

**AREA PLAN ON AGING  
FOR THE  
NORTH CENTRAL CONNECTICUT  
PLANNING AND SERVICE AREA**



**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**

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**APPLICATION FOR AREA AGENCY ON AGING DESIGNATION AND  
AWARD UNDER TITLE III OF THE OLDER AMERICANS ACT OF 1965, AS  
AMENDED, FEDERAL FISCAL YEARS 2022 THROUGH 2024**

**COVER SHEET**

1. Applicant Agency

Name: **North Central Connecticut Area Agency on Aging, Inc.**

Address: **151 New Park Avenue, Box 75, Hartford, CT 06106**

Phone: **(860) 724-6443** Fax: **(860) 251-6107**

Director: **Maureen C. McIntyre, Chief Executive Officer**

2. Chairperson of Governing Board

Name: **William Meier, President, Board of Directors**

Address: **151 New Park Avenue, Box 75, Hartford, CT 06106**

Phone: **(860) 724-6443** Fax: **(860) 251-6107**



## ACRONYMS

AP – Area Plan  
AAA - Area Agency on Aging  
ACL - Administration of Community Living  
ADC – Adult Day Care  
ADS – CT Department of Aging and Disability Services  
AP- Area Plan, also “the Plan”  
BCP – Business Continuity Plan  
CAWC – CT Age Well Collaborative  
CDSME – Chronic Disease Self-Management Education programs  
CEJC – CT Elder Justice Coalition  
CHLC – CT Healthy Living Collective  
CBO – Community Based Organization  
CSRCP – CT Statewide Respite Care Program  
EBHP - Evidence-based Health Programs  
Form 5 – Consumer registration form required by Administration for Community Living  
HADR – Healthy Aging Data Report (see: <https://healthyagingdatareports.org/> )  
LEP – Limited English Proficiency  
LTCOP – Long Term Care Ombudsman Program  
MIPPA – Medicare Improvements for Patients and Providers Act  
MIS – Management Information System  
NC – North Central  
NCAAA – North Central Area Agency on Aging  
NCDHD - North Central District Health Department  
N/IR&A - Navigation / Information, Referral & Assistance services  
NFCSP – National Family Caregiver Support Program  
OAA - Older Americans Act  
PCA – Personal Care Attendant  
(the) Plan – Area Plan  
PSA – Planning and Service Area  
SMP – Senior Medicare Patrol  
[SSBCI](#) – Special Supplemental Benefits for the Chronically Ill  
SUA - State Unit 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 developmental disabilities.

## EXECUTIVE SUMMARY

The North Central Area Agency on Aging is proud to put forth our Area Plan (“AP”, or “Plan”) which shall be in effect, upon approval, through September 30, 2024. Readers of this Plan will note a slightly different format than in years past and these changes are reflective of the State Department on Aging and Disability Services’ (ADS) most recent [CT State Plan on Aging](#) (“State Plan”. As these documents are intended to be companion pieces, consistency in the look, feel, and format makes good sense. The reader will notice that NCAAA’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 Security, Health Education, Wellness & Prevention, and Navigation / Information, Referral & Assistance services (N/IR&A)* fit very nicely within these state-level goals

The reader will also note the recurring themes of collaboration and partnership that are liberally interwoven throughout the Plan; serving dual roles as both actions (cultivating and convening) and outcomes (networks and synergy.)

Finally, although Area Plans are typically meant to maintain an element of timelessness, it would be imprudent to discount the impact of the 2020 COVID-19 pandemic on older adults and the industry that serves them. Specifically, it is necessary to reckon with the inequality and discrimination that resulted in the disproportionate impact of the pandemic on communities of color across the state and here in our backyard. This Area Plan represents NCAAA’s re-commitment to the philosophy of the Older Americans Act (OAA) and to our friends, neighbors, and colleagues who call these 38-Towns “home”.

## OVERVIEW OF THE AAA - AREA AGENCY MISSION STATEMENT

The mission of the North Central Area Agency on Aging, Inc. (NCAAA) is to enhance the quality of life for older adults, individuals with disabilities, and their caregivers, in North Central Connecticut by ensuring that they have access to quality and cost effective services. Our mission has remained relatively unchanged since our inception with the exception of the most recent additions of “individuals with disabilities and their caregivers” during the introduction of the Aging Disability Resource Centers in 2012.

The key components of our mission statement; *enhancement of quality of life*, *access to quality services*, and *access to cost-effective services* have formed the backbone for every Area Plan (“AP”, or “the Plan”) throughout our 47-year history. In fact, they have grown more resonant over time and speak directly to the priority areas of this most current Plan: Long Term Services and Supports, Healthy Aging, and Elder Rights.

*Quality of life* encompasses freedom from fear, stigma, and discrimination as embodied by Elder Rights as well as the affordability of health care, health outcomes, and the strategies that facilitate them such as diet and exercise; key components of Healthy Aging. *Quality of life* also suggests the opportunity for meaningful engagement for all community members regardless of age and ability.

*Access to quality services* includes many of the social determinants of health addressed by the provision and funding of Long Term Services and Supports. Transportation, affordable housing, in-home services, and information and assistance to provide necessary navigation are key components.

*Access to cost effective services* makes the link between economic security and the ability to continue to live independently in the community. Decision-making, goal-setting, and evaluating options lead to a greater longevity of financial resources that can facilitate long-term success.

## AGENCY'S CORE VALUES

*"Hearing is listening to what is said. Listening is hearing what isn't said."* - Simon Sinek.

*"We get thanked all the time just for listening."* – NCAAA staff member during Core Values planning exercise.

NCAAA's core values were compiled to be both outward- and inward-facing. We believe that an adherence to our core values will not only impact how we treat each other as colleagues within the NCAAA and our governing bodies, but will also manifest our expectation of the way we will be treated by peers and partners throughout the elder network. Core Values are more than words on a page, they are dynamic and require consistent attention and effort; much as the strategies throughout this Plan require an investment of time, energy, and continuous improvement.

*Trust.* NCAAA holds sacrosanct our responsibility to act for the good of our consumers and to protect the trust invested in us both as a nonprofit agency and as an organization in service to populations for whom the journey may be particularly fraught. We hold this standard of trust within the organization in the expectation that we will work together to reach goals and trust each other to act with integrity, and in the best interest of the consumers we are privileged to serve.

*Empowerment.* NCAAA recognizes and validates the lived experience of our consumers and each other. It is our intention and process to seek first to understand, meeting each other where we are, and to avoid judgment based on stereotypes, personal bias, or professional paternalism. Solutions are the product of team work and goals are the results of collaboration. Many of our consumers call us not just for answers but for validation of concerns, and affirmation of decisions.

*Compassion.* NCAAA is committed to serving all older adults, individuals with disabilities and their caregivers regardless of race, ethnicity, gender, or sexual orientation and we do so

out of a genuine desire to improve the quality of life of our constituents. NCAAA employees exhibit this compassion every day; in the phone calls we receive and return, in the advocacy we perform, and in the programs that we suggest for funding.

*Accountability.* NCAAA believes that our interface with the community shall be one of truthfulness and good faith. NCAAA holds a singular standard of accountability that is true for ourselves and the programs we support. We will continue to ensure that the funding entrusted to us is utilized in a manner that maximizes the public good and community impact. We hold each other accountable for the quality of the work provided to our stakeholders and consumers, take responsibility for things we can do better, and seek assistance from others when need be.

*Knowledge.* NCAAA takes very seriously the interconnection between accountability and knowledge. We strive to continuously cultivate and maintain a culture of learning and professionalism so that we present the very best of ourselves to our consumers and to our team-mates every day. We will invest time and effort in professional development, succession planning, and program integration; and as a result, NCAAA will be recognized as experts in the field of aging.

## REVIEW OF AREA AGENCY'S ACCOMPLISHMENTS AND CHALLENGES

Before briefly highlighting some of our accomplishments of the past plan years, it is worth a short examination of a few of NCAAA's organizational strengths as these directly fuel the resulting accomplishments.

- *Our diversity.* As an organization, we are fortunate to have governance bodies and a staff that are reflective of the communities that we serve.
- *Our community connection.* We have worked diligently over our 47 year history to foster relationships across as many sectors and stakeholder groups as possible.
- *Our roots in advocacy.* Public policy and its impact on our consumers enjoys broad interest within the organization and our governance structures.

With these strengths in mind, here is a brief summary of some of NCAAA's select successes over the past four Plan Years.

### Community Education & Facilitating Benefits Access

- CHOICES program provided information, counseling, and assistance to older people and their families over the phone, in person and through mailings. This program maintains a cadre of approximately 70-90 community volunteer counselors spread across 70 sites throughout the North Central region.
- During the planning period, NCAAA's CHOICES program has increased public education, awareness, and access to services by providing information to between 5,000 - 7,000 individuals annually.
- NCAAA also continued to fund an average of four providers annually that specifically targeted older adults with limited English proficiency. We also targeted organizations serving older adults in immigrant communities, rural communities, and members of faith-based communities

### Legislative Advocacy

- NCAAA was appointed to the Senior Center Task Force which was legislatively mandated by SA 16-7, An Act Concerning Senior Centers, and chaired by the Commission on Women, Children and Seniors.
- Written and verbal testimony was delivered on issues such as but not limited to: revisions to the eligibility criteria for the Medicare Savings Programs, Age Discrimination in Employment Practices, and support for increased Medicaid reimbursement for providers in the CT Home Care Program for Elders including CT's elderly nutrition providers.
- NCAAA launched our popular "Ice Cream Social" networking event at the Legislative Office Building every May/near close of Legislative Session.
- At the national level, we phone-banked around the reauthorization of the Older Americans Act - the Dignity In Aging Act - and concerns over negative Federal Budget impact on the CHOICES program and the Senior Community Service Employment Program most notably.

#### Targeting Services to Those Most in Need

- NCAAA continues to use strategic targeting as a method of enhancing access to services for older adults, individuals with disabilities, and their caregivers. During the planning period, NCAAA funded an average of 60 community-based programs annually, and monitored and reviewed their progress and effectiveness.
- In FFY 2020 NCAAA moved our grants-making and adjudication process into an online format in an attempt to streamline and modernize the application.
- With the help of our grantee-representative focus groups and beta-testers the transition to online was a success and additional improvements were incorporated into the FFY 2021 based on grantee surveys.

