

Connecticut State Department on Aging



At a Glance

EDITH G. PRAGUE, MSW - Commissioner (effective April 18, 2013)

Established – January 1, 2013

Margaret Gerundo-Murkette, MSW -Program Manager, State Unit on Aging

Stephanie P. Marino, Program Manager, State Unit on Aging

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Pamela Toohey, Executive Assistant to Commissioner

Statutory authority – CGS Section 17a-317

Central office - 25 Sigourney Street, Hartford, CT 06106

Number of employees – 16 in the State Unit on Aging; 14 in the Office of the Long-Term Care

Ombudsman

Program Budget - \$26,173,590

Organizational structure - Commissioner’s Office; Central Administrative State Unit on Aging, Central Administration Long-Term Care Ombudsman’s Office and Regional Program Offices.

The Connecticut State Department on Aging ensures that Connecticut’s elders have access to the supportive services necessary to live with dignity, security, and independence. The Department is responsible for planning, developing, and administering a comprehensive and integrated service delivery system for older persons in Connecticut.

To accomplish this, the Department conducts needs assessments, surveys methods of service administration, evaluates and monitors such services, maintains information and referral services, and develops, coordinates, and/or collaborates with other appropriate agencies to provide services.

More specifically, the Department administers Older Americans Act programs for supportive services, in-home services, and congregate and home-delivered meals. It also administers

programs that provide senior community employment, health insurance counseling, and respite care for caregivers.

The Department works closely with the aging network partners to provide these services. Partners include Connecticut's five area agencies on aging, municipal agents for the elderly, senior centers, and many others who provide services to older adults.

Statutory Responsibility

Sec. 17a-317 designated the State Department on Aging as the State Unit on Aging to administer, manage, design and advocate for benefits, programs and services for the elderly and their families pursuant to the Older Americans Act. The department is tasked with studying the conditions and needs of elderly persons in this state in relation to nutrition, transportation, home care, housing, income, employment, health, recreation and other matters and is responsible, in cooperation with federal, state, local and area planning agencies on aging, for the overall planning, development and administration of a comprehensive and integrated social service delivery system for elderly persons; Sec. 17b-33 authorizes the department to establish, within available appropriations, and operate a fall prevention program to promote and support research in the field; Sec. 17b-251 requires the department establish an outreach program to educate consumers as to: (1) the need for long-term care; (2) mechanisms for financing such care; (3) and the availability of long-term care insurance; Sec. 17b-427 designates the department to administer the CHOICES health insurance assistance program which is a comprehensive Medicare advocacy program that provides assistance to Connecticut residents who are Medicare beneficiaries; Sec. 17b-792 requires the department to administer programs which provide nutritionally sound diets to needy elderly persons; Sec. 17b-349e authorizes the department to operate a program, within available appropriations, to provide respite care services for caretakers of individuals with Alzheimer's disease; and Sec. 17b-367a provided that the department develop and administer the Community Choices (ADRC) program to provide a single, coordinated system of information and access for individuals seeking long-term support.

Sec. 17b-400 established an independent Office of the Long-Term Care Ombudsman within the Department on Aging to: (1) Provide services to protect the health, safety, welfare and rights of residents; (2) Ensure that residents in service areas have regular timely access to representatives of the program and timely responses to complaints and requests for assistance; (3) Identify, investigate and resolve complaints made by or on behalf of residents that relate to action, inaction or decisions that may adversely affect the health, safety, welfare or rights of the residents or by, or on behalf of, applicants in relation to issues concerning applications to long-term care facilities; (4) Represent the interests of residents and applicants, in relation to their applications to long-term care facilities, before government agencies and seek administrative, legal and other remedies to protect the health, safety, welfare and rights of the residents; and (5) Review and, if necessary, comment on any existing and proposed laws, regulations and other government policies and actions that pertain to the rights and well-being of residents and applicants in relation to their applications to long-term care facilities, and facilitate the ability of the public to comment on the laws, regulations, policies and actions;

DEPARTMENT OVERVIEW

The department (1) measures the need for services; (2) surveys methods of administration of programs for service delivery; (3) provides for periodic evaluations of social services; (4) maintains technical, information, consultation and referral services in cooperation with other state agencies to local and area public and private agencies to the fullest extent possible; (5) develops and coordinates educational outreach programs for the purposes of informing the public and elderly persons of available programs; (6) cooperates in the development of performance standards for licensing of residential and medical facilities with appropriate state agencies; (7) supervises the establishment, in selected areas and local communities of the state, of pilot programs for elderly persons; (8) coordinates with the Department of Transportation to provide adequate transportation services related to the needs of elderly persons; and (9) cooperates with other state agencies to provide adequate and alternate housing for elderly persons, including congregate housing. The State Department on Aging was reestablished on January 1, 2013, almost 20 years after it was part of a merger which established the Department of Social Services.

