

Connecticut Department of Aging and Disability Services



State Agency Mission

Maximizing opportunities for the independence and well-being of people with disabilities and older adults in Connecticut.

Populations Served

- Older Adults**
- Adults with Physical Disabilities**
- Adults with Developmental Disabilities**
- Individuals with Traumatic and/or Acquired Brain Injuries
- Individuals with Behavioral Health Conditions
- Individuals with Substance Use Disorders
- Other:** Deaf and Hard of Hearing; and Individuals who are Blind

Organizational Structure

The director is appointed by the Governor and oversees a staff of 373 FTE.

Local Network

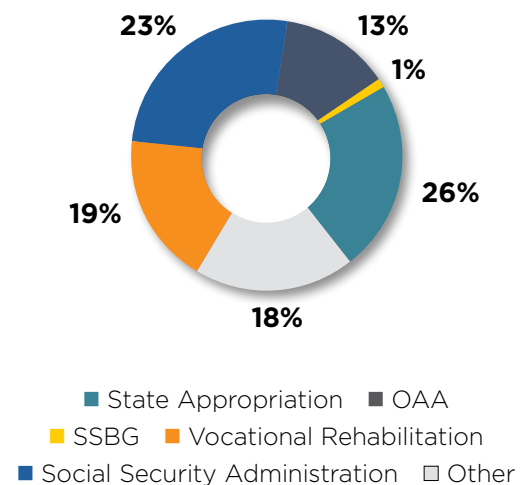
- 5** Area Agencies on Aging
- 2** Tribal Organizations

Top Five Agency Policy Priorities

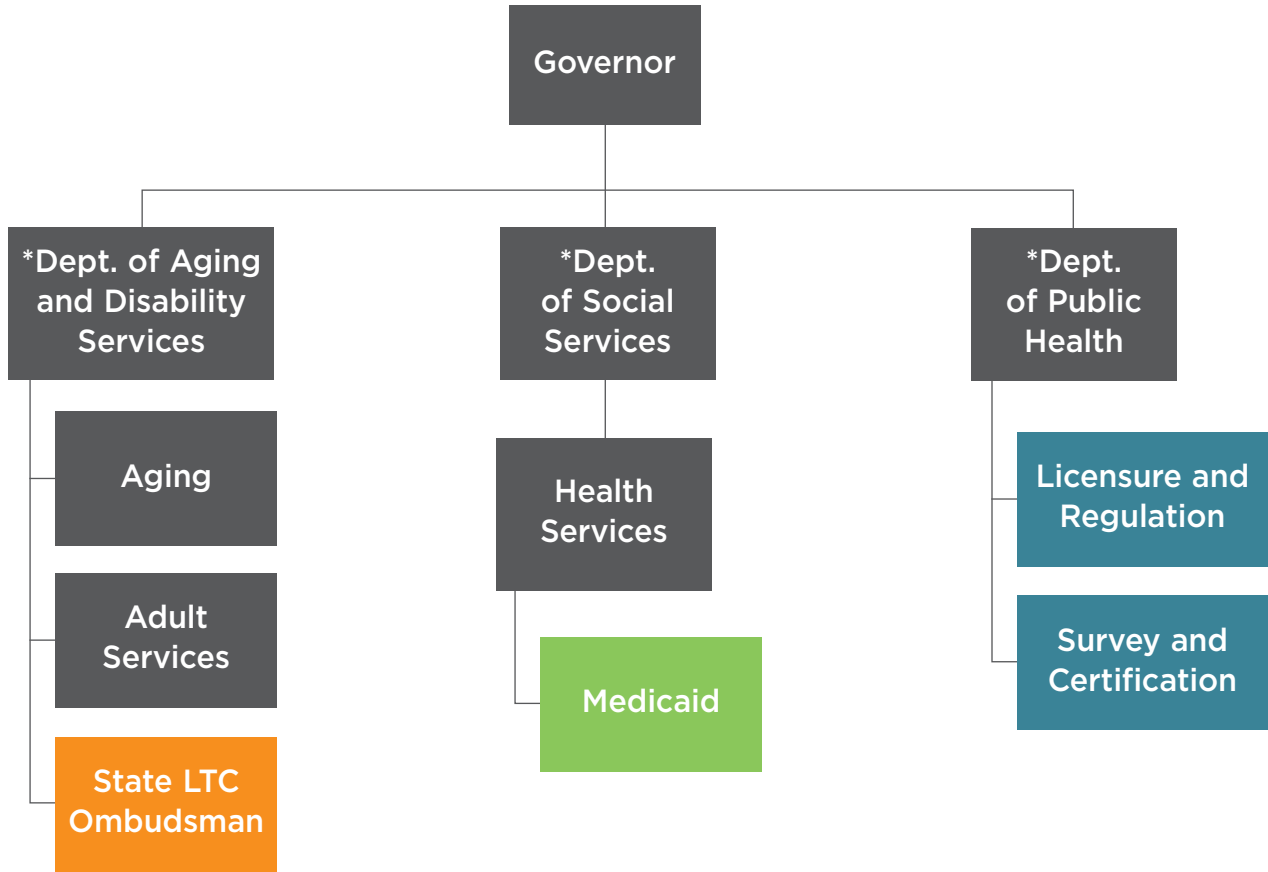
1. Health and Welfare of LTSS participants
2. Mitigating Social Isolation
3. Senior Hunger
4. Workforce Shortage
5. Delivering Services Remotely during COVID

