western Connecticut Area Agency on Aging (WCAAA) is prepared and uniquely qualified to directly provide Information and Referral/Assistance (I&R/A) and Integrated Wellness and Case Management (IW&CM) services, and respectfully requests a waiver to do so on the basis of the agency's demonstrated capacity and commitment to continuity and quality of care. WCAAA has the necessary infrastructure, professional staff, and expertise to deliver these core services effectively, ensuring that older adults receive timely, accurate information and coordinated support through a single, trusted organization. Direct provision of both I&R/A and IW&CM by WCAAA will ensure continuity of care, as clients transition seamlessly from initial assistance to ongoing wellness and case management under one accountable entity. This integrated approach maintains consistent service quality and fosters efficiency and trust, whereas outsourcing these vital services to an external provider could introduce fragmentation, communication gaps, and reduced oversight that jeopardize care outcomes. Granting this waiver will allow WCAAA to leverage its full capacity to provide integrated, high-quality care, mitigating the risks of outsourcing and upholding the highest standards of service for the region's older adults.

2. **Narrative** (Provide separate narratives for each program – i.e. I &R/A & Service Navigator). Service Description: Provide a brief overview of each program to be provided in 1 paragraph. This should provide an overall picture of the program or services.

    a. I&R/A

        WCAAA will provide two services under the I&R/A waiver: information & assistance, and public education. The information & assistance service provides older adults with up-to-date information on available community opportunities and services. This service begins with a light screening of the individual's needs, followed by connecting them to the appropriate resources. Public education raises awareness of common issues facing older adults, drawing on insights gathered through the information & assistance service. WCAAA employs a variety of methods to deliver public education, ensuring that both services under I&R/A inform the public and older adults about programs that offer in-home services, long-term services and supports, financial assistance, Medicaid and Medicare eligibility, housing, transportation, food security, and age/disability-related matters.

    b. IW&CM

        The IW&CM program will provide case management and health counseling services directly through WCAAA's designated staff. These services will focus on supporting clients in actively following care plans and directives issued by their healthcare professionals. The program will emphasize client education and adherence in key areas such as medication compliance, participation in prescribed physical and social activities, nutritional discipline, and engagement in wellness measures designed to improve health status and quality of life. The IW&CM program is designed to deliver person-centered care with a structured approach that ensures consistent monitoring, follow-up, and adjustment of care plans as needed.

3. **Service Delivery:** Describe how the AAA will deliver the programs and associated service(s) in 4 paragraphs or fewer
    a. How will potential consumers be informed of and receive the service(s)?

        1. I&R/A

            Information and assistance services will be delivered in a manner and venue that best meets the needs of the consumer. These services may be provided via telephone, electronic communication, at a community location convenient to the consumer, in the home, or at the WCAAA office. However, the most common method of delivery is via telephone, largely due to referrals from agencies like 211 or senior centers within WCAAA's

designated region. Follow-up communication is typically conducted by phone but may also occur through email or postal mail, particularly when providing clients with reading materials for more detailed information on specific programs that may benefit them. For public education services, WCAAA disseminates information through presentations, radio talk shows, and newsletters. In-person presentations are most commonly held at senior centers, congregate meal sites, hospitals, housing authorities, health clinics, libraries, and other community centers. Currently, WATR Radio provides WCAAA with airtime once a month, allowing for public education through their AM/FM radio station. Additionally, WCAAA publishes a bi-monthly newsletter, The Insider, which is distributed to approximately 1,200 contacts in hard copy and about 1,000 contacts via PDF attachment in an email.

2. IW&CM

   Clients will be referred to the IW&CM program through hospitals and healthcare providers. WCAAA will establish formal partnerships with these institutions to facilitate secure and effective referral processes. The program anticipates enrolling approximately 20 new clients per month in its initial phase. Communication between healthcare professionals and WCAAA's team member will be established through direct and secure channels, ensuring clear articulation of each client's needs and goals. An initial session involving both health counseling and case management will be conducted via telephone or video conferencing when feasible. For clients identified as high-risk, or at the direction of the referring healthcare provider, an in-person home visit will be conducted. Following the initial session, clients will receive written materials outlining their monthly health goals and care plans. These materials will serve as the foundation for ongoing monthly follow-up sessions, where progress will be reviewed, and adjustments made as necessary.

b. How will service(s) be coordinated with other Title III-B services, Title III-E Information services (Public Education) and Assistance services (I&A) or other OAA services?

1. I&R/A

   Coordination of I&R/A services is managed through a structured referral process in which information specialists address client concerns while screening for eligibility across Title III-B and other OAA programs. Staff use a comprehensive internal database to connect clients to appropriate WCAAA programs or external agencies, providing direct referrals or detailed contact information as needed. Specialists also collaborate with other internal waiver staff—such as ADRC, CHOICES, Respite, Housing, LiveWell, MOW, and Caregiver programs—for follow-up on eligible cases. In addition to managing public inquiries and education events, staff partner across waivers to support outreach efforts such as health fairs. The CFO ensures timely reporting to the Bureau on Aging, and the President and CEO maintains overall program oversight.

2. IW&CM

   WCAAA staff will facilitate connections between the client and additional services as needed, including nutrition education providers, senior centers, fitness programs, or mental health professionals. During the intake and follow-up sessions, staff will introduce clients to available programs within WCAAA and community resources, ensuring informed decision-making on the part of the client regarding their care options. Coordination with these services will be implemented at the client's direction, supporting autonomy while maximizing available resources.

c. How will service(s) be targeted and tracked?

1. I&R/A

   Information and assistance services are recorded in a cloud-based Microsoft Form for each contact. Data from the MS Form is then extracted and entered into an Excel workbook provided by the Bureau on Aging, which is submitted on a quarterly basis. Public education services are tracked in an Excel workbook that includes details about each event, such as the event name, type of distribution, event date, location, approximate number of consumers reached, and the quantity or frequency of the

event. This workbook is also submitted to the Bureau on Aging on a quarterly basis, as required.

2. IW&CM

The IW&CM program will utilize Casebook as the client management software platform, where all client records, including Form5s, session notes, service units, and care plan progress, will be maintained. Monthly units of service will be manually transferred from Casebook to Grantee Gateway, where the Management Information System (MIS) team will ensure accurate data integration with WellSky. This system will support consistent data tracking and compliance with program reporting requirements.

d. Will the AAA require a new A&D provider or service be created?

WCAAA will not require a new Aging & Disability (A&D) provider or service for the I&R/A program. However, upon approval, a new A&D provider designation will be required for the IW&CM program, along with the establishment of two corresponding services under that provider.

4. **Staff Positions:** Provide a chart which clearly outlines the individual staff positions dedicated to this waiver including specific duties performed and the portion of FTE. If staff position works on other Title III programs, specify which programs and portion of FTE assigned to those programs.

Information and Referral/Assistance

Staff Position	Specific Duties Performed	Portion FTE
Information Specialist	Provision of Information & Assistance and Public Education	1.0
Information Specialist	Provision of Information & Assistance and Public Education	0.15

Service Navigator

Staff Position	Specific Duties Performed	Portion FTE
-	-	-
-	-	-

Other

Staff Position	Specific Duties Performed	Portion FTE
Wellness Services Coordinator	Provision of Health Counseling and Case Management	0.51

5. **Client Satisfaction:** Describe how client satisfaction is measured and how improvements are made when problems are identified. Provide a copy of the survey tool by October 1, 2025.

   a. I&R/A Client Satisfaction

   WCAAA will assess consumer satisfaction through surveys completed by the consumer or caregiver. These surveys will be distributed after services are rendered. For information and assistance services, surveys will be issued following the completion of information, assistance, and referral services. For public education services, surveys will be distributed at the conclusion of the event, whenever feasible. WCAAA staff will review all survey responses to identify trends or recurring issues. When written materials are provided, the survey form will also be included. Data from the consumer satisfaction surveys will be reviewed by the I&R/A program supervisor and presented to WCAAA's President and CEO, annually. The presentation will include an analysis of survey results and recommended changes to the program to better meet client needs and align with waiver goals.

   b. IW&CM Client Satisfaction

   Client satisfaction will be monitored through surveys administered via Microsoft Forms, provided to clients following the initial intake session. For clients who are unable to access email, paper surveys will be offered, with responses inputted into the Microsoft cloud-based survey system by WCAAA staff. The MIS team will have full access to survey data and client records, ensuring real-time monitoring of feedback. Survey results will be reviewed monthly to identify trends, successes, or any areas requiring immediate corrective action.

