STATE PROGRAMS FOR OLDER ADULTS

2016-R-0095

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This report describes select programs and services offered by the state to assist older adults. It updates OLR Report 2015-R-0146.

SUMMARY

According to the 2015 annual census estimates, there are approximately 566,806 Connecticut residents age 65 or older, representing over 15% of the state’s population. The state’s principal programs for older adults provide cash assistance, energy assistance, health care, housing, legal assistance, long-term care, nutrition, property tax relief, and transportation.

This report includes programs that (1) have age as one criterion for eligibility or (2) serve a large proportion of older adult clients even if the programs are not aimed solely at that group. Many of the programs serve additional populations, such as people with disabilities. Some of these programs are means tested; some are funded, at least in part, with federal money.

In addition to the Internet links referenced in the report, additional information on many of these programs may be obtained by contacting the state’s United Way 2-1-1 telephone information line.
**TABLE OF CONTENTS**

**FINDING SUPPORT AND INFORMATION** ......................................................... 5  
Area Agencies on Aging (AAAs) ................................................................. 5  
Municipal Agent for the Elderly ................................................................. 5  
SDA ........................................................................................................ 5  

**CASH ASSISTANCE** .................................................................................. 6  
State Supplement Program (SSP) .............................................................. 6  

**EDUCATION** ........................................................................................... 6  
Tuition Waivers for Older Adults ............................................................. 6  

**EMPLOYMENT PROGRAMS** ................................................................... 7  
Senior Community Service Employment Program .................................. 7  

**ENERGY ASSISTANCE** .......................................................................... 7  
CEAP – Basic Assistance ........................................................................ 7  
CEAP – Crisis Assistance ....................................................................... 8  
CHAP – Basic Assistance ....................................................................... 8  
CHAP – Crisis Assistance ....................................................................... 8  
CHAP – Safety Net ................................................................................ 8  
Weatherization ...................................................................................... 9  

**GRANDPARENTS RAISING GRANDCHILDREN** .................................. 9  
Grandparents as Parents Support Network (GAPS) ............................... 9  
Kinship Fund and Family Respite Fund Grants ...................................... 9  
Kinship Navigator Program ..................................................................... 10  
Subsidized Guardianship Program for Grandparents and Fictive Kin  
Caregivers ............................................................................................. 10  

**HEALTH CARE** ....................................................................................... 10  
Connecticut Medicare Assignment Program (ConnMAP) ...................... 10  
Drug Coverage for Medicare-Medicaid and Full Medicaid .................... 11  
Medicaid ................................................................................................ 11  
Medicaid for Employed Disabled Program (MED Connect) .................. 11  
Medicare Advantage Special Needs Plan for the Dually Eligible ............ 12  
Medicare Savings Programs (MSP) ......................................................... 12  
Health Insurance Counseling – CHOICES Program ................................ 12  

**HOUSING** ............................................................................................... 12  
Assisted Living Demonstration Project .................................................. 12  
Congregate Housing for the Elderly Program ....................................... 13  
Congregate Housing Services Program ................................................. 14  
Elderly Rental Assistance Program (ERAP) and Rental Assistance  
Program (RAP) .................................................................................... 14  
Private Assisted Living Pilot Program ................................................... 15  
Rental Rebate Program ......................................................................... 15  
Reverse Annuity Mortgages .................................................................. 15  

**LEGAL ASSISTANCE** ............................................................................. 16  

**LONG-TERM CARE** ............................................................................. 17  
Adult Day Care—Alzheimer’s Disease ..................................................... 17  
Alzheimer’s Respite Program .................................................................. 17  
Brain Get Your Mind Moving (GYMM) Program ................................... 17  
Community First Choice (CFC) .............................................................. 18  

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July 1, 2016  
Page 3 of 25  
2016-R-0095
Connecticut Homecare Program for Elders (CHCPE) ........................................ 18
DSS Small-House Nursing Home Pilot ......................................................... 19
Long-Term Care Partnership Insurance Program ........................................ 19
MFP Demonstration Project ......................................................................... 19
National Family Caregiver Support Program ............................................. 20
Statewide Aging and Disability Resource Centers (ADRC) ...................... 20

**NUTRITION** ................................................................................................. 21
SDA Elderly Nutrition Program ................................................................. 21
Senior Farmers' Market Nutrition Program ............................................... 21

**PREVENTION AND WELLNESS** ................................................................. 21
Chronic Disease Self-Management Education Programs .......................... 21
Fall Prevention Program ............................................................................ 21
Healthy IDEAS .......................................................................................... 22