PUBLIC CONTACT POINTS

Websites and web pages:

- State Department on Aging: www.ct.gov/agingservices
- Long-Term Care Ombudsman: www.ct.gov/lcop
- Aging and Disability Resource Centers: www.myplacect.org
- Connecticut Partnership for Long Term Care: www.ctpartnership.org
- Reverse Annuity Mortgages: www.chfa.org

Toll-free information:

- General public information: 1-866-218-6631
- TDD/TTY for persons with hearing impairment: 1-800-842-4524
- Long-Term Care Ombudsman: 1-866-388-1888
- Aging and Disability Resource Centers: 1-800-994-9422
- CHOICES (Connecticut Health Insurance Assistance, Outreach, Information and Referral, Counseling and Eligibility Screening): 1-800-994-9422
- Connecticut Partnership for Long Term Care: 1-800-547-3443

State Department on Aging Programs

Empower Connecticut's older residents, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options.

Advance Directives: Developed by the Legal Assistance Developer "Advance Directives: Planning for Future Health Care Decisions" empower residents to make informed decisions about their own health care needs.

Aging and Disability Resource Centers (ADRC): Aging and Disability Resource Centers (also known as Community Choices) are available statewide and currently serve older adults, individuals aged 18 and over with a disability, and caregivers. Community Choices supports people through a coordinated system of information and access. Using extensive knowledge and resources people are connected to a myriad of services and supports including but not limited to, benefits screening, information and assistance, decision support, follow-up and options counseling. Program partners include the state's five (5) Area Agencies on Aging, five (5) Centers for Independent Living and Connecticut Community Care, Inc., and UConn Center on Aging. In FFY 2013, the competitive federal grant funding is \$694,000.

CHOICES: Connecticut's programs for **H**ealth insurance assistance, **O**utreach, **I**nformation and referral, **C**ounseling and **E**ligibility **S**creening (CHOICES) program is the Department's State Health Insurance Assistance Program, a national volunteer based program that provides older persons and their families information and assistance about current Medicare benefits and options. Free counseling and assistance is provided via telephone and face-to-face interactive sessions, public education presentations and programs and media activities.

CHOICES is a cooperative effort with the five Area Agencies on Aging and the Center for Medicare Advocacy. Each AAA has staff and trained volunteer counselors who are available to meet with Medicare beneficiaries and/or their families at sites throughout the state. CHOICES counselors assist beneficiaries with billing problems, enrollment and disenrollment issues, coverage issues, Medigap policies comparisons, Medicare Part

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D prescription plan comparisons and provide a wide range of other information to assist beneficiaries in making informed choices about health insurance matters. In FFY 2013, \$539,476 was received in federal funding. In SFY 2013, \$730,382 was received in state funding.

Connecticut Partnership for Long Term Care: The Partnership provides education and outreach and offers, through private insurers' special long-term care insurance to help individuals increase their options and avoid impoverishing themselves when paying for their long-term care. Coordinated by the Office of Policy and Management, the Partnership has an information and education program managed by the Department. The SDA also provides one-on-one counseling, distributes educational materials and conducts regional public forums and other community presentations. In SFY 2013, \$9,000 in state funds was received by the SUA.

During state fiscal year 2013 the Partnership:

- Responded to 598 requests for information
- Counseled 364 people
- Reached 380 people through public forums

Human Resources Agency - Las Perlas Hispanas Senior Center: Las Perlas Hispanas Senior Center received funding in the amount of \$25,000 for SFY 2013. The funding is used for outreach to low-income seniors who need of case management, socialization and information and referral services.

Enable Connecticut's seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers.

Alzheimer's Aide funding: This state funding is designated to assist in subsidizing the cost of Alzheimer's Aides in Adult Day Care Centers. It is administered by the five Area Agencies on Aging. In SFY 2013, \$172,292 was received in state funds.