6. **Sub-Contract(s) (if applicable):** Describe plans for sub-contracting service components and how program requirements are being met. If components are sub-contracted, explain why staff cannot fulfill component.

   Programs or components under this waiver will not be subcontracted.

B. Service Levels

1. Service Numbers

Information and Referral/Assistance

Service	# of Individuals Served	# of Units	Title III-B Funds
Information & Assistance	4,565	4,565	84,463.20
Public Education*	1,170	78	21,115.80

Service Navigator

Service	# of Individuals Served	# of Units	Title III-B Funds
Application Assistance	-	-	-
Benefits Counseling	-	-	-
Case Consultation	-	-	-
Options Counseling	-	-	-

Other

Service	# of Individuals Served	# of Units	Title III-B Funds
Health Counseling	160	316	29,810.50
Case Management	160	316	29,810.50

Denotes a permissible aggregate service. All other services require individual registration and reporting

C. Data collection and reporting: Describe how the AAA will collect and report data for each service related to the program.

WCAAA utilizes an integrated data collection system to ensure accurate tracking and reporting for both its I&R/A and IW&CM programs. I&R/A interactions and public education events are recorded via Microsoft Forms and compiled in Bureau-compliant Excel workbooks for quarterly submission, with regular supervisory review for accuracy. IW&CM client data—including demographics, goals, and service notes—is managed in Casebook, with monthly service units manually transferred to Grantee Gateway and uploaded to WellSky. Satisfaction surveys for both programs are collected through Microsoft Forms, with results reviewed regularly to inform program improvements. This combined approach supports accountability, service quality, and compliance with all state and federal requirements.

D. Budget: Complete the following budget line-item in addition to the budget workbook. Complete the Budget workbook as provided by the BOA and submit to the BOA with the completed waiver request. The budget and budget narrative need to reflect the scope of

the work. Include the staff position name and FTE equivalent in the budget narrative section of the workbook. *Include expenses related to staff requirements such as trainings or certifications.*

1. **Summary**

Information & Referral/Assistance	105,579.00
Service Navigation	-
Integrated Wellness & Case Management	59,621.00
Title III-B Total of Programs	165,200.00
Match (at least 15%)	24,800.00
Program Income	-
Total Program	190,000.00
Other Resources	-
Grand Total	190,000.00

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

Spring Raymond _____ 5 / 1 / 2025

Signature of Area Agency Director Date

_____ _____

Signature of Authorized Official of Area Agency (Optional) Date

For ADS Use Only

_____ Waiver Request Approved _____

Time Period of Approved Waiver

_____ Waiver Request Denied

_____ _____

Signature of Authorized Official, Aging and Disability Services Date

Title III-C2 Waiver Request

AAA Name: Western CT Area Agency on Aging, Inc.
Date Submitted: 5/1/2025
Waiver Title: Nutrition Education and Counseling
Time Period of Waiver (Federal Fiscal Years): 10/1/2025 – 9/30/2028
Geographic Area(s) Served: Northwest CT (41 Towns)

Refer to Program Instruction BOA-SPI-24-06 for additional guidance.

A. BOA Guidance and Requirements

1. The following services will be permitted under this waiver:
    a. **Home Nutrition Education**: Nutrition education is provided to participants or caregivers in their place of residence. This is an intervention targeting eligible adults and caregivers that uses information dissemination, instruction, or training with the intent to support food, nutrition, and physical activity choices and behaviors (as they relate to nutritional status) to maintain or promote better health and address nutrition-related conditions. Nutrition Education can be delivered in-person, by a one-on-one phone call, conference call, or virtually by nutrition staff. Home nutrition education is overseen by a registered dietitian or individual of comparable expertise.
    b. **Nutrition Counseling**: A standardized service as defined by the Academy of Nutrition and Dietetics and provides individualized guidance to participants who are at nutritional risk because of their health, nutritional history, dietary intake, chronic illnesses, or medication use or are caregivers of such persons. Nutrition education is provided one-on-one by a registered dietitian and addresses the options and methods from improving nutrition status with a measurable goal.
    c. **Nutrition Assessment**: A nutrition assessment is the development of an individual profile of one's current nutritional status and the identification of nutritional deficiencies. This individualized profile includes but is not limited to, the nutritional risk score as identified on the Consumer Registration Form. A nutrition assessment is not required for all individuals; but is required to be conducted before a participant receives nutrition counseling. Nutrition assessments are completed for participants with a nutritional risk score of six or more in order to receive nutrition counseling. Nutrition assessments are completed for individuals where the approved nutrition education plan or currently approved nutrition waiver indicates prioritization of a different nutritional risk score or another identified factor. A nutrition

assessment is completed by a registered dietitian or other health professionals in accordance with state law and policy.

*NOTE: A nutrition assessment is required before the provision of nutrition counseling, but is not tracked as a separate service. A unit of nutrition assessment recorded in WellSky A&D must have a corresponding unit of nutrition counseling recorded.
*NOTE: **Nutrition intake services provided by the AAA will be phased out effective 10/1/26.** As of 10/1/26, these intake services should be provided by the Elderly Nutrition Providers (ENPs). The AAA will be required to submit a phase-out plan to the BOA by 10/1/25.

2. Program requirements
    a. Nutrition Education and Nutrition Counseling through III-C2 must be provided, whether through waiver or by subcontractor, by licensed or approved individuals.
3. Staff requirements
    a. Individuals providing Nutrition Counseling and Nutrition Education materials must be a registered dietitian or individual of comparable expertise including but not limited to a nutritionist, diabetic educator, or nurse, in accordance with state law.
    b. Staff identified in this waiver request are required to attend all mandatory Bureau of Aging trainings.
4. **Reporting Requirements**
    a. Annual Nutrition Education Plan(s) for upcoming the upcoming federal fiscal year must be submitted to the BOA Nutrition Consultant no later than September 1.
    b. Quarterly Nutrition Education Workbooks outlining the nutrition education topics covered during each quarter must be submitted to the BOA Nutrition Consultant and are due:
        1. January 15
        2. April 15
        3. July 15
        4. October 15
    c. Home Nutrition Education and Nutrition Counseling consumers and units must be entered into Well Sky within 45 days of the end of each quarter.

B. AAA Narrative

1. **Program Waiver Justification:** In a brief paragraph, provide information regarding the need for the service and need for the AAA to provide the service directly. Include an explanation how assurances in the Title III Waiver PI BOA-SPI-24-06 are met. *Address efforts made to identify community providers to provide the service.* Attach any relevant data to support or justify your need statements.