**PROPERTY AND INCOME TAX RELIEF** ................................................... 22
Circuit Breaker .......................................................................................... 22
Municipal Property Tax Freeze ................................................................. 22
Municipal Local Option Property Tax Relief for Seniors ......................... 23
State Income Tax Exemption for Military Retirement Income .............. 23

**PROTECTION FROM ABUSE AND NEGLECT** ........................................... 23
Coalition for Elder Justice in Connecticut ............................................... 23
Division of Criminal Justice – Statewide Prosecution Bureau ............... 23
DSS Conservator of the Estate or Person Program ................................ 23
Elder Abuse Reporters ............................................................................ 24
Long-Term Care Ombudsman ................................................................. 24
Protective Services .................................................................................. 24

**TRANSPORTATION** .................................................................................... 25
Automobile Insurance Discounts for Senior Drivers ............................... 25
Handicapped Access Program/Dial-a-Ride/ADA Paratransit .................. 25
Municipal Dial-A-Ride Grant Program ..................................................... 25
FINDING SUPPORT AND INFORMATION

Area Agencies on Aging (AAAs)

The state has five AAAs, which are private, nonprofit planning and service agencies for older adults that receive state and federal funds to carry out the federal Older Americans Act (OAA) requirements. The AAAs must (1) represent older adults in their geographic areas, (2) develop and administer an area plan, (3) coordinate local public and nonprofit private agencies and help them to develop programs, (4) receive and distribute federal and state funds for these purposes, and (5) perform additional federally required functions.

The AAAs plan, coordinate, evaluate, and act as brokers for services for older adults. They award funds to regional agencies, which in turn provide meals and related social services at local sites. Some of the AAAs are also Access Agencies through the Department of Social Services’ (DSS) CT Home Care Program for Elders (CHCPE, see below) and provide services under DSS’s Money Follows the Person program (MFP, see below).

The State Department on Aging (SDA) distributes both federal OAA funds and state matching funds to the AAAs for their various programs (including elderly nutrition), many of which are discussed elsewhere in this report.

For more information, or to find your AAA, visit http://www.ct.gov/agingservices/cwp/view.asp?a=2509&q=312998.

Municipal Agent for the Elderly

Each municipality must appoint a municipal agent for its older adult residents for a two-year renewable term. The agent is trained by the State Department on Aging (SDA) and is responsible for disseminating information to seniors and helping them (1) learn about available community resources and (2) apply for benefits to which they may be entitled (CGS §7-127b).

SDA

SDA administers programs that support and assist older adults and their families, caregivers, and advocates.

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

55 Farmington Avenue  
Hartford, CT 06105  
(860) 424-5274

**CASH ASSISTANCE**

**State Supplement Program (SSP)**

Under the SSP program, DSS provides state cash assistance to supplement federal Supplemental Security Income (SSI) payments. (An individual not receiving SSI may still qualify for SSP if his or her monthly Social Security, private pension, or veterans’ benefits are below certain thresholds.) DSS bases the amount of a person's state aid on his or her total need. It then compares this amount to the individual's income and the difference, after deductions are taken, is the SSP benefit.

Generally to qualify for benefits, an individual must have a monthly income less than $906 (or $1,415 for married couples) and be (1) age 65 or older, (2) blind, or (3) disabled and between age 18 and 65. Individuals living in certain rated housing (e.g., boarding homes) may have higher income limits, up to $2,199, as DSS considers those costs when determining eligibility.

Assets cannot exceed $1,600 for singles and $2,400 for married couples. Payment standards are currently frozen. In general, individuals who transfer assets within 24 months before applying for SSP assistance are presumed to have done so to evade the asset limits.

For more information, visit http://www.ct.gov/dss/lib/dss/pdfs/state_supplement.pdf.

**EDUCATION**

**Tuition Waivers for Older Adults**

By law, the state’s higher educational institutions must waive tuition for any student who is a state resident age 62 or older if at the end of the regular registration period enough students are enrolled in the course for it to be offered and enough space is left to accommodate the senior citizen (CGS §§ 10a-77(d), -99(d), and -105(e)).
EMPLOYMENT PROGRAMS

Senior Community Service Employment Program

This program, administered by SDA and funded under Title V of the Older Americans Act, helps low-income adults age 55 or older find jobs. The program matches a person's skills and interests with a position in a community service agency for on the job training. To be eligible, the person must be unemployed and have an income of not more than 125% of the federal poverty level (FPL) ($14,850 for an individual in 2016).