#### Building Relationships and Investing in our Communities

NCAAA was proud to participate on a number of planning committees and events including but not limited to:

- UCONN Division of Occupational and Environmental Medicine (UConn Study on Aging, Musculoskeletal Disorders and Work Capacity).
- CT Statewide Health Improvement Plan or CT SHIP Advisory Council
- CT Oral Health Initiative (COHI).
- CT Partners for Health.
- Older Adult Behavioral Health Workgroup
- Dementia Friends Connecticut & Dementia Friends First Responder Sector-Based Training

The impact of COVID-19. 2020 was obviously a year unlike anything previously witnessed or memorialized in an Area Plan heretofore. The role of NCAAA changed very little but the stakes were higher and the pace was quicker. Monthly meetings became weekly as unmet needs emerged quickly and trends developed over weeks not years. NCAAA worked hard to update communication systems to ensure ready access for stakeholders and consumers as funding flowed to the states to be distributed efficiently and effectively to meet the moment. We recognize and applaud our stellar grantees for their commitment, for their creativity in the face of adversity, and for their willingness to work with us as we navigated the uncharted waters together. The pandemic highlighted the interconnectedness of the elder network and introduced us to other state, municipal, and fellow CBO colleagues tasked with crisis remediation. We are hopeful that these relationships will outlast this pandemic, will foster new opportunities for Focal Points, yield a new generation of grantees, and create outreach pathways to consumers who had not heard of the Area Agencies on Aging.

#### Areas Needing Improvement and Action Plan

On the heels of the reauthorization of the Agency’s Strategic Plan by the Board of Directors in 2017, NCAAA decided to pursue a Financial Management Assessment grant through the Nonprofit Support Program at the Hartford Foundation for Public Giving. Our key objectives were: streamline fiscal reporting to be more responsive to funders and grantees, cross-train additional staff to provide back-up for critical functions, and with these efficiencies provide additional program level support to facilitate timeliness, transparency, and a one-pass yield. We look forward to reporting on the successes of this venture in the next Area Plan.

## NEEDS AND TARGETS

NCAAA's needs assessment process for the development of the FFY2018-2021 Area Plan included the following steps, procedures, instruments, and findings:

### Methodology

NCAAA utilized a multi-faceted method to assess the needs of older adults in the region. 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.

### Determination of Priority Areas and Objectives

Current needs in priority order: *transportation, nutrition/food security, health education, wellness, and prevention, navigation/information and referral services*. Based upon the demographics of CT trending toward a more diverse and rapidly aging population, there is every expectation that current needs will become more pronounced. In fact, according to the Greater Hartford Community Wellbeing Index (2019), by the year 2025 the population of residents aged 65-79 will increase by 18% and the population of residents aged 80+ will increase by 20%. Additionally, this population will be markedly more diverse as the most significant population growth in the region is from increasing immigration. The capacity to serve this rapidly aging cohort will undoubtedly strain available resources; to suggest otherwise would be naïve. However, part of the NCAAA's planning process is to maintain a clear-eyed approach to "what is" in an effort to inform "what must be".

### Transportation

*"Human services transportation, as defined by the Federal Transit Administration, includes 'a broad range of transportation service options designed to meet the needs of transportation disadvantaged populations, including older adults, disabled persons and/or those with lower income'."-National Aging and Disability Transportation Center (Critical Issues Human Services Transportation 1/22/21).*

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 North Central 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).

In order to address the wide range of transportation needs of older adults in the North Central 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 (ie: 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 useful tools to reduce no-show rates for medical providers. Successful transportation hubs will find creative ways to combine all of these services into a comprehensive and marketable package.

## Nutrition/Food Security

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), the statewide average of persons over the age of 60 who feel stress about buying food is 8.56%. The average in the North Central PSA is 9.03%.

The relationship between food insecurity and chronic diseases is also well-documented:

*“Among the various social determinants of health, food insecurity has one of the most extensive impacts on the overall health of individuals. The U.S. Department of Agriculture found that food insecurity affects 11 percent of U.S. households. Moreover, individuals who are food insecure are disproportionately affected by chronic diseases, including diabetes, high blood pressure and obesity, which exacerbates adverse effects on overall health and wellbeing.” – (Social Determinants of Health: Food Insecurity in the United States, Altarum Healthcare Value Hub, Research Brief No. 41, June 2020.)* Considerations for future planning should therefore 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.
- And,
- Capitalizing on experiences from the COVID-19 pandemic including the popularity of and preference of Grab-n-Go style meals and boxed-lunches.

Similar to the wholistic trend in human-service transportation programs, nutrition-related services are also increasingly helpful and sought-after. 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.

Health Education, Wellness & Prevention

Whereas transportation and nutrition were largely consumer-driven needs supported by data, the health education, support, and prevention priority was very “data-forward”. 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 of 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 compares the NC PSA to statewide averages on some of the indicators above. (As Alzheimer’s disease is an OAA target, it has been added as well.) Some challenges to note:

Metric	Statewide Average %	NCAA PSA %
Medicare Beneficiaries 65+ with Hypertension	76.22%	77.57%
Medicare Beneficiaries 65+ with Diabetes	33.76%	33.92%
Age 60+ w/ self-reported Obesity	26.10%	27.06%
Age 60+ Injured from falls	9.84%	10.02%
Medicare Beneficiaries 65+ w/ Alzheimers Disease	14.37%	15.32%

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

### 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” and states that: *“An effective information network that links services for people would begin to meet this need. [It has been suggested that] a wider range of supportive services for older adults and persons with disabilities [should be provided] 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.”*

NCAAA will continue to provide a vital link between consumers and services by combining referral services and Person Centered Counseling 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”, NCAAA will employ multi-faceted and multi-cultural outreach to ensure access across all OAA target populations. Services will be delivered

utilizing a multi-tiered format inclusive of: outreach, information and assistance, eligibility screening, comprehensive assessment, long-term care supports, long term care options counseling, application assistance, public education, and care management

#### Provider Information: Current Network Capacity for Service Delivery

Compared to other regions across the state, the NC region is home to a relatively robust array of service providers; however, the 2020 pandemic had a devastating effect on a number of service categories such as Adult Day Care (ADC) and Transportation. In our direct-service programs such as the National Family Caregiver Support Program and the Statewide Respite programs, our outlying areas such as Enfield, Suffield, Somers, Ellington, Tolland, Granby, Hartland, Stafford, Canton, Plymouth, Marlborough, Hebron, Bolton, and Andover have been the most impacted by service constriction particularly for transportation needs and for “on call/stand by” Personal Care Attendants (PCAs). On the grants side, our number of grantees has begun to decrease slightly over the years to rest at 56 grantees for FFY 2020 and 51 for FFY 2021.

The sustainability of services will ultimately hinge upon 1.) The recognition that static funding for OAA programs is an insufficient strategy in the face of growing need and that a commensurate funding increase is required, and 2) The continuation of the flexibility which has allowed the elder network to reallocate funding to meet its most pressing needs. Please note however that, the word “reallocate” in this context means simply “robbing Peter to pay Paul”. A critical factor for long-term sustainability will ultimately be the success of public-private partnerships based on funding parity between health and social services and the ability of community-based-organizations (CBOs) to diversify revenue streams and reduce reliance on the aforementioned federal funding.

## TARGET POPULATION

NCAAA utilizes a multi-tiered methodology when establishing targets for the Older Americans Act programs that it administers. These tiers include:

Determination of the approximate number of unduplicated consumers NCAAA projects to serve annually, based on available resources and program type.

NCAAA's typical reach for OAA programs when comparing the total number of older adults in the PSA to the unduplicated number of older adults served, is approximately 3-5% of the total older adult population in the region. This reach level speaks directly to the fact that the service needs of older adults far outweigh the amount of resources available to provide said services.

Determination of the number and representative proportion of older adults within each of the OAA target groups based on Census and ACS data, in the planning and service area.

Census data shows that the NC PSA has among the highest number of individuals in several targeted demographic categories including: low income older adults, near poor older adults, minority older adults, low income minority older adults, older adults with limited English proficiency ("LEP"), older adults with severe disabilities, older adults at risk of institutionalization, and older adults with Alzheimer's disease and related disorders.

Regional (AAA level) requirements regarding target setting that emphasize directing services to persons with the greatest economic and social need.

Service providers are required to set service goals relative to the target population consistent with that population's representative percentage in the area being served (according to Census and ACS data), specifically including, but not limited to, service to:

- Low Income Older Individuals – at a rate that is at least three times the representative percentage of low income older individuals in the program's service area;

- Minority Older Individuals – at a rate that is at least equal to the representative percentage of minority older individuals in the program’s service area; and
- Low Income Minority Older Individuals – at a rate that is at least equal to the representative percentage of low income minority older individuals in the program’s service area.

NCAAA also requires Title III funded projects providing services that would benefit frail older individuals or older individuals at risk for institutional placement to target services to those populations. Service providers are also encouraged to serve older adults that are homebound, and/or geographically isolated, including older individuals residing in rural areas. Providers are further encouraged to serve older individuals with Alzheimer’s disease and related disorders and older individuals with severe disabilities.

In order to reinforce the consistent application of these criteria NCAAA will begin to incorporate additional questions into the grants interview process and provide individualized data to grantees to track their progress on an annual basis. Examples include but are not limited to:

- *Looking at the numbers for your agency, what targeted groups have you been more and less successful in reaching<sup>2</sup>?*
- *(If applicable) If your agency has been particularly successful in attracting clients from one or more of the targeted groups, what techniques or strategies have you found particularly effective?*
- *What new strategies might you try to attract more members of targeted groups?*

Additional intent behind these questions is the identification of best practices that may be shared with other grantees experiencing difficulties in attracting and serving OAA target populations. Potentially yielding opportunities for regional mentorship across service categories.