   The Western Connecticut Area Agency on Aging (WCAAA) respectfully requests approval for a revision to the existing C2 waiver in order to increase the number of units of service to be delivered in FFY2026. These additional units will allow WCAAA to expand services beyond previous years, which focused solely on home-delivered meal recipients. With less than a 1% increase in overall funding compared to FFY2025, WCAAA anticipates serving a larger number of clients through the enhanced efficiencies provided by new systems being implemented in FFY2026. These services do not duplicate existing offerings and are included in the Western Area Plan. All services under this waiver—including cost-efficient assessments provided by a Registered Dietitian (RD)—are delivered more effectively and economically by WCAAA than by any other available community provider in the region. WCAAA has made efforts to identify external providers and concluded that direct provision ensures continuity, oversight, and efficiency. The assurances outlined in the Title III Waiver PI BOA-SPI-24-06 are met through compliance monitoring, internal evaluations, and alignment with Area Plan objectives.

2. **Service Description:** Provide a brief overview of the program to be provided in 1 paragraph. This should provide an overall picture of the program and services.

   WCAAA will provide home nutrition education and nutrition counseling services in accordance with the definitions outlined in the Bureau on Aging's 2021 MIS Service Definitions Handbook. Registered Dietitians will also conduct nutrition assessments, which, per FFY2026 guidance, must be completed prior to each counseling session. Only units of service for education and counseling will be entered into WellSky. The RD's role includes assessing health and functional needs, offering individualized dietary guidance, and empowering consumers—and their caregivers—toward healthier lifestyles to promote long-term well-being.

3. **Service Delivery:** Describe how the AAA will deliver the programs and associated service(s) in 4 paragraphs or fewer. Include the format of each service (in-home visit, phone call, handout, etc.)

    a. How will potential consumers be informed of and receive the service(s)?

    Clients will be referred to the RD through WCAAA Elderly Nutrition Providers and internal waiver programs. Referrals will include basic client information or a completed Form5, with priority given to clients whose health conditions require careful nutritional monitoring. New client management and reporting software systems will be implemented to streamline referrals and data entry into WellSky. Nutrition education will typically be delivered virtually or via telephone, while in-home counseling will be reserved for at-risk clients or those requiring more comprehensive assessment. During each visit, the RD will assess food availability in the home, evaluate dietary habits, and observe environmental concerns as appropriate. Educational materials will be provided either in person or by mail, depending on the mode of delivery.

    b. How will service(s) be coordinated with other Title III-C2 services or OAA services?

    For FFY2026, WCAAA will expand this waiver beyond home-delivered meal clients to include referrals from ENPs, healthcare providers, subrecipients, Service Navigators, and Integrated Wellness & Case Managers. Agency-wide training will ensure that all staff and referral sources are familiar with the waiver's services. Clients served under this waiver may be further referred to other Title III programs when applicable. These referrals will be made during or after service delivery if the RD identifies additional needs such as transportation, energy assistance, or access to programs like Service Navigator, CHOICES, CT Statewide Respite Care Program, National Family Caregiver Support Program, Integrated Wellness & Case Management, Housing Services Program or LiveWell.

    c. How will service(s) be targeted and tracked?

    Two new software systems will be implemented in FFY2026 to improve service tracking and delivery. These systems will ensure that all data collected aligns with Bureau on Aging requirements and supports

timely and accurate reporting. The MIS and Grants Managers will regularly monitor compliance, data integrity, and overall program performance.

d. Will the AAA require a new A&D provider or service be created?

No, WCAAA will continue to register both services in WellSky as in previous years.

4. **Staff Positions:** Provide a chart which clearly outlines the individual staff positions dedicated to this waiver including specific duties performed and the portion of FTE. If staff position works on other Title III programs, specify which programs and portion of FTE assigned to those programs.

Home Nutrition Education & Nutrition Counseling

Staff Position	Specific Duties Performed	Portion FTE
Registered Dietician	Provide nutrition education and counseling services, as well as oversee the Wellness Services Coordinator	0.80
Wellness Services Coordinator	Provides nutrition education, under the oversight of the registered dietician	0.20

Nutrition Intake Assessment**

Staff Position	Specific Duties Performed	Portion FTE

**Service to be phased out effective 10/1/26

5. **Client Satisfaction:** Describe how client satisfaction is measured and how improvements are made when problems are identified. Include attachments, if applicable.

WCAAA will assess consumer satisfaction through surveys provided after each service. Survey forms will accompany all written educational materials and will be available in both paper and electronic formats. Survey results will be reviewed by the supervisor, analyzed for trends or recurring concerns, and presented annually to the President and CEO. Recommended adjustments to service delivery or program design will be made based on this analysis to improve client experience and align with program goals.

6. **Sub-Contract(s) (if applicable):** Describe plans for sub-contracting service components and how program requirements are being met. If components are sub-contracted, explain why staff cannot fulfill component.

   No services will be subcontracted under this waiver.

7. **Service Levels**
   a. **Service Numbers**

Service	# of Individuals Served	# of Units	Title III-C2 Funds
Home Nutrition Education*	550	550	65,583.33
Nutrition Counseling	55	55	13,116.67
Nutrition Intake**	-	-	-

A Nutrition Assessment is required before the provision of Nutrition Counseling, but is not tracked as a separate service.

***Denotes a permissible aggregate service. All other services require individual registration and reporting

**Service to be phased out effective 10/1/26

   b. **Data collection and reporting:** Describe how services will be tracked, data collected, and reporting done.

   In FFY2026, WCAAA will utilize Casebook and Grantee Gateway, both of which are cloud-based platforms. These systems will improve the efficiency of daily operations and support streamlined data collection. Additionally, they will facilitate the automation of data uploads and ensure accurate, timely reporting to WellSky, the federal data reporting system.

C. Budget: Complete the following budget line-item in addition to the budget workbook. Complete the Budget workbook as provided by the BOA and submit to the BOA with the completed waiver request. The budget and budget narrative need to reflect the scope of the work. Include the staff position name and FTE equivalent in the budget narrative section of the workbook. *Include expenses related to staff requirements such as trainings or certifications.*

1. **Summary**

   NOTE: All Nutrition Education and Nutrition Counseling services are not to exceed 10% of the total C-2 allocation, whether performed by the AAA or a subcontractor.

Title III-C2 Nutrition Services	78,700.00
Title III-C2 Total of Programs	78,700.00
Match (at least 15%)	11,810.00
Program Income	-
Total Program	90,510.00
Other Resources	-
Grand Total	90,510.00

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

Spring Raymond _____ 5 / 1 / 2025

Signature of Area Agency Director Date

_____ _____

Signature of Authorized Official of Area Agency (Optional) Date

For ADS Use Only

_____ Waiver Request Approved _____

Time Period of Approved Waiver

_____ Waiver Request Denied

_____ _____

Signature of Authorized Official, Aging and Disability Services Date

Title III-D Waiver Request

AAA Name: Western CT Area Agency on Aging, Inc.
Date Submitted: 5/1/2025
Waiver Title: Chronic Disease Self-Management Education Programs (CDSME)
Time Period of Waiver (Federal Fiscal Years): 10/1/2025 – 9/30/2028
Geographic Area(s) Served: Northwest CT (41 Towns)

Refer to Program Instruction BOA-SPI-24-06 for additional guidance.