Agency Funding Sources

Total FY2020 Budget \$105,821,052



Connecticut Department of Aging and Disability Services



- Aging or Physical Disability Services and Agency or Division with Multiple Functions
- Medicaid Services
- Long-term Care Ombudsman
- Provider Regulation and Oversight
- Advisory Board
- Denotes an advisory board or a contractual/indirect reporting relationship.
- * Denotes Cabinet-level Agency

Responsibilities of Connecticut’s Department of Aging and Disability Services

Aging & Adult Services	
Set statewide aging policy	✓
Set statewide disability policy	
Administer Older Americans Act (all programs except SCSEP)	✓
Administer Senior Community Service Employment Program	✓
Administer a state-funded aging & disability program	✓
Manage state Aging & Disability Resource Center network	✓
Administer the State Health Insurance Assistance Program	✓
Provide Adult Protective Services (18+)	
Provide Elder Protective Services <i>only</i> (60-65+)	
Operate state-owned institutional facilities	
Oversee guardianship program	
Serve as state guardian	
Oversee Centers for Independent Living	
Administer State Vocational Rehabilitation Program	✓
Administer State Assistive Technology Program	✓
Manage No Wrong Door system	

Medicaid Services	
Administer Medicaid State Plan Services	
Administer Medicaid HCBS waiver(s)	
Administer PACE program	
Perform Medicaid functional eligibility determinations	
Perform Medicaid financial eligibility determinations	
Provide case management services to Medicaid recipients	
Administer PASRR	
Regulate and administer managed long-term services and supports	
Provide quality assurance for managed long-term services and supports	
Provide quality assurance for Medicaid HCBS	

Responsibilities for Provider Management	
Regulate institutional providers	
License institutional providers	
Regulate HCBS providers	
License HCBS providers	
Certify Assisted Living providers	

Key State Initiative

Stay Connected

Connecticut's "Stay Connected" project uses CARES Act funds to help persons with disabilities age 18 and older and adults age 60 and older connect through the use of technology. This is a partnership between the State Unit on Aging (SUA), the CT Tech Act, Connecticut's five Area Agencies on Aging (AAA) and five Centers for Independent Living (CIL). As people contact their AAA or CIL for Information and Referral, they are screened for social isolation using a validated social isolation screening instrument for older adults developed by Professor Nicholas Nicholson from Quinnipiac University. The tool identifies those most at risk for loss of social connectedness. AAA or CIL staff ask the individuals additional questions on their current use of technology and the types of activities, such as faith-based participation, that are important to them. Individuals identified as most at risk for social isolation are referred to one of three CT Tech Act provider partners for a remote consultation to determine the type of equipment such as a tablet that would be best suited for their preferences, needs, and situation. The CT Tech Act provider uploads recommended applications or software that would assist the person and then provides training and support on the use of the equipment. Following the training, the same screening tool is administered to participants 30 days later along with questions on their use of the technology to identify any challenges they are experiencing.

To maximize the CARES Act funds for use for consultation, training and support, which is often not funded by other funding streams, the SUA and CT Tech Act state leads seek out other funding sources for the equipment/devices. They partnered with the State Medicaid Unit to bill Medicaid for the devices when individuals are active on the Medicaid waiver for long term services and supports, Community First Choice or Money Follows the Person. In addition, individuals may apply to a local charitable foundation when they have an identified disability for help with the costs of technology and/or internet connections. Another resource is our National Family Caregiver Support Program. NFCSP may fund devices for caregivers and their loved ones. SUA and the CT Tech Act is in the process of establishing a Memorandum of Understanding (MOU) with Quinnipiac University to assist with evaluating the results of the completed screenings. The MOU would include student assistance with follow-up screenings for participants, two months after training and every three months thereafter.

Continues.

Key State Initiative *Continued.*

Regardless of eligibility for the project, individuals are provided information on participating in Professor Nicholson's research project, "Zero Isolation", a virtual six-week course that addresses social isolation. This is offered at no cost.

Much volunteer work stopped when the sites closed to the public. The next phase is to work with local senior centers and libraries to re-invigorate the existing resources by offering training and guidance to volunteers who can offer ongoing support to the Stay Connected individuals after their training. The goal is to connect individuals to their local community so that they are better engaged with the programs within their community, their physicians through tele-health services and to provide electronic means to secure other services, such as groceries online, etc.