## COLLECTING DATA

NCAAA requires the completion of Consumer Registration Forms (Form 5s) for all consumers who receive services from OAA funded programs, with the exception of a small number of services that are aggregately reported or reported using alternate data systems. Form 5s are submitted monthly along with service utilization data and program invoices. All data is due to NCAAA monthly, by the 15<sup>th</sup> day following the month being reported. NCAAA requires consumer registration forms to be updated annually.

### Area Agency Data Entry Process

NCAAA employs two (2) FTE Data Analysts to enter and review program data for OAA and State-funded services. Data entry responsibilities are delineated by program type. Data is entered upon receipt (from grantees or internal program staff) and reconciled monthly prior to the issuance of provider reimbursement. In order to ensure compliance with the SUA's data entry timeframe, NCAAA requires that all reports for the prior month be submitted to data entry staff by the 15<sup>th</sup>. NCAAA then has an expected 30-day turnaround time for data entry and reconciliation prior to the payment process. The initial 15-day reporting period combined with the 30-day entry and reconciliation period is to ensure compliance with the SUA's 45-day data entry timeframe for services be entered into SAMS.

### Area Agency Data Quality Monitoring Process

NCAAA reviews data quality as follows:

#### Monthly:

- Pre-Reimbursement Fiscal/Data Reconciliation
- Missing Fund IDs
- Missing Demographic Information
- Duplicate Tracking
- Aggregate Services

Quarterly:

- Form 5 Reassessment Tracking
- Consumer Relationships

Semi-Annually & Annually:

- Incorrect Service Dates
- Survey Data Preparation
- Nutrition Services Interruption Tracking

NCAAA continues to be committed to capturing quality data for the programs it administers.

Grantees are encouraged to request technical assistance as needed for seamless data reporting. NCAAA agency staff are similarly encouraged to request technical assistance from the State Unit on Aging when data reporting and quality management issues arise.

**DETERMINING IF TARGETS WERE MET**

On an annual basis, NCAAA submits an Area Plan Progress Report to the Department on Aging and Disability that tracks the agency's success in meeting the deliverables as set forth in this Plan. This annual reconciliation includes a review of service utilization and consumer demographic reports generated from the Management Information System (MIS) program (SAMS) to the initial target. Data is plotted and compared semi-annually to gauge progress and at year-end to determine final achievement.

## AREA PLAN DEVELOPMENT PROCESS

NCAAA staff identifies, collects, reviews, and analyzes information from national, state, regional, and local sources in order to identify policy issues and directives; analyze the current environment; predict future trends; and identify consumer needs, issues, and concerns.

Sources used in the needs assessment process include but are not limited to the following:

- AARP studies and publications
- Information disseminated by the Federal Administration for Community Living
- Census information and updates
- Local needs assessments and studies
- Department of Public Health Healthy Connecticut 2020/State Health Improvement Plan
- DataHaven Community Profiles
- CT Healthy Aging Data Reports/UMASS Boston
- Information disseminated by the National Center for Disease Control
- Information disseminated by the National Council on Aging
- Trinity Health of New England Community Health Needs Assessment, St. Francis Hospital
- Trinity Health of New England Community Health Needs Assessment, Johnson Memorial Hospital
- ECHN Community Health Needs Assessment
- University of Connecticut Long-Term Care Needs Assessment
- NCAAA MIS and NAPIS data regarding service utilization
- NCAAA Information and Assistance Program information, regarding service needs and requests

### Community Focus Groups & Listening Sessions

During the needs assessment process, NCAAA conducted stakeholder interviews and listening sessions throughout the North Central Connecticut region to gather input from older adults, their families, network advocates, and care providers related to service gaps, needed services, and pressing issues. Affinity groups were gathered to discuss a variety of topics: transportation, nutrition/food insecurity, home and community based services, general health/health care availability and affordability, and economic security. In some instances these groups were co-sponsored as in the case of our work with the Alzheimer's Association for a listening session specific to the needs of persons living with dementia and their care partners. In addition, NCAAA partnered with the Alzheimer's Association and the Institute for the Hispanic Family to provide a similar experience for Spanish-speaking older adults and their families.

### Public Input

On May 19, 2021 The NCAAA Advisory Council hosted a virtual Public Hearing in support our Area Plan Development activities. At this hearing a draft of the proposed Area Plan, including the Statement of Goals, Objectives, and Strategies was submitted to the public for review and comment. The public hearing was publicized utilizing NCAAA's electronic listserv and newsletter, through social media such as Twitter and FaceBook, and via staff email "signature lines" containing hotlinks to the draft. The public was also invited to provide written input on the Plan in lieu of attending the hearing via ZOOM

The twenty-six attendees at the hearing included a wide array of stakeholders including but not limited to current grantees, board members, advisory members, consumers of services, representatives of other community based organizations, municipal agents for the elderly, municipal social services professionals, and State Unit on Aging representatives. The following list captures the broad themes and threads of our conversation:

### **Infrastructure:**

- Housing: “If you don’t have a home everything else is pretty irrelevant”- Joan C.
  - Senior Housing waiting lists are long as housing stock is simply not available, when and where stock exists, affordability is problematic.
- Transportation: Infrastructure remains inadequate. Significant gaps in accessibility. Need to expand options that can connect communities physically to their needed services.
- Emergency phone services came in really handy during the pandemic as a way to communicate with residents around the public health emergency, share vaccination site hours, senior center activities etc.
- Discussion around the need for a “211- Option” for Seniors

**Support:**

- Support Groups for parents of adult children with disabilities was identified as a need
- A good deal of feedback around Elder Abuse/Neglect and the increase in reported cases.
- Social isolation was acknowledged as a singular threat to the health and well-being of older adults. Looking for ways to sustain many of the projects initiated during COVID-19.
- Social engagement was also identified as a critical feature of the aging experience going forward and the necessity to provide opportunities for intergenerational conversation and connection.

**Advocacy:**

- Expression of hope that the Area Agencies on Aging statewide maintain our presence (virtual or in-person) in legislative matters citing past successes with the Medicare Savings Programs and this year’s Age Discrimination bill. The challenge of elderly housing discussed in *infrastructure* (above) became an example of how the advocacy role of the AAAs could be helpful ie: housing policy, planning and zoning etc.
- Awareness of services available for end-of-life experience. As well as planning and preparation of necessary documentation.

**Other feedback:**

- Readers offered positive feedback on the layout and readability of the document.
- Readers were impressed by the breadth and scope of our vision.
- Many readers/attendees also expressed excitement at what we had proposed and were hopeful to remain involved with the agency. Many voiced their support for our ventures and excellent connections were forged in our time together.
- The Public Hearing also turned into a nice networking opportunity and many folks wanted to see of these.

## AREA PLAN GOALS & OBJECTIVES IN PRIORITY ORDER

### GOAL: EMPOWER OLDER INDIVIDUALS TO RESIDE IN THE COMMUNITY SETTING OF THEIR CHOICE

#### **Objective 1:**

Older Americans Act funds support projects that foster independence and aging-in-place.

#### **Strategy:**

- Ensure all Older Americans Act funds are distributed in compliance with Federal and State mandatory minimums and that they represent regionally identified priorities.

#### **Measure:**

- Annual SAMS data confirms funds allocated meet necessary funding guidelines.
- Annual Area Plan Progress Report confirms regional priorities are represented in funded projects.

#### **Objective 2:**

Provide timely, accurate and concise information that clearly describes options for community-based care.

#### **Strategy:**

- Develop and fund Aging & Disability Answers (a statewide information hub for aging and disability services) to align and complement Older Americans Act and CHOICES funding to strengthen and provide uniformity throughout statewide aging network services.
- Fund creative caregiver support options that provide education, respite and supports

#### **Measure:**

- Implement Aging & Disability Answers in partnership with all AAAs-
  - 2021/22, assess and improve AAA efficiencies and partner development.
  - 2023/24, launch website and begin navigation services.

- Support caregivers through National Family Caregiver Support programs with Information, Counseling and Supplemental services as needed.
- SAMS data reflects provision of direct and contracted services.

**Objective 3:**

Partner with regional Area Agencies on Aging to deliver and improve the customer/caregiver experience when seeking supports.

**Strategy:**

- Identify staff strength among the five AAAs. Work with program staff from the SUA to identify and facilitate training.

**Measure:**

- 2022/23, uniform training protocols for all AAAs, assessment tool development, staff recruitment; and
- AIRS certification of at least one Information Specialist in each Agency-ongoing
- Facilitate opportunities for at least one annual workshop for statewide AAA Information and Assistance staff to discuss best practices- ongoing
- Provide alternative options for CHOICES counseling during open enrollment

**Objective 4:**

Reduce barriers between DSS programs and information needed by older adults and persons with disabilities

**Strategy:**

- Annual training on Medicaid waivers and pertinent eligibility information -ongoing
- Adopt common core competencies of Person-Centered Planning curriculums used in CT- Within 90 days of SUA development

**Measure:**

- Increased communication with Access Agency/CHC department for waiver-related services- ongoing

**Objective 5:**

Utilize Older Americans Act funding to support older adults while waiting for eligibility in Medicaid home and community-based services

**Strategy:**

- Keep Medicaid intake staff aware of the services available through OAA
- Effectively enroll older adults in OAA and CT Statewide Alzheimer’s Respite Support Program supports to avoid premature institutional placement

**Measure:**

- Increase in number of individuals transitioning from OAA and CSRSP to Medicaid waiver services
- Increased communication with Access Agency/CHC department

**Objective 6:**

Provide multi-lingual services to support access for non-English-speaking adults

**Strategy:**

- Recruit and retain at least one Spanish-speaking Information Specialist
- Utilize telephonic language service to support communication

**Measure:**

- Employee records indicate bi-lingual staff- ongoing
- Language line invoice indicate consistent utilization- ongoing
- Focal Point documents are translated into Spanish to encourage multi-cultural applicants

**Objective 7:**

Provide strategic outreach to, 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.

**Strategy:**

- Plan and deploy at least one public education event covering AAA services in Andover, the region's only rural designated community without access to a certified CHOICES counselor.