ENERGY ASSISTANCE

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

The state also offers the Weatherization Residential Assistance Partnership that helps low-income utility customers reduce their costs through several weatherization measures.

CEAP – Basic Assistance

Eligibility for CEAP basic assistance varies based upon whether heat is included in an individual’s rent. For renters whose heat is included in rent, the program is available to households with incomes up to 150% of the FPL ($30,240 for a three-person household in 2016). For homeowners and renters who pay separately for heat, the program is available for households with incomes up to 60% of the state median income (SMI).

Liquid assets cannot exceed $15,000 for homeowners or $12,000 for renters, unless the excess assets, when added to the household's annual income, leave the family within the income limits. CEAP-eligible homeowners may also qualify for funding for emergency repair or replacement of unsafe or inoperable heating systems.
According to DSS, during the most recent heating season, basic CEAP benefits for homeowners and renters who pay separately for heat ranged from a minimum of $350 up to $585 for vulnerable households and from $300 up to $535 for non-vulnerable households. A vulnerable household has at least one member who (1) is age 60 or older, (2) is under age 6, or (3) has a disability.

Renters whose heat is included in their rent payment may be eligible for between $100 and $120 for winter heating assistance. They must pay more than 30% of their gross income toward rent to be eligible.

**CEAP - Crisis Assistance.** Households using “deliverable fuels,” including heating oil, kerosene, and propane, are eligible for a one-time crisis assistance benefit of up to $550. Crisis assistance applies to households that (1) have income below 200% of the FPL, (2) have exhausted their basic benefit, and (3) are at imminent risk of losing heat.

**CEAP - Safety Net.** Depending on available funding, CEAP participants who use up their basic and crisis benefits are eligible for a safety net assistance benefit of up to $415. Non-vulnerable households may be eligible to receive up to two such benefits; vulnerable households up to three.


**CHAP – Basic Assistance**

CHAP is available to households whose income is too high for CEAP but less than 60% of the SMI ($53,521 for a three-person household in 2016). Currently, the basic benefit level is $290 for vulnerable households and $240 for non-vulnerable households.

**CHAP - Crisis Assistance.** Households using “deliverable fuels,” including heating oil, kerosene, and propane, are eligible for a one-time crisis assistance benefit of up to $250. Crisis assistance applies to households that (1) have income below 200% of the FPL, (2) have exhausted their basic benefit, and (3) are at imminent risk of losing heat.

**CHAP - Safety Net.** Households receiving CHAP benefits are not eligible for safety net benefits.

Weatherization
The Weatherization Residential Assistance Partnership (WRAP) helps low-income utility customers reduce their utility costs through several weatherization measures. WRAP is administered by DSS in partnership with community action agencies and utility companies.

In general, households with income less than 60% of the SMI are eligible for WRAP assistance. Priority may be given to low-income families with older adults, individuals with disabilities, or those with children under age six.

For more information on the heating and weatherization programs, visit http://www.ct.gov/deep/cwp/view.asp?a=4405&q=509366&deepNav_GID=2121.

GRANDPARENTS RAISING GRANDCHILDREN
Grandparents as Parents Support Network (GAPS)
GAPS, developed by SDA, is a statewide network of grandparents, relative caregivers, and providers who share information about services and opportunities, offer support, and link grandparents, and other relatives raising children, to respite care and other services.

For more information, visit http://www.ct.gov/aging/services/cwp/view.asp?a=2513&q=313054.

Kinship Fund and Family Respite Fund Grants
The Kinship and Respite Fund programs provide one-time grants of up to $500 per child and $2,000 per family to help relative caregivers, including grandparents, pay for certain nonrecurring child-rearing costs. The grants can be used to pay for such things as a bed, winter coat, or activities like summer camp or tutoring. To be eligible for a grant, a relative guardian must not be receiving benefits or subsidies from DCF.

Applications for grants are available at the probate courts and regional children's probate courts. A team in the Probate Court Administrator’s Office reviews applications.

For more information, visit http://www.ctprobate.gov/Pages/Kinship-and-Grandparent-Respite-Fund.aspx.
**Kinship Navigator Program**

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


**Subsidized Guardianship Program for Grandparents and Fictive Kin Caregivers**

Grandparents, fictive kin caregivers, and foster care providers who become guardians of children involved in the child welfare system (e.g., victims of child abuse) can receive benefits under the DCF Subsidized Guardianship program. (A “fictive kin caregiver” (1) is unrelated to a child by birth, adoption, or marriage; (2) has an emotionally significant relationship with the child similar to a family relationship; and (3) is not approved by DCF to provide foster care.)