A. BOA Guidance and Requirements

1. Health promotion services funded under Title III-D must be considered evidence-based, as defined and recognized by the National Council on Aging or by any operating division of the U.S. Department of Health and Human Services. The following services will be permitted under this waiver:
    a. Chronic Disease Self-Management Education Programs (CDSME) - This service provides for the Chronic Disease Self-Management Education Programs (CDSME), the Chronic Pain Self-Management Program, Tomando Control de su Salud and the Diabetes Self-Management Program (DSMP), which are designed to help people with chronic diseases gain self-confidence in their ability to control their symptoms, take on health challenges and maintain control of their lives. Other self-management programs may be eligible upon approval by BOA.
    b. Other evidence-based health promotion programs
2. **Program requirements**:
    a. Evidence-based health promotion programs often require a license and training to ensure program fidelity and efficacy. The AAA is expected to adhere to all program policies and procedures required by the licensing agency.
    b. Some method of data collection and program evaluation is a requirement for any given program.
    c. Some health promotion programs require the involvement of a professional with specific qualifications (e.g. physical therapist, nurse, etc.).
    d. Evidence-based programs other than CDSME will require the AAA to submit a Funding Information Form to the Statewide Healthy Aging Program Coordinator which demonstrates that the program is recognized as evidence-based in accordance with the requirements of the Older Americans Act.
3. **Staff requirements:**
    a. AAA staff who will be implementing the health promotion program must complete all trainings needed to provide the service with fidelity to the program model and/or curriculum.

b. AAA staff will be required to meet with BOA staff at least bi-annually to provide updates on program implementation and outcomes.
c. AAA staff offering a Title III-D waiver program under a BOA program license will be required to attend quarterly meetings with other AAA staff covered by the same license (e.g. quarterly CDSME Regional Coordinator meetings).

4. **Reporting Requirements:**
   a. AAA staff will be required to complete a bi-annual narrative report for each Title III-D waiver program.
   b. Consumer demographic and participation data will be tracked in WellSky, unless another database has been approved for data monitoring (e.g. NCOA's Healthy Aging Programs Integrated Database is approved for Chronic Disease Self-Management Programs data).
   c. AAA staff are also required to administer client satisfaction surveys and must retain copies of all survey data collected from program participants. Completion of trainings or certifications by program leaders must also be documented.

B. AAA Narrative (there should be separate narratives for each program – ie CDSME and "Other Evidence-Based Health Promotion Program)

1. **Program Waiver Justification:** In a brief paragraph, provide information regarding the need for the service and need for the AAA to provide the service directly. Include an explanation how assurances in the Title III Waiver PI BOA-SPI-24-06 are met. *Address efforts made to identify community providers to provide the service.* Attach any relevant data to support or justify your need statements.

   The Western Connecticut Area Agency on Aging (WCAAA) requests a waiver to directly provide evidence-based health promotion programs under Title III-D. WCAAA has demonstrated the capacity to deliver these services efficiently and equitably across its 41-town region, particularly reaching underserved older adults disproportionately affected by chronic conditions. No community providers have been identified with the infrastructure or cost-efficiency to implement these programs at the required scale or fidelity. These services are not duplicative, support goals outlined in WCAAA's FFY2026–2028 Area Plan, and are necessary to maintain continuity of care. This waiver meets all assurances under PI BOA-SPI-24-06, including cost-effectiveness, compliance with reporting standards, and approval by the agency's governing bodies.

2. **Service Description:** Provide a brief overview of each program to be provided in 1 paragraph. This should provide an overall picture of the program or services.

   The Western Connecticut Area Agency on Aging (WCAAA) will administer the Chronic Disease Self-Management Program (CDSME) under the "Live Well"

workshop model. The agency maintains a roster of certified leaders throughout its 41-town service area. In collaboration with community partners, WCAAA conducts ongoing public outreach to recruit participants and secure new host sites. In-person workshops consist of 2.5-hour sessions held once a week for six weeks at community venues such as senior centers, libraries, and faith-based organizations. Alternative formats include 2.5-hour virtual sessions or Tool Kit phone-based workshops, which run for one hour per week over six weeks. Each workshop is facilitated by one or two trained leaders, depending on the delivery format.

3. **Service Delivery:** Describe how the AAA will deliver the programs and associated service(s) in 4 paragraphs or fewer
    a. How will potential consumers be informed of and receive the service(s)?

        WCAAA informs potential participants about Live Well workshops through coordinated outreach by the agency's Wellness Coordinator—a certified Master Trainer—alongside community partners, local newsletters, senior centers, healthcare providers, and the WCAAA website. Interested individuals may enroll directly or be referred through collaborating organizations. The Wellness Coordinator is responsible for scheduling workshops, conducting outreach campaigns, and sustaining program visibility, with an emphasis on reaching underserved populations. Program relevance is maintained through continuous feedback from leaders, participant input, and annual roundtable meetings designed to strengthen engagement and improve accessibility.

    b. How will service(s) be coordinated with other Title III-D services or OAA services?

        Live Well workshops are coordinated with other OAA-funded services, including nutrition, transportation, and caregiver support programs, to provide a comprehensive continuum of care. Leaders are trained to recognize when participants may benefit from additional supports and make appropriate referrals to internal Title III programs or external providers. The Wellness Coordinator actively develops partnerships with community organizations to integrate services and broaden program reach, ensuring that health promotion efforts align with other support systems available to older adults in the region.

c. How will service(s) be targeted and tracked?

WCAAA ensures accurate targeting and reporting by collecting participant demographics, attendance, and satisfaction data in compliance with Bureau on Aging requirements. This information is recorded in both the NCOA reporting system and aggregate reporting tools. The Wellness Coordinator oversees timely data entry, monitors program fidelity, and maintains updated records for both leaders and participants. Deliverables include at least one refresher and one leader training per fiscal year, ongoing monitoring of leader activity, and the maintenance of the Master Trainer certification. These systems ensure program quality, accountability, and responsiveness to evolving community needs.

d. Will the AAA require a new A&D provider or service be created?

No new A&D provider or service will be required. All services will be provided under the existing WCAAA infrastructure.

4. **Staff Positions:** Provide a chart which clearly outlines the individual staff positions dedicated to this waiver including specific duties performed and the portion of FTE. If staff position works on other Title III programs, specify which programs and portion of FTE assigned to those programs.

Chronic Disease Self Management Programs

Staff Position	Specific Duties Performed	Portion FTE
Wellness Services Coordinator	Coordinates workshops, volunteers, and reporting to supervisors and BOA	.29

Other Evidence-Based Health Promotion Program (Specify)

Staff Position	Specific Duties Performed	Portion FTE

Other Evidence-Based Health Promotion Program (Specify)

Staff Position	Specific Duties Performed	Portion FTE

5. **Client Satisfaction:** Describe how client satisfaction is measured and how improvements are made when problems are identified. Provide a copy of the survey tool by October 1, 2025.

   Client satisfaction is measured through the CDSME Evaluation Survey, distributed at the conclusion of each six-week workshop. Surveys capture participant experiences and outcomes. Responses are reviewed by the Wellness Coordinator and reported to the President and CEO annually, with adjustments made as needed to enhance service delivery. A copy of the updated survey will be submitted by October 1, 2025.

6. **Sub-Contract(s) (if applicable):** Describe plans for sub-contracting service components and how program requirements are being met. If components are sub-contracted, explain why staff cannot fulfill component.

   WCAAA will not subcontract any service components under this waiver. All services will be delivered directly by agency staff and trained leaders under the coordination of the WCAAA Wellness Coordinator.

7. **Service Levels**
   a. **Table w/service numbers**

Chronic Disease Self-Management Programs

Service	# of Individuals Served	# of Units	Title III-D Funds
CDSME Program	72	72	32,920.00

Other Evidence-Based Health Promotion Program (Specify)

Service	# of Individuals Served	# of Units	Title III-D Funds

Other Evidence-Based Health Promotion Program (Specify)

Service	# of Individuals Served	# of Units	Title III-D Funds

***Denotes a permissible aggregate service. All other services require individual registration and reporting

b. **Data collection and reporting:** Describe how the AAA will collect and report data for each service related to the program.