**Measure:**

- At least twenty individuals participate in a public education event in conjunction with the Andover Senior Center/Municipal Agent for the Elderly to discuss Medicare enrollment, Senior Medicare Patrol and supports for caregivers.

**Strategy:**

- Target higher percentage of OAA funds to the region's most economically disadvantaged cities, Hartford, New Britain, and East Hartford.
- Recruit CHOICES volunteers in the region's most economically disadvantaged cities, Hartford, New Britain, and East Hartford.

**Measure:**

- Analyze service delivery in concert with all AAAs to identify low utilization/high minority communities.
- At least one CHOICES counselor will support Hartford, New Britain, and East Hartford.
- Meet or exceed all MIPPA contract targets

**Strategy:**

- Target higher percentage of OAA funds to the region's high minority population cities, Hartford, New Britain, and East Hartford.

**Measure:**

- Analyze service delivery in concert with all AAAs to identify low utilization/high minority communities.
- At least one CHOICES counselor will support Hartford, New Britain, and East Hartford.

**Strategy:**

- Enhance the communication with the regional Alzheimer’s Association coordinator.

**Measure:**

- Co-present at regional caregiver events at least once per year.- ongoing
- Attend, support and if possible, present at the annual Alzheimer’s conference -ongoing
- Facilitate annual communication between regional Alzheimer’s Association coordinator and OAA grantees with emphasis on grantees serving consumers with limited English proficiency “LEP”.

**Strategy:**

- Increase support of the disability community for all ages by enhancing referrals to assisted technology, employment opportunities and supports.

**Measure:**

- Participate in the No-Wrong Door meetings coordinated by the SUA lead.
- Increase information about disability supports on website.- July 2022
- Coordinate and collaborate on the statewide Aging and Disability Answers with the Centers for Independent Living- October 2022
- Participate in a minimum of one UCONN Center for Developmental Disabilities trainings.- ongoing

**GOAL: PROVIDE OLDER ADULTS WITH PREVENTION AND WELLNESS OPPORTUNITIES**

**Objective 1:**

Broaden access to and awareness of Chronic Disease Self-Management Programs to promote wholistic health and wellness.

**Strategy:**

- AAA-CT representative will participate on CT Healthy Living Collective Advisory Council (CHLC)

**Measure:**

- Meetings convened between CHLC and Aging Network partners to discuss opportunities to scale up Chronic Disease Self-Management Education Programs
- Participation on CHLC subcommittees.

**Strategy:**

- Expand menu of CDSME's available to consumers.

**Measure:**

- IIID Waivers reviewed annually to include additional CDSME's as interest supports.

**Measure:**

- Review new "highest-tier" programs on an annual basis for funding conversations.

**Strategy:**

- Include referrals to Evidence-Based programming as part of Caregiver Programs care-plans as appropriate.

**Measure:**

- Broaden contract network to include innovative and reimburseable services such as Skills2Care e.g.

**Objective 2:**

Develop multi-faceted approaches addressing food insecurity and malnutrition.

**Strategy:**

- Support the integration of evidence-based nutrition programs into home-delivered meals and senior community cafes.

**Measure:**

- Elderly Nutrition Program contracts reflect emphasis on evidence-based nutrition counseling.

**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 3:**

Support populations at greatest-risk of adverse health outcomes due to social determinants of health.

**Strategy:**

- Enhance culturally-sensitive training and service coordination for individuals with Alzheimer’s disease and related dementias through partnerships with the Alzheimer’s Association and LiveWell e.g.

**Measures:**

- 100% CSRCP and NFCSP have received Dementia Friends training.
- Public awareness of Alzheimer’s disease and available resources are expanded to include materials in multiple languages.

**Strategy:**

- Reduce the financial burden placed on family caregivers by coordinating and providing services such as but not limited to respite care for those caring for older adults, individuals with disabilities, or persons living with dementia.

**Measure:**

- Contract deliverables under NFCSP and CSRCP are fulfilled.

**Strategy:**

- Maintenance of effort to support best practices in ameliorating social isolation and loneliness.

**Measure:**

- Funded programs that reflect emphasis on engagement and connection for physical and emotional well-being.

**Strategy:**

- Improve awareness of available Behavioral Health Services and strengthen referral mechanisms.

**Measure:**

- 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 grantees.

**Strategy:**

- Formalize inclusion of LGBT-related issues into agency practice and funding priorities.

**Measures:**

- Participate in at least one training regarding open and affirming language and behavior by 3/31/22.
- Begin to utilize new Consumer Registration Form and joint program applications which have been modified to include LGBT affirming language by 9/30/21.

**Strategy:**

- Support of the establishment of Suicide Prevention Protocols.

**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 9/30/23.

**Objective 4:**

Enhance business acumen leading to beneficial relationships with health care entities.

**Strategy:**

- Participate in the development of partnerships to address the health concerns of older adults through cooperative agreements, contracts, grants, or research opportunities.

**Measure:**

- AAA-CT secure alternative funding to support SDOH-related ventures.

**Objective 5:**

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

**Strategy:**

- Maintain and fortify relationships with partnerships formed as result of 2020 pandemic.

**Measure:**

- Community Emergency Response Teams (CERT) and other organizations with jurisdiction over homeland security and crisis response are added to agency newsletter listserv.

**GOAL: PROTECT ELDER RIGHTS AND WELL- BEING AND PREVENT ELDER ABUSE, FRAUD, NEGLECT AND EXPLOITATION**

**Objective 1:**

Enhance protection of vulnerable older adults through Older Americans Act Programs.

**Strategy:**

- Ensure all Older Americans Act funds are distributed in compliance with Federal and State mandatory minimums and that they represent regionally identified priorities.

**Measure:**

- Annual SAMS data confirms funds allocated meet necessary funding guidelines.
- Annual Area Plan Progress Report confirms regional priorities are represented in funded projects.

**Objective 2:**

Provide strategic outreach on well-being, elder abuse, fraud, neglect and exploitation outreach to, 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.

**Strategy:**

- Plan and deploy at least one public education event covering AAA services in Andover, the region’s only rural designated community without access to a certified CHOICES counselor.

**Measure:**

- At least twenty individuals participate in a public education event in conjunction with the Andover Senior Center/Municipal Agent for the Elderly to discuss Medicare enrollment, Senior Medicare Patrol and supports for caregivers.
- Meet or exceed terms of Senior Medicare Patrol (SMP) Contract

**Strategy:**

- Recruit SMP volunteers in the region’s most economically disadvantaged cities, Hartford, New Britain, and East Hartford.

**Measure:**

- At least one SMP counselor will support Hartford, New Britain, and East Hartford.
- Meet or exceed all SMP contract targets as determined by the State Unit on Aging (SUA).

**Strategy:**

- Targeted outreach of information OAA funds to the region’s high minority population cities, Hartford, New Britain, and East Hartford.

**Measure:**

- Analyze service delivery in concert with all AAAs to identify low utilization/high minority communities.
- At least one SMP counselor will support Hartford, New Britain, and East Hartford.

**Strategy:**

- Target Senior Medicare Patrol Program volunteer recruitment to Spanish-speaking communities

**Measure:**

- Bilingual Bicultural volunteers entered into SIRS

**Strategy:**

- Participate on CT Elder Justice Coalition, state-wide multidisciplinary team co-chaired by ADS Legal Services Developer and LTCOP Director

**Measure:**

- CEJC events staffed and promoted by AAA-CT designee(s) as reported in Title VII quarterly status reports.

**Strategy:**

- Partner with LiveWell and AAA-CT colleagues to co-present Dementia Friends First Responder Sector-Based training.

**Measure:**

- Dementia Friends First Responder Sector-Based training provided at least twice per year

**Strategy:**

- AAA-CT will participate in CT Cross Disability Alliance Legislative Advocacy Committee and will support and/or initiate legislative advocacy to support OAA target populations.

**Measure:**

- Testimony presented annually on range of topics of importance to OAA populations
- Legislative outreach materials distributed statewide

**Objective 3:**

Address systemic ageism that contributes to the discrimination against older adults and the devaluation of CTs older residents that can foster abuse, neglect, and exploitation.

**Strategy:**

- Promote and support the work of [Stop Ageism Now](#) collaboration

**Measure:**

- AAA-CT staff designees will participate in Stop Ageism Now events and meetings
- AAA-CT member agencies will include a Stop Ageism Now link to website

**Strategy:**

- Promote and support the work of the CT Age Well Collaborative (CAWC)

**Measure:**

- AAA-CT designee participates on CAWC Steering Committee
- Promote outcomes of CAWC Grant
- Integrate findings and best practices into future Area Plan activities

**Strategy:**

- Create, support, and promote regional and statewide activities to address elder abuse, fraud, neglect and exploitation

**Measure:**

- Annual TEARS Conference attended by AAA-CT staff and volunteers
- Partnership with statewide banking partners through SMP

## **ATTACHMENT A Standard Assurances**

The Area Agency makes the following assurances, which it must be able to substantiate:

### **A. GENERAL ADMINISTRATION**

#### **1. Authority and Capacity**

The Area Agency on Aging assures that it has the authority and capacity to develop the Area Plan, and carry out, directly or through contractual or other arrangements, a program pursuant to the Plan within its Planning and Service Area.

#### **2. Compliance and Requirements**

The Area Agency agrees to administer the program in accordance with Title III of the Older Americans Act of 1965, as amended, the Regulations of Connecticut State Agencies (Section 17b-423), the Area Plan, and all applicable Federal and State regulations, policies and procedures.

#### **3. Efficient Administration**

The Area Agency on Aging will utilize such methods of administration as are necessary for the proper and efficient administration of the Plan.

#### **4. General Administration and Fiscal Requirements**

The Area Agency's uniform administration requirements and cost principals are in compliance with the relevant provisions of 45 CFR Part 74 except where these provisions are superseded by statute or program regulations.

#### **5. Training of Staff and Volunteers**

The Area Agency will provide proper training for all personnel necessary for the implementation of the Area Plan.

#### **6. Management of Funds**

The Area Agency will maintain sufficient financial control and accounting procedures to assure proper disbursement of and accounting for Federal funds under the Plan.

