



State of Connecticut
Department of Aging and Disability Services
Office of the Commissioner

December 21, 2021

Michael Hebert, Executive Director
Western CT Area Agency on Aging
84 Progress Lane, 2nd Floor
Waterbury CT. 06705

Dear Mr. Hebert,

I am pleased to approve Western CT Area Agency on Aging's Area Plan for the period of October 1, 2021 through September 30, 2024. Your Area Plan successfully reflects the shifting needs in your region and lays out a vision that will benefit older adults who are most in need of community supports and services.

My thanks to you, your dedicated staff, and your Agency's Board for their commitment to older adults, especially during these challenging times when we've all had to change and adapt to how we deliver services.

The Department of Aging and Disability Services and the State Unit on Aging staff look forward to working with WCAAA over the next three years as your Agency moves to implement its Area Plan.

Sincerely,

A handwritten signature in blue ink that reads 'Amy Porter'.

Amy Porter

CC: Margaret Gerundo-Murkette, Program Manager
Stephanie Marino, Program Manager
Erin Soli, Field Representative
Judy Begley, Board President



*Western Connecticut
Area Agency on Aging*

AREA PLAN ON AGING FOR THE WESTERN CT

PLANNING AND SERVICE AREA

**WCAAAA Staff Prepare PPE Packets for Area Seniors During
COVID Pandemic**



As defined in response to requirements under

THE OLDER AMERICANS ACT of 1965, as amended, for the three-year

period of October 1, 2021, through September 30, 2024

(FFY2022 through FFY2024)

July 1, 2021

I. COVER SHEET

1. Applicant Agency

Name: Western CT Area Agency on Aging, Inc.

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Phone: (203) 757-5449, Ext. 101 Fax: (203) 757-4081

Director: Michael Hebert, MSW, MBA, Executive Director

2. Chairperson of Governing Board

Name: Judy Begley, President, WCAAA Board of Directors

Address: 84 Progress Lane, 2nd Floor, Waterbury, CT 06705

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III. VERIFICATION OF INTENT

The proposed Area Plan on Aging is hereby submitted for the **Western Connecticut** Planning and Service Area for the period of October 1, 2021, through September 30, 2024.

The Area Plan includes all assurances and plans to be followed by the **Western Connecticut Area Agency on Aging, Inc.** under 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 all requirements of the Act and related Federal and State regulation and policy. In accepting this authority, the Area Agency assumes major responsibility to develop and administer the Area Plan for a comprehensive and coordinated system of services and to serve as the advocate and focal point for older people in the planning and service area.

The proposed Area Plan on Aging has been developed in accordance with all rules and regulations specified under the Older Americans Act and is hereby submitted to the State Unit on Aging for approval.

11/5/2021
Date

Michael D. DeLoach Executive Director
Signature and Title of Area Agency Director

The governing body of the Area Agency has reviewed and approved and proposed Area Plan.

11/5/2021
Date

Judy Boddy
Chairperson, Board of Directors

11/5/2021
Date

J. Pasquella
Chairperson, Advisory Council

IV. ACRONYMS

| | |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| AP- Area Plan, also “the Plan” | EBHP - Evidence-based Health Programs |
| AAA - Area Agency on Aging | FFY – Federal Fiscal Year |
| ACL - Administration for Community Living | Form 5 – Consumer registration form required by Administration for Community Living |
| ADC – Adult Day Care | HADR – Healthy Aging Data Report |
| ADRC – Aging and Disability Resource Center | I & R/A- Information and Referral/Assistance |
| ADS – CT Department of Aging and Disability Services | LEP – Limited English Proficiency |
| APS – Adult Protective Services | LGTBQ- Lesbian, Gay, Bisexual, Transgender and Queer or Questioning |
| ARPF – American Rescue Plan Funds | LTC – Long Term Care |
| BESB – Bureau of Education and Services for the Blind | LTCOP – Long Term Care Ombudsman Program |
| BRASS – Bringing Resources to Action to Serve Seniors | LTSS – Long-Term Services and Supports |
| CAA – Consolidated Appropriations Act | MIPPA – Medicare Improvements for Patient and Providers |
| CAWC – CT Age Well Collaborative | MIS – Management Information System |
| CCF – CT Community Foundation | NFCSP – National Family Caregiver Support Program |
| CDSME – Chronic Disease Self-Management Education | NSIP – Nutrition Services Incentives Program |
| CEJC – CT Elder Justice Coalition | NWD – No Wrong Door |
| CHADR – CT Healthy Aging Data Report | PSA – Planning and Service Area |
| CHCPE – CT Home Care Program for Elders | OAA - Older Americans Act |
| CHLC – CT Healthy Living Collective | PCA – Personal Care Attendant |
| CBO – Community Based Organization | (the) Plan – Area Plan |
| CHOICES – CT’s program for Health insurance assistance, Outreach, Information and referral, Counseling Eligibility Screening | PSE – Protective Services for the Elderly |
| CHSP- Congregate Housing Services Program | RSC – Resident Services Coordinator |
| CT – CT | SHIP – State Health Insurance Assistance Program |
| CSRCP – CT Statewide Respite Care Program | SIRS – SMP Information and Reporting System |
| DSS – Department of Social Services | SMP – Senior Medicare Patrol |
| | SUA - State Unit on Aging |
| | UOS – Unit of Service |
| | WC – Western CT |
| | WCAAA- Western CT Area Agency on Aging |

Other Acronyms/Definitions:

“OAA Target Populations” - Will be used for brevity to include all OAA target populations including without limitation: 1) rural; 2) low-income; 3) minority; 4) at-risk of institutionalization; 5) persons with Alzheimer’s disease or related dementia; 6) persons with severe disabilities, and 7.) caregivers including kinship caregivers of grandchildren and adults with disabilities.

V. NARRATIVE

A. EXECUTIVE SUMMARY

The Western CT Area Agency on Aging, Inc. is proud to put forth our Area Plan (“AP”, or “Plan”) which shall be in effect, upon approval, from October 1, 2021, through September 30, 2024. The reader will notice that WCAAA’s goals follow the State Plan goals: Long Term Services and Supports, Healthy Aging, and Elder Rights Goals, with clear and concise objectives, strategies, and measures. Our identified regional priorities: transportation, nutrition & food Insecurity, Health Education, Wellness & Prevention, and person-centered Information, Information & Referral/Assistance services (I&R/A) align within these state-level goals.

Throughout the Plan, the central recurring themes of collaboration and partnership, serve dual roles as both actions (cultivating and convening) and outcomes (networks and synergy) amongst Western CT Area Agency on Aging (WCAAA) and our four fellow CT Area Agencies on Aging, covering the entire state of CT. Area Plans historically provide a snapshot of needs during a finite period, however, we cannot overlook the impact of the COVID-19 pandemic on seniors and the service industry that provides service to them. The impact on our aging provider network statewide and regionally uncovered many gaps in service reflecting the inequality, social disparities, and disproportionate impact on communities of color across the state and in Western CT. WCAAA addressed gaps in service during this national health crisis around food insecurity, social isolation, need for transportation, caregiver respite, essential in-home services, and access to COVID vaccinations, COVID testing, multi-lingual health information and resources to promote inclusion, diversity, and equity. The COVID pandemic has taught us many lessons, but most importantly, has forced us, together as partners, to collaborate to create community-based solutions to community-based needs. This Area Plan demonstrates WCAAA’s mission and values to the philosophy of the Older Americans Act (OAA) and to our consumers, caregivers, and community partners throughout Western CT’s 41 towns.

B. CONTEXT:

1. Overview of the WCAAA

a. WCAAA Mission Statement

The WCAAA's mission is to develop, manage and provide comprehensive services through person centered planning for seniors, caregivers and individuals with disabilities in order to maintain their independence and quality of life.”

Our vision for seniors is embodied in the Older Americans Act (OAA) being administered through ACL. It is based on the American value that dignity is inherent to all individuals in our democratic society and the belief that older people should have the opportunity to participate in all aspects of society and community life, be able to maintain their health and independence, and remain in their own homes and communities for as long as possible.

The Area Plan and mission of WCAAA are integrated to meet the Area Plan goals in several ways:

1. securing and maintaining maximum independence in a home environment,
2. working toward an effective continuum of care through community based long-term care support that includes assessments and assistance in benefit applications,
3. providing information on services and benefits that will facilitate person centered planning and decision making.

The goals, objectives, and strategies in the WCAAA's Area Plan include access to long-term support services, access to benefits & supports, person-centered planning, advocacy, elder justice fraud prevention, prevention of abuse and neglect and supporting individual self-determination. Strategies are carefully crafted to aid towns while responding to needs cited by seniors and caregivers. Services help to secure and maintain maximum independence in a home environment. ¹

b. Core Values:

WCAAA is committed to eliminating ageism; honoring diversity and embracing inclusion, empowering individuals to live in the community of their choice and ensuring access to services that meet their

¹ Note: The reference to person-centered planning was added by the WCAAA Board of Directors, after consultation with the Agency's Advisory Council, and following the lead of CT Department of Social Services (DSS) and the State Unit on Aging (SUA). Person-centered planning has now been employed in all WCAAA programs with special focus on inclusion, diversity, and equity of all persons

basic needs. In the management of programs, provision of services, and communication with seniors and/or caregivers, WCAAA is guided by the core values that define our culture.

The WCAAA core values are:

- Listen to seniors and our partners who provide direct services for the older/disabled population.
- Identify best practices locally, statewide, and nationally for applicability in the western area through widespread promotion and follow up where interest is expressed.
- Take advantage of external opportunities to advance our strategic goals and strategies so that services meet seniors needs.
- Develop measurable service outcomes while striving to provide a seamless service system for seniors and their caregivers.
- Work with federal, state, and local partners to offer suggestions on priorities, services, potential changes in statutes/regulations and programs while constantly advocating for seniors.

The WCAAA's Area Plan activities (strategies) are directly related to the core values above. Agency-based decision-making mechanisms and management are flexible so that we can recognize useful trends and institutionalize change. All our programs operate within the principle of person-centeredness, so that the wishes of seniors are prominent, even with inherent risk. All levels of WCAAA management and service delivery have external reviewers who provide useful feedback on service provision, including effectiveness and efficiency, as well as seniors' needs. Seniors who seek WCAAA assistance find a seamless interdepartmental communication that considers the senior first.

c. Accomplishments and Challenges:

Objective 1.2: Develop and implement innovative policies that reduce obstacles as well as increase access to services for seniors with the greatest needs

a. Strategies that were successful in accomplishing these goals.

WCAAA has successfully achieved numerous outcomes outlined in the Area Plan during the period FFY 2017 – 2020. WCAAA was able to develop and implement innovative policies that reduced obstacles as well as increased access to services for seniors with the greatest needs.

Some of the strategies that supported Objective 1.2 were as follows:

- Provide at least 50% of the funding allocated under Title IIIB and Title IIID to community-based programs that are geared towards individuals in OAA target populations. Completed FFY 2018, 2019, 2020, 2021
- Fund programs whose priorities are to serve low-income seniors, including low-income minority seniors, targeting services to at least 1,300 low income and 500 low-income minority seniors, Completed FFY 2020, 2021.
- Fund programs whose priorities are to serve minority seniors, targeting services to at least 1,000 minority seniors, Completed FFY 2020, 2021.

b. The agencies strengths that supported meeting these goals.

WCAAA continues to foster strong communications with our sub-grantees through frequent virtual meetings. WCAAA provides information on services and benefits that facilitate person centered planning and decision making through several mediums. WCAAA provides information on service trends and the most pressing client issues, through our provider networks and our public information activities. WCAAA participates monthly on a WATR radio show, runs ads in the Waterbury Republican newspaper, blogs, publishes a WCAAA Insider newsletter, participates in caregiver express events, provides Municipal Agents/senior center director email blitzes, and participates in multiple public events. The WCAAA's website supports providers, seniors, and caregivers by providing the latest information on federal, state & local benefits. The Agency's website has been crafted to link directly to federal and state sites thereby ensuring that the latest information is available to our elder consumers and caregivers and is updated to promote regional activities. In addition, Advisory Council members provide opinions and information to the Board of Directors on seniors' issues related to the towns in which they live or work. They disseminate information to the public including consumer groups, town halls, libraries, and regional provider network meetings.

Additional communication had taken place with our (3) Elderly Nutrition Providers (ENPs) during this COVID 19 crisis to plan for the large transition from congregate (C1) meals to a variety of home-delivered meals (C2). Through communication we were able to collaborate with community providers to distribute meals in unconventional ways. Meals were distributed in senior centers, parking lots, and with the help of volunteers making deliveries. Additional meals were distributed with community partners through regional Food Banks and pantries, coordinated shopping services (e.g.,

Southbury) and fresh groceries (e.g., WCAAA “Bags of Hope”). WCAAA coordinated distribution efforts with local supermarkets, Resident Service Coordinators, staff and volunteers, CERT volunteers, local banks, a car dealership, EdAdvance, Torrington and Winsted Senior Centers, and housing property management in Naugatuck, Waterbury, Watertown, Torrington, and Winsted.

WCAAA leadership met with internal program coordinators and key administrative staff in the summer of 2020 to conduct an internal strategic planning session. The goal was to assess ongoing and unmet consumer needs utilizing SWOT exercises to evaluate our internal and external strengths, weaknesses, opportunities, and threats, during the COVID-19 pandemic. Many innovative ideas and recommendations were communicated by our staff through this process. The team worked to reevaluate the changing aging network, address regional needs and challenges, review changes to our OAA programs and grantee contracts, and brainstorm systems change improvements to help our consumers navigate referral systems more effectively. In addition, the team reviewed opportunities to improve efficiencies and shared training, technologies, and procedures with our fellow AAAs to improve consumer satisfaction and our ability to triage referrals from consumers through our I&R/A and ADRC services.

The WCAAA develops and manages an array of programs and services through the OAA, state and other private grant funds. Funds are utilized to aid with daily living activities in seniors' homes ensuring independent living. Services such as chore, transportation, adult day care and other respite care services are supportive of the senior's independence, safety, and wellbeing. Through programs such as National Family Caregiver Support Program (NFCSP), CT State Respite Care Program (CSRCP), Congregate Housing Services Program (CHSP), Veterans Directed Program (VDP), Money Follows the Person (MFP), and the CT Home Care Program for Elders (CHCPE) consumers remain in their homes and respite care to caregivers is provided.

Finally, programs operated by the WCAAA through state and/or federal initiatives (waivers) such as Money Follows the Person (MFP), CT Home Care Program for Elders (CHCPE), Community First Choice and Acquired Brain Injury target specific, needy, populations for whom there are no other services available and are aimed at assisting independent living through skilled providers or other

resources – all in support of the Area Plan and No Wrong Door (NWD) focusing on person-centered care and choice.

WCAAA is working toward building an effective continuum of care to provide Long-Term Care supports and services (LTSS) to maintain seniors in the community. These LTSS supports include program assessments (e.g., CHCPE, NFCSP, CHSP, CSRCP, CHOICES, Home Delivered Meals, applications for SNAP and DSS entitlement programs). The goal of WCAAA is being met through the building of staff capacity and continuous staff, volunteer, and stakeholder training. We help our consumers navigate the myriad of LTSS programs and services and to address their inquiries and priorities in a comprehensive person-centered approach.

c. The agency’s challenges that limited the ability to meet these goals. Identify any actions taken or planned actions to strengthen the agency in these areas.

The COVID-19 pandemic has created many new resource challenges such as, food insecurity, a shortage of personal protective equipment (PPE), new sanitizing and social distancing protocols, a shortage of in-home care providers and services, an increased need for grocery shopping services, transportation service limitations, and closure of senior centers and adult day center services. The use of technology was vital and WCAAA had to quickly increase its technology to allow staff to work from home. WCAAA was able to convene AAA staff, SUA, our grantees, consumers, providers, and other stakeholders together through frequent Zoom and TEAMS virtual meetings. These meetings helped us to create strategies on how to address community needs and work through the COVID-19 crises. As an example, WCAAA implemented a “Bags of Hope” Grocery Bag Distribution program to distribute 6,000 fresh food bags to 1,000 seniors living in senior housing sites in Waterbury, Naugatuck, Watertown, Torrington, and Winsted. This effort pulled together WCAAA staff, volunteers, community agencies, senior center personnel and three regional grocery chains to assemble and distribute these bags weekly from May 15, 2021 – July 30, 2021. While engaged in this activity, WCAAA collected donations and funding to distribute masks and gloves to seniors. WCAAA worked with key senior centers and municipal agents to assess other resources like food banks and pantries.

In addition to our normal business operations, WCAAA met the vaccination outreach and coordination challenge. To meet this challenge, WCAAA convened numerous stakeholders to plan and

implement vaccination outreach and distribution in Litchfield and greater Waterbury. This planning was implemented in early January 2020, to achieve age 60 and over vaccination rates of 85-90%. With CT Community Foundation and other community health and social service partners, WCAAA hosted weekly Zoom strategy meetings with community health partners, foundations, municipalities, community health centers, interfaith communities, and health and social service agencies, to educate the community about in-home and community vaccination events and clinics.

d. Summarize how you see the agency's role has changed in the community over the past area plan period and how you anticipate it changing in the next three years. Include impact of the coronavirus pandemic.

In March 2020, COVID-19 pandemic adversely impacted all our regional plans, services, and agency operations, and created scarcity of resources for our most at need seniors and their support systems. The region experienced a lack of access to services such as nutrition, transportation, informal support, personal protective equipment, and medical and personal care. COVID-19 created barriers for seniors accessing Long-Term Care Services and Support (LTSS), especially for seniors in our region with the greatest needs.

WCAAA's role radically changed in March 2020 to convene our grantees, providers, Elderly Nutrition Providers (ENPs) and funders to identify critical needs of our consumers and what they were facing throughout their towns. WCAAA recognized early on that the responses to these issues were fragmented and siloed and that our consumers were confused as to where to get assistance. WCAAA partnered with our grantees virtually to identify their needs. For example, early on, issues such as nutrition (food insecurity), need for Personal Protective Equipment (PPE) to reduce spread of the virus, transportation (rides to appointments e.g., grocery shopping/medical) were all critical needs. We were able to identify gaps in services and address agency capacity issues. We built capacity quickly to handle the volume of consumer inquiries, the number of required vehicles, provide shelf-stable meals and support drivers and locate refrigerated trucks to distribute emergency meals to our three regions.

As the emergency management processes and communications shifted to COVID-19 vaccination efforts in early January 2021, WCAAA organized with CT Community Foundation and attended weekly community partner meetings. The goal was to target high risk groups like seniors 65+

with chronic conditions, throughout the region and specifically in greater Waterbury. Working with our health department, municipality emergency management staff, hospital and community health center vaccine managers, local retail pharmacy chains (e.g., Walgreens, CVS), regional hospital mobile clinic units, interfaith communities, Hispanic Council, and other community partners like Independence Northwest (CIL) to establish special clinics for persons with disabilities and veterans. The five AAA Directors coordinated three COVID-19 Virtual Zoom Education events for consumers and community partners (Hartford Healthcare, Yale, Commissioner of SUA, Legal). The sessions were aimed at dispelling myths and focusing on the facts of COVID-19 vaccination, setting goals to immunize the public safely, and educating consumers and community partners how to access vaccinations.

The Major Disaster Declaration (MDD) was declared by the Administration for Community Living (ACL) on July 8, 2020, which created more flexibility and guidance on the use of OAA, FFCRA and CARES Act funding during the COVID-19 pandemic. WCAAA was able to provide immediate relief to our consumers as the ACL and SUA increased flexibility in OAA program eligibility, which allowed consumers to receive OAA Title III C2 home-delivered meals and bags of groceries under OAA Title B Supportive Services. Congress approved release of the Coronavirus Aid, Relief and Economic Security Act (CARES) on March 25, 2020 and signed into law on March 27, 2020.

The WCAAA role has changed over the current area plan period most notably due to the needs brought about by COVID-19 pandemic. The COVID-19 pandemic has affected how our agency does business with the public, providers, and community stakeholders. We have had to address issues around food insecurity through our congregate and home-delivered meals programs, referral to medical transportation services, referral to COVID-19 and flu vaccination services in our region, transportation to grocery shopping and medical appointments that were delayed during the pandemic. WCAAA staff handled 1,000 calls from consumers, caregivers, and providers between May 2020 - September 2020 and our staff placed follow-up calls to check on the status of these consumers and caregivers and their needs throughout the pandemic. Nutrition became WCAAA's priority throughout the pandemic with the simultaneous objective to get as many seniors vaccinated as possible in both our urban and rural areas.

Due to safety precautions, we have 15-20 OAA staff in the office to triage phone calls through our ADRC and I&R/A services. We have adapted to a virtual workspace having our WCAAA remote staff connected to our secure network at home. WCAAA had to address several priorities during this COVID-19 crisis, one being securing foundation support needed to invest in new laptop technology to have staff work remotely to address these emerging needs. WCAAA refined our automated phone messages to direct specific calls to certain internal extensions to expedite call response times. WCAAA staff were repurposed at home, office, and community to address these multiple challenges throughout the crisis, to deploy staffing resources and communications where needed throughout our region.

WCAAA was facing operating challenges and needed to adopt strategies to reduce agency overhead costs, improve efficiencies and eliminate redundancies in operations and agency workflows. WCAAA decided to renegotiate the lease at the current agency location. This negotiation eliminated moving costs and downsized the office space 5,000 square feet. WCAAA was granted a Paycheck Protection Plan Forgiveness Loan (PPP) loan which stabilized agency reserves. WCAAA applied for foundation and bank support from Tuft's Health Plan Foundation, CT Community Foundation, American Savings Bank, Ion Bank, for technology and programmatic support, client home-delivered meals, facility renovations, and the purchase of staff Personal Protective Equipment (PPE). PPE included face shields, gloves, and masks to protect our staff entering client homes and the office. All these actions were put into place from March 2020 to present to sustain our business operations, support our grantees and maintain staffing levels.

There have been challenges for the National Family Caregiver Support Program (NFCSP) and CT Respite Care Support Program (CRCSP) care managers to fill in-home and community-based care options. Provider agency staffing became increasingly difficult throughout FFY 2020-2021 and 2022. Provider staff shortages and respite service options were depleted as staff became less available to fill cases. Seniors and caregivers restricted staff entering their homes and the adult day centers closed. WCAAA OAA and CHCPE staff have also been faced with provider agency closures and mergers, increasing the vulnerability of clients living alone without informal caregiver supports and staff faced an inability to reenter clients' homes until May 3, 2021.

The 2020-21 COVID-19 pandemic provided some valuable lessons-learned and exposed many weaknesses in our Improvement and Action planning processes. As a result of social service and provider agency closures, our Western CT region consumers became more vulnerable and socially isolate. Consumers were lacking access to essential resources like food, in-home services, grocery shopping services, transportation and access to behavioral and primary care services, and medical care as hospitals became inundated with COVID-19 cases. Consumers placed hundreds of calls to WCAAA struggling with navigation to entitlement programs, benefits and health insurance counseling, housing options, and technology. Undoubtedly, the advent of the COVID pandemic prompted WCAAA to be innovative and assume a leadership role for coordinating needed services throughout our 41-town region.