WCAAA collects participant and service data for CDSME workshops using standardized forms, which are entered into the National Council on Aging (NCOA) database and reported in aggregate to the Bureau on Aging (BOA). The Wellness Coordinator ensures timely and accurate data entry, monitors program fidelity, and maintains comprehensive records of leader activity and participant outcomes. Data is reviewed regularly to ensure compliance, support quality improvement, and inform future program planning.

C. Budget: Complete the following budget line-item in addition to the budget workbook. Complete the Budget workbook as provided by the BOA and submit to the BOA with the completed waiver request. The budget and budget narrative need to reflect the scope of the work. Include the staff position name and FTE equivalent in the budget narrative section of the workbook. *Include expenses related to staff requirements such as trainings or certifications, however, the CDSME license (except Diabetes Self-Management Program) will be paid for by ADS for the duration of the waiver period and should not be included.*

1. Summary

CDSME	32,920.00
Other health promotion program	-
Other health promotion program	-
Title III-D Total of Programs	32,920.00
Program Income	-
Total Program	32,920.00
Other Resources (State Match)	6,000.00
Grand Total	38,920.00

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

Spring Raymond _____ 5 / 1 / 2025

Signature of Area Agency Director Date

_____ _____

Signature of Authorized Official of Area Agency (Optional) Date

For ADS Use Only

_____ Waiver Request Approved _____

Time Period of Approved Waiver

_____ Waiver Request Denied

_____ _____

Signature of Authorized Official, Aging and Disability Services Date

Title III-E Waiver Request

AAA Name: Western CT Area Agency on Aging, Inc
Date Submitted: 5/1/2025
Waiver Title: National Family Caregiver Support Program (NFCSP)
Time Period of Waiver (Federal Fiscal Years): October 1, 2025 – September 30, 2028
Geographic Area(s) Served: Northwest CT (41 Towns)

Refer to Program Instruction BOA-SPI-24-06 for additional guidance.

A. BOA Guidance and Requirements

1. The following services will be permitted under this waiver. Note that all services listed must be provided in the region, whether through a waiver, a subcontract, or a vendor. Information, Assistance, Respite and Supplemental Services must be provided throughout the entire region, whereas the other services are not required to be available region-wide. Services are divided into two sections:
    - **a. Section 1**: Non-Respite Care and Non-Supplemental Services
        1. *Information*
            a. Benefits Education: Educational programs offered through the NFCSP that are designed to increase caregivers' awareness of available government and non-government programs that assist them in meeting their needs and finding supports and solutions for challenges associated with caregiving. These programs provide detailed service information, including eligibility requirements and places where services are delivered.
            b. Public Information Services: A public and media activity that provides caregivers, as a targeted audience, information that includes but is not limited to available services, issues related to caregiving and caregiver stress. Public activities may include in-person or virtual interactive presentations, booths/exhibits at fairs, conferences, public service announcements, distribution of pamphlets and newsletters, and radio, TV or web site events. This service is intended for large audiences and is not tailored to the needs of an individual like NFCSP Information and Assistance. *This service is recorded aggregately because collecting consumer registration forms is not feasible due to the large number of participants.* An estimated unduplicated number of caregivers receiving NFCSP Public Information Services must be provided. The audience provided should only be reported one time per medium per quarter. The year-to-

date total should only reflect each audience one time. For example, a newsletter is mailed to the same 100 people every quarter. Each quarter one unit of service is reported for the newsletter and 100 consumers. The reported year-to-date total, however, would be 4 units of service and 100 consumers (NOT 400 consumers) since the same people received the newsletter each quarter.

2. *Assistance*: Assistance is a component of "Information and Assistance". Assistance is a service for NFCSP caregivers that: (A) provides current information on opportunities and services that are available to caregivers and their care recipients in their communities, including information related to assistive technology; (B) assesses problems and capacities; (C) links to available opportunities and services; and (D) ensures, to the maximum extent practicable, that caregivers receive needed services and are aware of available opportunities by establishing adequate follow-up procedures. *This service should be recorded directly to the caregiver whenever possible. The service in A&D that Assistance is recorded to is: NFCSP Information and Assistance.*
3. *Case Management*: NFCSP Case Management is a service provided to the caregiver, at the direction of the caregiver, by an individual who is trained or experienced in case management skills to assess needs and arrange, coordinate, and monitor a package of services that meets the caregiver's needs. This service includes activities and coordination such as: 1) a comprehensive assessment of the caregiver, including physical, psychological and social needs, 2) develop, implement monitor and adjust a service plan in conjunction with the caregiver that uses formal services, including those from other plans, as well as informal services to meet the needs of the caregiver identified in the assessment, 3) coordinate and monitor service deliveries, 4) advocate on behalf of the caregiver for needed services or resources, 5) authorize payment for services and, 6) conduct an annual reassessment, as required. *NFCSP Case Management is recorded directly to the caregiver. Case Management is a required service for providing respite and supplemental services to ensure case plan goals are met for each caregiver.*
4. *Caregiver Counseling*: A service designed to support caregivers and assist them in their decision-making and problem solving. Counselors have the capacity to work with older adults, families

and caregivers and to understand and address the complex physical, behavioral and emotional problems related to caregiving. This includes counseling to individuals or in group sessions. Per Administration for Community Living guidance, counselors must be degreed and/or credentialed professionals licensed by the State of Connecticut and include: Psychiatrists, Psychologists, Psychiatric Nurse Practitioners, Therapists, Professional Counselors and Clinical Social Workers. *This service is recorded directly to the caregiver.*

5. *Organization of Support Groups*: Support groups are led by a trained individual, moderator, or professional, as designated by the BOA, who facilitates groups of NFCSP caregivers in discussing their common experiences and concerns and developing a mutual support system. These support groups can help participants cope with issues that include isolation, role reversal, depression, change in social supports, relationship changes, how to advocate for the care recipient, etc. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online. Caregiver Support Groups do not include "caregiver education groups," "peer-to-peer support groups," or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator who possesses training and/or credentials as required by the BOA. Facilitators may include psychologists, licensed counselors, persons with a bachelor's or master's degree in social work. Facilitators can also include individuals who are certified through a BOA-approved, evidence-based practice program such as *Powerful Tools for Caregivers*, *Savvy Caregivers*, *REACH Community (Resources for Enhancing Alzheimer's Caregivers Health in the Community)*, and *Stress-Busting Program for Family Caregivers*. *This service is reported aggregately in the consumer group (Agency Name) NFCSP Caregiver Support Group*. This service records the number of caregiver support group sessions conducted by the provider and the number of consumers that attended such sessions for the report month.
6. *Caregiver Training*: NFCSP Caregiver Training provides caregivers who participate in the NFCSP with information to improve knowledge and enhance specific skills related to caring for older individuals, children under age 18 and adult children between age 18 and 59 with a disability. Training sessions may include skills related to home emergency planning and preparedness,

medication and financial management, health, and nutrition, including disease specific needs, communication with health care providers and other family members, and assistance with activities of daily living, such as bathing and dressing. Training may include the use of evidence-based programs; be conducted in person or on-line; and be provided in individual or group settings.

b. Section 2: Respite Care and Supplemental Services

7. *Respite Care*: Respite provides temporary care to participants requiring person care assistance so that their primary caregiver (usually a family member) can have a break. This service can be provided in the home, in a long-term care facility, or a day care facility.
8. *Supplemental Services*: Services delivered under the service category NFCSP Supplemental can only be provided to program participants on a temporary basis. In addition, supplemental funds must be the payer of last resort for these services. Supplemental funds must only be used when other programs and resources have denied payment for a service and when the service is approved by the BOA as a supplemental service.