#### **7. Safeguarding Confidential Information**

The Area Agency has implemented such regulations, standards and procedures as are necessary to meet the requirements on safeguarding information under relevant program regulations.

#### 8. Records and Reports

The Area Agency agrees to keep such records and make reports in such form and containing such information as may be required by the State Unit on Aging and in accordance with the guidelines issued by the Administration on Community Living. The Area Agency agrees to maintain such accounts and documents as will serve to permit expeditious determination to be made at any time of the status of funds within the award, including the disposition of all monies received from the State Unit on Aging, and the nature and amount of all charges claimed to be against such funds.

#### 9. Public Information

The Area Agency will provide for a continuing program of public information specifically designed to assure that information about the program and activities carried out under the Area Plan are effectively and appropriately promulgated throughout the Planning and Service Area. The Area Agency will make available at reasonable times and places in the offices of the Area Agency, the Area Plan, and all periodic reports for review upon request by interested persons and representatives of the media.

#### 10. Standards for Service Providers

All providers of services under the plan operate fully in conformance with all applicable Federal, State, and local fire, health, safety and sanitation and other standards prescribed in law and regulations. The Area Agency provides that where the State or local public jurisdiction requires licensure for the provision of services, agencies providing such services shall be licensed.

#### 11. Area Plan Amendments

Area Plan amendments will be made in conformance with applicable program regulations.

#### 12. Public Hearings

The Area Agency will conduct prior to the submission of the Area Plan to the State Unit on Aging for approval, a public hearing (s) for the three –year submission of the Area Plan, and annual adjustment as necessary. The purpose of these hearing(s) will be to provide the opportunity for older persons, their caregivers, the general public, officials of general-purpose local government, and other interested parties to comment on the Area Plan. The Area Agency will give

adequate public notice prior to conducting of such hearing. The Area Agency will also conduct such hearing prior to requesting a waiver from the State Unit on Aging to expend less than the mandated percentages of their IIIB allotment for any priority services.

### 13. Evaluation

The Area Agency will cooperate and assist in any efforts undertaken by the State Unit on Aging to evaluate the effectiveness, feasibility, and costs of activities under the Area Plan.

## B. PROVISION OF SERVICES

### 1. Priorities

The Area Agency has a reasonable and objective method for establishing priorities for services and such method is in compliance with Title III of the Older Americans Act.

### 2. Eligibility

The activities covered by the Area Plan serve only those individuals and groups eligible under the provision of Title III of the Older Americans Act.

### 3. Residency

No requirements as to the duration of residency or citizenship will be imposed as a condition of participation in the Area Agency's program for the provision of services.

### 4. Coordination and Maximum Utilization of Services

The Area Agency to the maximum extent possible coordinates and utilizes the services and resources of other appropriate public and private agencies and organizations.

### 5. Services to older individuals who are Native Americans

Provide 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.

To the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI.

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.

6. Direct Provision of Service by the Area Agency

No support services or nutrition services will be directly provided by the Area Agency except where, in the judgment of the State Unit on Aging, provision of such services is necessary to promote innovations or improve service delivery and will not diminish services already provided under this Act. Direct service provision by the Area Agency in certain circumstances, with proper justification, is appropriate, during the time period covered by the area plan.

7. National Aging Program Information System (NAPIS)

The Area Agency will collect and provide data in a manner acceptable to the State Unit on Aging that fulfills the requirements of the Older Americans Act.

## ATTACHMENT B

### OLDER AMERICANS ACT REQUIREMENTS

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, <sup>10</sup> 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;

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

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

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

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

**(I)** older individuals residing in rural areas;

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

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

**(IV)** older individuals with severe disabilities;

**(V)** older individuals with limited English proficiency;

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

**(VII)** older individuals at risk for institutional placement; 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

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

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

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

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

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

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

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

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

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

**(9)** provide 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)** <sup>11</sup> 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.

ø42 U.S.C. 3026



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Chief Executive Officer, Area Agency on Aging

06/30/2020

Date

## ATTACHMENT C EMERGENCY PREPAREDNESS PLAN

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

	Communication	Consumer Facing	Operational	Providers/Vendors	Situation Reporting ASD/SUA <small>(In chronological order of contact)</small>
CEO	X		X		1
ADMIN. MGR.			X	X	4
COO		X	X		2
FD			X	X	3

### STAKEHOLDER COMMUNICATION

Stakeholder groups include: Board of Directors, Advisory Council, Funders, Legislators, Grantees and Providers. CEO 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 NCAAA 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 NCAAA'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 at an offsite location.

### **TECHNOLOGY**

NCAAA 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**

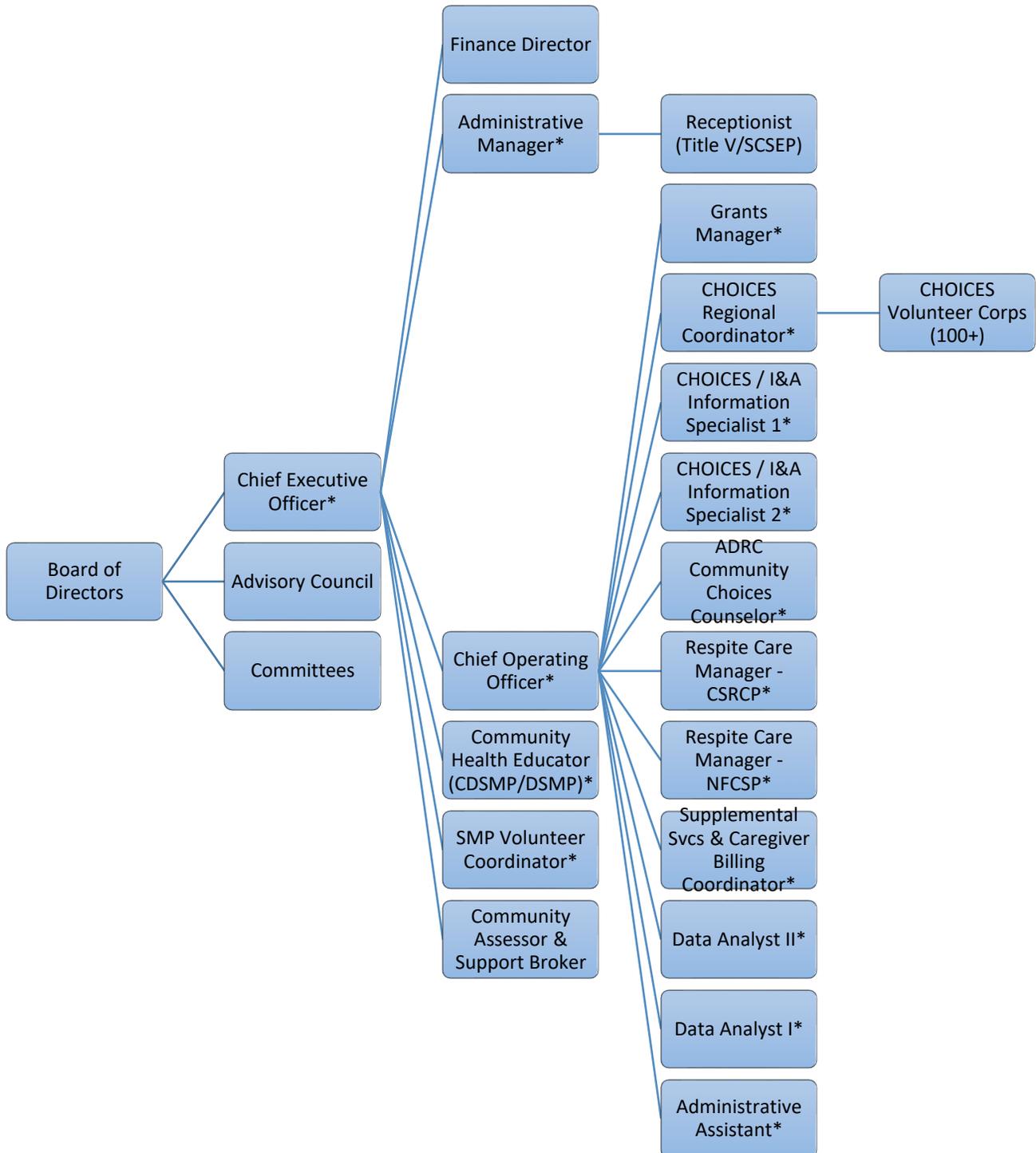
NCAAA Management Team relays plans to return to office to Board of Directors, or to Executive Committee in the event of time constraints. NCAAA Management Team determines when conditions support return to office. Factors used to make this determination:

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

### **DISASTER STEPS/CHRONOLOGY**

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

## ATTACHMENT D ORGANIZATIONAL STRUCTURE OF THE AREA AGENCY ON AGING



\*Denotes Area Agency on Aging Staff

## ATTACHMENT E

### FOCAL POINTS DESIGNATED IN THE PLANNING AND SERVICE AREA THROUGH 9/30/21\*

*\*The 2022-2024 Focal Point Applications were due on 6/1/21. The list below will be updated in September 2021. All new and returning Focal Points will receive their notification by September 30, 2021 and contact information will be available on the NCAA website for the start of the new Plan period.*