Guardians receive monthly stipends equal to that of foster care payments. Relative guardians also may be eligible for a one-time exceptional expense payment of up to $500 per child for expenses incurred by the family in the custody transfer process.

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


**HEALTH CARE**

**Connecticut Medicare Assignment Program (ConnMAP)**

ConnMAP prohibits medical providers from billing enrollees above the “reasonable and necessary” rate established by Medicare for Medicare Part B covered services. The annual income limits for the program are currently $44,951 for singles and $60,613 for married couples. Applicants must (1) have resided in the state for at least six months before applying and (2) be enrolled in Medicare Part B.

Individuals enrolled in ConnMAP receive a benefit card to present to participating health care providers, who agree not to charge more than the Medicare reasonable and necessary rate.
Drug Coverage for Medicare-Medicaid and Full Medicaid

Seniors and individuals with disabilities covered by both Medicare and Medicaid receive most of their prescription drug coverage through Medicare Part D or Medicare Advantage Plans with prescription coverage. Both federal and state law require such individuals to enroll in one of these plans.

These individuals can get help to pay for their premiums and co-payments from the federal Low-Income Subsidy (LIS) program. But, the program only covers payments up to a set “benchmark” amount. Thus, state law now requires these individuals to enroll in a Part D benchmark plan. (A benchmark plan is one that offers basic Part D coverage with premiums equal to or lower than the regional low-income premium subsidy amount calculated annually.) (CGS § 17b-265d).

PA 16-3, May Special Session, requires DSS to pay for a portion of Medicare Part D prescription drug copayments for “dually eligible” Medicaid recipients. For those who are eligible for full Medicaid assistance and also have Medicare Part D coverage, the act requires DSS to pay for the portion of Medicare Part D prescription drug copayments that exceeds, in the aggregate, $17 in any month. Prior law required such beneficiaries to pay the full cost of their Medicare Part D prescription drug copayments.

Medicaid

Medicaid is a state and federally funded program, administered by DSS, that provides medical assistance to low-income individuals, families, and seniors. For seniors, Medicaid expenditures primarily cover nursing home costs, but Medicaid also pays medical costs not covered under Medicare for qualified seniors living at home. The eligibility criteria vary depending on the type of care required, but in most cases applicants must pass both an income and asset test.

Medicaid for Employed Disabled Program (MED Connect)

This DSS-administered program provides affordable health care coverage to employed individuals with disabilities who earn up to $75,000 annually and whose assets do not exceed $10,000 if single or $15,000 for a married couple. Coverage is free for individuals with income up to 200% of the FPL ($1,980 a month for an individual, or $2,670 a month for a couple). Those whose income exceeds this amount must pay a monthly premium equal to 10% of the excess income.
For more information, visit http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305220.

**Medicare Advantage Special Needs Plan for the Dually Eligible**

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

For more information, visit https://www.medicare.gov/sign-up-change-plans/medicare-health-plans/medicare-advantage-plans/special-needs-plans.html.

**Medicare Savings Programs (MSP)**

Seniors on Medicare with incomes not low enough to qualify for full Medicaid may qualify for certain programs that use Medicaid funds to help pay Medicare premiums, deductibles, and some coinsurance. These are: Qualified Medicare Beneficiaries, Special Low Income Medicare Beneficiaries, and Additional Low Income Medicare Beneficiaries. Eligibility is determined by an individual’s or couple’s income.


**Health Insurance Counseling – CHOICES Program**

According to SDA, CHOICES provides seniors and people with disabilities free information and counseling on health insurance; Medicare plans, including Medicare Part D plans; and available long-term care options. (CHOICES stands for Connecticut's programs for Health insurance assistance, Outreach, Information and referral, Counseling and Eligibility Screening.) The program is managed by SDA in partnership with the AAAs and the Center for Medicare Advocacy.

For more information on the program, visit http://www.ct.gov/aging/services/cwp/view.asp?a=2513&q=313032.

**HOUSING**

**Assisted Living Demonstration Project**

Assisted living services are available to people participating in the assisted living demonstration program for low- and moderate-income older adults living in government-subsidized housing for older adults. To qualify, tenants must be age 65
or older and eligible for either the (1) Connecticut Homecare Program for Elders or (2) Department of Mental Health and Addiction Services' home and community-based program for adults with severe and persistent psychiatric disabilities.