2. Services are divided into two populations:
    a. Caregivers:
        1. The term “family caregiver” includes unmarried partners, friends, or neighbors who are caring for an older adult or a person of any age with Alzheimer’s disease or a related disorder with neurological and organic brain dysfunction (§ 1321.3). » The term “older relative caregiver” means a person who is at least 55 years old who lives with a child or a person with a disability for whom they are the primary caregiver and to whom they provide informal care.
    b. Grandparents: The term “grandparents” is defined as: grandparent, other relatives, or close family friends who are raising children whose parents are unable to do so.
3. Program requirements
    a. Maintain a phone line during business hours of your agency to respond to caregiver program needs.
    b. Ensure that all calls that go into voicemail or inquiries through email are returned within 3 business days.
    c. Maintain a language translation service for the purpose of offering multilingual services in order to respond to inquiries from caregivers whose primary language is not English.
4. Staff requirements:
    a. Title III-E staff providing one-on-one Assistance services must meet the following requirements:

1. Receive Community Resource Specialist – Aging/Disabilities (CRS-A/D) Certification through Inform USA within 180 days of hire
2. Complete and record a minimum of two hours of social service resource training (in-person or webinar) each month

b. Title III-E staff providing Case Management services must meet the following requirements:
1. Complete Person-Centered Counseling training through a training provided or approved by the BOA, within 90 days of hire
2. Complete and record a minimum of one hour of resource training (in-person or webinar) each month that relates to caregiver services
3. Have prior experience providing case management services
4. Participate in BOA hosted Care Manager meetings

c. Title III-E staff providing Counseling services must meet the following requirement:
1. Be a professional licensed by the State of Connecticut such as a Psychiatrist, Psychologist, Psychiatric Nurse Practitioner, Therapist, Professional Counselor or Clinical Social Worker.

5. **Reporting Requirement**s:
a. Information (Benefits Education and Public Information) and Assistance (I & R/A) are to be reported in a format provided by the Department and submitted quarterly to the Department
b. Case Management, Caregiver Training, Caregiver Counseling, Support Groups, Respite and Supplemental Services are entered into WellSky Aging & Disability (A&D) on a schedule in accordance with the federal contract.

B. AAA Narrative

1. **Program Waiver Justification:** In a brief paragraph, provide information regarding the need for the service and need for the AAA to provide the service directly. Include an explanation how assurances in the Title III Waiver PI BOA-SPI-24-06 are met. *Address efforts made to identify community providers to provide the service.* Attach any relevant data to support or justify your need statements.

WCAAA has successfully operated the NFCSP for over 16 years, delivering a full continuum of caregiver services including case management, information and assistance, caregiver training, respite, and supplemental supports. No single community-based provider has been identified that possesses the infrastructure, regional capacity, or expertise required to administer the program across all 41 towns in Western Connecticut. As caregiver needs grow more complex—with rising rates of Alzheimer's, mental health conditions, and multiple chronic illnesses—WCAAA's deep community relationships, multilingual staff, and interdisciplinary service model are essential to providing effective, responsive support.

WCAAA's direct administration meets all assurances outlined in Title III Waiver PI BOA-SPI-24-06. The agency maintains rigorous internal systems for compliance, documentation, and quality assurance, with accurate data entry and tracking through the WellSky MIS system. All respite and supplemental services are delivered through state-approved vendors under a master contracting system, ensuring both service quality and fiscal integrity. While components such as respite may be sub-contracted, no community-based organization has been identified that can assume full program oversight, assessment, coordination, education, and reporting responsibilities. WCAAA remains the only organization with the demonstrated capacity to carry out the full scope of the NFCSP in a manner that is both efficient and aligned with federal and state standards.

2. **Service Description:** Provide a brief overview of each program to be provided in 1 paragraph. This should provide an overall picture of the program or services.

   WCAAA delivers a comprehensive range of services under the National Family Caregiver Support Program, including information and assistance, public education, case management, and individualized caregiver support. Core responsibilities involve assessing both caregivers and care recipients, assisting with applications for benefits and services, and developing, implementing, and monitoring personalized care plans. Case managers work closely with families to ensure that care plans remain person-centered and responsive to changing needs. To promote accessibility and cultural sensitivity, WCAAA staff utilize Language Line Solutions when needed and represent diverse linguistic and cultural backgrounds, enabling the agency to effectively serve caregivers across its 41-town region. In 2026, WCAAA will expand its offerings to include support groups and caregiver training services. As case management systems and software are also implemented throughout 2026, the agency will continue to enhance efficiency and increase the number of caregivers served and units of service delivered.

3. **Service Delivery:** Describe how the AAA will deliver the programs and associated service(s) in 4 paragraphs or fewer
   - **a.** How will potential consumers be informed of and receive the service(s)?

     Potential caregivers access NFCSP services through a variety of outreach channels, including referrals from community partners, WCAAA's dedicated radio program, the agency's website, printed newsletters, caregiver support groups, and in-person presentations. Multilingual staff are available to assist diverse populations, and Language Line Solutions is utilized to ensure effective communication

with individuals whose primary language is not English. Collaborative efforts with local organizations further enhance visibility and engagement, expanding access to those in need of support.

b. How will service(s) be coordinated with other Title III services or OAA services?

NFCSP services are fully integrated with other Title III and Older Americans Act (OAA) programs administered by WCAAA, including CHOICES counseling, the Connecticut Home Care Program for Elders (CHCPE), Community First Choice (CFC), and evidence-based health promotion programs such as CDSME. NFCSP case managers conduct comprehensive assessments and coordinate referrals to these and other relevant services, ensuring that caregivers and care recipients receive a holistic continuum of support. This integrated approach enhances service delivery, reduces duplication, and promotes coordinated care. In 2026, WCAAA will implement one or two centralized systems to coordinate case management across Title III, OAA, and DSS-funded programs, improving service integration and the efficiency of the referral process.

c. How will service(s) be targeted and tracked?

Respite, supplemental, and case management services will initially be tracked by WCAAA systems and ultimately uploaded to the WellSky MIS system. Services under information, assistance and training, will be reported aggregately, as it is not practical to collect Form 5 data from participants in large-scale or broadcast settings (e.g., radio listeners or attendees of public presentations). WCAAA has maintained state approval for aggregate reporting under prior waivers and continues to follow these protocols for efficiency and accuracy.

d. Will the AAA require a new A&D provider or service be created?

No new A&D providers or services are required at this time.

4. **Staff Positions:** Provide a chart which clearly outlines the individual staff positions dedicated to this waiver including specific duties performed and the portion of FTE. If staff position works on other Title III programs, specify which programs and portion of FTE assigned to those programs.

Staff Position	Specific Duties Performed	Portion FTE
Lead NFCSP/Respite Coordinator/Care Manager	Oversees respite/supplemental program; performs assessments; develops care plans; communicates with caregivers; manages contracts and verifies invoices	0.75
NFCSP/Respite Coordinator/Care Manager	Conducts assessments; provides case management; caregiver education and training; coordinates support groups; handles follow-ups and program referrals	0.75
Technical Assistant	Inputs all services into WellSky MIS; generates quarterly output reports; assists with internal audits and compliance for Board reporting	0.5

5. **Client Satisfaction:** Describe how client satisfaction is measured and how improvements are made when problems are identified. Provide a copy of the survey tool by October 1, 2025.

   WCAAA sends quality assurance surveys to caregivers and care recipients who receive direct services (e.g., respite, case management, counseling). Attendees of public or caregiver education sessions receive program-specific evaluation forms. Results are compiled and reviewed by supervisory staff. If concerns or issues are identified, corrective steps are taken including staff retraining, procedural changes, or service plan modifications. A copy of the survey tool will be submitted by October 1, 2025.

6. **Sub-Contract(s) (if applicable):** Describe plans for sub-contracting service components and how program requirements are being met. If components are sub-contracted, explain why staff cannot fulfill component. If vendors are to be used for Respite or Supplemental Services, please specify.