ORGANIZATION	Contact Person	Date Designated	Grantee	Senior Center	Service Provider
<b>Berlin Senior Center</b> 33 Colonial Drive Berlin, CT 06037 860-828-7006 <a href="mailto:tdoyle@town.berlin.ct.us">tdoyle@town.berlin.ct.us</a>	Tina Doyle	2005	No	Yes	Yes
<b>Bloomfield Senior Services</b> 330 Park Avenue Bloomfield, CT 06002 860-243-8361 <a href="mailto:ypannell@bloomfield.org">ypannell@bloomfield.org</a>	Yvette Hughue-Pannel	1994	No	Yes	Yes
<b>Bristol Senior Center</b> 240 Stafford Avenue Bristol, CT 06010 860-584-7895 <a href="mailto:patriciatomascak@ci.bristol.ct.us">patriciatomascak@ci.bristol.ct.us</a>	Patricia Tomascak	1990	No	Yes	Yes
<b>Calendar House Senior Center</b> 338 Pleasant Street Southington, CT 06489 860-621-3014 <a href="mailto:verderameb@southington.org">verderameb@southington.org</a>	Robert Verderame	1990	No	Yes	Yes
<b>Catholic Charities</b> New Britain Family Service Center 90 Franklin Square New Britain, CT 06051 <a href="mailto:dgriffin@ccaoh.org">dgriffin@ccaoh.org</a>	Dolores Griffin	1997	Yes	No	Yes
<b>Connecticut Community Care, Inc.</b> 43 Enterprise Drive 860-589-6226 <a href="mailto:Gayle.kataja@ctcommunitycare.org">Gayle.kataja@ctcommunitycare.org</a>	Gayle Kataja	1981	No	No	Yes
<b>East Hartford Senior Services</b> 740 Main Street East Hartford, CT 06108 860-569-5659 <a href="mailto:vliberator@easthartfordct.gov">vliberator@easthartfordct.gov</a>	Victoria Liberator	1994	Yes	No	Yes
<b>Ellington Human Services</b> 55 Main Street Ellington, CT 06029 860-870-3131 <a href="mailto:jhollister@ELLINGTON-CT.GOV">jhollister@ELLINGTON-CT.GOV</a>	Joy Hollister	2005	Yes	No	Yes
<b>Elmwood Senior Center</b> 1106 New Britain Avenue	Gina Marino	1981	No	Yes	Yes

West Hartford, CT 06110 860-236-5693 <a href="mailto:gina@westhartford.org">gina@westhartford.org</a>					
<b>Enfield Senior Center</b> 299 Elm Street Enfield, CT 06082 860-763-7426 <a href="mailto:sgrady@enfield.org">sgrady@enfield.org</a>	Nancy Darrah	1994	No	Yes	Yes
<b>Farmington Senior Center</b> 321 New Britain Avenue Unionville, CT 06085 860-675-2490 <a href="mailto:parentn@farmington-ct.org">parentn@farmington-ct.org</a>	Andrea Bouchard	1997	No	Yes	Yes
<b>First Church Village</b> 117 Wells Road Wethersfield, CT 06109 860-529-7022		2005	No	No	Yes
<b>Glastonbury Senior Center</b> at Riverfront Community Center 300 Welles Street Glastonbury, CT 06033 860-652-7638 <a href="mailto:patti.white@glastonbury-ct.gov">patti.white@glastonbury-ct.gov</a>	Patti White	1990	No	Yes	Yes
<b>Granby Senior Center</b> 15C North Granby Road Granby, CT 06035 860-844-535 <a href="mailto:syost@granby-ct.gov">syost@granby-ct.gov</a>	Sandy Yost	1981	Yes	Yes	Yes
<b>Greater Hartford Mandell Jewish Community Center</b> 335 Bloomfield Avenue West Hartford, CT 06117 860-236-4571 <a href="mailto:djacobs@mandelljcc.org">djacobs@mandelljcc.org</a>	Sharon Holtzberg	1990	No	No	Yes
<b>Hartford Elderly Services</b> at North End Senior Center 80 Coventry Street Hartford, CT 06112 860-757-0801 <a href="mailto:baddk01@hartford.gov">baddk01@hartford.gov</a>	James Johnson, Jr.	1981	Yes	Yes	Yes
<b>Hockanum Valley Community Council</b> 29 Naek Road Vernon, CT 06066 860-872-9825 <a href="mailto:jcadieux@hvcchelps.org">jcadieux@hvcchelps.org</a>	Joan Cadieux	1994	Yes	No	Yes
<b>Immanuel House</b> 15 Woodland Street Hartford, CT 06105 860-525-4228 <a href="mailto:info@immanuelhousect.org">info@immanuelhousect.org</a>	Karen Dean	1997	No	No	Yes

<b>Manchester Community College</b> Older Adult Program, MS#16, Box 1046 Manchester, CT 06045-1046 860-512-2825 <a href="mailto:ssstarger@mcc.commnet.edu">sstarger@mcc.commnet.edu</a>	Steve Starger	1994	No	No	No
<b>Manchester Senior &amp; Family Services</b> 479 Main Street, Box 191 Manchester, CT 06045-0191 860-647-3096 <a href="mailto:epaquette@manchesterct.gov">epaquette@manchesterct.gov</a>	Ed Paquette	1994	Yes	No	Yes
<b>Manchester Memorial Hospital</b> 71 Haynes Street Manchester, CT 06040 860-647-6889 <a href="mailto:ncucca@echn.org">ncucca@echn.org</a> <a href="mailto:info@echn.org">info@echn.org</a>	Nancy Cucca	1997	No	No	Yes
<b>Marlborough Senior Services</b> 26 North Main Street, Box 29 Marlborough, CT 06447 860-295-6209 <a href="mailto:socialservice@marlboroughct.net">socialservice@marlboroughct.net</a>	Vi Schwarzmann	2005	No	Yes	Yes
<b>McLean</b> 75 Great Pond Road Simsbury, CT 06070 860-658-3918 <a href="mailto:david.bordonaro@mcleancare.org">david.bordonaro@mcleancare.org</a>	David Bordonaro	2005	No	No	Yes
<b>New Britain Senior Center</b> 55 Pearl Street New Britain, CT 06051 860-826-3553 <a href="mailto:rcone@newbritainct.gov">rcone@newbritainct.gov</a>	Rex Cone	1990	No	Yes	Yes
<b>Newington Senior &amp; Disabled Center</b> 120 Cedar Street Newington, CT 06111 860-665-8778 <a href="mailto:dstone@newingtonct.gov">dstone@newingtonct.gov</a>	Dianne Stone	1990	No	Yes	Yes
<b>Perlas Hispanas Center</b> 18 Armistice Street New Britain, CT 06053 860-229-8182 <a href="mailto:zgarcia@hranbct.org">zgarcia@hranbct.org</a>	Zulma Garcia	1997	Yes	Yes	Yes
<b>Plainville Senior Citizens Center</b> 200 East Street Plainville, CT 06062 860-747-5728 <a href="mailto:plainvilleseniorctr@snet.net">plainvilleseniorctr@snet.net</a>	Shawn Cohen	1981	Yes	Yes	Yes
<b>Plymouth Health &amp; Human Services</b> 77 Main Street Terryville, CT 06786 860-585-4026 <a href="mailto:aegan@plymouthct.us">aegan@plymouthct.us</a>	Abigail Egan	2009	Yes	No	Yes

<b>Rockville General Hospital</b> 31 Union Street Rockville, CT 06066 860-872-5208 <a href="mailto:ncucca@echn.org">ncucca@echn.org</a>	Nancy Cucca	1994	No	No	Yes
<b>Rocky Hill Human Services</b> 699 Old Main Street Rocky Hill, CT 06067 860-258-2724 <a href="mailto:mhicks@rockyhillct.gov">mhicks@rockyhillct.gov</a>	Melissa Hicks	1994	Yes	No	Yes
<b>Rocky Hill Senior Center</b> 699 Old Main Street Rocky Hill, CT 06067 860-258-2726 <a href="mailto:csylvester@rockyhillct.gov">csylvester@rockyhillct.gov</a> <a href="mailto:dsanderson@rockyhillct.gov">dsanderson@rockyhillct.gov</a>	Cathy Sylvester Denise Sanderson	1994	No	Yes	Yes
<b>Russell Mercier Senior Center</b> 14 Stonecroft Drive Hebron, CT 06248 860-228-1700 <a href="mailto:sgarrard@hebronct.com">sgarrard@hebronct.com</a>	Sharon Garrard	1994	Yes	Yes	Yes
<b>Simsbury Senior Citizens Center</b> 754 Hopmeadow Street Simsbury, CT 06070 860-651-9161 <a href="mailto:kmarschall@simsbury-ct.gov">kmarschall@simsbury-ct.gov</a>	Kathleen Marschall	1994	No	Yes	Yes
<b>South Windsor Human Services</b> at South Windsor Community Center 150 Nevers Road South Windsor, CT 06074 860-648-6357 <a href="mailto:Andrea.Cofrancesco@southwindsor-ct.gov">Andrea.Cofrancesco@southwindsor-ct.gov</a>	Andrea Cofrancesco	1981	No	Yes	Yes
<b>Tolland Senior Center</b> 674 Tolland Stage Road Tolland, CT 06084 860-870-3730 <a href="mailto:fweigand@tolland.org">fweigand@tolland.org</a>	Rebecca Ellert Fran Weigand	2005	No	Yes	Yes
<b>Vernon Social Services</b> 14 Park Place Vernon, CT 06066 860-870-3661 <a href="mailto:mhill@vernon-ct.gov">mhill@vernon-ct.gov</a>	Michelle Hill	2005	No	No	Yes
<b>Vernon Senior Citizens Center</b> 135 Bolton Road Vernon, CT 06066 860-870-3680 <a href="mailto:MGabriele@vernon-ct.gov">MGabriele@vernon-ct.gov</a>	Maureen Gabriele	1994	No	Yes	Yes
<b>Visiting Nurse &amp; Health Services</b> 8 Keynote Drive Vernon, CT 06066	Jeanette Telesco- East	1994	No	No	Yes

860-872-9163 <a href="mailto:jtelesco@vnhsc.org">jtelesco@vnhsc.org</a>					
<b>Warehouse Point Library Association</b> 107 Main Street East Windsor, CT 06088 860-623-5482 <a href="mailto:Lhiller@libraryconnection.info">Lhiller@libraryconnection.info</a>	Lois Hiller	2005	No	No	No
<b>West Hartford Senior Center</b> 50 South Main Street West Hartford, CT 06107 860-236-1229 <a href="mailto:gina@westhartford.org">gina@westhartford.org</a>	Gina Marino	1994	No	Yes	Yes
<b>Wethersfield Senior Center</b> at Pitkin Community Center 30 Greenfield Street Wethersfield, CT 06109 860-721-2979 <a href="mailto:amy.miller@wethersfieldct.gov">amy.miller@wethersfieldct.gov</a>	Amy Miller	1997	No	Yes	Yes
<b>Windsor Locks Senior Center</b> 41 Oak Street Windsor Locks, CT 06096 860-627-1425 <a href="mailto:Seniorcenter@wlocks.com">Seniorcenter@wlocks.com</a>	Anne Marie Claffey	1981	No	Yes	Yes
<b>Windsor Senior Center</b> 599 Matianuck Avenue Windsor, CT 06095 860-285-1992 <a href="mailto:joyce@townofwindsorct.com">joyce@townofwindsorct.com</a>	Rebecca Joyce	1994	Yes	Yes	Yes

## FOCAL POINTS DESIGNATION PROCESS

A Focal Point, as defined in OAA Section 102 (21) shall function as a point of entry for accessing aging and disability services.