The law permits a combination of subsidized and unsubsidized units in the same facility and gives the Department of Housing (DOH) discretion to set the rental subsidy at any percentage of the annual aggregate family income and define income and eligibility for these subsidies.

The program operates in four locations (a total of up to 300 units): Herbert T. Clarke House in Glastonbury, The Retreat in Hartford, Luther Ridge in Middletown, and Smith Street Assisted Living in Seymour.

DOH also created state-funded assisted living demonstration programs in six federally funded older adult housing developments: Tower 1/Tower East in New Haven, Immanuel House in Hartford, Juniper Hill in Mansfield, Kingsway Senior Housing in Norwalk, Wells Country Village in Talcottville, and Horace Bushnell in Hartford.


**Congregate Housing for the Elderly Program**

A congregate housing complex contains separate living units for residents and provides some housekeeping, personal care, and transportation services, and at least one meal a day in a common dining room.

Residents who need more help can receive assisted living services, including “hands on” personal care, assistance with activities of daily living, nursing, and medical services that enable them to stay in their congregate apartment instead of moving into a nursing home.

Administered jointly by CHFA and DECD, this program offers housing and support services to frail elders age 62 or older who have an annual income below 80% of the area’s median income and meet other criteria.

**Congregate Housing Services Program**

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


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

Low-income older adults may be eligible for rental assistance under one of two programs. DOH's ERAP provides project-based rental assistance to adults with disabilities and low-income adults age 62 or older living in state-funded housing projects for older adults. To qualify, seniors must spend more than 30% of their annual income on rent and utilities. The ERAP amount is the difference between 30% of their adjusted gross income, less a utility allowance, and the base rent.


Alternatively, older adults living in the community are eligible for certificates to help them pay for private housing under DOH's RAP program, which helps low-income families of all ages. In general, the family's income may not exceed 50% of the median income for the county or metropolitan area in which the family lives. Connecticut has adopted the median income levels published by HUD, which vary by location throughout the state.

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

**Private Assisted Living Pilot Program**

DSS operates a private assisted living pilot program that helps pay for assisted living services (but not room and board) in private assisted living facilities for up to 125 participants who have used up their own resources. The program has two parts; one is funded through a Medicaid waiver, and the other is state-funded. Through this program, the state pays for assisted living services for older adults who meet all eligibility requirements for CHCPE.


**Rental Rebate Program**

State law provides reimbursement for older adult or totally disabled renters whose incomes do not exceed certain limits. Persons renting an apartment or room, or living in cooperative housing or a mobile home, may be eligible for this program. The recipient, or his or her spouse, must be (1) age 65 or older; (2) age 50 or older and the surviving spouse of a renter who at the time of the renter's death had qualified and was entitled to tax relief, provided such spouse was domiciled with such renter at the time of the renter's death; or (3) age 18 or older and permanently and totally disabled. The recipient also must have lived in the state for at least one year.

Renters' rebates can be up to $900 for married couples and up to $700 for single individuals. The rebate amount is based on a graduated income scale and the amount of rent and utility payments (excluding telephone) made in the calendar year prior to the year in which the renter applies ([CGS § 12-170d et seq](http://cga.ct.gov/1999/1/cta-1999-00001/part12/article12-170d.shtml)).

In general, the Office of Policy and Management (OPM) reimburses municipalities for revenue lost to these tax rebates. [PA 16-3 § 82, May Special Session](http://cga.ct.gov/2016/1/sb16-3/Pages/16-3.aspx), allows OPM to reduce reimbursements proportionally to reduced state funding.


**Reverse Annuity Mortgages**

Connecticut Housing Finance Authority’s (CHFA) Reverse Annuity Mortgage (RAM) program provides loans to low-income older adult homeowners to help pay for medical or long-term care needs. Eligible costs include those associated with hospitals, nursing homes, residential care homes, in-home care, adult day care, durable medical equipment, medically needed home alterations, long-term care insurance premiums, and uninsured recurring or catastrophic medical and prescription drug expenses.
Unlike a regular mortgage, a RAM loan is not repaid until after the homeowner dies or the house is sold. The borrower receives monthly payments for five years. After that, interest continues to accrue. The interest rate on a RAM loan is 1.50% above the CHFA Homebuyer Mortgage Program rate, which is below traditional market rates.

To qualify for a RAM loan, borrowers must be at least age 70 and their annual household income cannot exceed $87,800. Information and applications for RAM loans can also be obtained from SDA.