WCAAA's objectives aligned with the previous State and Area Plan's goals, objectives, strategies, and measures, many of which are ongoing. As noted, the Covid 19 pandemic at the end of this past FFY 2017-2021 Area Plan had a significant impact with much of the development, implementation, and innovation taking place to reduce obstacles and provide service to consumers in a state of urgency and great need. Collectively, we identified priorities and potential public and private funding sources. WCAAA participated in COVID-19 vaccination efforts and outreach to targeted groups, like persons with disabilities, and homebound seniors that needed accommodations to gain access to vaccinations and were not able to attend mobile vaccination clinics. WCAAA continues to develop and implement innovative policies that reduce obstacles as well as increase access to services for seniors with the greatest needs. Our primary focus continues to be utilizing our WCAAA I&R/A, ADRC, CHOICES SMP/MIPPA staff, Respite (NFCSP, CSRCP) programs, Nutrition programs, MIS and Administrative staff to support the basic needs of our consumers, by triaging consumer calls and assisting consumers in navigating the myriad of services, while supporting their rights to personal choice and person-centered care. Frequently, WCAAA staff receives calls from consumers that say, "I can't get anyone on the phone to help me" or "I have been bounced around, with no answers, you are the first agency in which, I have received a live person to talk with, to help me with my problem." This theme has been repeated since the COVID-19 pandemic hit in March.

* Note that details of these WCAAA primary (FFY 2017 – 2021) accomplishments are captured in greater detail in the Accomplishments Attachment (Attachment E).

2. Needs and Targets

a. Status and needs of older individuals:

1) Needs assessment:

With respect to geography, the needs assessment refers to three primary geographic Cores: (1) Waterbury/Urban Core; (2) the Inner Ring, which includes 7 towns contiguous to Waterbury including Naugatuck, Prospect, Cheshire, Wolcott, Middlebury, Watertown, Thomaston and (3) the Outer Ring, which includes all the remaining towns in our 41-town region such as Beacon Falls, Oxford, Southbury, Woodbury, Bethlehem, Morris, Litchfield, Goshen, Warren, Washington, Roxbury, Bridgewater, and New Milford.

WCAAA conducted Needs Assessments targeting three specific groups: seniors, caregivers, and grantees/providers: As part of our general program assessments and program monitoring such as CT Statewide Respite Care Program, CHCPE, and Area Plan process, our WCAAA staff utilize several tools to gather input and feedback on needs and gaps in services in our 41-towns from seniors (consumers), caregivers and providers/agencies. Survey Tools, public hearings and focus groups were conducted to collect feedback from a variety of stakeholder groups. Since March 2020, when the COVID-19 pandemic started, WCAAA staff have been engaged in ongoing meetings with our consumers, grantees, community providers, Advisory Council and Board of Directors to address the immediate needs of our region. We collectively asked questions and brainstormed ideas of how we should best target and support our consumers regionally, through grant-making. This required a multipronged approach utilizing regional demographic information, community health assessments and studies, involvement in focus groups and public forums, surveys of our grantees and community providers involved with consumers, and input from caregivers, interfaith communities, hospitals, community health centers, emergency management, health departments, agencies and groups like the Hispanic Coalition, the Alzheimer's Association, Center for Independent Living (Independence Northwest).

The most frequently reported needs of our seniors 60+ (consumers) reported by seniors, caregivers and providers in Western Area Planning Region continues to be (1) transportation (door to

door), (2) home-delivered meals (since the COVID 19 pandemic), (3) affordable and accessible housing, (4) assistance with navigating services; (5) need for home and community-based services, (6) specialized transportation especially in Litchfield Hills (rural areas) (7). access and training on using of technology. Results were obtained during the Area Planning process through WCAAA on-line surveys, a public hearing comment period, and mailed surveys to our grantees and community partners. (Please note public hearing and provider survey comment in attachments).

(ACL's) American Community Service data reports show that Western's Planning and Service area has a high number of low-income adults, near poor older adults, minority older adults, low-income older adults, older adults with Limited English proficiency ("LEP"), older adults with severe disabilities, risk of institutionalization and older adults and related disorders especially in urban core cities like Waterbury, Danbury and Torrington and some rural communities in the Northwest corner of the region. Our Western service providers are required in their applications to set service goals relative to these target populations specifically including, but not limited to, service to:

- Low-Income Older Individuals
- Minority Older Individuals
- Low-Income minority Older Individuals

WCAAA utilized different data sets in analyzing the western area population and relied on productivity and utilization reflected in these various reports in this area plan such as (ACL) American Community Survey (ACS) 2019, UMASS- CT Healthy Aging Data Report (CHADR 2021).

| Town | Total Age 60+ Residents | Poverty | Low Income | Minority | At-Risk | Disability | Alzheimer's | Non-English |
|-------------------|-------------------------|-------------|--------------|-------------|--------------|--------------|--------------|--------------|
| Barkhamsted | 939 | 34 | 61 | 14 | 58 | 58 | 124 | 26 |
| Beacon Falls | 1455 | 36 | 127 | 64 | 147 | 147 | 35 | 61 |
| Bethlehem | 1018 | 56 | 124 | 56 | 70 | 70 | 92 | 70 |
| Bethel | 4247 | 246 | 442 | 314 | 357 | 200 | 518 | 663 |
| Bridgewater | 674 | 0 | 23 | 42 | 41 | 14 | 54 | 30 |
| Brookfield | 4192 | 159 | 499 | 172 | 449 | 231 | 415 | 109 |
| Canaan | 431 | 6 | 59 | 40 | 34 | 4 | 71 | 7 |
| Cheshire | 7331 | 213 | 623 | 439 | 123 | 4 | 1026 | 1099 |
| Colebrook | 305 | 22 | 48 | 0 | 20 | 14 | 43 | 8 |
| Cornwall | 547 | 24 | 39 | 9 | 53 | 18 | 55 | 49 |
| Danbury | 15948 | 1307 | 3014 | 84 | 2185 | 1308 | 2057 | 3764 |
| Goshen | 897 | 27 | 122 | 13 | 124 | 58 | 76 | 40 |
| Harwinton | 1575 | 50 | 104 | 43 | 132 | 91 | 162 | 135 |
| Kent | 1082 | 27 | 41 | 27 | 182 | 75 | 102 | 96 |
| Litchfield | 3028 | 239 | 606 | 103 | 463 | 227 | 375 | 188 |
| Middlebury | 2140 | 101 | 223 | 94 | 308 | 205 | 263 | 325 |
| Morris | 569 | 8 | 89 | 19 | 193 | 101 | 51 | 24 |
| Naugatuck | 6737 | 369 | 970 | 559 | 1226 | 794 | 1017 | 1570 |
| New Canaan | 4383 | 19 | 187 | 27 | 170 | 68 | 166 | 17 |
| New Fairfield | 3659 | 102 | 209 | 128 | 340 | 124 | 344 | 325 |
| New Hartford | 1772 | 50 | 101 | 62 | 165 | 60 | 167 | 143 |
| New Milford | 6440 | 193 | 1030 | 180 | 869 | 586 | 696 | 521 |
| Newtown | 6438 | 290 | 663 | 77 | 1069 | 592 | 837 | 399 |
| Norfolk | 601 | 38 | 107 | 12 | 54 | 52 | 51 | 20 |
| Prospect | 2590 | 67 | 290 | 101 | 355 | 215 | 321 | 233 |
| Redding | 2573 | 226 | 347 | 67 | 165 | 69 | 381 | 136 |
| Ridgefield | 6059 | 278 | 703 | 200 | 897 | 406 | 787 | 533 |
| Roxbury | 790 | 34 | 91 | 0 | 24 | 24 | 65 | 72 |
| Salisbury | 1621 | 36 | 175 | 36 | 149 | 91 | 227 | 44 |
| Sharon | 1161 | 111 | 132 | 21 | 224 | 63 | 170 | 72 |
| Sherman | 1169 | 27 | 22 | 0 | 35 | 35 | 100 | 44 |
| Southbury | 7471 | 672 | 1068 | 93 | 1217 | 635 | 114 | 72 |
| Thomaston | 1945 | 66 | 208 | 0 | 189 | 58 | 266 | 78 |
| Torrington | 8811 | 687 | 1859 | 441 | 1234 | 696 | 1445 | 314 |
| Warren | 425 | 20 | 68 | 4 | 16 | 15 | 43 | 54 |
| Washington | 1293 | 17 | 287 | 14 | 21 | 21 | 122 | 1040 |
| Waterbury | 20478 | 2600 | 8088 | 4403 | 3870 | 2457 | 3645 | 5324 |
| Watertown | 5599 | 498 | 1075 | 112 | 733 | 375 | 761 | 81 |
| Winchester | 3151 | 284 | 303 | 98 | 422 | 290 | 444 | 5324 |
| Wolcott | 4345 | 239 | 504 | 121 | 860 | 517 | 639 | 823 |
| Woodbury | 2881 | 262 | 288 | 61 | 277 | 233 | 317 | 252 |
| Total | 143,049 | 9740 | 25019 | 8350 | 19520 | 11301 | 18644 | 18867 |

2) Current and projected needs:

(A) Outline the current needs identified in order of priority among the area's age 60 and over population, the projected need of this population in the agency's region during the area plan period. Use information gathered through the agency's needs assessment, demographic data, survey instruments, community meetings/hearings, documented reports of unmet needs, and other sources relevant to the planning process for the service area.

The Western Connecticut's most presenting and current needs in priority order: nutrition/food security, transportation, health education, wellness and prevention, navigation/information, and referral services. Based upon the demographics, Connecticut is regionally trending toward a more diverse and rapidly aging population. Based on the demographic and health data reported in our region, there is every expectation that current needs will become more pronounced.

The 2018 Data Haven health data indicates that people in Greater Waterbury and Waterbury exhibit a higher percentage of obesity than the rest of Connecticut. Within the region there are health disparities based on race/ethnicity across a variety of health diagnoses and risk factors. The health risk factors are attributed but not limited to availability of food, dental health, transportation, employment, obesity, and other risk factors. Waterbury residents report higher rates of obesity at 41% and smoking at 26% when compared to the rest of the region. The regions Hispanic residents report higher rates of anxiety, 19% and depression, 16% than white residents, 13% and 9%, respectively.

1. Nutrition/Food Insecurity

Access to nutritious meals that provide the basic recommended daily allowances for good health continues to be of singular importance as the sheer volume of older adults eligible for and requesting home-delivered meals continues to increase substantially. According to the CT Healthy Aging Data Report (UMASS Boston, 2021), Greater Waterbury Community Wellbeing Profile (2019-2022) the statewide average of persons over the age of 60 who feel stress about buying food is 14%.

Other factors impacting nutrition and food insecurity include:

- The changing nutritional needs and preferences of an increasingly age and culturally diverse population of older adults.
- Conversations around pricing given the relationship between state and federal programs that has created a misplaced reliance on federal funds to keep necessary programs afloat.
- Coupled with transportation insecurity (23%), there is a correlation between food deserts in greater Waterbury and other urban cores like Danbury.
- Capitalizing on experiences from the COVID-19 pandemic including the popularity of and preference of Grab-n-Go style meals and boxed-lunches, senior dine programs and high demands

for home-delivered meals from all three elderly nutrition providers New Opportunities (Central Naugatuck Valley), Litchfield Hills (Litchfield Hills) and CW Resources (Housatonic region). Similar to the holistic trend in human-service transportation programs, nutrition-related services are also increasingly helpful and sought-after, especially in the rural region Litchfield corner, where accessibility to transportation is limited.

- Facilitated shopping, shopping list development, nutrition counseling, and nutrition education are helpful tools to support consumer choice and independence, these services successfully integrate social interaction into the delivery system. Another notable component of food insecurity is economic distress which will be further discussed in the Navigation / Information, Referral, and Assistance priority area later in this section.

2. Transportation

Although there are many older adults and individuals with disabilities able to drive themselves, for those who cannot it is a formidable barrier to accessing needed services and an impingement on engagement and quality of life. Dial-A-Ride services and/or other transportation programs for older adults are available in several communities. However, there are often limitations in terms of crossing town boundaries and limited availability for early morning and late evening transportation, or service on weekends. In the Western CT Planning and Service area, this is evident in not only urban and suburban areas but also in the area's rural communities, most of which have no public or paratransit transportation. There continues to be a need for expanded transportation support services, such as assisted/escort transportation for frail individuals or individuals with other social barriers (e.g., limited English proficiency or mental health issues).

WCAAA partners with the Kennedy Center to provide shared office space for a Northwest Regional Mobility Manager/ Ombudswomen position to help with scheduling rides for clients throughout the 41-town region and to collaboration with our regional paratransit providers to assess needs, gaps in services and special accommodations for medical appointments and social ridership. This is one of WCAAA's most coveted resources in addition to our transportation grantees we fund through Older American's Act funding.

To address the wide range of transportation needs of older adults in the Western Connecticut area, the service system will need to be comprised of a diverse array of options that include both public and private resources. As an aging cohort, older adults will be looking for flexibility, responsiveness, and more on-demand options with minimal requirements as to the “reason” for the ride (e.g., medical vs. non-medical). Volunteer transportation networks and programs that have added transportation components to their array of offerings will play increasingly valuable roles in meeting consumer demand and preference, while regional mobility managers through travel-training are providing necessary life-skills for long-term community living. Furthermore, investing in the use of technology for ride hailing, tracking, and coordinating for consumers and their care partners will continue to grow in importance and become a useful tool to reduce no-show rates for medical providers. Successful transportation hubs will find creative ways to combine all these services into a comprehensive and marketable package.

Health Education, Wellness & Prevention

Whereas transportation and nutrition were largely consumer-driven needs supported by data, the health education, support, and prevention priority were evident in this planning process by our grantees and consumers. In DPH’s Healthy Connecticut 2020 Blueprint, the following were listed as Statewide Health Improvement Priorities for CT: High Blood Pressure/Heart Disease Stroke, Obesity, Vaccine Preventable Diseases, Falls, Preconception Health, Poor Housing Conditions, and Unhealthy Community Design. These findings and outcomes reinforce aging as an accumulation of lived experiences which create disparities in health and well-being as granularly as by zip code. The CT Healthy Aging Data Report (“HADR”) developed by the team at UMASS-Boston and the Community Health Needs Assessment (CNHA) compiled by Greater Waterbury Community Wellbeing Profile and Greater Waterbury Health Partnership and Data Haven (2019-2022) compares statewide averages on some of the chronic health disease indicators (Diabetes, Stroke, Heart Disease, Obesity, Tobacco Use, Cancer, etc.).

However, with challenges come opportunities including:

- Strategic partnership with organizations with health-related missions that may be interested in adding an aging services partner to their outreach and service-delivery processes.
- Continued funding of chronic disease self-management education programs (CDSMEs) to address primary prevention and symptom management for improved quality of life.
- Ensuring easier access to CDSMEs through centralization such as through the CT Healthy Living Collective (CHLC).
- Continued collaboration with academic institutions to support needed research in the field of aging and to assist in the training and development of tomorrow’s aging services workforce.

| Metric | Statewide Average % | WCAA PSA % |
|------------------------------------------------------|----------------------------|-------------------|
| Medicare Beneficiaries 65+ with Hypertension | 76.22% | 74.75% |
| Medicare Beneficiaries 65+ with Diabetes | 33.76% | 31.71% |
| Age 60+ w/ self-reported Obesity | 26.10% | 24.43% |
| Medicare Beneficiaries 65+ w/ Alzheimer’s Disease | 14.37% | 13.43% |
| Person 60+ Providing Care to a Family or Friend | 21.72 | 21.25% |
| Medicare Beneficiaries with Mobility impairment | 4.02% | 3.98% |
| Medicare Beneficiaries 65+ Enrolled in Managed Care | 29.87? | 26.40% |
| Age 60+ Stressed out about buying Food in Last Month | 8.86% | 7.61% |

- Advocacy for and funding support of accessible technology products and infrastructure.

Connecticut Healthy Living Aging Data Report (HADR-UMASS, Boston)

3. Service Navigation/Information, Referral, and Assistance

OAA target populations are not always aware of the programs and services available to them. As a result, many programs are under-utilized; services may be paid for out of pocket; and consumers may be prematurely or unnecessarily institutionalized.

Providing information and linkages to available services helps to appropriately utilize existing programs and allows consumers to make informed decisions regarding their needs. The Connecticut Long Term Care Needs Assessment identifies lack of knowledge as the “second greatest obstacle to obtaining needed community-based services”.

Our regional and statewide goal to create an effective information network that links services for people, would begin to meet this need. By helping our consumers access and “navigate” more seamlessly through a wider range of supportive services for older adults and persons with disabilities through Connecticut’s Area Agencies on Aging and programs such as the CHOICES program. Linking

consumers with appropriate services would help them to take advantage of programs or services that are already in place. WCAAA will continue to provide a vital link between consumers and services by combining referral services and Person-Centered Counseling through our CHOICES counselors and information and referral staff to programs like our CHOICES Health Insurance program, Elderly Nutrition programs, respite programs, transportation, health and wellness programs, fraud and abuse prevention, legal services and in-home services will help to ensure that OAA target populations are aware of all of the options that are available to them. To deliver this service most aptly described as “Navigation” WCAAA will deploy an array of multi-cultural, multi-lingual team-based staffing approaches to ensure access across all OAA target populations.

Our BRASS (Bringing Resources to Action to Serve Seniors) program is example of how WCAAA, New Opportunities and the City of Waterbury with the Connecticut Community Foundation partner to deliver a single point of entry, person-centered approach to provide information and assistance, benefit assistance, eligibility screening, comprehensive assessment, long-term care supports, long term care options counseling, application assistance, public education, and care management and social and cultural opportunities to (8) senior centers throughout Waterbury.

3) Projected Change

(A) The projected change in the number of individuals aged 60 and over in the region.

The total population of the region is projected to stay unchanged between 2015 – 2040, but the area population ages 65 and over is projected to grow an estimated 35% during this period, placing a greater strain on our informal caregivers, home and community-based services, technology, and training needs, and demands on transportation resources across the (LTSS) spectrum. The average age of those age 60+ represented in comparison to the total population is 29% while those age 65+ represented in comparison to the total population is 20.8%. The total population for the 41-town planning and service region is 620,403, those age 60+ is 148,770 and those age 65+ are 105,551. Undoubtedly, the largest senior populations age 60+ are in three urban centers, which are Danbury, Torrington, and Waterbury. There are several rural towns like Salisbury (44.6%), Cornwall (42%), Sharon (42.7%), Litchfield (36.9%), Norfolk (40%) Bridgewater (39.5), Kent (38.3%), and Washington (37.2%) with high age 60+%/to total populations that will have a significant future impact on service delivery demands for those communities.

(B) How this projected change may impact the delivery of services and programs.

The projected increase of an estimated 35% will greatly impact the delivery of services and programs. The increasing aging population is expected to put a strain on the social services and healthcare

systems in the Western CT towns we serve. Currently, some of our towns have limited resources, including a shortage of staff and providers. We expect this to be an ongoing concern. The pay scale and reimbursement rates are minimal. WCAAA will need the communities to work together to build sustainable programming and attract caregivers and service workers to the field of aging. With a growing aging population and a reduction in the number of working-age individuals, bringing resources and retention incentives to ensure there are caregivers in place to meet the increased needs of the community is crucial.

(C) How the programs, policies, and services provided by the AAA can be adjusted to meet the needs of the changing population of individuals aged 60 and older, as well as the service demand.

The WCAAA will adjust policies and procedures and grantmaking priorities based on the changing population and service needs in the region. WCAAA will continue to advocate for our consumers and recruit new service providers. We will work with our state leadership to explore innovative ideas and initiatives to address the increasing needs of the population. WCAAA will work with and within the communities it serves to address the needs of consumers and the service demands.

4) Provider information:

(A) Include information on the availability and capability of providers in the AAA region to address service needs and access challenges.

WCAAA is fortunate to have several providers in the Western CT region to address service needs and assess challenges in the community. Within our multiple programs we have service contracts, with roughly 18 agencies, that provide in home direct services to our seniors. There are eight providers for transportation in the area that WCAAA provides grant funding to; New Opportunities, Wheels of New Milford, Torrington Transportation, Beacon Falls Minibus, Naugatuck Transportation, Geer Village Dial-a Ride, Friends of Newtown Seniors, and Go Geer on Demand. We currently have three Adult Day Care providers; they are situated geographically to meet some of the need. There is a shortage of medical model day care providers in the region. The WCAAA provides funding to six Chore providers. Our largest service provider New Opportunities receives grant funding for meals, Chore

services, Emergency Fuel, and a Money Management program. New Opportunities serves Waterbury, Torrington, and twenty-eight other CT towns.

In the Western region, we lost several medical model adult day center programs as centers closed under social distancing mandates and transportation providers needed to employ sanitizing protocols to reduce the spread of infection. This was financial devastation to many centers that were unable to incur these costs and reductions in census. This has had a trickle-down impact on the availability of community-based respite care options for NFCSP and CRSCP caregivers since March 15, 2020. The Western region also experienced closure and mergers of in-home support services like Chore, PCAs, Home Health and Companion agencies making it difficult for care management staff in our NFCSP, CSRCP, Veterans, CHSP (Congregate Housing RSCs), CHCPE to secure care for their clients and caregivers. Transportation in the Northwest corner of the region has always been a challenge due to the lack availability of escorted transit services and loss of drivers during the COVID pandemic. This continues to be a challenge, but WCAAA received new RFPs, in the FFY 2022 grant submissions, which show promising new options for our grantees in our region for medical transportation and other rides.

Our DSS Money Follows the Person program staff have been charged with locating apartments for hundreds of seniors being transitioned from area nursing homes back to independent living arrangements in the community. Our WCAAA Specialized Care Manager (SCM), Housing and Transition Coordinators work with the individual to design a person-centered care plan to support their housing and service needs in the community. With the number of consumers seeking housing, especially one-bedroom apartments; WCAAA received a heavy volume of calls concerning evictions, homelessness, and transitions back to the community. There continues to be a demand for subsidized senior housing and affordable assisted living units in our regions as alternatives to nursing home care but there are long waiting lists in most of our towns. Numerous seniors also contacted WCAAA during the pandemic with concerns of eviction as they no longer had the finances to support their current living situation and budget and were seeking less expense living options or housing with support services.

(B) address whether there are specific geographic areas where there are gaps in availability of providers or challenges in securing competent and willing providers; and

Throughout the COVID 19 pandemic and now, WCAAA has experienced challenges through our FY 2021-22 grantmaking process to identify providers and grantees that can fill in-home services for clients and caregivers such as homemakers, companions, personal care attendants, and adult day services funded through our CHSP, NFCSP, CT Statewide Respite Care Program, Alzheimer's Aide grant and CT Home Care Program for Elders Program.

To address the shortage of in-home services, WCAAA Finance Department expanded outreach to some new providers and developed contracts with new Older American Act provider agencies to attempt to cover service gaps in areas like towns in the Litchfield Hills area and Central Naugatuck Valley (e.g., Newtown, Ridgefield). However, some agencies have limited these in-home services if the plan of care does not exceed a minimum of 10 hours weekly to make it cost-effective to support their staffing and overhead costs. The CHSP program clients have been adversely impacted by these agency restrictions to secure services beyond PERS based on inadequate reimbursement rates and travel time.

The pandemic adversely impacted several adult day centers in our region with the closure of centers like Geer ADC in Canaan, Almost Family/Home ADC in Middlebury and Danbury, and Livewell ADC in Plantsville. Daybreak at Waterbury is the only remaining medical model center in our region and through the Alzheimer Aide Grant, WCAAA was able to recruit and fund Old Glory Days in Newtown and Litchfield ADC in Litchfield in July 2020 to accept ADC clients in three regions of Western CT. This has had an adverse impact on our remaining provider's ability to provide this valuable respite care option for folks with Alzheimer's and related disorders throughout our region and limits service options for NFCSP, CSRCP, CHSP and CHCPE programs. Moreover, new Social Model ADCs do not have the staffing levels and/or nursing care services to offer the same level of care services to those clients with high acuity needs for personal care, bathing, nursing management as medical model centers under CAADC certification requirements.

(C) if there are geographic or provider gaps, what action will the AAA undertake to fill these geographic or provider gaps.