Congregate Housing Services Program (CHSP): With \$354,637 in federal funding for FFY 2013 from the Department of Housing and Urban Development and \$133,617 in state funding for SFY 2013, CHSP provides congregate meals and supportive services to frail elders and persons with temporary or permanent disabilities in rural areas who would otherwise be vulnerable to premature institutionalization. This program serves 271 participants in thirteen (13) of the most vulnerable housing communities located in the eastern and western areas of the state.

In state fiscal year 2013, 271 participants received the following supportive services included:

- Case management
- Housekeeping aid
- Personal care
- Transportation
- Preventative health care systems
- Personal emergency response systems
- Money Management

Connecticut Statewide Respite Program: In partnership with the Area Agencies on Aging, the Statewide Respite Care Program offers short-term respite care for persons with Alzheimer's disease and related dementias. Respite is defined as a break from the responsibilities of caregiving and is designed to restore a fatigued caregiver. The program provides in-home assessments, the development of care plans, and the purchase of necessary services to give caregivers a break from the stresses associated with caregiving. Services that may be offered include companions, homemakers, adult day care, transportation, personal emergency response system, medication monitoring, private-duty nursing or short-term inpatient care in a nursing facility, residential care home or assisted living community. Families may receive daytime or overnight respite services. In

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SFY 2013, \$2,179,670 was received in state funds for this program and 815 individuals received respite services. Program eligibility requirements are:

- The income of the individual with dementia must be \$41,000 per year or less; and
- Assets are \$109,000 or less; and
- A Co-payment of twenty percent (20%) of the cost of services is required, unless waived due to financial hardship as determined by the program.

Grandparents as Parents Support Network: The State Unit on Aging developed the Grandparents as Parents Support Network (GAPS) to help establish support groups for grandparents and relatives raising children. This unfunded initiative is designed to encourage and promote the creation of services for relatives who assume the responsibility of parenting. The Department partners with a network of over 162 agencies and community organizations, as well as 68 support groups that provide service or assistance to grandparents and relative caregivers. The GAPS Network listserv provides information to its members regarding grant opportunities, advocacy, legislative updates and other pertinent subjects such as legal issues and community resources.

National Family Caregiver Support Program/OAA Title III-E (NFCSP): In partnership with the Area Agencies on Aging, this program considers caregivers' unique values and needs and offers a range of services that enable caregivers to easily access the right services at the appropriate times. The major components of the program include information about available services, assistance in gaining access to supportive services, individual counseling, access to support groups, caregiver training, respite care to provide temporary relief from caregiver responsibilities and supplemental services (i.e. home modifications, assistive technologies and transportation). Priority consideration is given to those with the greatest social and economic need and to older individuals who provide care to children ages 18 and younger with severe disabilities.

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In FFY 2012, Title III-E funding in the amount of \$ 1,874,713 was received. In 2012, 1206 caregivers were served by the program.

NFCSP eligibility requirements:

- Must be a caregiver to an adult age 60 or older or to an individual who is between the ages of 19 and 59 who has a disability and is being cared for full time by a relative caregiver who is not a parent.
- May be a grandparent or relative caregiver who is at least age 55 and caring for a child 18 years of age or younger
- The caregiver must be caring for a care recipient that has limitation with two or more activities of daily living or a cognitive impairment in order to receive respite or supplemental services from the program.

Reverse Annuity Mortgage: Reverse Mortgages are a type of home loan which allow older homeowners in need of extra income to convert some of the equity in their homes to cash. The program is for homeowners who are considered “house rich” and “cash poor”. It allows older adults aged 70 and older to use the equity in their homes to collect tax-free payments as income. This income allows homeowners to stay in their homes and to help avoid institutionalization. The Connecticut Housing Finance Authority (CHFA) provides the funds and determines eligibility. The State Department on Aging forwards reviewed applications to CHFA for processing. In SFY 2013, six applications were forward to the CHFA.

Supportive Services/Older Americans Act Title III-B: Funding provides home and community based care, most supportive services fall under three broad categories:

- Access services i.e. case management, information and referrals, outreach and transportation;
- In-home services such as homemakers services, chore maintenance, and supportive services for family members of older individuals diagnosed with Alzheimer's disease; and
- Community Services including adult day care and legal

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assistance.