   Respite and supplemental services are sub-contracted using the WCAAA's master contract system. All vendors must be state-approved and listed on the Department of Aging and Disability Services' contractor list with associated rates.

Staff case managers assess need, develop a care plan, and issue service orders from which contracted providers bill. The WCAAA finance department performs a second verification step prior to payment. Sub-contracting is necessary for respite and supplemental needs to ensure consumer choice and availability of services such as in-home care, durable medical equipment, and minor home modifications. All other program components are provided directly by WCAAA.

C. Service Levels

1. **Service Numbers:** When completing the charts below, provide information on the number of caregivers and grandparents expected to be served, the number of units provided to those individuals, and the amount of Title III-E funds by service. Base these targets on FFY 2024 data and demographics for your region.

Section 1: Non-Respite Care and Non-Respite Supplemental Services

Service	# of Caregivers Served	# of Units	Title III-E Funds - CG	# of Grandparents Served	# of Units	Title III-E Funds - GP
NFCSP Information*	2030	70				8,606.88
NFCSP Assistance	1300	1300				131,254.94
NFCSP Case Management	110	550				64,551.60
NFCSP Counseling						
NFCSP Support Groups	6	6				6,455.14
NFCSP Training	30	30				4,303.44

Section 2: Respite Care and Supplemental Services

Service	# of Caregivers Served	# of Units	Title III-E Funds - CG	# of Grandparents Served	# of Units	Title III-E Funds - GP
Respite	45	6,025				80,000.00
Supplemental Services	115	475				26,500.00

*Denotes a permissible aggregate service. All other services require individual registration and reporting

D. Data collection and reporting: Describe how the AAA will collect and report data for each service related to the program, including aggregate services: Information (Public Education and Benefits Education)

WCAAA will utilize GranteeGateway, a Salesforce-based cloud system, to collect data on respite and supplemental services. Additional software, such as Casebook and BOA-supplied Excel templates, will be used to track case management, information,

assistance, support groups, and training services. Ultimately, data for case management, respite, and supplemental services will be uploaded into the WellSky MIS system to ensure timely and accurate documentation of service delivery and client outcomes.

Aggregate services under Information and Assistance will be reported in accordance with state-approved protocols. Given the nature of these outreach activities (e.g., radio broadcasts, community presentations, and wide distribution of newsletters), individual registration and collection of Form 5 data are not feasible. These services are instead recorded using documented estimates, attendance logs (when available), and internal tracking tools to ensure consistency and compliance with waiver guidelines.

WCAAA regularly reviews data for internal quality control and alignment with Title III-E program requirements. Reports are generated periodically to monitor service trends, identify gaps, and inform strategic planning.

E. **Budget**: Complete the following budget line-item in addition to the budget workbook. Complete the Budget workbook as provided by the BOA and submit to the BOA with the completed waiver request. The budget and budget narrative need to reflect the scope of the work. Include the staff position name and FTE equivalent in the budget narrative section of the workbook. *Include expenses related to staff requirements such as trainings or certifications.*

1. Summary

Section 1 Total	215,172.00
Section 2 Total	106,500.00
Title III-E Total of Programs	321,672.00
Match (at least 25%)	110,000.00
Program Income	-
Total Program	431,672.00
Other Resources	-
Grand Total	431,672.00

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

Spring Raymond _____ 5 / 1 / 2025

Signature of Area Agency Director Date

_____ _____

Signature of Authorized Official of Area Agency (Optional) Date

For ADS Use Only

_____ Waiver Request Approved _____

Time Period of Approved Waiver

_____ Waiver Request Denied

_____ _____

Signature of Authorized Official, Aging and Disability Services Date

Title III-B & Title III-C1 CHSP Waiver Request

AAA Name: Western CT Area Agency on Aging, Inc.
Date Submitted: 5/1/2025
Waiver Title: Congregate Housing Services Program
Time Period of Waiver (Federal Fiscal Years): 10/1/2025 – 9/30/2028
Geographic Area(s) Served: Northwest CT (41 Towns)

Refer to Program Instruction BOA-SPI-24-06 for additional guidance.

B. BOA Guidance and Requirements

1. The following services will be permitted under this waiver:
    a. Title III-B:

Case Management: Assistance either in the form of access or care coordination in circumstances where the older person and/or their caregiver are experiencing diminished functional capacities, personal conditions or other characteristics which require the provision of services by formal providers. Activities of case management include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow up and re-assessment, as required.

Personal Emergency Response (PERS): In home twenty-four-hour electronic alarm system which enables a high-risk individual to secure help in a medical, physical, emotional, or environmental emergency.

Homemaker: A service designed to maintain, strengthen, and safeguard household functioning and independent living for participants who need wither temporary assistance due to illness or long-term assistance due to chronic disabling conditions. Homemakers perform home management functions. These functions may include cooking, cleaning, laundry, mending and other light household chores. Although like companion, the primary emphasis in homemaker service is on the performance of home management functions while the emphasis in companion service is on the provision of supervision and companionship.

Companion: Service intended to provide company to a participant in a protective and supervisory capacity. It may include such home management activities as cooking and light housekeeping.

Home Health Aide: Providing personal assistance, stand by assistance, supervision or cues for persons having difficulties with one or more of the

following activities of daily living: eating, dressing, bathing, toileting and transferring in and out of bed.

Footcare: Routine foot care provided by a licensed cosmetologist, nurse or podiatrist in a client's home, senior center or other appropriate setting which includes soaking feet and providing lotion and trimming, filing and cleaning toenails.

Transportation: This service provides a means of transportation for persons who require help going from one location to another using a vehicle. This service does not include any other activity.

b. Title III-C1:

Congregate Meals: A meal provided to a qualified individual in a congregate or group setting such as a senior community café. The meal, as served, must meet all of the requirements of the Older Americans Act and state and local laws.

C. AAA Narrative

1. **Program Waiver Justification:** In a brief paragraph, provide information regarding the need for the service and need for the AAA to provide the service directly. Include an explanation how assurances in the Title III Waiver PI BOA-SPI-24-06 are met. Attach any relevant data to support or justify your need statements.

The WCAAA has operated the Congregate Housing Services Program (CHSP) for over 20 years. This program is designed to provide supportive services to frail older adults, individuals with disabilities, and temporarily disabled residents in eligible congregate housing sites, with the goal of promoting independence, preventing unnecessary institutionalization, and supporting aging in place. WCAAA is uniquely positioned to deliver CHSP services due to its expertise in care coordination, access to the CT Homecare Program, and its ability to deploy trained Resident Service Coordinators (RSCs) across multiple housing complexes. WCAAA also conducts comprehensive benefits screenings and links residents to additional services not covered by HUD or state grants. There is no duplication of services, as eligibility and operating requirements are distinct from other programs. Client and service data are documented in the WellSky Aging & Disability MIS system. This waiver request is fully supported by the WCAAA Board of Directors and meets all assurances outlined in BOA-SPI-24-06.

2. **Service Description:** Provide a brief overview of each program to be provided in 1 paragraph. This should provide an overall picture of the program or services.

   The CHSP provides person-centered supportive services to eligible residents of designated congregate housing facilities. Resident Service Coordinators (RSCs) conduct in-home assessments to determine eligibility and work with clients to develop individualized care plans that may include case management, homemaker services, home health aides, foot care, personal emergency response systems (PERS), transportation, and congregate meals. All services are contracted out to community providers and must be approved by the Professional Assessment Committee (PAC), a volunteer body that provides impartial oversight and ensures that services meet client needs. Six-month reassessments are conducted to evaluate service effectiveness and adjust care plans as needed. Services are tracked through the WellSky MIS system to ensure accountability and program efficiency.