WCAAA will continue to work with the community and providers to build sustainable programs that will address gaps in geographic areas and with providers. WCAAA will continue to reach out to providers with opportunities to be a subcontractor or to apply to receive grant funding to provide services to consumers in Western CT. Our continued participation in community events and networking and contact with service providers in the communities where these provider gaps are present is key and we will continue to foster those relationships.

b. The target population:

1. Target setting:

WCAAA utilizes a multi-pronged methodology when establishing targets for both the OAA programs it administers and its grant-making strategies: These tiers include the (1) determination of the approximate number of unduplicated consumers WCAAA projects to serve annually, based on available funding in each service category and program type. WCAAA's typical reach for OAA programs when compared to the number of unduplicated consumers served, is approximately 3-5% of the total older adult population in the region. This outreach level speaks directly to the fact that the service needs for our senior consumers, far outweigh the number of resources available, to provide OAA program services, given our percentage of (18.84%) of allocated OAA funding, amongst the five Area Agencies on Aging statewide.

Each year the AGing Integrated Database (AGID) (AGid stands for AGing, Independence, and Disability (AGID) Program Data Portal) data for the Western CT region is reviewed by WCAAA to update available demographic data concerning older adults, aged 60 and over, living in the 41 towns within WCAAA service area. WCAAA compiled data and analysis from the following Need's Assessment studies and collected consumer and provider feedback through ongoing Zoom meetings, focus groups, weekly meetings, and public hearings to set targets for services for the next Area Plan period (FFY 2022 -2024). Our grantees are expected to serve poverty-level, minority, low-income minority older adults. The ability of the grantee to serve the target population, is a major factor during the RFP review and allocation process, conducted by our Advisory Council and Board of Directors. The allocations committee distributes grant

funds based on community need and past performance. The allocations committee interviews the grant applicants and reviews performance, targets, and goals.

The reader can click the following links below to review the following community profiles for all 41-towns in our Western Planning and Service Region. Link to CT Healthy Aging Data Report (UMASS)

<https://nam12.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhealthyagingdatareports.org%2F%2FCT-healthy-aging-data-report%2F&data=04%7C01%7Cadoroghazi%40aarp.org%7C41a436ea3edd4879919a08d95399e821%7Ca395e38b4b754e4493499a37de460a33%7C0%7C0%7C637632742769444540%7CUnknown%7CTWFpbGZsb3d8eyJWljoimC4wLiAwMDAiLCJQIjoiv2luMzliLCJBTiI6lk1haVWwILCJXVCi6Mn0%3D%7C1000&sdata=ngwOWXS2kOzrN0PF2emzNbO%2FF0NyBhfiW7iV1wcfirk%3D&reserved=0>

Community Profile Topics in CHADR

- age, gender, race, population characteristics
- living arrangements,
- health status,
- chronic disease rates,
- strengths and vulnerabilities
- Infographics for CT
- regional Trends

To illustrate the Western planning and service region census population, the following CT Health Aging Data Report of Populations 60 Years or Older as a % of Total Populations (Ranked) below illustrates the aging of our region. Many towns are exhibiting growth in elderly consumers, who will need Long-Term Services and Supports (LTSS). This expected population increase will create a strain on several of our Western Region towns' resources; especially rural communities ranked in the highest percentiles in CT. To translate these census numbers into consumer needs, the higher the percentage of consumers age 60+ compared to their total community population, indicate there could be a greater strain on the community's ability to provide local Long-Term Services & Supports (LTSS).

Other chronic disease numbers in the community profile, help to identify population trends and demands on informal care systems and challenges for formal supports to sustain these consumers in the community into the future. We will meet with advocates, providers, and other community providers to address needs. Our plan is to allocate resources to those areas showing the most need and continue to utilize data to guide our decision making.

Link to CT Healthy Aging Data Report (UMASS)

https://healthyagingdatareports.org/wp-content/uploads/2021/04/CTCommunityProfiles/CT_Towncode151_Waterbury.pdf

2. Strategies for targeting:

WCAAA will use our current reporting process, to inform the committee of the ADL's and target data so that they can select grantees meeting the target population. The MIS team and

Grants Assistant record the monthly service units and client data for each grantee into SAMS. At any point in the grant year, this provides a snapshot into the grantee performance and how they are progressing to their projected targets. If further detail is required, our Grants Manager reaches out to the grantee to discuss and offer technical assistance. If the grantee applies for continuation funding in the next year, the Grants Manager and Advisory Council allocation team will meet with the grantee to review their year-end report and examine barriers to overreaching or underreaching their targets. WCAAA staff are also responsible for monitoring progress on waiver targets on a regular basis.

Grantees are required to submit their MIS reporting to WCAAA by the 15th of each month, reporting on services provided in the previous month. At the beginning of each year, the MIS/Grants Manager and support staff provide each grantee with updated instructions and forms, including the Consumer Registration Form (Form 5), cover sheet and aggregate form if needed. The Grants Manager/MIS and support staff are available to provide additional training, technical support, or answer questions to guide grantee staff in understanding MIS reporting requirements and timelines.

WCAAA strategically targets individuals 60 and older, including those with the greatest economic and social need through WATR radio programming, publications and participation in public speaking engagements and public education events. We work with social services agencies, senior centers, and other community partners to assist individuals and families needing our services. WCAAA publishes a bi-monthly newsletter and sends out communications regularly that are in English and Spanish. WCAAA has bilingual staff on board and utilizes Language Line Solutions as needed. Screening is conducted in low-income neighborhoods and area senior centers by our BRASS Information and Benefits Specialist who is bilingual and co-located at Waterbury Senior Center. Based on the compilation of data in each of the target groups in our Western planning and service area, WCAAA's I&R/A and ADRC staff provide our consumers with benefit eligibility screening and entitlement application assistance through our ADRC (e.g., DSS benefits, SNAP, etc.) benefits check-up process. Our WCAAA Information counselors through I&R/A, ADRC (bi-lingual) and

CHOICES/SMP staff and trained volunteers triage calls throughout the region and consumers are assigned to WCAAA program staff based on the inquiry request.

In the planning process for the 2018-2021 Area Plan, WCAAA utilized a variety of sources to assess the needs of older adults and the administration of funds allocated to establish goals and objectives. These included demographic data, MIS (SAMS) performance data, national and local literature, local surveys on consumers and providers including focus groups with older adults and with senior regional service providers. This provides the impetus for our grant allocation process by targeting these high risk populations annually throughout each Area Plan year, analysis of whether our grantees are reaching these targets through their OAA grants performance in MIS (Wellsky), Input from our Board and Advisory Council, continuous planning and evaluation to adapt our strategy to meet emerging needs throughout our region evidenced by societal impact from the COVID-19 pandemic and mitigation strategies to address consumer and caregivers needs like food insecurity, in-home service needs, grocery shopping, medical transportation, financial and housing insecurity. MIS Performance data was utilized by WCAAA to guide use in our decision making and resource allocation strategies to support both our consumers and our provider agencies to meet the challenge.

WCAAA's goal is to optimize the independence of our target consumers and through our grant allocation process help older adults access transportation, nutrition, in-home care, information, referrals to other resources like legal services and benefits and caregiver respite. Bilingual information specialists at WCAAA support the diversity of the communities we serve by connecting our consumers information and assistance, education, and navigation for non-English speaking consumers. The FFY 2022 – 2024 Area Plan prioritizes assistance to older adults and caregivers designed to (a) ensure access to programs and services that will enhance economic security of older adults; (b) ensure access to community-based long-term services and supports to maximize independence of older adults; and (c) ensure access to proven health promotion, wellness, and disease prevention programs for older adults and caregivers.

3. Serving the target population:

(A) identify the number of persons in each of the target groups in its planning and service area;

The Target population based on the State Area Plan Goals, Objectives, and Measures for the Western CT Planning and Services Region is based on the following at-risk populations below:

| Category | Population |
|------------------------------|------------|
| Low-Income Minority | 7,350 |
| Risk of Institutionalization | 19,520 |
| Poor | 25,019 |
| Rural | 17,121 |
| Alzheimer's Disease | 18,644 |
| At-risk | 11,305 |

CT Healthy Aging Data Report (https://healthyagingdatareports.org/wp-content/uploads/2021/06/CT-Healthy-Aging-Report-2020_final.pdf)

(B) describe the methods used to support older individuals within the region through administered services and programs;

WCAAA provided funding and actively assessed who needed additional funding throughout the year. Providers were able to provide services to support programming within the region that best served older individuals. With the SUA and WCAAA board's approval and flexibility, providers were able to meet new and emergent demands in the region offering alternative services.

(C) provide information on the extent to which the AAA has been successful in meeting the established targets for services to these populations.

WCAAA has been successful meeting the established targets for services to these target populations through a person-centered approach, community outreach efforts, a staff team-based approach to increasing awareness of all our OAA programs and services, community education and partnerships with our grantees and community partners. WCAAA utilizes MIS, STARS and other contract deliverable tracking to monitor outcomes, attendance, units of service and grant-based budgeting reports to track performance and mitigation strategies. WCAAA reports these finding at both Advisory Council and Board of Director meetings. WCAAA Finance and Grants Manager/MIS monitor grantee financial reports and MIS reports to track contract deliverables, allocation, and proper use of funds through our grantee audit process. In a usual year we would focus on growth due to Covid our focus was on retention. For example, during COVID-19, several grantees had to repurpose their original funding due to the inability to provide services in-person. WCAAA worked with the grantee to create an acceptable work around by approved service definitions and guidance from the

Administration for Community Living under the Major Disaster Declaration (MDD) due to COVID-related closures or changes in service delivery like moving congregate meals (C1) to home-delivered meals (C2) due to social distancing.

4. Collecting data:

WCAAA Grants Manager collects data and WCAAA MIS/Administrative staff enter the data reports (Consumer Registration Forms (Form 5's)) into the SUA-designated statewide management information system (MIS -SAMS portal). For programs such as CHOICES, SMP, etc. information is collected by our CHOICES counselors and staff and entered into STARS.

The units of service targets are monitored closely by our WCAAA grants manager and submitted by the 15th day following the month being reported. The subgrantee must resubmit to the Grant Manager if there are discrepancies. Once data is collected WCAAA communicates with grantees if additional information is needed.

5. Determining if targets were met:

WCAAA uses form I-B and form I-BA to determine if targets are met at year end. Throughout the year we utilize the forms to assess where WCAAA grantees are with meeting their targets. If there is a concern it is immediately addressed with the grantee we would identify if the total population is underserved or our target population is not being served.

C. AREA PLAN DEVELOPMENT PROCESS

WCAAA provided a multi-pronged approach in our agency's Area Plan development process. Staff was consulted and worked to develop goals for the coming years. Notes collected from interviews with providers and the grants committee were utilized to create realistic goals. Microsoft Forms surveys were sent to providers for feedback. We held a public hearing to get feedback from the community. Both quantitative and qualitative information provided measurable and intuitive data for analysis. Quantitative data included service utilization data, current research and related best practices, and other secondary information, including regional focus group feedback (listening sessions) on the primary needs in our 41-towns. WCAAA partnered with SUA at Newtown Senior Center in January 2020 with our consumers, caregivers, providers, grantees, and public and private stakeholders to

gather their feedback and address needs in our region. Additional information gathering strategies were held virtually in our region, including a senior center roundtable hosted by WCAAA's Advisory Council. Similar virtual sessions were held with our sub-grantees to identify their challenges and ways to repurpose programs to service their clients for Title IIIB in-home and community-based services, Title III C1 (congregate) and C2 (home-delivered meals), Title IIID Evidence-based health programs including CDSME, and Title IIIE (NFCSP) and Grandparents-Raising Grandchildren. Other resources are noted throughout the area plan.

VI. GOALS, OBJECTIVE, STRATEGIES, AND MEASURES

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

Objective 1: Enhance Long Term Services Supports (LTSS)

Strategy: Fund LTSS service providers

- Fund Adult Day Centers to sustain Respite Care option for Caregivers (Complete by FY 2022)
- Fund In-Home Services and Community-Based Programs (Complete by FY 2022)
- Fund Medical Transportation Services (Complete by FY 2022)
- Fund Social Transportation Services (Complete by FY 2022)
- Fund Chore and Personal Care Assistant Services (Complete by FY 2022)

Measure: Subcontractors report units of service and number of individuals served. Information is collected and utilized to provide reports that demonstrate the funding impact. The reporting will be used to measure the enhancement of long-term service supports through units of service and individuals served.

Objective 2: Provide Care Management Services to consumers within the community

Strategies: Provide Care Management Services in the following programs.

- | | |
|------------------------|-----------------------------------------|
| ▪ CHCPE 1040 Consumers | ▪ CSRCP 114 Consumers |
| ▪ CHSP 160 Consumers | ▪ MFP 44 Consumers |
| ▪ NFCSP 400 Consumers | ▪ Waivers (ABI, CFC, PCA) 284 Consumers |

Measures: Review Access Data Base Reports, Excel, WellSky Reports, SAGE 50, fiscal provider invoices from contracted providers.

Objective 3: Provide Caregiver Respite Services

Strategy: Through National Family Care Support Program (NFCSP) and CT Statewide Respite Care Program (CSRCP) provide the following services:

- | | | |
|-------------------|------------------|------------|
| ▪ Counseling | ▪ Respite | ▪ Training |
| ▪ Care Management | ▪ Support Groups | |

- Information and Assistance

Measure: Review Access Data Base Reports, Excel, WellSky Reports, SAGE 50, fiscal provider invoices from contracted providers.

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

Objective 1: Improve efficiencies statewide

Strategies:

- Assess and improve AAA efficiencies and partner development, FY 2021-2022
- Launch Aging and Disability Answers website and begin navigation services, FY 2023-2024
- Develop Aging & Disability Answers, a public/private partnership statewide hub for LTSS information. The program shall enhance and complement CT’s LTSS infrastructure including but not limited to 211-Infoline, MyPlaceCT, and the CHOICES and OAA programs to improve client experience. **9/30/22**
- Identify funds to maintain Aging & Disability Answers, a public/private partnership statewide hub for LTSS information. The program shall enhance and complement CHOICES and OAA programs while improving client experience. **9/30/23 & ongoing.**
- FY 2022-2023 develop uniform training protocols for all AAAs:
 - Assessment Tool development
 - AIRS certification of at least one Information Specialist or ADRC staff in each Agency – ongoing
- Facilitate opportunities for at least one annual workshop statewide AAA Information and Assistance staff to discuss best practices – ongoing

Measures: Track website traffic to calculate increase in traffic to site. Utilize current reporting tools such as MIS, to evaluate if we are meeting or superseding our targets. Utilize client satisfaction surveys to assess improvement of client experience. List established partnerships, increasing the partnerships and maintaining partnerships annually.

3. Goal: Improve Economic Security of Older Adults

Objective 1: Inform consumers on benefits and assist with application and application submission.

Strategies:

- Medicare Savings Program (MSP) (CHOICES)
- SNAP (CHOICES)
- LIHEAP (MIS) target of 65 individual households to receive energy assistance.
- Tax Rebate Jeff with tax help AARP
- Medicaid and other State Assistance Programs (CHOICES)
- Lifeline (PERS), target of 2000 units of service for the year.
- Alternative Housing, target of 150 days

Measure: Evaluation of target data from multiple databases, including WellSky (MIS), data reports for PERS, SHIP online reports and I&R/A Service Reports, ADRC/Aging and Disability Services database. Connection to services will be measured, the number of adults served through the multiple programs will demonstrate increased economic security.

Objective 2: Provide Information about programs, services, and issues of importance to older adults, families, and members of the aging network.

Strategies:

- Partner with regional Area Agencies on Aging to deliver and improve the consumer/caregiver experience when seeking supports.
- Work with program staff from SUA to identify and facilitate training. This part of the Aging and Disability answers, training will be to develop tools, benefit training, navigation training, evaluation training, etc.
- Provide 3500 units of CHOICES counseling to consumers annually.
- Present Group Outreach Activities (live presentation) with a target of 350 individuals in attendance.
- Provide Information and Referral Assistance with a target of 85 individuals.
- Present at eight radio events a year to speak on programs, services and issues facing consumers.

Measures: CHOICES online data tool and IR&A Service Report

4. Goal: Provide SENIORS with prevention and wellness opportunities

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

Strategy: Partner with regional Area Agencies on Aging to deliver and improve the consumer/caregiver experience when seeking supports. Identify staff strengths among the 5 AAA's, Tuft's Foundation Planning grant FFY 2022.

Measure: Number of contacts, tracked in multiple programs.

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

Strategies:

- AAA-CT representative will participate on CT Healthy Living Collective Advisory Council (CHLC) – D. Horowitz, WCAAA LiveWell Regional Coordinator (Complete by FY 2022)
- Fund DSMP workshops (Complete by FY 2022)
- Expand CDSME workshops in low-income target communities (Chronic Pain and Live Well Diabetes Prevention) - Propose 17 Diabetes Virtual Workshops for FY 2021 and FY 2022 based on current workshops completed in FY 2021) (Complete by FY 2022)
- Fund Monitor My Health Program in FFY 2022 *(New grantee program) (Complete by FY 2022)
- Secure additional foundation support to offer additional workshops and training materials (Complete by FY 2022)

- Expand menu of CDSME's available to consumers including virtual options during COVID-19 pandemic. (Complete by FY 2022)

Measures:

- Meetings convened between CHLC Aging Network partners to discuss opportunities to scale up Chronic Disease Self-Management Education Programs (FFY 2022).
- Participation on CHLC subcommittees. (FFY 2022)
- IIID Waivers reviewed annually to include additional CDSME's as interest supports.
- Review new "highest-tier" programs on an annual basis for funding conversations.

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

Strategy: Include referrals to Evidence-Based programming as part of Caregiver Programs care-plans as appropriate. (Complete by FY 2022)

Measure: Review grantee performance to see if they have broadened the contract network to include innovative and reimbursable services such as Network Lead Entity Grant (RFP) Application to Administration for Community Living in October 2021.

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

Strategy: Support the integration of evidence-based nutrition programs in home-delivered and congregate meal settings. The LiveWell Coordinator will provide flyers to Waterbury Senior Café participants in English/Spanish as part of diabetes education. (Complete by FY 2022)

Measure: Home Delivered Meals contracts reflect emphasis on evidence-based nutrition education and counseling and use of web-based training.

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

Strategy: Conduct benefits outreach to connect individuals with greatest economic and social need to public income support programs such as Supplemental Nutrition Assistance Program "SNAP".

Measure: Meet or exceed all MIPPA contract targets as determined by the State Unit on Aging (SUA).

Objective 6: Reduce caregiver financial burden

Strategy: Coordinate and provide services. such as but not limited to. respite care for those caring for seniors, individuals with disabilities, or persons living with dementia.

Measure: Contract deliverables under National Family Caregiver Support Program (NFCSP) and CT Statewide Respite Care Program (CSRCP) are fulfilled.

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

Strategy: CHOICES counselors will attend training provided by National Alliance of Mental Illness (NAMI-CT) which will be enhanced to include Alcohol and Substance Abuse Prevention screening tools. *CHOICES staff utilizes CHOICES Quick Guide including Senior Outreach and Engagement Program.

Measures: Improve awareness of area Behavioral Health Services and strengthen referral mechanism.

Objective 8: Expand diversity and inclusion

Strategy: Formalize integration of LGBTQ friendly practices and funding in WCAAA

Measures:

- All WCAAA staff to participate in at least one LGBTQ training regarding open and affirming language and behavior by 12/31/2022.
- Begin to utilize new Consumer Registration Form and joint program applications which have been modified to include LGBTQ affirming language by 12/31/2021.

Strategy: Support of the establishment of Suicide Prevention Protocols agency-wide -by 12/31/2021

Measure: AAA NFCSP and CSRCP Care Managers, and No Wrong Door/ADRC/I&R/A staff in the five AAA regions trained on QPR (Question, Persuade, Refer), by 9/30/22.

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

Strategy: Participate in the development of partnerships to address the health concerns of seniors through cooperative agreements, contracts, grants, or research opportunities.

Measure: AAA-CT secure alternative funding to support the Social Determinants of Health (SDoH)-related ventures.

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

Strategies: Maintain and fortify relationships with partnerships formed as result of 2020 COVID pandemic and vaccination outreach collaboratives in western region.

Measures: Community Emergency Response Teams (CERT) and other organizations with jurisdiction over homeland security and crisis response are added to agency newsletters. (FFY 2022 and ongoing).

5. Goal: Protect elder rights and well-being and prevent elder abuse, fraud, neglect, and exploitation.

Objective 1: Enhance protection of vulnerable seniors through OAA Programs

Strategies: Ensure all OAA funds are distributed in compliance with Federal and State mandatory minimums and that they represent regionally identified priorities. (FFY 2022 and ongoing)

Staff to participate in annual TEARS Conference annually.

Measures: Track calls related to elder abuse, monitoring increases and decreases.

6. Goal: Create awareness for Seniors and Caregivers around elder abuse and fraud.

Objective 1: Collaborate with the Community to bring awareness around elder abuse and fraud.

Strategy: WCAAA to participate in CT Elder Justice coalition. WCAAA will work with Regional Elder Care Networks, Central Naugatuck Valley (CNV) and Northwest Cares with of a goal of creating quarterly meetings to educate the community about elder justice. Grow awareness through articles, radio show and work with CT elder coalition. Encourage seniors and caregivers to contact the senior justice hotline.

Measure: Track attendance and number of phone calls into the hotline. Calls reported that come through IR&A to see if we have a change in the volume of calls received.

ATTACHMENT A: AREA PLAN ASSURANCES – SEC. 306 OF THE OLDER AMERICANS ACT

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

AREA PLANS

SEC. 306. (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,¹⁰ 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 who are victims of 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;

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

(ii) inform the older individuals referred to in sub-clauses (I) through (VI) 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 (42 U.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; and

(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;

(7) provide that the area agency on aging shall, consistent with this section, facilitate the area-wide 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

(8) the full range of available public and private long-term care (including integrated long-term care) programs, options, service providers, and resources; provided 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 assurances that 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 2000 in carrying out such a program under this title;

(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; and

(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; and

(17) - **(a)** 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.

(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) 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. 42 U.S.C. 3026



Chief Executive Officer, Area Agency on Aging



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 ADS/SUA (In chronological order of contact) |
|-------------------------------------------|---------------|-----------------|-------------|-------------------|-----------------------------------------------------------------|
| Michael Hebert, ED | X | X | X | X | 1 |
| Carla Gilbode, Dir Home Care | X | X | X | X | 4 |
| Spring Raymond, Dir. Of Finance/Contracts | X | X | X | X | 2 |
| Loretta Reed, 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 | 9. Restoration of Data Process and Communication with Backup Location |
| 2. Notification of Management | 10. Commencement of Alternate Site Operations |
| 3. Preliminary Damage Assessment | 11. Management of Work |
| 4. Declaration of Disaster | 12. Transition Back to Primary Operations |
| 5. Plan Activation | 13. Cessation of Alternate Site Procedures |
| 6. Relocation to Alternate Site | 14. Relocation of Resources Back to Primary Site |
| 7. Implementation of Temporary Procedure(s) | |
| 8. Establishment of Communication | |

Area Agency on Aging Long-Range Emergency Preparedness Plan

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 CHCPE and remainder of Agency (Title III, Resident Service Coordinators). While the WCAAA's Executive Director is the Disaster Communications Officer for the Agency, the CHCPE Director works directly with the Executive Director to communicate with CHCPE, PCA, MFP, CFC and ABI staff as well as contractors. WCAAA has a care manager assigned weekly for emergency calls and Ansophone is our emergency on call service for the agency.

Scope

This plan covers the following services provided by WCAAA to seniors, individuals with disabilities and caregivers in Western CT planning and services region:

- The Administration of Care Management Programs (CHCPE, MFP, CFC, PCA, ABI Waivers)
- As a consultation, information, and support source through Aging and Disability Resource Centers (ADRC)
- As an Older Americans Act funding and oversight entity, and
- As a community partner through the administration of numerous volunteer programs administered through our CHOICES and Senior Medicare Patrol programs.