In FFY 2012, \$4,358,913 was received in Title III B funds.

The Veteran's Directed Home and Community Services Program: Through funding from the federal Veterans Administration (VA) and in partnership with the Administration on Aging/Administration for Community Living, the Department implemented the Veteran's Directed Home- and Community-based Services program in the south central region of the state. This partnership, which began in 2008, with the Agency on Aging of South Central Connecticut and the VA Connecticut Healthcare System is designed to keep veterans in the community by enabling the veteran to self-direct their own care, manage an individualized budget and receive services in their home by the caregiver of their choice. In June 2011 the program expanded into Fairfield County in partnership with the Southwestern Connecticut Agency on Aging. The program is currently planning an expansion that will allow veterans anywhere in Connecticut to receive self-directed home care services through VD-HCBS. Funding passes directed from the VA CT Healthcare System to the AAAs. The SDA facilitates the program statewide but does not receive federal funding to do so.

Number of Veterans Served:

- South Central Region – 30 (maximum number allowed) and received \$669,864.17 in FFY 2012.
- Southwestern Region – 15 (maximum number allowed) and received \$288,857 in FFY 2012.

Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare.

CHOICES: For more information about CHOICES please refer to page 4.

Chronic Disease Self-Management Program: The Chronic Disease Self-Management Program (CDSMP), or Live Well as branded in Connecticut, is a six week lay-led participant education program developed by Dr. Kate Lorig at Stanford University for adults who are experiencing chronic conditions. The program provides information and teaches practical skills on managing chronic health problems. Live Well gives older adults and those with disabilities the self-confidence and motivation needed to manage the challenges of living with chronic conditions.

The State Unit on Aging, in partnership with the CT Department of Public Health has received two competitive grants from the Administration on Aging/ Administration for Community Living to disseminate and embed Live Well and the Spanish Tomando version within Connecticut's health and community service systems. In September 2012, the health and aging partnership continued with the State Unit on Aging receiving an additional three-year expansion grant from the Affordable Care Act – Prevention and Public Health Fund. This grant builds upon previous efforts to integrate chronic disease self-management education programs (CDSME) on the state and local level in supportive partnership with the Medicaid Access Agencies, ADRC's, the Area Agencies on Aging and community health systems and to now allow for the development of the Stanford Diabetes Self-Management Program (DSMP).

To date 1, 230 participants have attended CDSMP, Tomando and DSMP workshops. This competitive grant funding from the Prevention and Public Health Care Fund Grant is \$600,000 for the three (3) year period ending September 2015.

Connecticut Statewide Fall Prevention Initiative: Using state funds this program provides fall prevention assessment, training and outreach initiatives statewide. These efforts include: 1) education of older adults regarding the epidemiology of falls and identifying characteristics that increase risk; 2) development and provision of systems wherein older adults can obtain individual fall risk assessments and interventions to reduce fall risk; 3)

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provision of fall risk assessments and interventions to older adults who have sustained fall related injuries; and 4) creation of a statewide network of instructors trained in Tai Chi: Moving for Better Balance. In SFY 2013, \$457,000 was received in state funds.

Elderly Health Screening: This state funded program provides health screening services, geriatric assessments, follow-up care and programs related to health promotion and wellness to persons age 60 and over at various sites throughout the state. Services are provided by Community Health Centers, Public Health and Social Services Departments and an Area Agency on Aging. Services include, but are not limited to, breast and prostate cancer screenings, cholesterol, diabetes checks, obesity screening, oral health, cardiovascular, vision and glaucoma. Follow up referral services are also provided.

In State Fiscal Year 2013, \$268,030 was received in state funds.

Elderly Nutrition Program: Using Federal OAA Title III C-1, C-2 and NSIP as well as state funding, the Elderly Nutrition Program serves nutritionally balanced meals and provides other nutrition services such as nutrition education or nutrition counseling to individuals age 60 and older and their spouses. Nourishing meals are served once a day for five or more days per week at approximately 181 senior community cafés statewide. These cafés are located in senior centers, elderly housing communities, schools, churches and other community settings, where elderly persons gather to participate in activities and learn about other programs and services.

Meals are also delivered to homebound or otherwise isolated older persons. Evening and weekend meals may be available. Other nutrition services such as education and counseling are provided in groups at senior community cafés and or during visits to homebound older persons. Newsletters are also provided to participants.