*Under Area Plan section of regs:*

The AAA shall designate Focal Points in their PSA as part of their Area Plan, per Section 306

(a)(3)(A):

- 1) The AAA shall release a Request for Focal Point Designation requesting applications from new and existing Focal Points to evaluate compliance with the required Focal Point criteria below as part of the Area Plan development process.
- 2) Required Focal Point criteria:
  - a. Provide information, referral and assistance, connecting individuals with resources to help meet their needs, and
  - b. Provide, identify or refer to community organizations or aging network partners for seamless delivery of various programs and services. Such services include but are not limited to:
    - Meals and nutrition
    - Health, Fitness, and Wellness
    - Transportation
    - Public benefits counseling
    - Employment assistance
    - Volunteer and civic engagement
    - Social and Recreational
    - Education and arts
  - c. Meet applicable health, safety and accessibility standards.
- 3) The AAA shall review all focal point applications to determine eligibility, based on the criteria listed in 2) above.
- 4) The AAA shall conduct a site visit for new Focal Points prior to designating the applicant as a Focal Point.
- 5) Upon completion of steps outlined in 3 and 4 above, the AAA may approve new and renewing focal points for inclusion in the Area Plan submission to the SUA.
- 6) The AAA shall provide an official designation letter to each Focal Point that is approved for the period of the Area Plan.

- 7) The AAA shall monitor all focal points at least once during the Area Plan period to ensure compliance with the Focal Point criteria. This monitoring shall include at least one site visit during the Area Plan period.
- 8) The AAA shall meet the Focal Point criteria as outlined in (2) above and shall serve as a Focal Point.
- 9) The AAA shall include the list of designated Focal Points in its Area Plan.
- 10) The AAA shall publicize the Focal Points with a description of each on the AAA website. The AAA shall clearly identify itself as a Focal Point on the AAA website: [www.ncaaact.org](http://www.ncaaact.org) .
- 11) The AAA shall share information on training and networking opportunities with all designated Focal Points in its planning and service area.

## SENIOR CENTERS NOT DESIGNATED AS FOCAL POINTS

There are 41 senior centers in the North Central Planning and Service Area. Of these, 26 are designated as focal points by NCAAA. Of the 15 centers that are not so designated, there are seven (7) that are located in towns in which there is another agency that has been designated as a focal point for aging services. The remaining eight (8) centers are in towns that have no focal point alternate.

Senior Centers in the North Central PSA not designated as focal points by NCAAA:

1. Andover Senior Center
2. Avon Senior Center
3. Bolton Senior Center
4. Canton Senior Center
5. East Hartford North End Senior Center (alternate site: East Hartford Senior Services)
6. East Hartford South End Senior Center (alternate site: East Hartford Senior Services)
7. East Windsor Senior Center
8. Ellington Senior Center (alternate site: Ellington Human Services)
9. Hartford Hispanic Senior Center (alternate site: Hartford North End Senior Center)
10. Hartford Parkville Senior Center (alternate site: Hartford North End Senior Center)
11. Hartford South End Senior Center (alternate site: Hartford North End Senior Center)
12. Manchester Senior Center (alternate site: Manchester Senior & Family Services)
13. Somers Senior Center
14. Stafford Springs Senior Center
15. Suffield Senior Center

Although NCAAA sends the focal point application to all senior centers in the area, it is unclear why some senior centers choose not to apply for designation.

**ATTACHMENT F**  
**AGENCY ACCOMPLISHMENTS**

- The following objectives and strategies are completed on an annual basis except where designated *by 2021 which denotes activities which may take the full Plan period to accomplish*. For further information on currently funded programs and grantees, please visit the NCAAA [website](#) ,
- NCAAA is grateful to our volunteers, partners, and colleagues whose collaboration and sustained commitment enable these deliverables to be achieved year-in and year out.

Thank you!

**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 older adults in the North Central Connecticut region.

Strategies:

- Fund at least three (3) regional transportation programs that provide rides over town lines, extended hours, and weekend transportation, annually through 2021.
- Fund at least five (5) programs that will provide at least 15,000 one-way trips, annually through 2021.
- Fund at least at least two (2) programs that offer expanded transportation services, including but not limited to assisted transportation, by 2021.
- Partner with community-based organizations to develop at least one (1) program that offers enhanced transportation to medical appointments, annually through 2021.

**Objective 1.2:** Develop and implement innovative policies that reduce obstacles as well as increase access to services for older adults 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, annually through 2021.
- Fund programs whose priorities are to serve low income older individuals, including low income minority older individuals, targeting services to at least 1,300 low income and 500 low income minority older adults, annually through 2021.
- Fund programs whose priorities are to serve minority individuals, targeting services to at least 1,000 minority older adults, annually through 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 addressing [topics of interest](#) to older adults, individuals with disabilities, and their caregivers, annually through 2021.
- Ensure that NCAAA staff providing information, counseling, and assistance, are appropriately trained, and certified by the National Association of Information and Referral Specialists (AIRS), annually through 2021.
- Ensure that NCAAA staff providing consumer assessments and counseling services are cross-trained in person-centered counseling (PCC), by 2021.

- Counsel, translate, and explain benefits and requirements to at least 3,000 consumers, under the CHOICES Information and Assistance program, annually through 2021.
- Partner with at least ten (10) 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 older adults, annually through 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, by 2021.
- Conduct and/or participate in at least ten (10) community outreach and education sessions on issues affecting older adults, individuals with disabilities and family caregivers in the North Central area, by 2021.
- Perform eligibility screening and/or determination services for at least 1,500 individuals requesting assistance, by 2021.
- Participate in at least eight (8) health fairs and/or public educational events targeting older adults and their caregivers, annually through 2021.
- Appear on local cable access programs in the North Central Connecticut region at least two (2) times, annually through 2021.
- Expand the resources available at the Aging Resource Centers of North Central Connecticut, including materials to be available for older adults and caregivers to use at the Centers or to be borrowed for their use at home. Acquisition of materials, as needed and available, will continue on an ongoing basis.

**Objective 1.4** Support programs that specifically address the needs of the diverse population of older adults in the North Central CT Region

Strategies:

- Develop and/or maintain outreach programming and multilingual materials targeted to non-English speaking older adults, annually through 2021.
- Fund programs that target services to older adults with limited English proficiency. Serve at least 100 older adults, annually through 2021.
- Disseminate multilingual written information regarding resources, to older adults of at least two (2) non-English speaking populations, annually through 2021.
- Conduct outreach specifically targeting non-traditional media outlets (e.g. community newspapers, local radio stations, non-English language television programs) in an effort to ensure that underserved and/or ethnically diverse communities are aware of NCAAA programs and services, annually through 2021.

**Objective 1.5:** Improve outreach and engagement efforts to traditionally hard-to-reach elders, such as homebound older adults and older adults 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 elders, annually through 2021.
- Fund at least one (1) program that targets services to homebound elders, serving at least 75 older adults, annually through 2021.
- Fund at least one (1) program that integrates homebound older adults into community activities, annually through 2021.
- Disseminate written information on a range of topics, targeting approximately 100 homebound older adults, annually through 2021.

**Objective 1.6:** Support programs that reach and adequately serve at-risk and isolated elders 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 older adults, annually through 2021.
- Maintain relationships with community-based aging services providers to ensure that the needs of frail older adults are identified and addressed. Collaborate with providers to offer at least two (2) programs geared towards older adults who are at risk of institutional placement or have severe disabilities, by 2021.
- Fund and/or coordinate programs that offer telephone reassurance or personal emergency response systems, serving approximately 40 older adults, annually through 2021.
- Partner with at least one (1) faith-based community to reach elders in need of assistance who are not otherwise connected to the service delivery infrastructure, annually through 2021.
- Develop relationships with at least one (1) local service provider to identify and address the needs of LGBT older adults, by 2021.
- Enhance training opportunities for NCAAA staff and volunteers related to inclusiveness and serving LGBT older adults, by 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 older adults 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 Connecticut Association of Area Agencies on Aging; Connecticut Commission on Women, Children, and Seniors; Connecticut Coalition on Aging; Connecticut 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 Connecticut's General Assembly, annually through 2021.
- Continue to partner with organizations that provide person-centered advocacy and promote independent living, annually through 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 North Central Connecticut.

Strategies:

- Fund at least one (1) legal services program to provide at least 1,500 units of legal assistance, education and informational materials to older persons in the North Central region, annually through 2021.
- Fund at least 15 in-home service programs that would allow approximately 1,000 older persons to remain at home safely and independently, annually through 2021.
- Fund at least five (5) community-based programs and/or agencies, including but not limited to municipal aging services departments, which will deliver at least 2,000 hours of social support services to approximately 250 older adults, annually.
- Fund and/or support at least three (3) programs providing services that are coordinated and delivered at or through multipurpose senior centers, annually through 2021.