WCAAA provided services to clients who are considered especially at-risk through the CHCPE, MFP, ABI, CFC, and PCA Waivers and through our OAA CHSP program and through two of our OAA Title III funding; home delivered meals and transportation.

For those clients determined to be at-risk (CHCPE, CFC, MFP, ABI, PCA), receive care management services are assessed for the need for a back-up plan (BUP). Those clients in the absence of formal services and/or a back-up plan (BUP), the client is required to sign an “at-risk” agreement and maintained in WCAAA’s client database and provided to the vendors providing services including emergency contact numbers for all WCAAA programs.

2. Members of the 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 CT TV stations (WVIT -Channel 30, WFSB – Channel 3, WTNH- Channel 8).

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

Prior to weather emergencies, clients of the CHCPE 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 CHCPE 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 CT Statewide Respite Care Program (CSRCP) 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.

Home delivered meal 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 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 nutrition program participants are contacted by the three Elderly Nutrition Providers (ENPs) 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 nutrition 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. Home delivered meal 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.

WCAAA Staff responsible for emergency preparedness:

WCAAA's process for weather related emergencies as well as situations that might arise with office closure impact: The Executive Director calls the Finance or Human Resource Director at 5:45 on affected day to determine if office is open at 8:00 or delayed opening. HR Director notifies TV stations of office closure or delayed opening and places information on WCAAA website in "for employees only category." The Director of CHCPE, ABI and MFP notifies those staff individually through texts/emails. The MIS/Grants Manager updates the Agency phone message to report agency closure or delayed opening. The MIS-Grants Manager also checks WCAAA IT/Phone systems to assess if there is a power outage.

The WCAAA Executive Director notifies WCAAA Board of Directors and SUA by email of Agency weather closures or disasters (e.g. hurricanes, tornados, blizzards). WCAAA calls each ENP prior to and the day of weather emergency to plan for the distribution for home-delivered meals clients and reports back to SUA the plan for that sub-region. 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 Agency Contacts Responsible to Report Office Closure to SUA, DSS:

Situational Reporting:

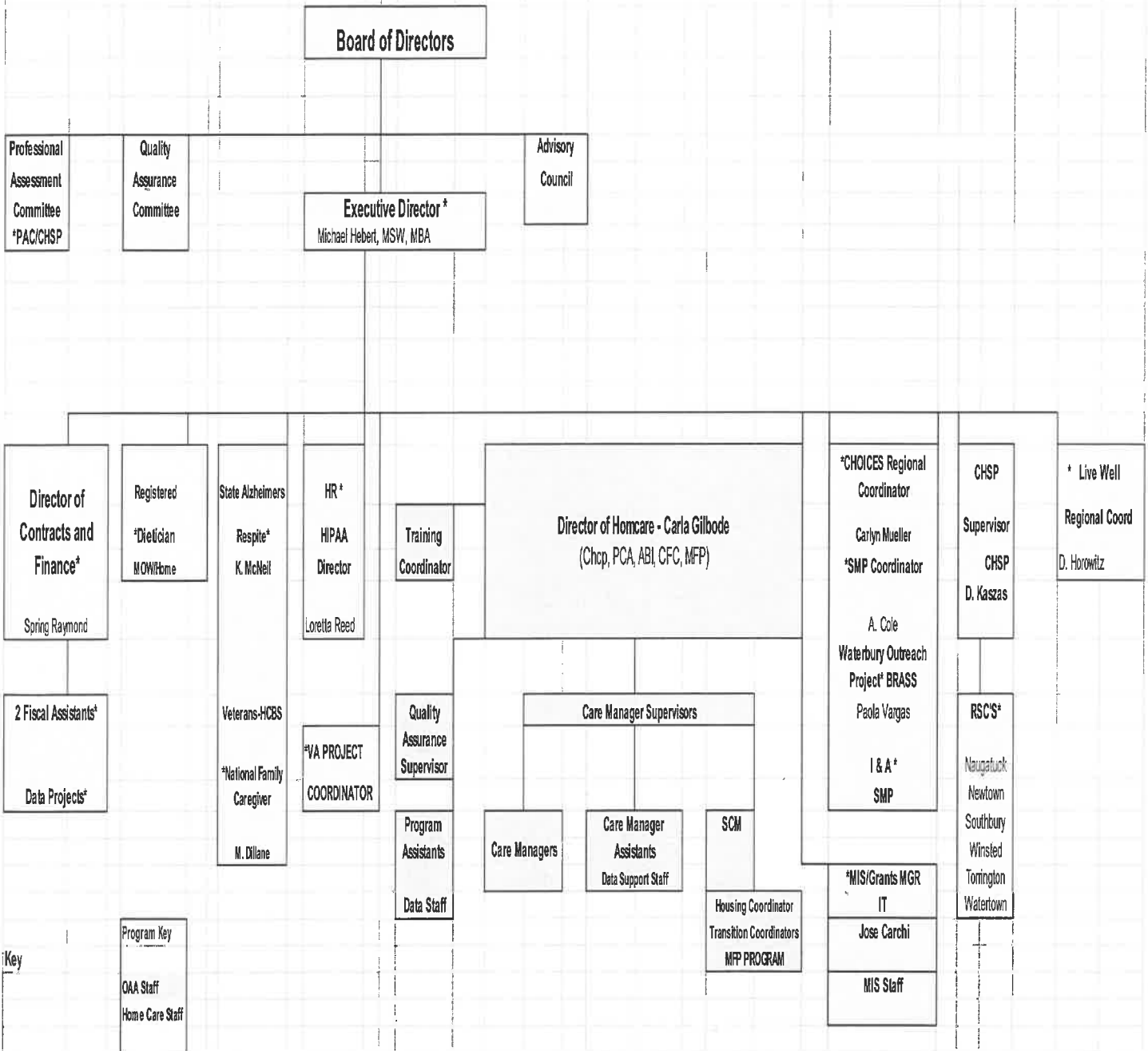
Michael Hebert, Executive Director, mhebert@wcaaa.org, (203) 757-5449, EXT 101

Loretta Reed, HR/Finance, lreed@wcaaa.org , (203) 757-5449, EXT 110

Carla Gilbode, Director of Home Care, cgilbode@wcaaa.org , (203) 757-5449, EXT 113

ATTACHMENT C: ORGANIZATIONAL STRUCTURE

WCAAA ORGANIZATIONAL CHART



ATTACHMENT D: FOCAL POINTS DESIGNATED IN THE WESTERN PLANNING AND SERVICE AREA

| ORGANIZATION | Contact Person | Date Designated | Grantee | Senior Center | Service Provider |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------|----------------|----------------------|-------------------------|
| Brookfield Senior Center 100 Pocono Road P.O. BOX 5106 Brookfield, CT 06804 PHONE: 203-775-5308 FAX: 203-740-3868 Email: emelville@brookfieldct.go | Ellen Melville Dir. of Senior & Soc. Serv | 10/1/21 - 9/30/24 | No | Yes | Yes |
| Danbury Senior Center Elmwood Hall 10 Elmwood Place Danbury, CT 06810 PHONE: 203-797-4686 FAX: 203-796-1645 Email: s.tomanio@danbury.gov | Susan Tomanio Director, City of Danbury Dept Of Elderly Services | 10/1/21 - 9/30/24 | No | Yes | Yes |
| Middlebury Senior Center 1172 Whittemore Road Middlebury, CT 06762 PHONE: 203-577-4166 FAX: 203-577-4173 Email: jcappelletti@middlebury-ct.org | JoAnn Cappelletti Social Service Director & Municipal Agent | 10/1/21 - 9/30/24 | No | Yes | Yes |
| New Fairfield Senior Center 33 State Route 37 New Fairfield, CT 06812-4012 PHONE: 203-312-5665 FAX: 203-312-5667 Email: khull@newfairfield.org | Kathy Hull, Director | 10/1/21 - 9/30/24 | No | Yes | Yes |
| New Milford Senior Center 40 Main Street New Milford, CT 06776 PHONE: 860-355-6075 FAX: 860-354-2843 Email: jducusin@newmilford.org | Jasmin Marie J. Ducusin Director | 10/1/21 - 9/30/24 | Yes | Yes | Yes |

ATTACHMENT D - FOCAL POINTS DESIGNATED IN THE WESTERN REGION-CONT.

| ORGANIZATION | Contact Person | Date Designated | Grantee | Senior Center | Service Provider |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------|----------------|----------------------|-------------------------|
| Prospect Senior Center 6 Center Street Prospect, CT 06712 PHONE: 203) 758-5300 | Lucy Smegielski, Director | 10/1/21 - 9/30/24 | No | Yes | Yes |
| Sherman Senior Center 8 CT- 37 Sherman, CT 06784 PHONE:(860) 354-2414 Sherman Senior Center shermanseniorcenter@gmail | Suzette Berger, Coordinator | 10/1/21 - 9/30/24 | No | Yes | Yes |
| Southbury Senior Center 561 Main Street South Southbury, CT 06488 PHONE: 203-262-0651 FAX: 203-267-4776 Email: senior@southbury-ct.org | Tamath Rossi Director of Senior Services & M.A. | 10/1/21 - 9/30/24 | No | Yes | Yes |
| Sullivan Senior Center - Torrington 88 East Albert Street Torrington, CT 06790 PHONE: 860-489-2211 FAX: 860-489-2529 Email: joel_sekiorski@torringtonct.org | Joel Sekorski Municipal Agent | 10/1/21 - 9/30/24 | Yes | Yes | Yes |
| Winsted Senior Center 80 Holabird Avenue P.O. Box 676 Winsted, CT 06098 PHONE: 860-379-4252 FAX: 860-738-2742 Email: jkelly@townofwinchester.org | Jennifer Kelley, Director | 10/1/21 - 9/30/24 | Yes | Yes | Yes |
| Woodbury Senior Center 265 Main Street South (Site) Mailing: 281 Main Street South Woodbury, CT 06798 PHONE: (203) 263-2828 lray@woodburyct.org | Loryn Ray, Director of Senior Services | 10/1/21 - 9/30/24 | No | Yes | Yes |

ATTACHMENT E: AGENCY ACCOMPLISHMENTS

GOAL 1. ACCESS TO SERVICES: IMPROVE ACCESS TO SERVICES BY REDUCING AND ADDRESSING BARRIERS.

Objectives:

Objective 1.1: Support and advocate for the development of effective transportation systems that meet the needs of seniors in the Western CT region.

Strategies:

- Fund at least three (5) regional transportation programs that provide rides over town lines, extended hours, and weekend transportation, Completed FFY 2018, 2019, 2020, 2021.
- Fund at least five (5) programs that will provide at least 15,000 one-way trips, Completed FFY 2018, 2019, 2020, 2021
- Fund at least at least two (5) programs that offer expanded transportation services, including but not limited to assisted transportation, Completed FFY 2018, 2019, 2020, 2021.
- Partner with community-based organizations to develop at least one (1) program that offers enhanced transportation to medical appointments, Completed FFY 2018, 2019, 2020, 2021.

Objective 1.2: Develop and implement innovative policies that reduce obstacles as well as increase access to services for seniors with the greatest needs.

Strategies:

- Provide at least 50% of the funding allocated under Title IIIB and Title IIID to community-based programs that are geared towards individuals in OAA target populations. Completed FFY 2018, 2019, 2020, 2021
- Fund programs whose priorities are to serve low-income seniors, including low-income minority seniors, targeting services to at least 1,300 low income and 500 low-income minority seniors, Completed FFY 2018, 2019, 2020, 2021.

- Fund programs whose priorities are to serve minority seniors, targeting services to at least 1,000 minority seniors, Completed FFY 2018, 2019, 2021.

Objective 1.3. Improve the knowledge of and access to available resources through a multi-faceted approach to outreach efforts, designed to both educate the public broadly, as well as provide individual assistance to those who require it.

Strategies:

- Develop and distribute at least four (4) times per year, public service announcements to seniors, individuals with disabilities, and their caregivers. Completed FFY 2019, 2020, 2021.
- Ensure that WCAAA staff providing information, counseling, and assistance, are appropriately trained, and certified by the National Association of Information and Referral Specialists (AIRS training recertifications), Completed FFY 2018, 2019, 2020, 2021
- Ensure that WCAAA staff providing consumer assessments and counseling services are cross trained in person-centered counseling (PCC and AIRs), Completed FFY 2018, 2019, 2020, 2021
- Counsel, translate, and explain benefits and requirements to at least 3,000 consumers, under the CHOICES Information and Assistance program. Completed FFY 2018, 2019, 2020, 2021.
- Partner with at least ten (50) community-based providers, including but not limited to senior and community centers, to promote CHOICES programs as “one stop shopping” for information on services and programs for seniors. Completed FFY 2018, 2019, 2020, 2021.
- Through the CHOICES Program, provide information (via telephone, mailings, group informational sessions, and individual counseling) to at least 2,000 consumers about community-based programs and services, in order that individuals may utilize benefits to which they are entitled and/or programs that are available, FFY 2018, 2019, 2020, 2021.
- Conduct and/or participate in at least ten (50) community outreach and education sessions on issues affecting seniors, individuals with disabilities and family caregivers in the western CT area. Completed FFY 2018, 2019, 2020, 2021.

- Perform eligibility screening and/or determination services for at least 1,500 individuals requesting assistance, Completed FFY 2018, 2019, 2020, 2021.
- Participate in at least eight (10) health fairs and/or public educational events targeting seniors and their caregivers, Completed FFY 2018, 2019, 2020, 2021.
- Appear on local cable access programs in the western CT region at least two (3) times, annually through FFY 2021. This also included monthly radio shows by WCAAA staff with host of WATR AM radio. Completed FY 2018, 2019, 2020, 2021.
- Expand the resources available at the Aging Resource Centers at WCAAA throughout western CT, including materials to be available for seniors and caregivers to use at WCAAA and www.wcaaa.org website or to be borrowed for their use at home.
- Acquisition of materials, as needed and available. Completed FFY 2018, 2019, 2020, 2021.

Objective 1.4 Support programs that specifically address the needs of the diverse population of seniors in the Western CT Region

Strategies:

- Develop and/or maintain outreach programming and multilingual materials targeted to non-English speaking seniors, Completed FFY 2018, 2019, 2020, 2021.
- Fund programs that target services to seniors with Limited English Proficiency. Serve at least 600 seniors, Completed FFY 2018, 2019, 2020, 2021.
- Disseminate multilingual written information regarding resources, to seniors of at least two (2) non-English speaking populations, Completed FFY 2018, 2019, 2020, 2021.
- Conduct outreach specifically targeting non-traditional media outlets (e.g., community newspapers, local radio stations (WATR), non-English language television programs) to ensure that underserved and/or ethnically diverse communities are aware of WCAAA programs and services, Completed FFY 2018, 2019, 2020, 2021.

Objective 1.5: Improve outreach and engagement efforts to traditionally hard-to-reach seniors, such as homebound seniors and seniors residing in rural communities.

Strategies:

- Partner with services providers to develop and/or support at least one (1) program that addresses the needs of rural seniors. Completed 2018, 2019, 2020, 2021.
- Fund at least one (1) program that targets services to homebound seniors, serving at least 75 seniors, Completed FFY 2018, 2019, 2020, 2021.
- Fund at least one (1) program that integrates homebound seniors into community activities, Completed FFY 2018, 2019, 2020, 2021.
- Disseminate written information on a range of topics, targeting approximately 100 homebound seniors, Completed FFY 2018, 2019, 2020, 2021.

Objective 1.6: Support programs that reach and adequately serve at-risk and isolated seniors utilizing innovative and effective approaches.

Strategies:

- Develop and/or sustain partnerships with at least one (1) local service provider to identify and address the needs of immigrants and refugee seniors, annually through FFY 2018, 2019, 2020, 2021.
- Maintain relationships with community-based aging services providers to ensure that the needs of frail seniors are identified and addressed. Collaborate with providers to offer at least two (2) programs geared towards seniors who are at risk of institutional placement or have severe disabilities. Completed FFY 2018, 2019, 2020, 2021.
- Fund and/or coordinate programs that offer telephone reassurance or personal emergency response systems, serving approximately 60 seniors, annually through our WCAAA CHSP, NFCSP or Alzheimer's Respite programs. Completed FFY 2018, 2019, 2020, 2021.
- Partner with at least one (1) faith-based community to reach seniors in need of assistance who are not otherwise connected to the service delivery infrastructure, Completed FFY 2018, 2019, 2020, 2021.

- Develop relationships with at least one (1) local service provider to identify and address the needs of LGBTQ seniors. Training to be completed by December 2021.
- Enhance training opportunities for WCAAA staff and volunteers related to inclusiveness and serving LGBTQ seniors, to be completed December 2021.

GOAL 2: LONG TERM CARE AND COMMUNITY BASED SERVICES- ADVOCATE FOR IMPROVEMENTS TO LONG-TERM CARE SERVICES AND ENHANCE AVAILABILITY OF COMMUNITY-BASED SUPPORTS.

Objective 2.1: Build coalitions with other organizations to educate elected officials, provide advocacy, and empower seniors and caregivers to advocate on their own behalf in order to influence needed improvements in the service delivery system at the federal, state, and local levels.

Strategies:

- Work with CT Association of Area Agencies on Aging; CT Commission on Women, Children, and Seniors; CT Coalition on Aging; CT State Unit on Aging, and other organizations for the purposes of educating and advocating on specific aging issues that emerge during the legislative session of CT's General Assembly, Completed FFY 2021.
- Continue to partner with organizations that provide person-centered advocacy and promote independent living, Completed FFY 2021.

Objective 2.2: Enhance current programs and develop innovative approaches that address the long-term care and community-based service needs of older persons in western CT region.

Strategies:

- Coordinated and delivered at or through multipurpose senior centers, Completed FFY 2018, 2019, 2020, 2021.
- Provide funding and/or development assistance to at least three (3) adult day centers serving approximately 75 seniors, Completed SFY 2018, 2019, 2020, 2021.

Objective 2.3: Collaborate with organizations that assist individuals with disabilities and their caregivers.

Strategies:

- Continue partnerships with organizations such as the CT Department of Developmental Services and Centers for Independent Living (CILS) (Independence Northwest) Completed FFY 2018, 2019, 2020, 2021 – ongoing.
- Continue to collaborate with the Western CT regions Center for Independent Living (CIL), Independence Northwest, to offer improved access and service coordination to individuals with disabilities and outreach services to Veterans, Completed FFY 2018, 2019, 2020, 2021 -ongoing
- Provide support and advocacy for programs providing services to individuals with disabilities. Completed FFY 2018, 2019, 2020, 2021. - ongoing.
- Network with at least one (1) other agency whose population is likely to be or become disabled upon diagnosis, such as the National Multiple Sclerosis Society, the Parkinson's Foundation, the Traumatic Brain Injury Association, Alzheimer's Association, and other agencies in the community. Completed FFY 2018, 2019, 2020, 2021.
- Partner with local efforts to improve the availability of dementia-capable programs and/or develop dementia-friendly communities in western CT such as LiveWell in Southington and the Alzheimer's Association. Completed FFY 2018, 2019, 2021, 2021.

Objective 2.4: Provide guidance, support, counseling, and instruction to caregivers of seniors.

Strategies:

- Provide information and assistance to approximately 500 caregivers of seniors through the National Family Caregiver Support Program (NFCSP), Completed FFY 2018, 2019, 2020, 2021.
- Provide individual consultation and assessment services for approximately 250 caregivers, Completed FFY 2018, 2019, 2020, 2021.

- Conduct outreach specifically targeting relative caregivers through the NFCSP. Reach approximately 75 caregivers. Completed FFY 2018, 2019, 2020, 2021.
- Include topics of interest to caregivers in the WCAAA newsletters. Completed FFY 2018, 2019, 2020, 2021.

Objective 2.5: Provide and/or develop resources for peer support and training to caregivers of seniors.

Strategies:

- Provide development support or technical assistance to at least two (4) caregiver support groups. Include topics of interest to caregivers in the WCAAA newsletters. Completed FFY 2018 - 2021.
- Conduct at least two (2) training events for caregivers of seniors, to support them in their roles and assist them in addressing related issues. Include topics of interest to caregivers in the WCAAA newsletters. Completed FFY 2018, 2019, 2020, 2021.
- Utilize a portion of NFCSP resources to obtain materials of interest and benefit to caregivers, to be maintained in the Aging Resource Centers of Western CT for use by caregivers. Completed FFY 2018, 2019, 2020, 2021.

Objective 2.6: Provide advocacy and support for grandparents/relatives raising children in the Western CT region.

Strategies:

- Fund and/or support at least two (2) programs under the National Family Caregiver Support Program (NFCSP), to provide at least 250 hours of caregiver counseling to grandparents/relatives raising children. Include topics of interest to caregivers in the WCAAA newsletters. Completed FFY 2018, 2019, 2020, 2021.
- Fund at least one (1) program under the NFCSP that provides an opportunity for peer support (e.g., support group) for grandparents/relatives raising children, Include topics of interest to caregivers in the WCAAA newsletters. Completed FFY 2018, 2019, 2020, 2021.

- Fund and/or partner with at least one program via the NFCSP that provides training for grandparents/relatives raising children to support them in their roles and assist them with related issues, Completed FY 2018, 2019, 2020, 2021.
- Participate in at least two (2) network meetings to provide advocacy and support for local and regional efforts led to alleviate the burdens faced by grandparents/relatives raising children. Include topics of interest to caregivers in the WCAAA newsletters. Completed FFY 2018, 2019, 2020, 2021.

GOAL 3: PHYSICAL AND MENTAL HEALTH:- PROMOTE HEALTHY AGING THROUGH THE ENHANCEMENT OF PROGRAMS THAT ADDRESS PHYSICAL HEALTH, MENTAL HEALTH, AND SOCIAL DETERMINANTS OF HEALTH.

Objective 3.1: Support and enhance programs addressing the health needs of seniors in the Western CT region.

Strategies:

- Fund at least four (4) programs that provide health services not covered by other sources of payment (e.g., Medicare), targeting at least 100 seniors. Participate in at least two (2) network meetings to provide advocacy and support for local and regional efforts led to alleviate the burdens faced by grandparents/relatives raising children. Include topics of interest to caregivers in the WCAAA newsletters. Completed FFY 2018, 2019, 2020, 2021.
- Fund and/or partner with at least one (1) program that addresses the oral health needs of seniors in the Western CT region, Completed FY 2018, no oral health dental program after FY 2018.
- Seek opportunities to participate in planning efforts related to population health and support initiatives that integrate healthy aging priorities into community health improvement goals, Completed FFY 2019, 2020, 2021.

Objective 3.2: Develop programs that offer innovative approaches to the nutritional needs of seniors in both home-delivered and congregate meals programs.