Congregate and home delivered meal participants may provide a voluntary, suggested donation, although no one who is

unable to make a donation is denied a meal. The Elderly Nutrition Program is supported by federal, state, and local funds as well as client contributions. Funds are designated to the five (5) Area Agencies on Aging (AAA) who contract with nine (9) Elderly Nutrition Projects (ENPs). In 2012, \$11,724,880 was received in funding for the Elderly Nutrition Program.

In 2012:

- 18,008 participants were served and 811,055 congregate meals were provided
- 6,304 participants were served and 1,256,014 home delivered meals were provided

Health Promotion Services and Disease Prevention/OAA Title III-D: Through the Area Agencies on Aging, the Department supports education and implementation activities that support healthy lifestyles and promotes healthy behaviors. Additionally, evidence-based health promotion programs are supported to reduce the need for more costly medical interventions. In FFY 2013, \$244,086 was received in federal funds.

New England Cognitive Center-Brain GYMM: The NECC designs and provides targeted exercises to stimulate identified parts of the brain that are affected by the early stages of Alzheimer's disease. Individuals are tested to determine their level of cognitive function and then work with a trainer to improve cognitive abilities including the ability to focus. In SFY 2013, \$50,582 was received in state funds and 67 individuals with Alzheimer's disease received services through this project.

Senior Community Service Employment Program (SCSEP): Using Older Americans Act Title V funds, SCSEP is a federally funded program through the U.S. Department of Labor designed to assist older workers age 55 years and older prepare for today's job market and re-enter the workforce. The State Unit on Aging, as the State Grantee, received \$970,281 in funding for SFY 2013 to administer the program. There are five (5) contractors covering Fairfield, Litchfield, New London and New Haven counties to provide SCSEP services. There are two national

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grantees that provide services in the other counties of Connecticut.

SCSEP provides job skills training and job development services to low-income residents. Services are delivered through on-the-job training at local non-profit agencies and classroom training. Supportive services are often provided including, but not limited to, Dress for Success, assistive technology and transportation.

During State Fiscal Year 2013, SCSEP:

- provided services to 140 low-income older workers;
- met 159% of its expected service level; and
- had 32.7% of enrollees secured unsubsidized employment (U.S. Department Of Labor Goal: 27.1%).

Senior Volunteerism: Programs such as the Retired and Senior Volunteer Program (RSVP), Volunteers from the Heart and St. Luke's Elder Care Solutions provide opportunities to persons 55 years of age and older to participate in their communities by sharing their knowledge and skills through meaningful volunteer experiences. Many schools, libraries, hospitals and local and state social service agencies benefited from the assistance of senior volunteer programs. In addition, many of homebound elderly have been assisted in the areas of grocery shopping, friendly visiting, telephone reassurance and transportation to medical appointments. By providing these vital services, the volunteers play a very important role in helping seniors remain in their homes as safely and independently as possible. For SFY 2013, \$71,480 was received in state funds. *State funding for senior volunteerism ended January 31, 2013 due to rescissions.*

In state fiscal year 2013 (July 1, 2012 through January 31, 2013):

- 1,185 seniors participated in these programs
- 77,327 hours of service were provided

Ensure the rights of older people and prevent their abuse, neglect and exploitation.

Aging and Disability Resource Centers: For more information on ADRCs please refer to page 5.

Elder Rights/Elder Abuse Programing/ Title III and Title VII: Through the Legal Assistance Developer the Department monitors and advocates to improve the quality and quantity of legal and advocacy services available to the state's vulnerable older residents and serves as a resource to provide technical assistance to and with legal assistance providers within the aging network. In FFY 2012, 7,083 units of service were provided to 1,107 consumers. The three legal assistance programs received a total of \$275,657 to provide these and other legal services for the Elderly.

The Department is able to provide direction on how to obtain free legal and elder abuse information and assistance and collaborates with the aging network and law enforcement to support initiative such as Triad (which works to reduce criminal victimization of older persons) and the Coalition to Improve Endo of Life Care. In FFY 2013, \$59,907 in federal funds was received.

Long Term Care Ombudsman Program: Advocates for residents of the state's nursing homes, residential care homes and assisted living communities. For more in depth information please refer to page 16.