- Provide funding and/or development assistance to at least three (3) adult day centers serving approximately 75 older adults, annually through 2021
- Coordinate and deliver at or through multipurpose senior centers, annually through 2021.
- Provide funding and/or development assistance to at least three (3) adult day centers serving approximately 75 older adults, annually through 2021

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

Strategies:

- Continue partnerships with organizations such as the Connecticut Department of Developmental Services and the Office of Protection and Advocacy for Persons with Disabilities, annually through 2021.
- Continue to collaborate with the North Central Connecticut region's Center for Independent Living (CIL), Independence Unlimited, to offer improved access and service coordination to individuals with disabilities, annually through 2021.
- Provide support and advocacy for programs providing services to individuals with disabilities, annually through 2021.
- 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, annually through 2021.
- Partner with local efforts to improve the availability of dementia-capable programs and/or develop dementia-friendly communities in North Central Connecticut, by 2021

**Objective 2.4:** Provide guidance, support, counseling, and instruction to caregivers of older adults.

Strategies:

- Provide information and assistance to approximately 500 caregivers of older adults through the National Family Caregiver Support Program (NFCSP), annually through 2021.
- Provide individual consultation and assessment services for approximately 250 caregivers, annually through 2021.
- Conduct outreach specifically targeting relative caregivers through the NFCSP. Reach approximately 75 caregivers, annually through 2021.
- Include topics of interest to caregivers in the NCAAA newsletter, annually through 2021.

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

Strategies:

- Provide development support or technical assistance to at least four (4) caregiver support groups, by 2017.
- Conduct at least two (2) training events for caregivers of older adults, to support them in their roles and assist them in addressing related issues, by 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 North Central Connecticut for use by caregivers, by 2021.

**Objective 2.6:** Provide advocacy and support for grandparents/relatives raising children in the North Central Connecticut 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, annually through 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, annually through 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, annually through 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, annually through 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 older adults in the North Central 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 older adults, annually through 2021.
- Fund and/or partner with at least one (1) program that addresses the oral health needs of older adults in the North Central region, annually through 2021.

- Seek opportunities to participate in planning efforts related to population health and support initiatives that integrate healthy aging priorities into community health improvement goals, by 2021.

**Objective 3.2:** Develop programs that offer innovative approaches to the nutritional needs of older adults.

Strategies:

- Fund at least one (1) nutrition program that is innovative, encourages lifestyle changes, and is designed to increase participation in congregate meal programs, annually through 2021.
- Fund at least one (1) nutrition program that provides congregate meals, serving at least 185,000 meals to older adults, annually through 2021.
- Fund at least one (1) nutrition program that provides home-delivered meals, serving at least 185,000 meals to older adults, annually through 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 older adults, annually through 2021.
- Fund and/or partner with at least one (1) program that offers nutrition counseling and appropriate follow-up services, to at least 75 older adults, annually through 2021.
- Support at least one (1) program that provides nutrition services on weekends and/or to underserved communities, annually through 2021.
- Support or develop at least one (1) program that addresses issues related to older adults' access to food or food security (e.g. grocery delivery, shopping services, food pantry), annually through 2021.

**Objective 3.3:** Enhance the capacity of the aging services network and local programs to provide mental and behavioral health services to older adults in the North Central region.

Strategies:

- Fund at least two (2) programs that provide behavioral or mental health services, individually or in group-based setting, targeting 50 older adults, annually through 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, annually through 2021.
- Support or collaborate with at least one (1) program that provides intervention services for older adults with substance abuse issues or those with dual diagnoses (substance abuse and mental health), targeting at least 20 older adults, annually through 2021.
- Conduct at least two (2) programs/events designed to educate the public or increase public awareness of mental health issues in older adults, by 2021.
- Promote and provide information on programs that address cognitive fitness, by partnering with at least one (1) agency that offers such services to older adults and/or their caregivers, by 2021.

**Objective 3.4:** Provide support, education, training, and guidance related to the development of health promotion programs for older adults, 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 older adults to be physically active, annually through 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, by 2021.

- Collaborate with at least two (2) service providers to enhance the capacity of the aging network in the North Central region to offer evidence-based health programs, by 2021.
- Partner with at least two (2) service providers, in an effort to promote replication of the Chronic Disease Self-Management Program (CDSMP), Diabetes Self-Management Program (DSMP), or other evidence-based health programs under Title IIID, throughout the North Central region, by 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 older adults, annually through 2021.
- Fund at least one (1) program under the NFCSP that offers respite services for grandparents or other older relatives raising children, annually through 2021.

**Objective 3.6:** Develop and support programming that addresses health disparities affecting older adults.

Strategies:

- Conduct at least two (2) programs/events designed to educate the public or increase community awareness of health disparities in older adults, by 2021.
- Collaborate with at least one (1) community-based organization on initiatives to address social determinants of health and/or health disparities among older adults, by 2021.
- Fund and/or support at least two (2) programs designed to address health issues which disproportionately affect older men, by 2021.

**Objective 3.7** Participate in the development of partnerships with local research organizations that address the special health issues and concerns of older adults.

Strategies:

- Develop and/or sustain partnerships with at least one (1) community-based organization to identify older adult health issues and build links between research and older adults, and community health needs, by 2021.
- Disseminate information to NCAAA-designated focal points and other aging network providers on research opportunities and proven best practices related to older adults, annually through 2021.

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

**Objective 4.1:** Increase awareness of issues related to the economic security of older adults, 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, by 2021.
- 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 older adults within the region, by 2021.
- Partner with at least two (2) area employers to offer educational programming and consultation to their employees related to long-term care planning, by 2021.

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

Strategies:

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

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

Strategies:

- Partner with local agencies to disseminate information of topics of particular concern to older women, serving at least 50 older women, by 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, by 2021.

**Objective 4.4:** Partner with organizations addressing the housing-related concerns of older adults.

Strategies:

- Fund at least one (1) program that concentrates on senior housing resident issues, targeting services to at least 75 older adults, annually through 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 older residents, and provide information about available resources, annually through 2021.

- Support and/or partner with at least one (1) program that provides minor home repair, renovation, and/or adaptation services to older adults in order that they may remain safely in their homes for as long as possible, by 2021.

**GOAL 5: ELDER RIGHTS AND PROTECTION - PROMOTE THE RIGHTS OF OLDER ADULTS, 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 older adults that affect their ability to achieve full community inclusion and integration.

Strategies:

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

Strategies:

- Participate in community educational efforts or events during World Elder Abuse month to bring awareness to the issue of elder abuse, annually through 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, annually through 2021.
- Provide support for established local TRIADS and assist in the development of any new TRIADS in the North Central region, by serving as a referral source for speakers, programs, or other resources as needed, annually through 2021.
- Collaboratively sponsor training opportunities for professionals and/or caregivers, on elder abuse, exploitation or neglect, such as identification, assessment, intervention, and available resources, annually through 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, annually through 2021.
- Disseminate information on the rights and abuse of older adults and resources available to community-based providers, annually through 2021.
- Disseminate information regarding the identification and prevention of financial exploitation with older adults, targeting at least 75 consumers, by 2021.

- Fund at least one (1) legal services entity to provide individual and impact case advocacy to at least 150 older adults on issues including but not limited to: housing, age discrimination, patients/tenants/grandparents' rights, and other elder rights issues, annually through 2021.
- Collaborate with the Connecticut Coalition for Elder Justice to promote programming developed for older adults, by 2021.

**ATTACHMENT G**  
**ACCOUNTING SYSTEMS CERTIFICATION**  
Please see attached certification document.



Headquarters  
280 Trumbull St  
24th Floor  
Hartford, CT 06103  
Tel: 860.522.3111  
[www.WAdvising.com](http://www.WAdvising.com)

One Hamden Center  
2319 Whitney Ave, Suite 2A  
Hamden, CT 06518  
Tel: 203.397.2525

14 Bobala Road #3  
Holyoke, MA 01040  
Tel: 413.536.3970

Department of Aging & Disability Services  
State Unit on Aging  
55 Farmington Avenue 12<sup>th</sup> Floor  
Hartford, CT 06105

Dear Grantor:

We are certified licensed public accountants and have been engaged to examine and report on the financial statements of the North Central Area Agency on Aging, Inc. hereafter refer to as the Area Agency on Aging, which is a private nonprofit organization in Hartford, Connecticut.

We understand that the Area Agency on Aging has received annual grants of Federal Title III funds from the grantor, hereafter referred to as the State Unit on Aging, for several grant periods from October 1, 2015 through June 30, 2022, for use in accordance with the Older Americans Act of 1965, as amended.

We have made a study of those internal accounting control and Administrative control procedures of the Area Agency on Aging that we considered relevant to the criteria established by the State Unit on Aging as set forth in the Generally Accepted Auditing Standards and Government Auditing Standards issued by the Comptroller General of the United States. Since the Area Agency on Aging has been conducting business for some time, its accounting system has been audited and deemed to be acceptable.

The management of the Area Agency on Aging 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 those 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 necessary 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-grantee/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 second 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 and those procedures that are not in conformity therewith indicate some inadequacy for such purposes. Based on this understanding and on our study, we believe the Area Agency on Aging procedures are adequate for the purpose of the State Unit on Aging, assuming satisfactory compliance.

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.

*Kimberly Napp*

\_\_\_\_\_  
Signature of Accountant

Kimberly Napp

\_\_\_\_\_  
Name of Accountant

Whittlesey PC

\_\_\_\_\_  
Name of Firm

April 23, 2021

\_\_\_\_\_  
Date

## **ATTACHMENT H**

### **REQUEST FOR WAIVER FROM PROCUREMENT OR TO PROVIDE DIRECT SERVICES**

Request for Waiver from Procurement to Provide Direct Services – Waiver Assurances

#### Waiver Requests

For the 2022 – 2024 planning period, NCAAA is requesting approval from the SUA for the following direct service waivers:

- Title IIIB – Benefits Access Programs (I&A, ADRC, Aging Answers)
- Title IIID – Evidence-Based Health Promotion
- Title IIIE – National Family Caregiver Support Program

#### Waiver Assurances

NCAAA provides the following assurances for all direct service waivers proposed:

- 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 an unnecessary 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 Area Plan.
- Services may be provided under a waiver due to an emergent need on a time-limited basis.
- Appropriate data is collected and timely reported for the services under the waiver, as requested by the SDA.
- NCAAA's Board of Directors and Advisory Council are in concurrence with the request for the waiver and the waiver requests represent the maximum allocation for final approval.