Strategies:

- Fund at least three (3) Home Delivered Meals programs (e.g. Senior Dine, Cafes, Food Truck) to promote innovative alternatives and encourages lifestyle changes, and is designed to increase participation in congregate meal programs. Completed FFY Fund at least four (4) programs that provide health services not covered by other sources of payment (e.g., Medicare), targeting at least 100 seniors. Participate in at least two (2) network meetings to provide advocacy and support for local and regional efforts led to alleviate the burdens faced by grandparents/relatives raising children. Include topics of interest to caregivers in the WCAAA newsletters. Completed FFY 2018, 2019, 2020, 2021.
- Fund at least three (3) Home Delivered Meals that provides congregate meals, serving at least 95,000 meals to seniors, annually Fund at least four (4) programs that provide health services not covered by other sources of payment (e.g., Medicare), targeting at least 100 seniors. Participate in at least two (2) network meetings to provide advocacy and support for local and regional efforts led to alleviate the burdens faced by grandparents/relatives raising children. Include topics of interest to caregivers in the WCAAA newsletters. Completed FFY 2018, 2019, 2020, 2021.
- Fund at least three (3) Home Delivered Meals that provides home-delivered meals, serving at least 325,000 meals to seniors, annually Fund at least four (4) programs that
- provide health services not covered by other sources of payment (e.g., Medicare), targeting at least 100 seniors. Participate in at least two (2) network meetings to provide advocacy and support for local and regional efforts led to alleviate the burdens faced by grandparents/relatives raising children. Include topics of interest to caregivers in the WCAAA newsletters. Completed FFY 2018, 2019, 2020, 2021.
- Fund and/or partner with at least one (1) program that provides nutrition education, in group-based settings or individually, to at least 300 seniors, Fund at least four (4) programs that provide health services not covered by other sources of payment (e.g., Medicare), targeting at least 100 seniors. Participate in at least two (2) network meetings to provide advocacy and support for local and regional efforts led to alleviate the burdens faced by grandparents/relatives raising children.

Include topics of interest to caregivers in the WCAAA newsletters. Completed FFY 2018, 2019, 2020, 2021.

- Fund and/or partner with at least three programs that offers nutrition counseling and appropriate follow-up services, to at least 75 seniors. Completed FFY 2018, 2019, 2020, 2021.
- Support at least three (3) programs that provides nutrition services on weekends and/or to underserved communities, Completed FFY 2021.
- Support or develop at least three (3) programs that address issues related to seniors access to food or food security (e.g., grocery bag delivery, shopping services, etc. annually depending on funding. Completed FY 2019, 2020, 2021.

Objective 3.3: Enhance the capacity of the aging services network and local programs to provide mental and behavioral health services to seniors in the Western CT region.

Strategies:

- Fund at least two (2) programs that provide behavioral or mental health services, individually or in group-based setting. Completed FY 2020- 2021.
- Collaborate with at least one (1) local behavioral health services provider and/or other appropriate agency, to assist in the detection of and response to depression, anxiety, or other behavioral health issues Completed FFY 2020 - 2021.
- Support or collaborate with at least one (1) program that provides intervention services for seniors with substance abuse issues or those with dual diagnoses (substance abuse and mental health), targeting at least 20 seniors, Completed FY 2020 -2021.
- Conduct at least two (2) programs/events designed to educate the public or increase public awareness of mental health issues in seniors. Completed FFY 2019, 2020, 2021. – 2019 Annual Meeting Keynote Address.
- Promote and provide information on programs that address cognitive fitness, by partnering with at least one (1) agency that offers such services to seniors and/or their caregivers Completed FFY 2020, 2021

Objective 3.4: Provide support, education, training, and guidance related to the development of health promotion programs for seniors, specifically including but not limited to, evidence-based health programs, disease self-management programs, and physical activity programs.

Strategies:

- Fund at least one (1) evidence-based Title IIID program that encourages preventive services, overall wellness, lifestyle changes, or promotes opportunities for seniors to be physically active. Completed FY 2018, 2019, 2020, 2021.
- Partner with at least eight (8) organizations, including but not limited to senior centers, to develop and/or enhance health promotion activities and programming delivered at the local level, related to topics such as medications management, injury and falls prevention, physical activity, and management of chronic diseases. Fund at least four (4) programs that provide health services not covered by other sources of payment (e.g., Medicare), targeting at least 100 seniors. Participate in at least two (2) network meetings to provide advocacy and support for local and regional efforts led to alleviate the burdens faced by grandparents/relatives raising children. Include topics of interest to caregivers in the WCAAA newsletters. Completed FFY 2018, 2019, 2020, 2021.
- Fund at least four (4) programs that provide health services not covered by other sources of payment (e.g., Medicare), targeting at least 100 seniors. Participate in at least two (2) network meetings to provide advocacy and support for local and regional efforts led to alleviate the burdens faced by grandparents/relatives raising children. Include topics of interest to caregivers in the WCAAA newsletters. FFY 2018, 2019, 2020, 2021.
- Collaborate with at least two (4) service providers to enhance the capacity of the aging network in the Western CT region to offer evidence-based health programs through 2021 including multiple virtual workshops during COVID-19 pandemic.
- Partner with at least two (4) service providers, in an effort to promote replication of the Chronic Disease Self-Management Education (CDSME), Diabetes Self-Management Program (DSMP),

Pain Management or other evidence-based health programs under Title IIID, throughout the Western CT region Completed FFY 2020-2021.

Objective 3.5: Develop and support programming that addresses issues related to caregiver stress and provide opportunities for respite to family caregivers.

Strategies:

- Coordinate with community-based organizations to provide respite care services including but not limited to adult day care, for at least 50 caregivers of seniors, annually through Fund at least four (4) programs that provide health services not covered by other sources of payment (e.g., Medicare), targeting at least 100 seniors. Participate in at least two (2) network meetings to provide advocacy and support for local and regional efforts led to alleviate the burdens faced by grandparents/relatives raising children. Include topics of interest to caregivers in the WCAAA newsletters. Completed FFY 2018, 2019, 2020, 2021.
- Fund at least one (1) program under the NFCSP that offers respite services for grandparents or other seniors raising children. Fund at least four (4) programs that provide health services not covered by other sources of payment (e.g., Medicare), targeting at least 100 seniors. Participate in at least two (2) network meetings to provide advocacy and support for local and regional efforts led to alleviate the burdens faced by grandparents/relatives raising children. Include topics of interest to caregivers in the WCAAA newsletters. Completed FFY 2018, 2019, 2020, 2021.

Objective 3.6: Develop and support programming that addresses health disparities affecting seniors.

Strategies:

- Conduct at least two (2) programs/events designed to educate the public or increase community awareness of health disparities in seniors Completed FFY 2021.
- Collaborate with at least one (1) community-based organization on initiatives to address social determinants of health and/or health disparities among seniors through FFY 2021.

- Fund and/or support at least two (2) programs designed to address health issues which disproportionately affect older men. Completed FFY 2021.
- Objective 3.7 Participate in the development of partnerships with local research organizations that address the special health issues and concerns of seniors.

GOAL 4: ECONOMIC SECURITY- PROVIDE ADVOCACY, EDUCATION, AND SUPPORT RELATED TO THE ECONOMIC SECURITY OF SENIORS AND CAREGIVERS.

Objective 4.1: Increase awareness of issues related to the economic security of seniors, specifically including but not limited to the cost of and need to plan for long-term care.

Strategies:

- Through the CHOICES Program, provide information (via telephone, mailings, group informational sessions, and individual counseling) to at least 5,000 consumers about health care plan choices, rights, and responsibilities, so that they can make informed decisions about their health care through
- Conduct or participate in at least 35 community education sessions, regarding options for adequate, available, and affordable health care including Federal, State, and local benefit programs and other issues affecting seniors within the region, Completed FFY 2021.
- Partner with at least two (2) area employers to offer educational programming and consultation to their employees related to long-term care planning Completed FFY 2021.

Objective 4.2: Support opportunities to reduce the financial burden placed on family caregivers by coordinating and providing services for those caring for seniors.

Strategies:

- Contract with community-based services providers to provide supplemental services for family caregivers, Completed FFY 2021.
- Coordinate the referral and provision of supplemental services, serving at least 75 family caregivers in need of such services, Completed FFY 2021.

Objective 4.3: Develop relationships with organizations focusing on the needs of senior women.

Strategies:

- Partner with local agencies to disseminate information of topics of particular concern to senior women, serving at least 50 senior women. Completed FFY 2021.
- Establish relationships with at least two (2) appropriate agencies and/or service organizations, in order to effectively advocate for and support the needs of older women Completed 2021.

Objective 4.4: Partner with organizations addressing the housing-related concerns of seniors.

Strategies:

- Fund at least one (1) program that concentrates on senior housing resident issues (CHSP), targeting services to at least 75 seniors, annually through FFY 2018, 2019, 2020, 2021.
- Fund and/or collaborate with at least one (1) organization to conduct outreach and programming at local senior and low-income housing complexes, to increase socialization among senior residents, and provide information about available resources. Completed FY 2018, 2019, 2020, 2021.
- Support and/or partner with at least one (1) program that provides minor home repair, renovation, and/or adaptation services to seniors in order that they may remain safely in their homes for as long as possible Completed FFY 2018, 2019, 2020, 2021.

GOAL 5: ELDER RIGHTS AND PROTECTION - Promote the rights of SENIORS, combat ageism, and advocate for the prevention of elder abuse, neglect, and exploitation.

Objective 5.1: Provide leadership for the “Aging Network” to respond to issues facing seniors that affect their ability to achieve full community inclusion and integration.

Strategies:

- Work with CT Association of Area Agencies on Aging to conduct legislative advocacy regarding issues facing seniors, providing verbal or written testimony and/or developing advocacy position papers at least two (2) times, annually through Completed FFY 2018, 2019, 2020, 2021.
- Electronically distribute advocacy and legislative information, including but not limited to position papers, to aging network providers and volunteers, Completed FFY 2018, 2019, 2020, 2021.
- Collaborate with national, regional, and statewide organizations such as the National Association of Area Agencies on Aging, CT Association of Area Agencies on Aging, and the CT State Unit on Aging, to advocate for the values and principles of the Older Americans Act, Completed 2021.
- Participate in community-based efforts that address ageism and its impact on seniors Completed FY 2018, 2019, 2020, 2021.

Objective 5.2: Support organizations and/or networks in an effort to respond to and address issues related to the abuse and neglect of seniors in the Western CT planning and service region and support of the CT Elder Justice Coalition (CEJC).

Strategies:

- Participate in community educational efforts or events during World Elder Abuse Awareness month (June) to bring awareness to the issue of elder abuse. Completed 2018, 2019, 2020, 2021.
- Develop community announcements and distribute within the region, via news, print, internet, or social media, to promote awareness and education on elder abuse issues. Completed 2018, 2019, 2020, 2021.
- Provide support for established local TRIADS and assist in the development of any new TRIADS in the Western CT region, by serving as a referral source for speakers, programs, or other resources as needed, Completed 2018, 2019, 2020, 2021.
- Collaboratively sponsor training opportunities for professionals and/or caregivers, on elder abuse, exploitation or neglect, such as identification, assessment, intervention, and available resources, Completed 2018, 2019 2020, 2021.

- Convene community-based partners, aging network providers (CNV, NW Cares), WCAAA staff, senior center and municipal agents, PSE staff and local law enforcement personnel to create regional Multidisciplinary Teams (M-Teams) to discuss cases and prevention strategies to prevent elder abuse, neglect and exploitation cases in western region. Completed 2018, 2019, 2020, 2021.

Objective 5.3: Enhance or support programs that address issues of elder rights and financial exploitation.

Strategies:

- Fund and/or support at least one (1) program that promotes elder rights efforts and the dissemination of information in order to address the rights of older persons, Completed 2018, 2019, 2020, 2021
- Disseminate information on the rights and abuse of seniors and resources available to community-based providers, Completed FFY 2018, 2019, 2020, 2021.
- Disseminate information regarding the identification and prevention of financial exploitation with seniors, targeting at least 75 consumers (FFY 2018, 2019, 2020, 2021).
- Fund at least one (1) legal services entity to provide individual and impact case advocacy to at least 150 seniors on issues including but not limited to: housing, age discrimination, patients/tenants/grandparents' rights, and other elder rights issues, Completed FFY 2018, 2019, 2020, 2021.
- Collaborate with the CT Coalition for Elder Justice and represent AAA's-CT on the CEJC Steering Committee to promote programming developed for seniors Completed FFY 2019, 2020, 2021.
- Disseminate education on elder abuse prevention and avoidance of fraud and scams through monthly WATR Radio show with Executive Director, CHOICES and Senior Medicare Patrol staff and guests Completed FFY 2018, 2019, 2020, 2021.

Collaborate with CNV and NW Regional Networks to educate members and consumers on new Hotline developed by CT Attorney General's Office and CEJC Completed

FFY 2018, 2019, 2020, 2021.

ATTACHMENT F: ACCOUNTING SYSTEM CERTIFICATION

ACCOUNTING SYSTEMS CERTIFICATION

**STATEMENT TO BE SUBMITTED WHEN AREA AGENCY IS A PRIVATE
NONPROFIT AGENCY AND ITS ACCOUNTING SYSTEM WILL NOT BE
MAINTAINED BY A PUBLIC AGENCY**

Department of Aging and Disability Services
State Unit on Aging
55 Farmington Avenue, 12th Floor
Hartford, CT 06105

Dear Grantor:

We are certified public accountants and have been engaged to audit the financial statements of the Western Connecticut Area Agency on Aging, Inc., for the year ended September 30, 2019 hereafter referred to as the Area Agency on Aging, which is a private nonprofit organization in Waterbury, Connecticut.

We understand that the Western Connecticut Area Agency on Aging, Inc. has received annual grants of Federal Title III funds from the grantor, hereafter referred to as the State Unit on Aging, for use in accordance with the Older Americans Act of 1955, as amended.

In planning and performing our audit of the financial statements of Western Connecticut Area Agency on Aging, Inc. as of and for the year ended September 30, 2019, in accordance with auditing standards generally accepted in the United States of America, we considered Western Connecticut Area Agency on Aging, Inc.'s internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.

The management of Western Connecticut Area Agency on Aging, Inc. is responsible for establishing and maintaining a system of internal accounting control. In fulfilling this responsibility, estimates and judgments by management are required to assess the expected benefits and related costs of control procedures. The objective of internal accounting control is to provide reasonable, but not absolute, assurance as to the safeguarding of assets against loss from unauthorized use or disposition, and the reliability of financial records for preparing financial statements and maintaining accountability for assets. We understand that the objective of these administrative control procedures comprehended in the State Unit on Aging criteria is to provide similar assurance as to compliance with its related requirements. The concept of reasonable assurance recognizes that the cost of a system of internal control should exceed the benefits derived and also recognizes that the evaluation of these factors necessarily requires estimates and judgments by management.

There are inherent limitations that should be recognized in considering the potential effectiveness of any system of internal control. In the performance of most procedures, errors can result from misunderstanding of instructions, mistakes of judgment, carelessness, or other personal factors. Control procedures whose effectiveness depends upon segregation of duties can be circumvented by collusion. Similarly, control procedures can be circumvented intentionally by management with respect either to the executing and recording of transactions or with respect to the estimates and judgment required in the preparation of financial statements. Further, projection of any evaluation of internal control to future periods is subject to the risk that the procedures may become inadequate because of change in conditions, and that the degree of compliance with the procedures may be deteriorated.

Policies require that the grantee and its sub-grantees/contractors have established an accounting system with internal controls adequate to safeguard their assets, check the accuracy and reliability of the accounting data, promote operating efficiency and encourage compliance with prescribed management policies and such additional fiscal, accounting and administrative requirements as the State may establish. We understand that procedures in conformity with the criteria referred to in the third paragraph of this report are considered by the State Unit on Aging to be adequate for its purposes in accordance with the Older Americans Act of 1965, as amended and related regulations. Our consideration of internal control was for the limited purpose described in the third paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified. We did identify certain deficiencies in internal controls that we considered to be significant deficiencies, that were reported to the Federal agencies and State of Connecticut in our report dated June 19, 2020.

This report is intended for the use in connection with the grant to which the report refers and should not be used for any other purposes.



Signature of Accountant

Teresa J. Opalacz, CPA

Name of Accountant

Guilmartin, DiPiro & Sokolowski, LLC

Name of Firm

June 19, 2020

Date

Title III-B Waiver Request

AAA Name: Western CT Area Agency on Aging, Inc. (WCAAA)

Date Submitted: 10/12/2021

Waiver Title: Title III-B Waiver (Benefits Access Programs) Information & Assistance

Time Period of Waiver (Federal Fiscal Years): FFY's 2020-2024

Geographic Areas Served: Western CT, 41 Towns

Title IIIB waiver requests may be used to deliver Information and Assistance services, Aging and Disability Resource Center services or other related services. ADS SUA encourages a No Wrong Door approach for delivery of services. The waiver request shall explain how service coordination works throughout the entire AAA region if the service is provided in only one town or sub-region.

Please note: Per SUA-SPI-17-1, Title III-B Waiver Request Total budget shall not exceed 25% of the AAA's Title III-B allocation for the previous federal fiscal year, prior to transfers.

Information and Assistance Program - Staff Requirements

Individuals to provide direct services funded by Title III B for Information and Assistance Services shall:

- be AIRS certified, or eligible to sit for certification AIRS Certification in next 12 months by showing proof of certification or eligibility to sit for certification
- participate in ongoing resource training, as determined by ADS SUA

Aging and Disability Resource Center Program – Staff Requirements

Individuals to provide direct services funded by Title IIIB for the Aging and Disability Resource Center services shall:

1. be AIRS certified, or eligible to sit for certification AIRS Certification
 - a. provide proof of certification or eligibility to sit for certification
2. be SHIP/CHOICES certified
3. have experience providing Case Management services
4. participate in person centered counseling training and
5. participate in ongoing resource training two hours per month at minimum.

Statement of Need: In a brief paragraph, provide information regarding the need for each of these services and the need for the AAA to provide the service directly. Include an explanation how assurances in the Title III Waiver PI (SUA-SPI-17-1) are met. The request shall outline how services are coordinated under the III-B waiver. Include any relevant data to support or justify your need statement.

STATEMENT OF NEED INFORMATION AND ASSISTANCE

WCAAA is the best option to administer Information and Referral Services to the Western CT 41 town's consumers. WCAAA has a relationship within our social services agencies, hospitals, non-profits, and other service providers in the area. The staff of WCAAA have years of experience and community connections, the departments within WCAAA are interconnected with many of the referrals being handled with a warm handoff approach.

The WCAAA has operated an Information and Assistance program that responds annually to the needs of over 6,500 seniors and/or their caregivers. Incoming calls to WCAAA usually concern long term care supports and services. Common calls are regarding Medicare, Medicaid application (W-1 LTC) questions, a need for food stamps (e.g., SNAP) benefits (W-1E), food, cash assistance, medical expense assistance, meal services or assistance in understanding housing eligibility issues. In FFY 2019, 6,594 individuals were served through the I&R/A service for a total of 3,311 hours or units of service. Given proposed changes to the federal and state budgets affecting seniors' services and benefits as well as potential policy changes for Medicaid and long-term care supports, we expect information and assistance will be in higher demand than in the past. During the COVID -19 pandemic, WCAAA received 1,700 calls between March 15, 2020 – September 30, 2020, requesting assistance for an array of needs but especially eligibility services, health insurance, transportation, nutrition, in-home service requests, and food insecurity (grocery shopping).

WCAAA will continue to track I&R/A services provided utilizing a spreadsheet that captures both consumer information and call data. These services are not currently recorded in SAMS however, WCAAA is open to discussing the possibility of using SAMS to capture I&R/A data in the future.

Other: \$ 7,275.00

Title III- B Funds \$ 41,230.61

Information & Assistance

| Service | Estimated unduplicated count of Individuals served | # of Units | Title III B I & A Funds |
|----------------------------|----------------------------------------------------|------------|-------------------------|
| Information and Assistance | 2580 | 3,825 | \$28,821.79 |
| Public Education* | 300 | 325 | \$8,660.58 |
| | | | |
| *Aggregate | | | |

*Denotes a permissible aggregate service. For all other services, ADS-SUA approval is needed to report aggregately. Provide a detailed explanation why an individual registration cannot be obtained.

Budget Summary:

Total Budget Summary for all services under the Title III-B Waiver:

| | |
|-------------------------------------------|---------------------------------|
| I&A: | <u>\$41,230.61</u> |
| Other: | <u> </u> |
| Title III-B Waiver Total All Services | <u> </u> |
| Match: At least 15% | <u>\$7,275.00</u> |
| Program Income: | <u> </u> |
| Total Program: | <u>\$48,505.61</u> |
| Other Resources: | <u> </u> |
| Grand Total: | <u>\$48,505.61</u> |

A. NARRATIVE: In narrative form, address the following items in two pages or less:

1. **Service Description:**

Provide a brief overview (one paragraph) of service(s) to be provided: I&R/A, ADRC & Other

WCAAA will provide Information and Assistance I&R/A to consumers, caregivers, and other community members by phone or in person as needed. The I&R/A staff assess the consumer’s situation and work with the consumer to identify any immediate or service needs and follow up with information and referrals to the appropriate resources.

Information will continue to be disseminated and updated through a monthly newsletter and the WCAAA website, as well as other means of communication such as public service

announcements, staff presentations, etc. Our I&R/A staff will continue to build trust and relationships within the community. Staff will work with consumers to navigate available social services and provide consumers with information and options, empowering the consumer to make decisions.

ADRC staff will help consumers more easily access long-term services and supports through a single point of entry, make more efficient use of care options, and maximize the services available. Sometimes calls received by I&R/A staff are referred to ADRC if it is determined that is what is needed.

2. **Service Delivery:** Describe how the AAA will deliver service(s): I&A, ADRC and Other (Four paragraphs or less).
 - a. How potential consumers will be informed and receive the service

WCAAA participates in outreach through radio, senior centers, congregate meal sites and 211 Infoline to notify potential consumers of our available services. Consumers who contact WCAAA for assistance, by phone or in person are triaged to specific internal departments like CHOICES, Home Delivered Meals (or Nutrition Services), National Family Caregiver, Respite Program, a staff name directory or to a live staff person.

Services offered by WCAAA's benefits access programs (I&R/A) will be delivered in the manner and venue that best meets the needs of the consumer. Assistance may be offered via telephone, electronic communication, at a community location convenient to the consumer, in the home, or at the WCAAA office. To facilitate consumer access to services, WCAAA will establish a standing schedule for community-based outreach and information services provided on site, in partnership with local organizations (e.g., hospitals, housing authorities, health clinics, libraries) that will provide donated space for meetings and consumer consultations. WCAAA will continue to expand partnerships with local media outlets, which donate airtime to WCAAA for the purpose of public education and to promote awareness of the services available through WCAAA's benefits access programs.

b. How services will be coordinated with other Title III B or OAA services.

WCAAA's benefits access programs will continue to build upon WCAAA's current expertise regarding available supports and its knowledge of the service infrastructure and resource landscape. Interdepartmental coordination across WCAAA programs and services will continue to occur to ensure assistance offered to consumers is as seamless as possible within the agency.

Our home-based senior assessments frequently act as a gateway to our programs and services. The Agency administers the statewide Alzheimer Respite Care Program, as well as the following programs with federal funding: National Family Caregiver Support, Money Follows the Person, Live Well, Congregate Housing Service, a Veteran's Program, the Medicare focused CHOICES and SMP (Medicare Fraud) programs and through a contract with the local housing Authorities, the Resident Service Coordination Project. As a State of Connecticut contractor, we administer the Connecticut Home Care Program for Elders, for Waterbury. The WCAAA and Independence Northwest, in partnership, function as the designated Aging and Disability Resource Center for the Western CT.

The various program staff often works together to address a consumer's concerns. Having a broad range of programs and resources available to consumers along with a staff that is informed helps to coordinate services for the consumer.

c. How the services will be targeted and tracked within MIS (WellSky Aging and Disability)

The I&RA/A contacts will be added to the SUA excel spreadsheet. The I&AR/A services are not tracked on MIS. A benefit contact form is completed for each call that documents what the call was about, the calls are tracked on a SUA provided spreadsheet. If through the conversation with the consumer it is recognized the call is more appropriate for ADRC it is tracked separately.

To request approval for aggregate reporting for Information & Assistance services, provide a detailed explanation which described why an individual registration cannot be obtained. ADS SUA approval is required.

WCAAA will continue to track I&R/A services provided, utilizing a spreadsheet that captures both consumer information and call data. These services are not currently recorded in SAMS however, WCAAA is open to discussing the possibility of using SAMS to capture I&R/A data in the future.