By law, the funds from RAMs, in certain circumstances, are not treated as income or assets for determining Medicaid eligibility. Specifically, funds derived from equity in home property through a RAM loan or other home equity conversion loan are excluded if they are held in an account that does not contain other funds and the Medicaid recipient does not transfer them to anyone for less than fair market value.

For more information, visit http://www.chfa.org/Homeownership/for%20Homeowners/ReverseAnnuityMortgageProgram.aspx.

LEGAL ASSISTANCE
The state's AAAs contract with the following legal organizations to provide free legal help on elder law issues to people age 60 or older who may not be able to afford a private attorney:

1. Connecticut Legal Services, Inc. (http://connlegalservices.org), which serves Eastern, Western and Southwestern Connecticut;

2. Greater Hartford Legal Aid (http://ghla.org/), which serves North Central Connecticut; and

3. New Haven Legal Assistance Association (http://nhlegal.org/), which serves South Central Connecticut.

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

Priority is given to people with problems regarding health care access, nursing home issues, patients’ rights, and federal and state benefit programs.
LONG-TERM CARE

Adult Day Care—Alzheimer’s Disease
The Connecticut Home Care Program for Elders subsidizes the attendance fees for people attending adult day care who qualify financially. In addition, SDA provides funding to subsidize programs and staff for people working with individuals with Alzheimer's disease.

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

An individual is eligible to receive up to $7,500 of services annually, depending on need, if his or her annual income does not exceed $44,591 and assets do not exceed $118,549. Income and asset limits are annually increased to reflect Social Security cost of living adjustments.

Respite services provided include homemaker services, adult day care, short-term medical facility care, home health care, and personal care assistant (PCA) and companion services. There is no age requirement for eligibility.


Brain Get Your Mind Moving (GYMM) Program
SDA contracts with the New England Cognitive Center’s GYMM program to (1) provide cognitive evaluations and training sessions for people with Alzheimer's disease and related dementia and (2) collect data from program clients to study the efficacy of the sessions. The program uses a two-tiered, non-pharmaceutical approach to address the needs of people with Alzheimer's disease. Its two primary interventions, computer exercises that target specific areas of cognition and hands-on cognitive training in a small group environment, are designed to maintain cognitive functioning levels in these individuals.

These services are also offered by some senior centers, adult day care centers, and other communities serving older adults.
Community First Choice (CFC)

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

The program is open to Medicaid beneficiaries who can self-direct PCA services and would otherwise require an institutional level of care (e.g., nursing home care). (For Medicaid eligibility requirements, see the section on Medicaid above.)

For more information, visit https://www.ctmfp.com/InformationCFC.aspx.

Connecticut Homecare Program for Elders (CHCPE)

CHCPE is a Medicaid waiver and state-funded program that provides home- and community-based services for eligible individuals age 65 or older who are at risk of institutionalization. Services include care management, adult day care, homemaker services, transportation, meals-on-wheels, minor home modifications, and certain personal care assistant and assisted living services. An “access” agency helps the client and his or her family determine the most appropriate service package for each participant.

Financial eligibility differs for the program's two portions.

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

The state-funded portion currently has no income limit; asset limits are $35,766 for an individual and $47,688 for a couple, regardless of whether one or both are receiving services. In FY 16 and FY 17, the state-funded portion is restricted only to those who (1) require a nursing home level of care or (2) live in affordable housing under the state’s assisted living demonstration projects.
By law, state-funded participants must contribute to the cost of their care. Those with income up to 200% of the FPL must contribute 9%; those with income over 200% of the FPL must contribute 9% of the cost of care plus an applied income amount DSS determines. Certain people living in affordable housing under the state’s assisted living demonstration program are exempt.

For more information, visit

**DSS Small-House Nursing Home Pilot**

The law requires DSS to establish a pilot program, within available appropriations, to help develop one or more small-house nursing homes consisting of one or more units designed and modeled as a private home, with no more than 14 people in each unit. The pilot's goals are to improve the quality of life for nursing home residents and provide nursing home care in a “home-like,” rather than institutional, setting (CGS § 17b-372). DSS has not yet implemented the program.

**Long-Term Care Partnership Insurance Program**

The Connecticut Partnership for Long-Term Care is a public/private initiative under which the state approves special long-term care insurance policies sold by private companies. (The policies must meet state standards.) People who buy them and later qualify for Medicaid can still keep assets equal to the amount the policy has paid for their care. Only partnership-approved policies have this feature, called Medicaid asset protection.