3. **Service Delivery:** Describe how the AAA will deliver the programs and associated service(s) in 4 paragraphs or fewer
   a. How will potential consumers be informed of and receive the service(s)?

      Potential consumers are informed of the CHSP during initial interactions with WCAAA staff, community outreach efforts, and resident orientations at participating housing complexes. Resident Service Coordinators play a central role in identifying eligible individuals through in-home assessments and educating them about available services, co-pay requirements, and provider options listed under WCAAA's Master Contracting system. Once services are agreed upon, a care plan is developed collaboratively and submitted for approval to the PAC. Upon approval, services are initiated, and the RSC continues to monitor delivery and client satisfaction to ensure ongoing support.

   b. How will service(s) be coordinated with other Title III-B and Title III-C1 services or OAA services?

      Resident Service Coordinators integrate CHSP participants into WCAAA's broader continuum of services. During case management, the RSC introduces clients to other programs, such as CHOICES, the Statewide Respite Care Program (CSRCP), the National Family Caregiver Support Program (NFCSP), LiveWell, and Meals on Wheels (MOW). RSCs are trained to make timely and appropriate referrals and work closely with Service Navigators to identify additional community-based

services not administered by WCAAA, ensuring comprehensive care coordination.

c. What services will be provided by the AAA and what services will be provided by vendors?

WCAAA will directly provide case management through RSCs. All other services—including homemaker, home health aide, PERS, and foot care—will be provided by third-party vendors under existing Master Contract agreements. Congregate meals and transportation services will be subcontracted to current subrecipients, with service units and funding allocations specifically designated to fulfill the CHSP waiver's scope.

d. How will service(s) be targeted and tracked?

RSCs will collect Form 5s from each participant and log monthly case management activity. These forms and logs are submitted to WCAAA's MIS department, while subcontractors provide invoices for delivered services. Once all monthly data is compiled, the MIS team enters the information into WellSky. Quarterly reports are generated and shared with RSCs and leadership to verify proper targeting, monitor progress toward waiver objectives, and identify any service delivery gaps.

e. Will the AAA require a new A&D provider or service be created?

Yes, WCAAA will begin offering transportation services under this waiver, which will require the addition of a new transportation provider in the Aging & Disability (A&D) system.

4. **Staff Positions:** Provide a chart which clearly outlines the individual staff positions dedicated to this waiver including specific duties performed and the portion of FTE. If staff position works on other Title III programs, specify which programs and portion of FTE assigned to those programs.

Staff Position	Specific Duties Performed	Portion FTE
RSC	The RSC Supervisor oversees and supports RSCs to ensure compliance and quality service delivery under the CHSP waiver.	0.6

5. **Client Satisfaction:** Describe how client satisfaction is measured and how improvements are made when problems are identified. Provide a copy of the survey tool by October 1, 2025.

   CHSP participants have direct access to their assigned RSC or the RSC Supervisor via phone or in person at the housing site. Concerns regarding service providers can be addressed promptly, with changes made based on client preference. Additionally, WCAAA administers satisfaction surveys twice annually. Results are analyzed for patterns, and findings are reviewed by the supervisor and shared with the President and CEO. Service delivery improvements are made as needed to align with client needs and program goals.

6. **Sub-Contract(s) (if applicable):** Describe plans for sub-contracting service components and how program requirements are being met. If components are sub-contracted, explain why staff cannot fulfill component. Provide a listing of subcontractors.

Agency	Address	Service
RW Solutions	200 Myrtle St. New Britian CT, 06053	Congregate Meals
HR Development Agency	575 Rubber Ave, Naugatuck, CT 06770	Transportation
Assisted Living Technologies	290 Highland Ave Cheshire, CT 06410	PERS
Connect America LLC	3 Bala Plaza West Suite #200, Bala Cynwyd, PA 19004	PERS
Doyles Medical Supply LLC	25 Coe Place, Torrington, CT 06790	PERS
Lifeline Systems Co.	P.O. Box 419572, Boston, MA 0221	PERS
New Opportunities, Inc.	232 North Elm St. Waterbury, CT 06702	PERS
Brookfield Podiatry Dr. Cornelius	246 Federal Rd, Suite C-21, Brookfield, CT 06804	Footcare
Richard Mileto, DPM	438 Waters Landing dr Esse, MD 21221	Footcare
A & B Homecare solutions	446A Blake St 3rd Floor, New Haven, CT 06515	Home Health Aide, Homemaker, Companion
Comfort of Care Home Care LLC	900 Straits Turnpike, Suite 1C Middlebury, CT 06762	Home Health Aide, Homemaker, Companion

Community Helping Hands, LLC	58 Division Street, P.O. Box 769, Danbury, CT 06813	Home Health Aide, Homemaker, Companion
Companions & Homemakers	76 Batterson Park Rd. 2nd floor, Farmington, CT 06813	Home Health Aide, Homemaker, Companion
Humanity Home Care LLC	42 Brookdale Ln, Waterbury, CT 06705	Home Health Aide, Homemaker, Companion
TLC Home Care	47 Sherman Hill rd. Suite #B102, Woodbury, CT 06798	Home Health Aide, Homemaker, Companion
Emerest Home Care of CT LLC	92 Brookside Rd. Waterbury, CT 06708	Home Health Aide, Homemaker, Companion

7. Service Levels

a. Table w/service numbers

Title III-B CHSP Services

Service	# of Individuals Served	# of Units	Title III-B Funds
Case Management	150	1,800	$ 39,167.86
PERS	40	485	$ 13,480.00
Homemaker	20	1,099	$ 16,023.00
Companion	-	-	-
Home Health Aide	30	245	$ 4,134.40
Foot Care	7	28	$ 800.00
Transportation	10	357	$ 2,499.00

Title III-C1 CHSP Services

Service	# of Individuals Served	# of Units	Title III-C1 Funds
Congregate Meals	95	8,100	$ 71,000.00
Nutrition Education*			
Nutrition Counseling			

NOTE: A nutrition assessment is required prior to the provision of nutrition counseling but is not tracked as a separate service.

***Denotes a permissible aggregate service. All other services require individual registration and reporting

b. **Data collection and reporting:** Describe how the AAA will collect and report data for each service related to the program.

WCAAA's MIS department oversees data collection and reporting for all CHSP services. Monthly service data from RSCs and vendor invoices are compiled and entered into the WellSky MIS system. The MIS team also performs analytical reviews to identify service trends and gaps, and provides regular reports to RSCs and the President and CEO. These insights are used to guide program improvements and ensure that reporting aligns with federal and state standards.

D. Budget: Complete the following budget line-item in addition to the budget workbook. Complete the Budget workbook as provided by the BOA and submit to the BOA with the completed waiver request. The budget and budget narrative need to reflect the scope of the work. Include the staff position name and FTE equivalent in the budget narrative section of the workbook. *Include expenses related to staff requirements such as trainings or certifications.*

1. Summary

Title III-B Funds	$ 84,560.20
Title III-C1 Funds	$ 78,888.81
Title III Total of Programs	$ 163,449.01
Match (at least 15%)	$ 24,520.47
Program Income	$ 8,248.52
Total Program	$ 196,218.00
Other Resources	-
Grand Total	$ 196,218.00

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

Spring Raymond _____ 5 / 1 / 2025 _____

Signature of Area Agency Director Date

_____ _____

Signature of Authorized Official of Area Agency (Optional) Date

For ADS Use Only

_____ Waiver Request Approved _____

Time Period of Approved Waiver

_____ Waiver Request Denied

_____ _____

Signature of Authorized Official, Aging & Disability Services Date