- d. Provide a chart which clearly outlines the individual staff positions dedicated to this waiver including specific duties performed and the portion of FTE.

Information & Assistance

| Staff Position | Waiver FTE Level | Role | Staff Person |
|------------------------|------------------|--------------------------------------------------------------------------------|--------------|
| Information Specialist | .34 FTE | Provision of information and assistance; Outreach; Public Education | Patrick, J. |
| Information Specialist | .25FTE | Provision of information and assistance; Outreach; Public Education | Carchi, K |
| Finance Director | .01 FTE | Fiscal coordination; Payroll; Financial reporting (Included in Indirect Costs) | Raymond, S. |
| Executive Director | .01 FTE | Supervision (Included in Indirect Costs) | Hebert, M. |

- e. Outline the FTE staff positions and the coordination between all other Title III-B waiver services.

Kiara Carchi, .25 FTE handles much of the I&R/A at WCAAA. Kiara oversee the WCAAA Newsletter and Website, assures information is updated and communicated to consumers and key collaborators in Western CT. Kiara spends her days on the phone answering consumer questions and directing calls to the proper department if necessary. As part of the Public Education outreach, Kiara attends health fairs and presents benefits and entitlement at senior housing centers around the 41 towns. Kiara is bilingual and a resource for the Spanish speaking community.

Jeffrey Patrick, .34 FTE is our administrative assistant he is usually the first person to answer the phone. He sends out information regularly and assists with the Newsletter

distribution. Individuals who contact WCAAA for assistance, by phone or in person are triaged to specific internal departments like CHOICES, Meals on Wheels, National Family Caregiver, Respite Program, a staff name directory or to a live staff person if they are uncertain what assistance they need. Jeff is CHOICES trained and is skilled in navigating callers to the correct resource.

The Finance Director, .01 FTE is responsible for monthly financial reports and other financial reports as needed. The Executive Director oversees staff and is responsible the program. Interdepartmental coordination across WCAAA programs and services will continue to occur to ensure assistance offered to consumers in as seamless as possible. WCAAA CHOICES, ADRC staff and other staff members across the Agency are cross trained in the provision of I&R/A, to ensure service delivery is not disrupted due to staff absences. Although there is limited staff funded under this waiver, I&R/A is delivered across the agency by our knowledgeable and skilled staff.

2. **Client Satisfaction**: Describe how client satisfaction is measured and how improvements are made when problems are identified. Provide a copy of the Title III B I&A Waiver survey tool and copy of the Title III B ADRC Waiver survey tool.

Information and Assistance

WCAAA will assess consumer satisfaction using surveys, to be completed by the consumer or their caregiver. These surveys will be distributed post-receipt of services. For I&R/A services, surveys are distributed after information, assistance, and referral services are rendered.

WCAAA staff will review all survey responses identify trends or recurring issues. When written materials are provided, the survey form is also included. WCAAA staff will review all survey responses identify trends or recurring issues. Feedback received regarding WCAAA-funded and/or operated programs will be relayed to grants or program staff (respectively) as appropriate. Data from consumer satisfaction survey results will be used to inform decisions.

3. **Sub-Contracts (if applicable)**: Describe plans for sub-contracting service components and how program requirements are being met.
There are no subcontracts purposed under this waiver.

BUDGET: Complete line- item budget workbook as provided by ADS and submit to ADS-SDA with completed waiver request. The budget and budget narrative reflect the scope of work Please include the staff position name and FTE equivalent in the budget narrative section of the workbook.

See Attached

We, the undersigned, approve and submit the attached service description for Title III 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.

Michael DeBard
Signature of Area Agency Director

10/27/2021
Date

Signature of Authorized Official of Area Agency (optional)

Date

For ADS Use only

Approved

October 1, 2021 - September 30, 2024

Time Period of Approved Waiver

Denied

Amy Porter
Commissioner, Aging and Disability Services

12/21/2021
Date

Title III-B Waiver Request

AAA Name: Western CT Area Agency on Aging, Inc. (WCAAA)

Date Submitted: 09/7/2021

Waiver Title: WCAAA Title III-B Waiver (Benefits Access Programs)

Time Period of Waiver (Federal Fiscal Years): FFY's 2020-2024

Geographic Areas Served: Western CT, 41 Towns

Title IIIB waiver requests may be used to deliver Information and Assistance services, Aging and Disability Resource Center services or other related services. ADS SUA encourages a No Wrong Door approach for delivery of services. The waiver request shall explain how service coordination works throughout the entire AAA region if the service is provided in only one town or sub-region.

Please note: Per SUA-SPI-17-1, Title III-B Waiver Request Total budget shall not exceed 25% of the AAA's Title III-B allocation for the previous federal fiscal year, prior to transfers.

Information and Assistance Program - Staff Requirements

Individuals to provide direct services funded by Title III B for Information and Assistance Services shall:

- be AIRS certified, or eligible to sit for certification AIRS Certification in next 12 months by showing proof of certification or eligibility to sit for certification
- participate in ongoing resource training, as determined by ADS SUA

Aging and Disability Resource Center Program – Staff Requirements

Individuals to provide direct services funded by Title IIIB for the Aging and Disability Resource Center services shall:

1. be AIRS certified, or eligible to sit for certification AIRS Certification
 - a. provide proof of certification or eligibility to sit for certification
2. be SHIP/CHOICES certified
3. have experience providing Case Management services
4. participate in person centered counseling training and
5. participate in ongoing resource training two hours per month at minimum.

Statement of Need: In a brief paragraph, provide information regarding the need for each of these services and the need for the AAA to provide the service directly. Include an explanation how assurances in the Title III Waiver PI (SUA-SPI-17-1) are met. The request shall outline how services are coordinated under the III-B waiver. Include any relevant data to support or justify your need statement.

STATEMENT OF NEED ADRC

The volume of calls from consumers for assistance has continued to escalate, especially during the COVID pandemic. Other local social service agencies or senior centers do not have the staff to handle the volume or complexity of consumer calls. WCAAA is staffed with an experienced and diverse staff that can handle the complex cases and the volume of calls.

WCAAA's ADRC serves seniors and people with different types of disabilities & income levels in need. Seniors and disabled consumers in Western CT are provided advocacy, assistance (including application assistance); benefits counseling; employment counseling; follow up (ADRC conducts follow up to determine the outcome & whether more assistance is needed); information; options counseling (full and standard); person centered counseling; referral; screening for substance abuse involvement; and short-term support and case management.

WCAAA makes the following assurances with this Title III Waiver request:

- Services provided directly by the AAA under its waiver are provided cost effectively with comparable quality and efficiency as provided by community services provider agencies in the region.
- Services under the waiver do not constitute an unnecessary duplication of services already offered in the community.
- Services are contracted for, whenever possible.
- Services under the waiver are needed to assure an adequate supply of such services in the community.
- Services under the waiver are deemed necessary under the Area Plan.
- Appropriate data is collected and reported timely for all services under the waiver, as requested by ADS; and
- Appropriate expenditures are collected and reporting timely for all services provided under the waiver, as requested by ADS.

For Title III B waivers that include ADRC services, the minimum services which shall be provided are Application Assistance, Benefits Counseling, Options Counseling and Case Consultation.

Under the Title III B - ADRC waiver, other services which may be provided are Short-term Support and Care Transitions. Please see Title III B ADRC service definitions document which outlines information for recording in the designated Management Information system (currently WellSky Aging and Disability).

For each service provided, list the service name used in the MIS Service Definitions document or provided by the SUA, number of unduplicated clients to receive such service and the number of

service units to be provided. Please describe how services will be coordinated under the Title III B Waiver request.

Please describe how services will be coordinated under the Title III B Waiver request.

For other services that are not listed in the chart below, in a brief paragraph, provide information regarding the need of the service and the need for the AAA to provide the service directly. Include an explanation how assurances in the Title III Waiver PI (SUA-SPI-17-1) are met. The request shall outline how services are coordinated under the IIIB waiver. Include any relevant data to support or justify your need statement.

WCAAA will continue to track I&A services provided utilizing a spreadsheet that captures both consumer information and call data. WCAAA will continue to use the statewide ADRC database developed and maintained by the State of Connecticut to track demographic and service utilization data for consumers served by the WCAAA ADRC. These services are not currently recorded in SAMS however, WCAAA open to discussing the possibility of using SAMS to capture ADRC and I&A data in the future.

Other: \$16,698.81

Title III- B Funds \$ 94,626.58

For each service to be provided, list the service name used in the MIS Service Definitions document or provided by the SUA, number of unduplicated clients to receive such service and the number of service units to be provided. For any service other than public education, ADS-SUA approval is needed to report aggregately. Provide a detailed explanation why an individual registration cannot be obtained.

The following are a list of services that WCAAA provides through ADRC.

Aging & Disability Resource Center (ADRC)

| Service | # of Individuals served | # of Units | Title III B ADRC Funds |
|--------------------------------------------------------------|-------------------------|------------|------------------------|
| Advocacy | 50 | 50 | 7,179.56 |
| Application Assistance | 45 | 45 | 6,461.60 |
| Assessments | 10 | 10 | 1,435.91 |
| Benefits Counseling | 85 | 100 | 14,359.12 |
| Case Consultation | 75 | 75 | 10,769.34 |
| Decision Support | 25 | 25 | 3,589.87 |
| Substance Abuse treatment | 1 | 1 | 143.59 |
| Persons in need of additional guidance after I&R is provided | 50 | 50 | 7,179.56 |

| | | | |
|-------------------------------------------------------------------------|----|-----|-----------|
| Full ASSIST Screening, Persons with complex issues in need of LTSS | 12 | 12 | 1,723.09 |
| I&R Follow Up, Persons in need of LTSS | 60 | 60 | 8,615.47 |
| Options Counseling, Persons in need of referrals for LTSS | 75 | 100 | 14,359.12 |
| Person Centered Counseling, Persons needing access or care coordination | 36 | 36 | 5,169.28 |
| Referrals | 50 | 50 | 7,179.56 |
| Short Term Support | 45 | 45 | 6,461.60 |
| | | | |

Other

| Service | # of Individuals served | # of Units | Title III B Other Funds |
|---------|-------------------------|------------|-------------------------|
| | | | |
| | | | |
| | | | |

Budget Summary:

Total Budget Summary for all services under the Title III-B Waiver:

| | |
|---------------------------------------|-----------------------------|
| ADRC: | <u>\$94,626.57</u> |
| Other: | <u> </u> |
| Title III-B Waiver Total All Services | <u>\$94,626.57</u> |
| Match: At least 15% | <u>\$16,698.81</u> |
| Program Income: | <u> </u> |
| Total Program: | <u>\$111,325.39</u> |
| Other Resources: | <u> </u> |
| Grand Total: | <u>\$111,325.39</u> |

A. NARRATIVE: In narrative form, address the following items in two pages or less:

1. **Service Description:**

Provide a brief overview (one paragraph) of service(s) to be provided: I&A, ADRC & Other

Our ADRC serves as single point of entry into the long-term care system for older adults and people with disabilities. This program addresses many of the frustrations consumers and their families experience when trying to find needed information, services, and supports. Our ADRC raises visibility about the full range of options that are available, at a federal, state, and local level, better coordinates aging and disability service systems, provides objective information and assistance, empowers people to make informed decisions about their long term supports, and serves as convenient entry point for all public and private long term-care programs and support services. The ADRC is a free, confidential, unbiased one-stop information source to help aging and persons with disabilities to get connected and get answers on the full range of public support programs and benefits such as:

- Adult day care
- Disability services
- Elder abuse prevention
- Employment, financial, housing and equipment assistance
- Health Insurance Assistance
- In-home services
- Legal services
- Mental health and substance abuse services
- Transportation
- Nutrition

2. **Service Delivery:** Describe how the AAA will deliver service(s): I&A, ADRC and Other (Four paragraphs or less).

a. How potential consumers will be informed and receive the service

WCAAA participates in outreach through radio, senior centers, congregate meal sites and 211 Infoline raise awareness in the community about supports & available services. Consumers who contract WCAAA for assistance, by phone or in person are triaged to specific internal departments like CHOICES, Meals on Wheels, National Family Caregiver, Respite Program, a staff name directory or to a live staff person.

Services offered by WCAAA's benefits access programs (I&A, ADRC, Navigation) will be delivered in the manner and venue that best meets the needs of the consumer. Assistance may be offered via telephone, electronic communication, at a community location convenient to the consumer, in the home, or at the WCAAA office. To facilitate consumer access to services, WCAAA will establish a standing schedule for community-based outreach and information services provided on site, in partnership with local organizations (e.g., hospitals, housing authorities, health clinics, libraries) that will provide donated space for meetings and consumer consultations. WCAAA will continue to expand partnerships with local media outlets, which donate airtime to WCAAA for the purpose of public education and to promote awareness of the services available through WCAAA's benefits access programs

b. How services will be coordinated with other Title III B or OAA services.

WCAAA's benefits access programs will continue to build upon WCAAA's current expertise regarding available supports and its knowledge of the service infrastructure and resource landscape. Interdepartmental coordination across WCAAA programs and services will continue to occur to ensure assistance offered to consumers is as seamless as possible within the agency. To avoid duplication consumers will be screened by our staff to assure that they are receiving the best referral to a particular service/s for their situation. The WCAAA team my work together on complicated cases & often work in partnership within different departments, communication is key in the prevention of duplication.

c. How the services will be targeted and tracked within MIS (WellSky Aging and Disability)

The Information Specialists will continue to enter the Form 5 information into the MIS reporting system (WellSky), the ADRC Coordinators will continue to use the statewide ADRC database to enter and track ADRC consumers.

d. To request approval for aggregate reporting for Information & Assistance services, provide a detailed explanation which described why an individual registration cannot be obtained. ADS SUA approval is required.

ADRC does not utilize the SAMS database. WCAAA will continue to use the statewide ADRC database developed and maintained by the State of Connecticut to track demographic and service utilization data for consumers served by the WCAAA ADRC. These services are not currently recorded in SAMS however, WCAAA is open to discussing the possibility of using SAMS to capture ADRC and I&A data in the future.

e. Provide a chart which clearly outlines the individual staff positions dedicated to this waiver including specific duties performed and the portion of FTE.

Aging & Disability Resource Center

| Staff Position | Waiver FTE Level | Role | Staff Person |
|-----------------------------|------------------|-----------------------------------------------------------------------------------------|--------------|
| ADRC Coordinator | .75 FTE | Provision of services under ADRC, Intake, outreach, advocacy, and counseling under ADRC | Carchi, K. |
| Information & Benefits/ADRC | .17 FTE | Intake, outreach, advocacy, and counseling under ADRC | Patrick, J. |
| Information & Benefits/ADRC | .42 FTE | Intake, outreach, advocacy, and counseling under ADRC | Moore, C. |
| Finance Director | .02 FTE | Fiscal coordination; Payroll; Financial reporting (Included in Indirect Costs) | Raymond, S. |
| Executive Director | .02 FTE | Supervision (Included in Indirect Costs) | Hebert, M. |

f. Outline the FTE staff positions and the coordination between all other Title III-B waiver services.

Kiara Carchi, .75 FTE is the ADRC Coordinator, she has been with WCAAA since 2017. Kiara completes intakes, advocates, counsels' and refers consumers to appropriate programs/services. Candace Moore, .42 FTE is our Information and Benefits specialist. Candace has been with WCAAA since 2016 and has a wealth of knowledge and expertise in counseling and assisting consumers. Jeffrey Patrick, .17 FTE fills Information and Benefits position, Jeff is CHOICES trained and has been with WCAAA since 2014, he is knowledgeable and able to offer consumers a wealth of information.

WCAAA's benefits access programs will continue to build upon WCAAA's current expertise regarding available supports and its knowledge of the service infrastructure and resource landscape. Interdepartmental coordination across WCAAA programs and services will continue to occur to ensure assistance offered to consumers is as seamless as possible within the agency. Individuals who contact WCAAA for assistance, by phone or in person are triaged to specific internal departments like CHOICES, Meals on Wheels, National Family Caregiver, Respite Program, a staff name directory or to a live staff person if they are uncertain for assistance they need. The caller will first reach our administrative assistant or Information & Benefit Assistance staff. Calls are triaged based on information gathered by I & A or administrative staff to regarding the reason for contact and directed to the appropriate department which assists in avoiding duplication of services. Department voicemail messages are downloaded in English and Spanish by the Administrative Assistant and triaged as appropriate based on the information contained in the message. Consumers that are served by other departments including the Caregiver Support Team, CHOICES/SHIP, or CHOICES/I&A program our WCAAA Home Care Program and present with complex needs or the need for additional support beyond information and referral, are referred to the ADRC for further follow up. WCAAA I&A staff will be cross trained in person centered counseling, AIRS certified, and other ADRC protocols to ensure continuity of service delivery should the ADRC staff person be absent for an extended period. WCAAA ADRC staff and other staff members across the Agency are cross trained in the provision of I&A, to ensure service delivery is not disrupted due to staff absences. Navigation services will be provided in coordination with benefits access programs and in close collaboration other CT AAAs.

2. **Client Satisfaction:** Describe how client satisfaction is measured and how improvements are made when problems are identified. Provide a copy of the Title III B I&A Waiver survey tool and copy of the Title III B ADRC Waiver survey tool.

ADRC

For ADRC services, surveys are distributed within one month of the ADRC case being closed. WCAAA staff will review all survey responses identify trends or recurring issues. When written materials are provided, the survey form is also included. WCAAA staff will review all survey responses identify trends or recurring issues. Feedback received regarding WCAAA-funded and/or operated

programs will be relayed to grants or program staff (respectively) as appropriate. Data from consumer satisfaction survey results will be used to inform decisions how services are designed and delivered; adjustments to protocols will be evaluated as needed. WCAAA's I&A and ADRC survey tools are attached.

3. **Sub-Contracts (if applicable):** Describe plans for sub-contracting service components and how program requirements are being met.

There are no subcontracts purposed under this waiver.

BUDGET: Complete line- item budget workbook as provided by ADS and submit to ADS-SDA with completed waiver request. The budget and budget narrative reflect the scope of work Please include the staff position name and FTE equivalent in the budget narrative section of the workbook.

See Attached

We, the undersigned, approve and submit the attached service description for Title III 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.

Murphy T. DeBart
Signature of Area Agency Director

10/28/2021
Date

Signature of Authorized Official of Area Agency (optional)

Date

For ADS Use only

Approved

October 1, 2021 - September 30, 2024
Time Period of Approved Waiver

Denied

Amy Porter
Commissioner, Aging and Disability Services

12/21/2021
Date

Congregate Housing Support Program (CHSP) Waiver Request

AAA Name: Western Connecticut Area Agency on Aging (WCAAA)

Date Submitted: June 30, 2021

Waiver Title: Congregate Housing Services Program

Time Period of Waiver (Federal Fiscal Years): October 1, 2021 -September 30, 2024

Congregate Housing Sites Served: George B. Lewis I & II; Nunnawauk Meadows; Grace Meadows; Torrington West; Chestnut Grove; Greenwood Gardens

Program Waiver Justification

Statement of Need:

The WCAAA has operated the Congregate Housing Services Program for 23 years. The program focus is to provide assistance in the form of supportive services for participants in eligible congregate housing projects. The services are provided to the frail and elderly, persons with disabilities and temporarily disabled individuals for the purpose of promoting independence, preventing unnecessary institutionalization, and encouraging de-institutionalization. The WCAAA is uniquely qualified to administer the CHSP, not only because of the hiring power of RSC's who can cover either one or multiple complexes, but because it also is an access agency for the CT Homecare Program. WCAAA conducts benefit screenings on all participants and can arrange for services needed but not necessarily covered by the HUD & State grants. This is not a duplication of services as eligibility and operating requirements are very different from any other program. This project supports Connecticut's goal of aging in place and diverting participants from premature/inappropriate nursing home placements. Data on client and services are entered into the MIS system. The WCAAA Board of Directors is in concurrence with this waiver request.

| | | |
|------------------------------------|---------------------|-----------------------------|
| Budget Summary: (2021-2022) | Title III-B Funds: | <u>\$71,859.34</u> |
| | Match: At least 15% | <u>\$55,943.00</u> |
| | Program Income: | <u>\$26,196.14</u> |
| | Other Resources: | <u> </u> |
| | Total III-B: | <u>\$71,859.34</u> |

| Service | # of Participants | # of Units | Amount of Title III B Funds |
|-----------------------------|-------------------|------------|-----------------------------|
| Case Management | 160 | 520 | \$31,193.34 |
| Personal Assistance | 40 | 842 | \$8,470.52 |
| Housekeeper/Chore | 40 | 1282 | \$3,154.51 |
| Personal Response System | 43 | 408 | \$6,278.51 |
| Companion | 10 | 1000 | \$8,440.00 |
| Medication Monitoring | 2 | 7 | \$705.00 |
| Adult Day Care | 1 | 13 | \$905.00 |
| Transportation | | | |
| Money Management | 2 | 14 | 146.50 |
| Foot Care | 50 | 289 | \$6,322.00 |
| Other: Indirect Costs @ 10% | | | \$6,243.96 |

(Definition for services are found in MIS Services Document 2018 and COVID Nutrition MIS Definitions V2. Program Instruction SUA-SPI-10-02 provides the description of the services as well as the qualifications needed to provide such services. A Social Services Assessment is not a service provided under this waiver nor through Title III C funds.)

A. **Narrative**: In narrative form, address the following items in two pages or less.

1. **Service Description**: Provide a brief overview (one paragraph) of the services to be provided.
2. **Service Delivery**: Describe how the AAA will deliver services (three paragraphs).
 - a. How potential clients will be informed and receive services
 - b. How services will be targeted and tracked within MIS (WellSky Aging and Disability)
 - c. Outline FTE staff positions dedicated to each service under this waiver.
3. **Client Satisfaction**: Describe how client satisfaction is determined and how improvements are made when problems are identified. Provide copy of Title III B CHSP Waiver and Title III C1 CHSP Waiver survey tools.
4. **Sub-Contracts**: For each component of the waiver (Title III-B and/or Title III-C1), describe plans for sub-contracting services components.

A. **Narrative**

1. **Service Description**: Provide a brief overview of the services to be provided, including the definition to be used for each component of the waiver (Title III-B and/or Title III-C1).

The following allowed services are those which are not financed through any other source and include home health aides, homemakers. Foot care, adult day care and personal emergency response systems.

Administration: The Executive Director oversees the program and program staffing; he attends meetings with state representatives and supervises the RSC Supervisor, Finance Director and Human Resource Director and MIS Department. The Human Resource Director addresses any payroll issues as well as human resources concerns that may arise, she also enters some of the accounts payable. The Finance Director creates the budgets for the program and oversees reporting, working closely with the Billing Specialist. The Billing Specialist invoices and works directly with the RSCs on billing issues, she completes reports and works with clients that have billing concerns or questions. She also manages the day-to-day operations of the program. Deb Kaszas is the RSC Supervisor; she trains and onboards RSC staff. Ms. Kaszas works with the RSC staff on any program concerns that arise and reports directly to the Executive Director. She is responsible for scheduling coverage at the sites and working with the administration if any issues arise.

Case Management: assistance either in the form of access or care coordination in circumstances where the older person and/or their caregivers are experiencing diminished functioning 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, and authorizing services, arranging services, coordinating the provision of services among providers, follow up and re-assessment as required. During the 2020 COVID-19 pandemic, many of our regional adult day center programs closed making it difficult to for CHSP residents to attend this service. There was an increased demand for personal care attendants throughout the region at these HUD housing sites.

2.Service Delivery: For each component of the waiver, (Title III-B and/or Title III-C1), describe how the service will be provided, how potential clients will be informed about the availability of the services and how the services will be targeted and tracked within MIS system (SAMS). Provide a chart or narrative which outlines the FTE staff positions dedicated to each component of this waiver.