OPM approves the policies, maintains statistics, and engages in program planning, administration, and outreach. Over 59,000 policies have been purchased since the program began in 1992.

For more information on this program, visit

**MFP Demonstration Project**

MFP is a federal demonstration program that permits states to move people out of nursing homes or other institutional settings into less-restrictive, community-based settings. The 2010 federal health care reform law extends the demonstration period to September 2016.

To qualify, an individual must have lived in a nursing home or other institution for at least 90 days and would have to stay there if not for the community-based services provided under the demonstration program. For the first 12 months that
the participant lives in the community, the federal government pays an enhanced federal Medicaid match. (In Connecticut, the normal Medicaid match is 50%, and the enhanced demonstration match is up to 75%.)

State law limits the maximum number of program slots to 5,000 (CGS § 17b-369). It also requires the DSS commissioner to implement a similar home- and community-based services program for adults who may not meet the MFP institutionalization requirement, often referred to as MFP II (CGS § 17b-370).

**National Family Caregiver Support Program**

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

SDA allocates the federal funds it receives to the state's AAAs through OAA distribution formulas. The AAAs or their contractors provide the services, which include caregiver counseling, information about available services, help in accessing services, respite services, and limited supplemental services not available through other programs.

**Statewide Aging and Disability Resource Centers (ADRC)**

SDA administers a statewide ADRC program (formerly called “Community Choices”) to help older adults, people with disabilities, and their caregivers. It provides a single coordinated information, referral, and access program for people seeking long-term care support such as in-home, community-based, and institutional services. The program also offers people of any age information on planning for long-term services and support.

NUTRITION

SDA Elderly Nutrition Program

Under federal law, SDA operates 13 elderly nutrition projects that provide nutritionally sound meals to people age 60 or older and their spouses. Programs must provide one meal per day, five days per week. These meals are either offered at congregate sites, known as “senior community cafes,” or delivered to the homes of people too frail to travel to the congregate locations or cook for themselves. People with disabilities living in housing facilities that are congregate meal sites may also receive meals. Meals are free, although voluntary contributions are encouraged. Both federal and state funds are used to pay the program costs.


Senior Farmers’ Market Nutrition Program

This Department of Agriculture-administered program provides low-income individuals age 60 or older with $18 vouchers (six $3.00 checks) to purchase fresh fruits, vegetables, and herbs at authorized farmers' markets. Individuals and couples must have incomes not exceeding 185% of the FPL (in 2016, $21,978 for an individual or $29,637 for a couple). Clients must be participating in another program with proper means testing verifying their eligibility. Examples of other programs include renter rebate or congregate meal programs.

For more information, visit http://www.ct.gov/doag/cwp/view.asp?a=3260&q=399020.

PREVENTION AND WELLNESS

Chronic Disease Self-Management Education Programs

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


Fall Prevention Program

By law SDA, within available appropriations, must establish a fall prevention program targeted at older adults. The program must promote and support fall prevention research; oversee research and demonstration projects; and establish,
in consultation with the public health commissioner, a professional education program on fall prevention for healthcare providers (CGS §§ 17a-303a and 38a-48). SDA contracts with Yale University’s Collaboration for Fall Prevention to promote and support fall prevention research and evidence-based practices.

For more information, visit http://www.ct.gov/agingservices/cwp/view.asp?a=2513&q=423470

**Healthy IDEAS**

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

**PROPERTY AND INCOME TAX RELIEF**

**Circuit Breaker**

The Circuit Breaker program entitles older adults and individuals with a total disability to a property tax reduction. An applicant must (1) be age 65 or older, have a spouse age 65 or older, or be at least age 50 and a surviving spouse of someone who, at the time of his or her death, was eligible for the program; (2) occupy the property to which the tax applies as his or her home; and (3) live in Connecticut at least one year before applying (CGS § 12-170aa to cc). The current qualifying income for this program is $42,900 for married couples and $35,200 for singles. However, state law allows municipalities to limit eligibility based on property value.

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

**Municipal Property Tax Freeze**

Towns may freeze the property taxes on a home whose owner or owner’s spouse is at least age 70 and a state resident for at least one year. The freeze continues for a surviving spouse who is at least age 62 when the homeowner dies. Homeowners must meet the circuit breaker income guidelines. Towns may also impose asset limits for eligibility and put a lien on the property (CGS § 12-170v).
Municipal Local Option Property Tax Relief for Seniors
In addition to the circuit breaker and tax freeze programs, towns may provide additional local option tax relief to older adults and totally disabled homeowners who are at least age 65 and have paid taxes in the town for at least a year. Towns may establish income criteria. The tax relief may take any form, including freezing tax payments at specified levels. But the overall amount of tax relief is limited to 10% of the total value of real property in the town in each given year.