SMP: Formerly known as the Senior Medicare Patrol, this program empowers seniors to prevent becoming victims of health care fraud. SMP helps Medicare and Medicaid beneficiaries, family members and caregivers avoid, detect and prevent health care fraud. To assist in this effort, the program recruits and trains volunteers to serve as educators and resources to beneficiaries by teaching seniors and beneficiaries how to detect fraud, waste and abuse in Medicare and other health care programs. Trained SMP staff and volunteers conduct outreach to Medicare beneficiaries in their communities through group presentations, participation in community events, collaboration with the CHOICES program and one-on-one counseling sessions. The primary goal is to teach Medicare beneficiaries how to protect their personal identity, report errors on their health care bills, and identify deceptive health care practices

(i.e. charging for services that were never provided). In FFY 2013, \$277,884 was received in federal funds.

Ensure the rights of older people and prevent their abuse, neglect and exploitation.

Long Term Care Ombudsman Program

The Long Term Care Ombudsman Program (LTCOP) works to improve the quality of life and quality of care of Connecticut citizens residing in nursing homes, residential care homes and assisted living communities.



The Mission of the Connecticut Long Term Care Ombudsman Program is to protect the health, safety, welfare and rights of long term care residents by:

- Investigating complaints and concerns made by residents, or on behalf of residents, in a timely and prompt manner;
- Bringing residents to the forefront to voice their concerns directly to public officials on issues affecting their lives;
- Supporting residents in their quest to shape their own legislative agenda and to represent the residents' interests before governmental agencies; and
- Working with other stakeholders, policy makers and legislators to improve residents quality of life and services

The LTCOP responds to, and investigates complaints brought forward by residents, family members and/or other individuals acting on their behalf. Ombudsmen offer information and consultation to consumers and providers, monitor state and federal laws and regulations, and make recommendations for improvement. All Ombudsman activity is performed on behalf of, and at the direction of, the residents and all communication with the residents, their family members or legal guardians, as applicable, is held in strict confidentiality.

Volunteer Resident Advocates

One of the most successful ways the Ombudsman program has of helping residents is its Volunteer Resident Advocate Program. Community volunteers are trained by Ombudsman staff in residents' rights problem solving, interviewing skills, negotiating, working with nursing home staff, and the health care system. After training, Volunteer Advocates are asked to spend four (4) hours per week in one assigned nursing home and help residents solve problems or concerns. Volunteer Resident Advocates meet monthly and participate in ongoing training.

Resident Councils

The Coalition of Presidents of Resident Councils is an organization of residents of long term care facilities who work together on the enhancement of the quality of their care and the quality of lives. The LTCOP supports the Coalition in their efforts to effect positive change in larger systems such as local and state governments. The Executive Board of Presidents of Resident

Councils is formed to represent the interests of the Coalition and to develop legislative initiatives on behalf of all Connecticut residents of skilled nursing facilities.

Programs

The VOICES forum is an annual event jointly convened by the LTCOP, with the State Department on Aging and the Statewide Coalition of Presidents of Resident Councils. It is an opportunity for Presidents of Resident Councils from around the state to gather and discuss issues and concerns in their homes. The Connecticut Long Term Care Ombudsman Program is the sponsor and partner of the Statewide Coalitions of Presidents of Resident Councils.

Improvements/Achievements for 2012 through 2013

In 2013 Connecticut received the Part A: ADRC Enhanced Options Counseling Grant. This three year grant totals \$2.5 Million to construct a state of the art enhanced options counseling program in CT as a key component of the State's "No Wrong Door Policy".

100 new volunteers were recruited and trained as CHOICES counselors in 2013.

Newly funded, Las Perlas Hispanas Senior Center provided much needed case management and information services to 50 under-served elderly in New Britain.

The Live Well Program is now offered statewide with active Regional Coordinators stationed at Connecticut's five Area Agencies on Aging and within CT Community Care, Inc. which is a Medicaid access agency for the State of Connecticut.

100% of the Title IIID funds were allocated to the Area Agencies on Aging to fund evidence-based programs at the community level.

Veterans Directed Home and Community based service partners developed a formal written expansion and sustainability plan for the program and received the Administration for Community Living and VA Central Office approval to implement the plan.

An Elderly Health Screening Contractor was able to expand and track for chronic disease and cancer prevention through a computerized registry for special screenings.

The SMP program continues to reach Medicare beneficiaries with its fraud awareness message using group education presentations and community outreach events.