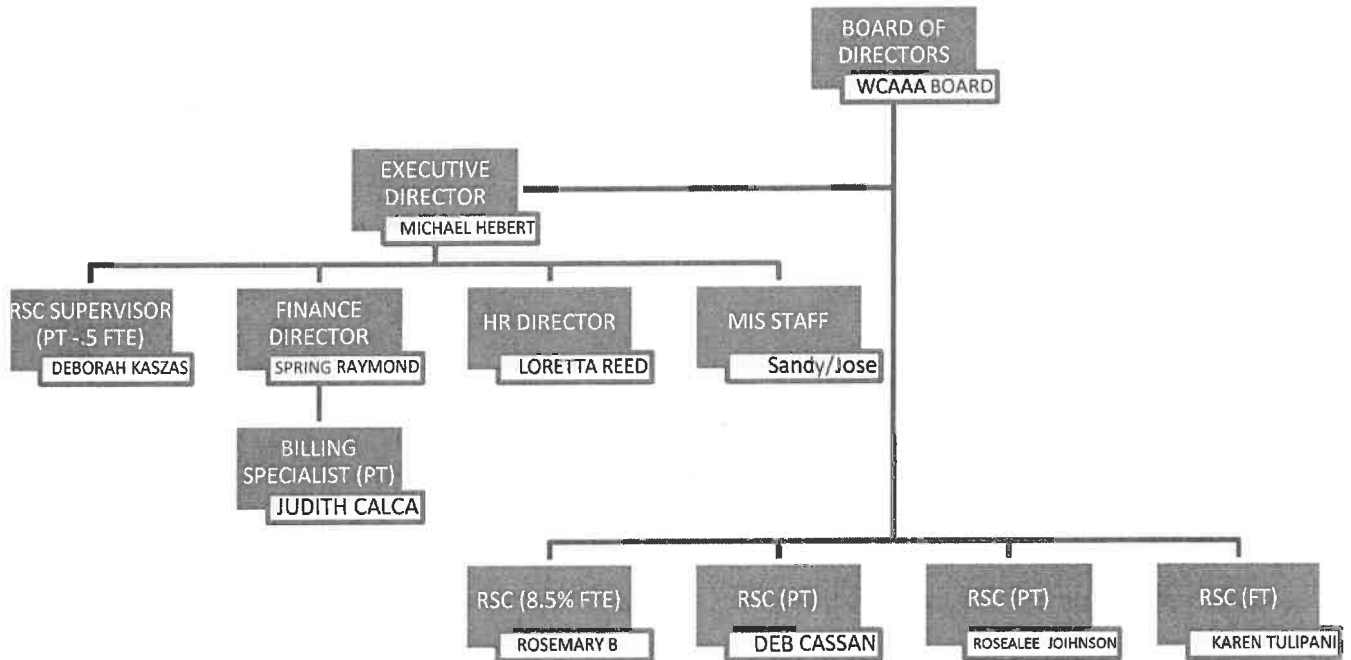
At the WCAAA, three part time and I full time Resident Service Coordinator (RSC) and a parttime RSC supervisor are approved in the HUD award and assigned to specific housing complexes. RSCS assess housing residents in their apartments for CHSP eligibility. RSCS then discuss with eligible

housing residents, the types of services to be provided, variety of provider agencies on the WCAAA's Master Contracting list and required co-pays. Congregate meals are provided to the CHSP sites through the CHSP waiver which supports Elderly Nutrition Providers such as CW Resources to prepare and provide congregate meals.

For those individuals who qualify and agree to services under the CHSP, a care plan is developed by the Resident Services Coordinator along with the individual. Supportive services which are available based on need are as follows: care planning, coordination and monitoring of services, congregate meals, housekeeping, home health aides, foot care, companion, transportation, and personal emergency response systems. All services budgeted for through the program are contracted out with local providers in the community. The care plan is then brought before a Professional Assessment Committee (PAC) for approval of services as well as any recommended follow-up on a particular individual. Subsequent six-month re-assessments are completed with each active client and again presented to the PAC. If the PAC has suggestions for the resident's services or care plan, those suggestions are communicated to the housing resident, final care plans put in place and services begin. The PAC is made up of qualified volunteers who evaluate client records for active consumers under the Connecticut Housing Support Program. The purpose of these evaluations is to glean a non-biased review of documentation, ensuring risk assessment and mitigation, and that clients can remain living safely in the community.

Services will be targeted and tracked within MIS (WellSky Aging and Disability) by location and by each service. The RSC's at each site assure a form 5 is completed and submitted to the MIS department for each participant. The billing specialist tracks individual services in Sage and works with the MIS team to assure the services are reported in the MIS system for each client.

STAFFING CHART



3. Client Satisfaction: For each component of the waiver (Title III-B and/or Title III-C1), describe how the service staff will determine client satisfaction and make improvement if problems are identified. Attach a copy of the survey tool specific to this program.

All CHSP participants have immediate access to their RSC or the RSC Supervisor at the housing site or by cell phone. Dissatisfaction with service providers can easily be discussed, with change in provider agency, if necessary, based on client direction. However, participants are surveyed two times/year to determine their satisfaction with the program. Meal site participants are queried several times per year to determine if the service and quality meets their expectations. Results are discussed with nutrition providers. We also ask meal site participants to rate the individual meals so that menus can be changed if desired. See attached surveys.


4. Sub-Contracts: For each component of the waiver (Title III-B and/or Title III-C1), describe plans for sub-contracting services components.

This is a traditional care planning focused program involving actual purchase of services on behalf of clients through a contracting system. WCAAA utilizes a "Master Contract" that is managed by the Agency's Finance Department and utilized for CHSP. Updated insurance and certification, a W9 and contact information is on file with the WCAAA and part of the Master Contract process. CHSP clients are provided with options of home care agencies from the master contract list and may change their

provider agency if they are not satisfied with services by selecting another provider from the master contract list.

B. **BUDGET:** Complete the line items budget workbook as provided by ADS and submit to ADS with completed waiver request.

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


Signature of Area Agency Director

11/19/21
Date

Authorized Official of Agency on Aging (optional)

Date

For ADS Use Only

Approved October 1, 2021 - September 30, 2024
Time Period of Approved Waiver

Denied


Commissioner, Aging and Disability Services

12/21/2021
Date

Title III-C2 Waiver Request

AAA Name: WCAAA

Date Submitted: September 5, 2021

Waiver Title: Nutrition Assessment, Counseling & Education

Time Period of Waiver (Federal Fiscal Years): October 1, 2021 – September 30, 2024

Geographic Areas Served: 41 towns – western CT

Program Waiver Justification

Statement of Need: 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 (SUA-SPI-17-1) are met. Please attach any relevant data to support or justify your need statement.

Statement of Need:

Services to be provided under this C-2 waiver request are nutrition assessments, nutrition education and counseling for home delivered meal participants. The Administration on Community Living's (ACLs), Strategic plan FFY 2022-2024, calls for a "wide array of community-based options including supports for families" (page 10) and "access to a full array of service supports that assure independence, health and quality of life". The Registered Dietician (RD) assessment, centers on obtaining comprehensive health and functional information on care recipients receiving home delivered meals and providing them with information and resources related to improving their health, nutritional intake, and lifestyles. Consumers and frequently their caregivers, are encouraged to adopt healthy dietary and lifestyle practices to maximize their optimal health and lengthen their lifespan. During the past three years, the WCAAA's RD's assessed 1186 participants (2017-2020), provided 1189 units of nutrition education, and logged 163 units of nutrition counseling.

Assurances:

- a) Services under this waiver are provided and monitored more cost effectively and efficiently by the AAA than by any available community service provider agency in the western region. By centralizing the intake and assessment functions with the WCAAA, the cost to the program is reduced. Costs include the RD conducting the assessment and the WCAAA MOW/MIS support (diet technician) staff. The WCAAA receives new referrals through the MOW group extension 193, from the provider, health care agent or consumer, and can address multiple issues cited by the caller. Existing home delivered meal clients call extension 192 MOW group for assistance with existing meal services, meal delivery issues or questions about diet. Our WCAAA centralized process is efficient for our western region consumers and providers. Once the initial intake is taken and referral made to both regional Elderly Nutrition Provider (ENP) and Registered Dietician to conduct the initial assessment.
- b) Services under this waiver do not constitute a duplication of services.

- c) Services under this waiver are contained in the Western Area Plan which includes cost-efficient assessments by the Registered Dietician (RD).
- d) Appropriate data are collected and entered, into the MIS system as required by the State Unit on Aging (SUA).
- e) The WCAAA Board of Directors and Advisory Council are in concurrence with this waiver request; the waiver request is within the SUA allowable policies.

| Service | # of Consumers | # of Units | Title III C2 Funds |
|-----------------------|----------------|------------|--------------------|
| Nutrition Education | 540 | 540 | \$ 24,497.64 |
| Nutrition Counseling | 60 | 60 | \$6,022.55 |
| Nutrition Assessment* | 540 | 540 | \$ 25,829.62 |

(Definition for services are found in MIS Services Document 2018 and COVID Nutrition MIS Definitions V2. Program Instruction SUA-SPI-10-02 provides the description of the services as well as the qualifications needed to provide such services. A Social Services Assessment is not a service provided under this waiver nor through Title III-C funds.)

Budget Summary:

| | |
|--------------------------------------|-----------------------------|
| Total Amount of Title IIIC-2 Waiver: | <u>\$56,349.80</u> |
| Amount for Nutrition Education | <u>\$24,497.64</u> |
| Amount for Nutrition Counseling | <u>\$6,022.55</u> |
| Amount for Nutrition Assessment | <u>\$25,829.62</u> |
| Match: At least 15%: | <u>\$9,944.08</u> |
| Program Income: | <u> </u> |
| Total Program: | <u>\$66,293.88</u> |
| Other Resources: | <u> </u> |
| Waiver Grand Total: | <u>\$66,293.88</u> |

Title III-C2 Waiver request shall not exceed 10% of the AAA's Total III C-2 allocation for the previous federal fiscal year, prior to transfers.

A. **NARRATIVE:** In narrative form, address the following items in two pages or less.

NARRATIVE:

1. **SERVICE DESCRIPTION:** The WCAAA's Registered Dieticians have been conducting assessments of home delivered meal clients for several years, following a successful pilot operated through the SUA located in the Department of Social Services. Our process has been successful in targeting those care recipients who can benefit the most from the RD assessment and potentially from nutrition

education/counseling. The WCAAA staffed Specialist has initial contact with care recipients, caregivers and providers as referrals are made and makes note of care recipients with chronic disease such as diabetes, heart disease, Alzheimer's or who participate in dialysis and prioritizes those clients for the RD.

Our staff has been involved with care recipients in their homes and were able to make direct and quick referrals to other services and programs, we expect this to continue as restrictions are lifted in 2021/2022.

Currently, the one RD can handle the volume of new home-delivered referrals, but WCAAA will be recruiting an additional RD to cover Litchfield Hills, Housatonic, and Central Naugatuck Valley regions once home assessments are safe to conduct again post-COVID-19 pandemic. Now that our RD is conducting virtual/telephonic assessments remotely, WCAAA has been able to eliminate sub-regional travel creating additional cost-efficiencies under the waiver. Since the COVID-19 pandemic in March 2020, WCAAA was unable to conduct in-person assessments by our (3) RD's and just one RD remained active to conduct telephone visits with new referrals utilizing a new fillable RD assessment tool. The RD notified our internal dietary technicians in the MOW home-delivered intake unit to mail our dietary materials and resources outlined in WCAAA Nutrition Education Plan to SUA.

Our RD assessment process has resulted in a care management-type model nutrition program, which allows the elderly nutrition providers to concentrate on providing nutrition education at congregate meal sites and innovative meal congregate type services. The WCAAA's process also maximizes funds available for provision of meals while ensuring that the neediest, care recipients, are assessed by an RD.

Since October 2021, a waiting list had been created, due to lack of Title III C-2 funds, for FFY 2021. WCAAA utilized grant funding from Tufts Health Plan and CT Community Foundation to fund these meals until additional federal relief package were made available in 2021 (e.g., CAA, ARF).

The services that will be provided with this waiver are:

Nutrition assessment is defined as: "the evaluation of the nutrition needs of individuals and groups based upon appropriate biochemical, anthropometric, physical, and dietary data to determine nutrient needs and recommend appropriate nutrition intake, including parenteral and enteral nutrition.

Nutrition counselling is defined as: a two-way interaction through which a patient and the member of the medical team interpret the results of a nutritional assessment, identify patient's nutritional problems, needs and goals, discuss ways to meet these goals, and agree on future steps and the frequency of monitoring

Nutrition education can be defined as any set of learning experiences designed to facilitate the voluntary adoption of eating and other nutrition-related behaviors conducive to health and well-being. It is an integral part of providing nutrition services to older persons.

1. **SERVICE DELIVERY:** Our process has been streamlined in that we have targeted RD assessments to care recipients who are most in need as determined by several indicators which are:
 - a) referring physicians and other providers are queried as to need for an RD assessment and/or nutrition counseling. All participants receive nutrition education materials on health living and eating. If physicians cite the need for an assessment or nutrition counseling, those activities are provided by an RD.
 - b) care recipients who have indicated a chronic disease such as diabetes or kidney failure for which special diets are appropriate.
 - c) care recipients who are rurally or otherwise socially isolated or who are very low income will be considered for RD assessment if they also indicate a health condition for which medical treatment is being provided. Examples are severe depression or alcoholism which frequently restrict the care recipients' contact with health care providers or ability to understand the impact of food choices on health.
 - d) the ability for the RD to utilize a virtual/telephonic fillable PDF assessment form (tool) that can be conducted in approximately one hour per client.

The following are our internal steps:

- HD referral call received by WCAAA intake staff; Modified Form 5 completed which allows the WCAAA to question beyond the Form 5 data; through the telephone screening process, intake staff also discuss with caller if potential participant receives food stamps, is on Medicare Savings Program or receives food stamps, has chronic disease, needs special diet. Form 5 information is entered into the MIS system by WCAAA staff. Form 5 information is entered into MIS system by WCAAA staff.
- All HD meal participants must have a physician's script on file with the Agency; calls are made to the physician's office to request the written order. Calls are also made to CCCI, DMR, DMHAS to ensure that the care recipient is not an active participant on those programs. This is an important step because we have experienced problems in the distant past with care recipients who were approved for HD meals by nutrition providers but also active participants of other programs.
- Service order is sent to the appropriate nutrition provider with information on special diet needs – meals are ordered.
- A "welcome" letter is sent to the HD meal client with information on other Agency services including availability of benefits' screening and evidence-

based programs such as CDSMP; client paper file is created at WCAAA office with tracking chart for notation of service contacts.

- Some HD participants who have low or limited income are referred to the WCAAA's CHOICES unit for eligibility for other benefits or programs but may not be appropriate for an RD assessment. CHOICES department contacts the care recipients and files applications, if necessary, or aids with completing applications if requested.
- RD receives referral from the WCAAA based on our criteria (a, b, c above) and completes the Agency HD participant assessment. RD also checks for food availability in the consumer's house. Although the RD may note more environmental type concerns, the RD's concern is clearly food, diet and nutrition focused. The assessment is sent to the WCAAA. If a need for more services is noted on the assessment, the care recipient receives a follow up telephone call from Agency staff to gauge interest in further assistance. WCAAA staff follow up with the care recipient to ensure problems are resolved. Registered Dietitians will also be equipped to provide the latest information on evidence-based programs for care recipients with chronic diseases. If care recipients are interested but limited by transportation, a referral will be made to the WCAAA for information on transportation to the evidence-based programs. Registered Dietitians also make referrals to the WCAAA for client contact by other staff on special programs such as Alzheimer's Respite Care, and National Family Caregiver.
- RDs bring packets of nutrition related information for all initial visits and contents discussed with meal participants or family members. Some visits necessitate personalized counseling due to chronic diseases or disabilities that hamper care recipients from grocery shopping. Some care recipients are isolated and rely on neighbors or church members for grocery shopping to supplement meal delivery and do not make informed choices.
- Follow-up calls are made by non-waiver staff to participating care recipients to ensure meals are being received and care recipients are following up on recommendations from the assessing Registered Dietitians.

It should be noted that the WCAAA Board of Directors is committed to continuing the home assessment process, because it has yielded a large number of referrals to other Agency programs. Therefore, they have pledged \$10,119 from local fundraising to this effort.

2. CLIENT SATISFACTION: The WCAAA is particularly sensitive to care recipients' satisfaction with meals as we wish to ensure food is not wasted. In addition to the nutrition providers' meal surveys, WCAAA staff will call HD meal participants one - two times per year to ensure satisfaction with food quality and meal delivery. HD participants are also given the WCAAA's telephone number to complain about or praise meal service. We also formally survey participants of the program once per year and include one month's actual meals for rating.

3. **SUB-CONTRACTS:** The only services subcontracted are meals through the three Elderly Nutrition Providers (ENPs), Litchfield Hills, New Opportunities, Inc, and CW Resources, Inc.

B. **BUDGET:** Complete line-item budget workbook as provided by ADS and submit ADS SUA with completed waiver request. The budget and budget narrative reflect the scope of work. Please include the staff position name and the FTE equivalent in the budget narrative section of the workbook.

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

Michael Robert
Signature of Area Agency Director

10/27/2021
Date

Authorized Official of Agency on Aging (optional)

Date

For ADS Use Only

Approved

October 1, 2021 - September 30, 2024
Time Period of Approved Waiver

Denied

Amy Porter
Commissioner, Aging and Disability Services

12/21/2021
Date

**NUTRITION ASSESSMENT, EDUCATION AND COUNSELING WAIVER
(HOME-DELIVERED MEALS)**

Title III-D Waiver Request

AAA Name: Western CT Area Agency on Aging, Inc., (WCAAA)

Date Submitted: September 5, 2021

Waiver Title: CDSME

Time Period of Waiver (Federal Fiscal Years): October 1, 2021 – September 30, 2024

Geographic Areas Served: 41 Towns – Western CT

NOTE: For the Chronic Disease Self-Management Education Programs (CDSME) Waiver Submission address the statements under the “CDSME Submission” heading. For all other Title III-D Waiver submissions, please address narrative items listed under, “Title III-D Waiver Submission”.

CDSME Waiver Request

Program Waiver Justification

Statement of Need:

According to the National Council on Aging’s website, approximately 92% of older adults have at least one chronic disease they are managing. The Connecticut Department of Public Health (DPH) cited chronic diseases and injuries as leading causes of premature death and morbidity for the elderly. In an analysis by NCoA staff of WCAAA’s CDSME Participant Information Surveys for 2019-2021 entered into the NCoA database, our participants suffer from an average of three chronic conditions. More than 50% of our participants are lower income Black or Latino care recipients, groups that suffer disproportionately from many social determinants of health. The State Unit on Aging requires evidence-based programming for Title III D funds and the WCAAA’s CDSME Program qualifies in the category of highest-level evidence-based programs.

The WCAAA has operated the CDSME Program for more than a decade and has proven to have the contacts for successful program operation. In addition to our history of implementing service programs throughout the 41 towns, the WCAAA works directly with health care providers, senior centers and other community-based organizations, thereby ensuring a ready pool of participants and potential leaders. We make a concerted effort to recruit a diverse cadre of leaders, including minorities, who live or work in the cities and towns where they deliver workshops.

WCAAA will make certain that the following assurance have been met:

- Services under the waiver are provided more cost effectively and efficiently by the AAA than by community services provider agencies in the region.
- Services under the waiver do not constitute a duplication of services already offered in the community.
- Services under the waiver may be necessary in the absence of a viable community-based provider.
- Services under the waiver are deemed necessary under the FFY 2021-2024 Area Plan.
- Services may be provided under a waiver due to an emergent need on a time-limited basis.
- Appropriate data is collected and reported timely for the services under the waiver, as required by the SUA.
- The AAA Board of Directors or Advisory Council are in concurrence with the request for the waiver and the waiver request represents up to the maximum allocation for final approval.

Number of clients to be served: 70
 The number of clients served equals CDSME Completers which is defined as attending 4 out of 6 workshop sessions.

Number of units to be provided: 70
 Each CDSME completer equals 1 unit of service. Number of clients served should equal number of units provided.

MIS All Title III D Waiver supported CDSME programs shall provide the following service and record services in MIS (WellSky Aging and Disability) in addition to the NCoA online Reporting System).

Chronic Disease Self-Management Education Programs (One Person Session)
Evidence-Based Chronic Disease Mgmt.

This service provides for the Chronic Disease Self-Management Education Programs (CDSME), such as the Chronic Disease Self-Management Program (CDSME, Tomando Control de su Salud, the Chronic Pain Self-Management Program and the Diabetes Self-Management Program (DSMP) which are designed to help people with chronic diseases to 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 the State Unit on Aging. To apply Title IIID funds to this service it must be approved by the State Unit on Aging as an evidence-based service.

Care Program Fund Identifier Registration
Health Promotion NAPIS Title III-B Individual
Health Promotion NAPIS Title III-D Individual

The number of clients served equals CDSME Completers which is defined as attending 4 out of 6 workshop sessions.

Each CDSME completer equals 1 unit of service. Number of clients served equals number of units provided.

| Service | # of Completers | # of Unit | Title III D Funds | State Funds |
|----------------|-----------------|-----------|-------------------|-------------|
| CDSME Workshop | 70 | 70 | 31,191.00 | 6,000.00 |

Budget Summary:

| | |
|-------------------------------------------------------------------|--------------------|
| Title III-D Waiver: | <u>\$31,191.00</u> |
| Match: | Not required |
| Program Income: | <u>\$-0-</u> |
| Total Program: | <u>\$31,291.00</u> |
| Other Resources: <i>(Include \$6,000 state fund allotment)</i> | <u>\$6,000.00</u> |
| Grand Total: | <u>\$37,291.00</u> |

A. CDSME NARRATIVE: In narrative form, address the following items in two pages or less.

1. Service Description: Provide a brief, bulleted work plan of the Chronic Disease Self-Management Education Programs to be delivered in your AAA service area. Please note: This is **NOT** a description of the Program itself, but the Agency’s plan for delivery of CDSME during the Waiver period.

WCAAA will implement the Chronic Disease Self-Management Program (CDSME) and Chronic Pain Self-Management Program (CPSME) utilizing the “Live Well” workshops concept. The Agency currently has eighteen trained leaders committed to facilitating workshops in the western region. In collaboration with our grantees, provider networks and consumer groups, WCAAA will establish a widespread public information/outreach campaign to seek new participants and potential CDSME sites. In-person CDSME workshops are 2.5 hours, once per week for six weeks in community settings such as senior centers, libraries, and houses of worship. During COVID-19 times, workshops are implemented either virtually for 2.5 hours weekly

for six weeks with two leaders, or as Tool Kit phone workshops for 1 hour weekly for six weeks with one leader.

2. **Service Delivery:** Describe how the Regional Coordinator will deliver the CDSME Programs in your AAA service area. Be sure to include the following mandatory deliverables in your narrative:

The WCAAA employs a Regional Coordinator who is certified as a Master Trainer. The time allotted to the position is .5 FTE, which has been increased due to the demands of the position and is reflected in the budget from prior years. The Live Well Regional Coordinator will be responsible for meeting the deliverables below but will also develop and implement a widespread public information/outreach campaign to include our grantees/contractors, provider networks, and consumer groups. Leaders will be trained, and workshops scheduled under the coordination of the Live Well Regional Coordinator. Records are maintained on each leader and workshop participants with data entered into the NCoA website reporting mechanism. Evaluation forms will be utilized with results noted by the Live Well Regional Coordinator for potential changes not connected to the program's official design. Leaders will be invited to WCAAA sponsored trainings to expand their information base on services and benefits. They will also be invited to one roundtable breakfast per year to receive updates on evidence-based programming, networking and discussion of potential new target CDSME sites.