The total value of tax relief under this and the tax freeze and circuit breaker programs cannot exceed the homeowner’s annual tax (CGS § 12-129n).

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

PROTECTION FROM ABUSE AND NEGLECT
Coalition for Elder Justice in Connecticut
The coalition is a public/private partnership that helps prevent abuse and protects the rights and well-being of vulnerable elders. It consists of state agencies and public and private stakeholders and works to address issues of elder justice in the state.

For more information, visit http://www.ct.gov/aging/services/cwp/view.asp?Q=536572&a=2513 or http://elderjusticect.org/.

Division of Criminal Justice – Statewide Prosecution Bureau
This bureau is responsible for investigating and prosecuting “white collar” and other financial crimes, including crimes involving financial abuse or exploitation of older adults.

For more information, visit http://www.ct.gov/csao/site/default.asp.

DSS Conservator of the Estate or Person Program
DSS runs a conservator of the estate or person program for older adults and disabled people with very low income and assets who cannot manage their own finances. The DSS commissioner is designated the client's conservator of the estate, and DSS employees perform financial functions for the client.
For more information, visit

**Elder Abuse Reporters**

Doctors, nurses, nursing home administrators, other health care personnel, and other professionals must report suspected elder abuse to DSS within three days of suspecting the abuse or face penalties. DSS must refer substantiated abuse cases involving long-term care residents to prosecutors. Legal remedies are available for anyone subjected to retaliation or discrimination for, in good faith, reporting elder abuse or complaining to DSS about care in a long-term care facility (CGS § 17b-451 and § 17a-412).

By law, after DSS receives a report from a mandated elder abuse reporter about a long-term care facility resident, it must notify the resident's (1) guardian or conservator, if any; (2) legally liable relative; or (3) other responsible party, unless the individual to be notified, in any case, is the suspected perpetrator.

**Long-Term Care Ombudsman**

Under the Connecticut Long-Term Care Ombudsman program, an ombudsman's office in SDA represents the interests of residents in nursing and residential care homes and helps them resolve complaints about these facilities. One state and seven regional ombudsmen carry out these duties, assisted by over 60 volunteers.

The Ombudsman's Office also provides assistance and education to residents in assisted living facilities. People in state-subsidized assisted living programs have priority for these services, but the office will also help people in private assisted living facilities to the extent that funding is available.

The law requires the Ombudsman's Office, within available appropriations, to administer a pilot program serving home- and community-based care recipients in Hartford County (CGS § 17a-408). As of July 1, 2015, the program has been implemented in a limited fashion.

**Protective Services**

Under the Protective Services for the Elderly program, DSS staff investigate complaints of abuse, neglect, exploitation, or abandonment of seniors age 60 or older living in the community and provide them with any needed protective services. If the investigation confirms the abuse, the case is referred to the state's attorney for investigation and possible prosecution.
For more information, visit

TRANSPORTATION

Automobile Insurance Discounts for Senior Drivers
By law, a driver age 60 or older is eligible for an automobile insurance premium
discount for successfully completing a Department of Motor Vehicle-approved
accident-prevention course. The premium discount, which is effective at the policy's
next renewal, must be at least 5% and apply for at least two years. The driver must
complete the course within the year before he or she applies for an initial discount.
For any future discount, the driver must complete a course within the year before
the current discount expires (CGS § 38a-683).

Handicapped Access Program/Dial-a-Ride/ADA Paratransit
This program provides transit districts with funds to meet the federal Americans
with Disabilities Act's mandates. To receive federal capital and operating funds,
transit districts must provide paratransit services to complement existing fixed
route services, including lift-equipped vans and other vehicles that meet the needs
of a person with disabilities. They often take the form of “dial-a-ride” services,
where the person orders the transportation at least 24 hours in advance and pays a
small fee. Some towns, senior centers, and other organizations also have dial-a-
ride programs specifically for seniors.

Municipal Dial-A-Ride Grant Program
This program for the disabled and adults age 60 or older allocates matching grants
to municipalities based on a formula with two equal factors: the municipality's
relative share of the state's older adult population and its size compared to the
state's total area. Municipalities must apply for the grants through a regional
planning organization or transit district and collaborate on service design to
determine how to use the funding most effectively.

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