The following are the deliverables under this waiver:

1. One Leader Refresher (in-person or virtual platform) per federal fiscal year, if needed.
2. 1 Leader training per federal fiscal year
3. Collection and entry of data collection forms in the NCoA online system.
4. Monitoring of Program fidelity.
5. Maintenance of active leader list.
6. Maintenance of RC Master Trainer certification as applicable (workshop or leader training).
7. Partnership development.
8. Recording of consumers and services in WellSky Aging and Disability

3. **Client Satisfaction:** Distribute and collect completed CDSME Evaluation Surveys at the end of each six-week workshop cycle.

4. **Sub-Contracts:** Describe plans for sub-contracting services components such as workshop facilitation.

WCAAA will not subcontract service components.

5. **Reporting Requirements:**

Narrative Report: To fully understand the Agency's progress in reaching CDSME waiver targets and service deliverables, a bi-annual narrative progress report is submitted to the Department using the ADS-SUA provided template.

Site Visits – Prepare for Bi-annual site visits conducted by SUA Statewide CDSME Coordinator at six- and twelve-month intervals.

- A. **BUDGET:** Attach a line-item budget using the form provided by SDA. Be sure to include the \$6,000 state fund allotment that supports your Agency's CDSME efforts.

SEE TITLE IIID CDSME WAIVER BUDGET

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

Michael Kleban
Signature of Area Agency Director

9/26/2021
Date

Authorized Official of Agency on Aging (optional)

Date

For ADS Use Only

Approved

October 1, 2021 - September 30, 2024
Time Period of Approved Waiver

Denied

Amy Porter
Commissioner, Aging and Disability Services

12/21/2021
Date

Title III-E Waiver Request

AAA Name: Western CT Area Agency on Aging, Inc. (WCAAA)

Date Submitted: October 12, 2021

Waiver Title: National Family Caregiver Support Program (NFCSP)

Time Period of Waiver (Federal Fiscal Years): October 1, 2021 – September 30, 2024

Geographic Areas Served: 41-town western region

Program Waiver Justification

Statement of Need: Provide information regarding the need for the service and the need for the AAA to provide the services directly (1 to 2 paragraphs). Include an explanation how assurances in the Title III Waiver PI (SUA-SPI-17-1) are met. Please attach any relevant data to support or justify your need statement.

Service Delivery – Caregivers

Services are divided into two sections: Section 1: Title III-E Waiver (Non-Respite Care and Non-Supplemental Services) and Section 2: Respite Care and Supplemental Services. Services are also divided into two populations: Caregivers and Grandparents.

When completing the section below, provide information of the number of caregivers and grandparents expected to be served, the number of units served to those individuals, and the amount of Title III E funds by service.

Non-Respite Care and Non-Supplemental Services

Section 1

Title III-E Waiver Funding for Services to Caregivers \$ 197,850.00

| Service | # of Caregivers | # of Units | # of Units | Title III E Funds |
|--------------------------------|-----------------|------------|------------|-------------------|
| NFCSP Outreach | 2,361 | 112 | | 9,281.45 |
| NFCSP Benefits Education | 2,361 | 112 | | 9,281.45 |
| NFCSP Case Management | 367 | 3096 | | 128,083.92 |
| NFCSP Caregiver Counseling | | | | |
| NFCSP Caregiver Support Groups | | | | |
| NFCSP Caregiver Training | | | | |

| Service | Estimated Unduplicated Count of Caregivers Served | # of Units | # of Units | Title III E Funds |
|----------------------------------|---------------------------------------------------|------------|------------|-------------------|
| NFCSP Information and Assistance | 350 | 475 | | 41,921.71 |
| NFCSP Public Education * | 2,361 | 112 | | 9,281.45 |
| *Aggregate | | | | |

*Denotes a permissible aggregate service. For all other services, ADS-SUA approval is needed to report aggregately. Provide a detailed explanation why an individual registration cannot be obtained.

Respite Care and Supplemental Services

Section 2

| Service | # of Caregivers | # of Units | # of Units |
|--------------------------|-----------------|------------|------------|
| Respite (Direct Service) | 62 | 3500 | |
| Supplemental Services | 225 | 2000 | |

Title III-E Request for Funding for Respite for Caregivers \$ 74,200.00

Title III-E Request for Funding for Supplemental services for Caregivers \$ 69,470.00

Budget Summary:

Total Title III-E Waiver Funds from Section 1 \$ 197,850.00

Total Title III-E Funds – Respite and Supplemental Services from Section 2 \$ 143,670.00

Match: At least 25%: \$ 113,840.00

Program Income: \$ _____

Total Program: \$ 455,360.00

Other Resources: \$ _____

Grand Total: \$ 455,360.00

Statement of Need:

The WCAAA is proposing to continue administering the National Family Caregiver Support Program (NFCSP) through a waiver to provide a full range of caregiver services. The WCAAA has operated the NFCSP Program (Respite, I&A/R, Public Education and Supplemental portions) for the past 13 years. There is no other single focused agency with WCAAA's resources and experience to administer this program in Western CT's 41 towns. WCAAA's relationship within the 41 towns, its experienced staff, and interconnected departments are vital in administering the NFCSP program. "When looking at caregivers for adults only, the prevalence of caregiving has risen from 16.6 % in 2015 to 19.2% in 2020. "Caregivers report that the adults who receive care (the "care recipient") have greater health and functional needs than was reported by caregivers in 2015. Compared to 2015, caregivers are more likely to report their adult care recipient needs care because of long-term physical conditions (63%, up from 59% in 2015), emotional or mental health issues (27%, up from 21%), and memory problems (32%, up from 26%), including Alzheimer's or dementia (26%, up from 22% in 2015). This increasing comorbidity of conditions that require care, with caregivers reporting their recipient has 1.7 conditions categories on average (up from 1.5 in 2015), suggests that not only are more American adults taking on the role of unpaid caregiver, but they are doing so for adult recipients who may have increasingly complex medical or support needs."¹ The National Family Caregiver Support Program is essential in keeping caregivers healthy and able to meet the needs of the care recipient.

A. Narrative: In narrative form, address the following items in two pages or less.

1. **Service Description:** Provide a brief overview (1 paragraph) of the services to be provided, including the definitions to be used.

WCAAA staff provide a wide range of services including information and assistance and public education. Staff provides case management aimed at assessing a caregiver (and care recipient) through the completion of various applications and focused on the development of and monitoring of care plans and the negotiation of changes to care management plans due to changing needs of caregivers. WCAAA staff utilize Language Line Solutions, if necessary, to communicate with caregivers/care recipients whose primary language is not English. However, WCAAA staff also represent a variety of languages.

2. **Service Delivery:** Describe how the service will be provided, how potential clients will be informed about the availability of services and how the services will be targeted and tracked within the MIS system (SAMS). In order to record aggregately, provide a detailed explanation which described why it is not practical to register consumers; SUA approval is required. Provide a chart or narrative which outlines the FTE staff positions dedicated to this waiver.

¹ Caregiving in the U.S. Research Report May 2020 conducted by AARP; <https://www.aarp.org/content/dam/aarp/ppi/2020/05/full-report-caregiving-in-the-united-states.doi.10.26419-2Fppi.00103.001.pdf>

There are several WCAAA staff involved in providing service and managing the MIS for the National Family Caregiver Support Program on a full or part-time basis with varied skilled sets to meet the objectives of the program.

Information and assistance and public education are provided for caregivers, care recipients, providers, and persons with disabilities through in-person conversation, via phone, in community forums, through the WCAAA's radio program, through our website and publication such as the WCAAA INSIDER newsletter. The WCAAA's outreach activities such as "caregiver express" focus on providing caregiver information but we are involved in extensive personalized counseling. All programs operated by the WCAAA (and staff) provide packets of information for consumers and providers including the NFCSP Program. WCAAA develops and distributes several different pamphlets for consumers and providers describing a variety of supportive services. Additional education is provided for caregivers and involved care recipients, if desired, on long term care options, and other issues related to benefits and services. Frequently, the NFCSP staff consults with CHOICES staff and leadership for assistance in providing client education. *Reported aggregately because it is not possible to obtain form 5 information on all participants/viewers/listeners in a public forum.*

Case management is provided through the Program's Coordinator/Case Manager and the Program Assistant/Case Manager and includes a risk assessment to determine if care recipients could benefit from a wide variety of WCAAA services including those provided through our Title III contracts. For example, some care recipients and/or eligible caregivers in the NFCSP Program may benefit from participation in CDSMP, DSMP or our funded transportation programs. The case management service includes a service plan that is agreed to by the caregiver and frequently the care recipient. *Reported in Impact as Case Management – one hour.*

Caregiver trainings are provided for support groups in the 41 towns, religious groups, providers and advertised on radio, the Agency's website and in the INSIDER newsletter. Some participants then, may be members of support groups but the majority do not appear to belong to any organized group. Trainings will include Powerful Tools for Caregivers. *Reported in IMPACT – one hour.*

All respite, supplemental, counseling, case management and training units are entered in the MIS system by the Case Manager. Output MIS reports on all WCAAA financed services are provided to the WCAAA Board of Directors quarterly for their review. I & A/R, benefits education and public education are aggregately reported.

The following are the 2.3 FTEs contained in the attached budget and therefore part of the NFCSP Program:

- NFCSP Coordinator/Care Manager – 1 FTE (35 hours)
- Program Assistant/Case Manager 1 FTE (35 hours) (*To be Hired*)
- I&R/A Specialist – 20% FTE (7 hours)

Client Satisfaction: Describe how the service staff will determine client satisfaction and make improvements if problems are identified. Provide a copy of the survey tool specific to this program.

The WCAAA's Care Manager or other unit direct service staff sends quality assurance surveys to care recipients and their caregivers who are receiving some level of service through this project.

Participants attending special educational, or training programs are provided with quality satisfaction surveys.

Sub-Contracts: Describe plans for sub-contracting services components.

The WCAAA's master contracting system will be utilized for services under the respite care and supplemental services where possible. Clients are provided options for service providers under respite care, but all providers must be part of the state approved contractor list with accompanying rates.

Respite care is provided through contracted services following a staff assessment conducted in a hybrid of in-person and telephonic assessments due to COVID and based on the 2022-2024 Area Plan. The Case Managers usually receive a telephone call, or the caregiver may visit our office without a prior call (walk-in). Typically, caregivers are present when assessments are conducted and may be called upon to answer questions that the care recipients cannot answer. A care plan is developed by the Case Manager with agreement of the caregiver and frequently, the care recipient. The WCAAA utilizes a master contracting process whereby all providers are approved by the state and accompanied by the state approved rate schedule. Caregivers are given a choice of providers from the list and the WCAAA's Case Manager issues a service order. The Case Manager maintains a spreadsheet of services ordered for clients. Invoices for rendered services are reconciled with service orders by the Case Manager prior to transmittal to the WCAAA's finance department. The finance department then is the second check to ensure that bills for services are appropriate and correct.

Supplemental services are provided through intervention by the Case Manager. The majority of needs for supplemental services are identified by a telephone call or written letters/notes to the WCAAA. State approved contractors are used as in the process above where possible. Contractual agreements are made between the provider and WCCAA through the finance department. Once again, a spreadsheet of approved service orders is maintained by the Care Manager and bills for products/services reconciled by the Case Manager in accordance with issued service orders prior to passage to the finance department.


B. BUDGET: Complete the line-item budget workbook as provided by ADS and submit to ADS with completed waiver request. The budget and budget narrative reflect the scope of work. Please include the staff position name and FTE equivalent in the budget narrative section of the workbook.

See Attached

We, the undersigned, approve and submit the attached service description for Title III 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.



Signature of Area Agency Director



Date

Signature of Authorized Official of Area Agency (optional)

Date

For ADS Use only

Approved

October 1, 2021 - September 30, 2024

Time Period of Approved Waiver

Denied


Commissioner, Aging and Disability Services

12/21/2021

Date

ATTACHMENT G: REQUEST FOR WAIVER FROM PROCUREMENT TO PROVIDE DIRECT SERVICES

ATTACHMENT H: COST SHARING PROVISIONS

WCAAA is requesting cost-sharing exclusively for services provided through the Respite and Supplemental components of the **National Family Caregiver Support Program (NFCSP)**. Suggested cost-shares are based on the income of the Care Recipient. Consumers with incomes at or below 100% of the Federal Poverty Level are excluded from the cost-share provisions. WCAAA follows the Cost Share Chart issued by the SUA. WCAAA is not requesting approval for cost-share implementation for any other service category at this time.

ATTACHEMENT I: PLAN DEVELOPMENT PROCESS

A. DESCRIPTION OF AREA PLAN DEVELOPMENT PROCESS

Provide an overall summary of the agency's Area Plan development process, including, but not limited to, the outline of steps, assessment, research, or survey instruments used, and type of data and materials analyzed. Describe how your AAA solicited input for the development of the plan (i.e., public hearings, surveys, website, etc.) Include in the description of the process used to address the needs of older individuals in the WCAAA planning and service region and how target populations or areas of need were prioritized.

B. AREA PLAN DEVELOPMENT PROCESS

In the planning process for the 2018-2021 Area Plan, WCAAA used a variety of sources to access the needs of older adults and to establish goals and objectives. These included demographic data relevant global, national, and local literature, local surveys and focus groups comprised of seniors, caregivers, grantees, providers, and regional senior centers. WCAAA Area Plan was developed utilizing a multi-prong process including review of the literature, including statistical compendia, best practices, and research articles; survey of consumers, family caregivers, providers and listening sessions with members of the aging network and our consumers.

C. REVIEW OF THE LITERATURE:

The followings sources were consulted in a review of the literature for this Area Plan report.

1. CT Demographics by Cubit, 2020
2. Census Reporter.Org, 2021
3. US Census Bureau American Community Survey, 2018
4. U.S. Department of Health American Community Survey, 2018
5. CT Health Disparities.org/A Snapshot 2018
6. U.S. Department of Health and Human Services. 2018
7. Adult Maltreatment Report (2018). Administration for Community Living and Administration on Aging.
8. State of CT Long-Term Care Demand Projections (2019), released by Governor Ned Lamont and CT Department of Social Services (DSS).
9. DataHaven Community Wellbeing Survey/2019-2022 Greater Waterbury Community Wellbeing Profile.
10. United Way Financial Hardship Report, 2020
11. The Naugatuck Valley Council of Governments. (2018) Naugatuck Valley Regional

Profile. Waterbury.

12. Census Hard to Count Maps 2020. (2019, July 12). Census Tract. Retrieved from HTC 2020. <http://healthwaterbury.org/census2020>.
13. National Low Income Housing Coalition. (2018, July 9). Housing Needs by State/ CT. Retrieved from National Low Income Housing Coalition:
14. <http://healthywaterbury.org/nlihc>.
15. CT Data Collaborative: New 2021 Town Profiles. <https://www.ctdata.org>
16. *CT Healthy Aging Data Report <https://healthyagingdatareports.org/CT-healthy-aging-data-report/>
17. *CT Health Aging Data Profile is designed to help residents, agencies, providers and governments understand the older adults who live in their 41-towns – their ages, living arrangements, health status, strengths and vulnerabilities. The report was funded by Tufts Health plan Foundation with research led by the Gerontology Institute of the John W. McCormack School of Policy and Global Studies at the University of Massachusetts Boston.
18. 17. AGing, Independence, & Disability (AGID) Program Data Portal agid.acl.gov. (American
19. Community Survey)
20. World Report on Ageing and Health, 2015

SOURCES:

Administration for Community Living, Aging Integrated Database (AGid), Web source retrieved on 11/1/2021

Source File: Connecticut 2012-2016 American Community Survey (ACS) Special Tabulation on Aging Total Population

<https://agid.acl.gov/DataFiles/ACS2016/Table.aspx?tableid=S21001&stateabbr=CT>

Age by Race for the Population 60 Years and Over

<https://agid.acl.gov/DataFiles/ACS2016/Table.aspx?tableid=S21006&stateabbr=CT>

Hispanic or Latino and Race by Poverty Status in the Past 12 Months for the Population 60 Years and Over for Whom Poverty Status is Determined

<https://agid.acl.gov/DataFiles/ACS2016/Table.aspx?tableid=S21040&stateabbr=CT>

D.COMMUNITY PROFILE

The report below provides a community profile, health aging indicators, chronic disease rates and regional trends for 169 towns in CT and 41-towns in our Western Planning and Service Region.

| Town Name | Total Population | Total 60+ Population | 60+ as % of Town | 60+ Minority Population | % of 60+ are Minority | # 60+ are poverty & minority | % 60+ are poverty & minority* | 60+ below 100% Poverty | % 60+ are below 100% Poverty | % 60+ Limited English Proficiency |
|--------------------------|------------------|----------------------|------------------|-------------------------|-----------------------|------------------------------|-------------------------------|------------------------|------------------------------|-----------------------------------|
| Litchfield County | | | | | | | | | | |
| Barkhamsted | 3,710 | 865 | 23.32% | 10 | 1.16% | - | - | 30 | 3.47% | 1.16% |
| Bethlehem | 3,490 | 985 | 28.22% | 25 | 2.54% | 24 | 2.44% | 104 | 10.56% | - |
| Bridgewater | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Canaan | 20,250 | 4,215 | 20.81% | 295 | 7.00% | - | - | 125 | 2.97% | 1.19% |
| Colebrook | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Cornwall | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Goshen | 2,920 | 775 | 26.54% | - | - | - | - | 60 | 7.74% | - |
| Harwinton | 5,540 | 1,460 | 26.35% | 35 | 2.40% | - | - | 35 | 2.40% | 0.68% |
| Kent | 2,880 | 1,030 | 35.76% | 15 | 1.46% | 4 | 0.39% | 64 | 6.21% | - |
| Litchfield | 8,275 | 2,660 | 32.15% | 50 | 1.88% | 4 | 0.15% | 189 | 7.11% | - |
| Morris | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| New Hartford | 6,825 | 1,575 | 23.08% | - | - | - | - | 55 | 3.49% | 2.86% |
| New Milford | 27,500 | 5,855 | 21.29% | 225 | 3.84% | 4 | 0.07% | 244 | 4.17% | 2.82% |
| Norfolk | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| North Canaan | 3,230 | 895 | 27.71% | 25 | 2.79% | - | - | 30 | 3.35% | - |
| Roxbury | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Salisbury | 3,670 | 1,455 | 39.65% | 65 | 4.47% | - | - | 65 | 4.47% | - |
| Sharon | 2,725 | 1,360 | 49.91% | 25 | 1.84% | 4 | 0.29% | 119 | 8.75% | - |
| Thomaston | 7,700 | 1,810 | 23.51% | - | - | - | - | 75 | 4.14% | - |
| Torrington | 35,225 | 8,445 | 23.97% | 405 | 4.80% | 50 | 0.59% | 650 | 7.70% | 2.66% |
| Warren | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Washington | 3,495 | 1,335 | 38.20% | 35 | 2.62% | - | - | 75 | 5.62% | - |
| Watertown | 22,050 | 5,510 | 24.99% | 85 | 1.54% | 10 | 0.18% | 315 | 5.72% | 2.63% |
| Winchester | 10,925 | 2,980 | 27.28% | 105 | 3.52% | - | - | 300 | 10.07% | 1.51% |
| Woodbury | 9,725 | 2,655 | 27.30% | 35 | 1.32% | 55 | 2.07% | 150 | 5.65% | 0.75% |
| County Total | 180,135 | 45,865 | 25.46% | 1,435 | 3.13% | 155 | 0.34% | 2,685 | 5.85% | 714 |
| New Haven County | | | | | | | | | | |
| Beacon Falls | 6,075 | 1,090 | 17.94% | 65 | 5.96% | 25 | 2.29% | 75 | 6.88% | 8.72% |
| Cheshire | 29,255 | 6,835 | 23.36% | 310 | 4.54% | 20 | 0.29% | 150 | 2.19% | 1.68% |
| Middlebury | 7,605 | 1,970 | 25.90% | 65 | 3.30% | 4 | 0.20% | 84 | 4.26% | 1.27% |
| Naugatuck | 31,625 | 6,250 | 19.76% | 330 | 5.28% | 75 | 1.20% | 415 | 6.64% | 8.64% |
| Prospect | 9,720 | 2,360 | 24.28% | 110 | 4.66% | 8 | 0.34% | 118 | 5.00% | 1.06% |
| Southbury | 19,725 | 7,205 | 36.53% | 60 | 0.83% | 30 | 0.42% | 720 | 9.99% | 0.75% |
| Waterbury | 109,210 | 19,295 | 17.67% | 4,325 | 22.42% | 1,870 | 9.69% | 3,010 | 15.60% | 10.75% |
| Wolcott | 16,705 | 4,135 | 24.75% | 195 | 4.72% | 15 | 0.36% | 210 | 5.08% | 2.90% |
| County Total | 229,920 | 49,140 | 21.37% | 5,460 | 11.11% | 2,047 | 4.17% | 4,782 | 9.73% | 3,048 |
| Fairfield County | | | | | | | | | | |
| Bethel | 19,370 | 3,855 | 19.90% | 240 | 6.23% | 25 | 0.65% | 280 | 7.26% | 0.75% |
| Brookfield | 16,970 | 3,920 | 23.10% | 190 | 4.85% | 4 | 0.10% | 109 | 2.78% | 3.32% |
| Danbury | 83,890 | 14,985 | 17.86% | 2,108 | 14.07% | 855 | 5.71% | 1,600 | 10.68% | 9.91% |
| New Fairfield | 14,075 | 3,050 | 21.67% | 105 | 3.44% | 25 | 0.82% | 35 | 1.15% | - |
| Newtown | 27,990 | 5,895 | 21.06% | 85 | 1.44% | 15 | 0.25% | 290 | 4.92% | 2.54% |
| Redding | 9,275 | 2,560 | 27.60% | 110 | 4.30% | 10 | 0.39% | 85 | 3.32% | 1.76% |
| Ridgefield | 25,125 | 5,555 | 22.11% | 175 | 3.15% | - | - | 155 | 2.79% | 1.26% |
| Sherman | 3,655 | 965 | 26.40% | 10 | 1.04% | - | - | - | - | - |
| County Total | 200,350 | 40,785 | 20.36% | 3,023 | 7.41% | 934 | 2.29% | 2,554 | 6.26% | 1,909 |
| AREA TOTAL | 610,405 | 135,790 | 22.25% | 9,918 | 7.30% | 3,136 | 2.31% | 10,021 | 7.38% | 5,671 |

E. LOCAL COMMUNITY HEALTH NEEDS ASSESSMENT

According to the latest UCONN Town Population data set, American Community Survey (2019) and UMASS CT Healthy Aging Data Report (2021), the population of the 41-town western planning

and service area is **620,403**. The 2022-2024 DataHaven, Waterbury Wellbeing Profile reports that our 60+ population group has increased in the last Area Plan period from **148,770, 105,551 for those 65+ to total population of 620,403**. The gender breakdown is 64,099 males age 60+ and 77,382 females age 60+. The 75+ age cohort accounts for approximately 32% of the total 60+ age group with females age 75+ outnumbering males by more than 10,000. Surprisingly, the report cites 6,756 western area residents age 90+.

Analysis of the 60+ age cohort, according to the prepared by 2022-2024 DataHaven, Waterbury Wellbeing Profile 2020-2022 showed that the Western area had 7,135 persons age 60+ who were below the federal poverty level and 8,244 below 150% of poverty. The same report shows the following additional characteristics of the 41-town western area.

The 2018 total at-risk population in CT for age 60 and over is reported as follows from the American Community Survey Data Source: <http://www.census.gov>.