

# Connecticut Care Planning Council



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Dan Fisher RN, BSN



## Connecticut Care Planning Council Advisory Board Members



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# Connecticut Care Planning Council Newsletter

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Weatherby & Associates, PC  
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Helping Families Preserve and Protect Assets and Values

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The [Connecticut Care Planning Council](#) (CTCPC) lists companies and individual providers on our website who help families deal with the crisis and burden of long term care.

One purpose of the CTCPC is to educate the public on the need for care planning before a crisis occurs. A second purpose is to provide, in one place, all of the available government and private services for eldercare.



**Don Kuerner**



**Greg CzaPiga**



**Michael Savenelli, Sr.**



**Dan Fisher**



**Elaine Pavasaris**



**Janet Gallugi**



Finally, our ultimate mission is to offer a trusted listing service that the public will recognize and turn to for expert help in dealing with the challenges of long term care.

Call us at 860-769-6938

or click [here](#) to send an e-mail

## A & D Home Health Solutions, Inc.

A & D Home Health Solutions, Inc. is a statewide private duty home health care agency that started in 2004 in Newington Connecticut. Today we are proud to say that we have grown to be one of the largest private duty home health care agencies in Connecticut. Our office locations include Newington, Hamden, Danbury and New London.



The reason for our outstanding success is because A & D Home Health Solutions Inc. believes that every individual has the right to remain INDEPENDENT in their community for as long as they can SAFELY do so. Our commitment is to provide safe, quality and supportive services to enable all of our clients to achieve that goal.

A & D Home Health Solutions Inc. provides Homemakers, Companions, Home Health Aides, Certified Nurses Aids, Live-Ins and Case Management services. These services range from 2 hours to 24 hours per day.

We also provide Emergency Response systems and Medication management.

Too learn more about our services please visit us at [www.adhomehealthsolutions.com](http://www.adhomehealthsolutions.com) or call us directly at 860-667-2275.



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## Community Aging Services and Senior Centers

**Doug and Ken  
Henricksen**

**Stay informed!  
Subscribe here!!**

### **Event Calendar**

9/10/09-**Avon Senior Center** -Medicaid Spend Down

9/17/09-**Rocky Hill SNF** - Alzheimers Support Group

10/8/09- **Hebrew Healthcare** - Veterans Benefits

10/22/09-**Emiritus Rocky Hill** - AMD's and POA's

11/10/09-**Buckingham Estates** - Veterans Workshop

11/11/09-**Chatfield** - Veterans Workshop & AMD's

### **Contact Us**

**34 Jerome Avenue  
Bloomfield, CT 06002**

**(860)769-6938**

### **Offers & Info**

### **Community Aging Services and Long Term Care**

There are many private, religious and government organizations in Connecticut that provide supportive services for older people. Many of these services center around helping people stay in their homes and avoid having to go to live in an institution or perhaps move in with family. Because of the emphasis on helping people remain independent, many community aging programs could be viewed as long-term care programs. In fact, it's probably just a matter of semantics; long-term care and community aging services are just two sides of the same coin. Other community services may provide socialization or training opportunities. Community aging programs might include:

- Meals served in community centers or delivered to the home
- Community Senior Center activities and training
- Transportation and shopping services for people who can't drive or leave their homes
- Home repairs, snow shoveling, telephone support, caregiver support, care management, legal services, energy and weatherization services, housing subsidies, home health care, counseling and much more
- Adult day health care
- Protection from abuse
- Help with health insurance and government entitlement programs

Private support groups might be the Red Cross, women's auxiliaries or foundations. Many religious communities support activities for their elderly members as well as nonmembers. Both private and religious groups often provide services for free to people with little income and few assets. They may, however, charge people for services who have adequate income or assets. Many of these groups may also operate nursing homes and assisted-living facilities.

Senior centers are often the focal point for all aging services in a community. Experts or contact people are housed in senior centers and can provide many services in the center itself or refer out to other organizations that can help. The community served meals or congregate meals in senior centers are a means for attracting older people into the centers. Seniors can then be exposed to the many services that are available.

Government support for aging services comes from the Older Americans Act (OAA), passed in 1965. This act, over the years, has produced a large network of care providers and local government managers called "Area Agencies on Aging" ("AAA"). This network also includes federal agencies, state agencies as well as local area agencies and is called the "national aging network".

### **The National Aging Network**

The (OAA) establishes an effective interrelationship between the federal government, State aging units and local service

coordinators called "Area Agencies on Aging." All three centers of service, the Federal, the state and the local engage in detailed future planning in order to accomplish their jobs. Input at the local level is received from diversified advisory boards representing stakeholders in the elder community. Community meetings and feedback from patrons of senior centers are also used in the planning process. Over the past 44 years, a great deal of thought and energy and research has gone into devising a delivery system that is both efficient and cost effective. In fact, the 29,000 service providers nationwide providing care under the act are the largest single network of long-term care providers in the country.

Connecticut has five Area Agencies on Aging, serving Southwestern, South Central, Eastern, North Central and Western Connecticut. These regions represent geographic areas in our state that can be serviced effectively by these local units.

Area agencies on aging normally contract with local for profit or nonprofit or public providers to deliver benefits. An agency may be allowed to provide directly, supportive services, nutrition services, or in-home services if it can prove a case for providing these services more effectively. An agency may also provide directly, case management services and information and assistance services depending on the methods used for such services in that state. Agencies may also use employees from cooperating or sponsoring counties or cities to staff and administer programs such as senior centers.

Much of the work performed comes from dedicated volunteers who are both individuals and employer sponsored teams. This entire aging network system seems to work very well in accomplishing the goals of the OAA.

### **Why Is the Older Americans Act Important?**

The decade from 1960 to 1970 was a period of social unrest and change. We lived through an unpopular war which resulted in student protests and mass demonstrations. Hippies, it seems, were everywhere and we were experiencing the so-called "sexual revolution." It was an exciting time when civil rights were being extended to all Americans.

During this same period a number of organizations were lobbying Congress for the rights of older Americans. An outcome of this effort was not only the 1965 creation of Medicare and Medicaid but also the passage of the OAA. The act was designed to protect older Americans, including Indians, from discrimination in the workforce as well as providing protection and services to help older people stay independent and remain in their homes.

Although the initial emphasis was directed more towards civil rights and recognition of the dignity of the elderly, over the years, new provisions of the OAA have become more focused on providing long-term care services for older Americans. These benefits are designed to help frail, memory-impaired,

disabled, poor and socially needy elderly remain in their homes and avoid the cost of elder care institutions. And more recently, funds were provided under the act to support caregivers of the elderly and elderly grandparents babysitting or raising minor children at home.

The OAA provides benefits to all Americans over the age of 60. And employment benefits are available for all Americans over the age of 55. The act itself stipulates reauthorization or amendment on an ongoing basis. Since 1965 the OAA has been changed and updated 14 times. Congress reauthorized the OAA in 2006. One of the major changes gave authority to the Assistant Secretary for Aging " to implement in all States Aging and Disability Resource Centers." This means that approved states can participate in a program which concentrates on providing older adults with home care instead of nursing facility care whenever possible.

However, because of the constant additions the OAA has become a giant mishmash of thousands of words, redundant sentences and hundreds of rules and procedures. It's our guess that the complexity of the act probably requires states to hire attorneys to run their aging departments. Members of the care community who provide administration and services in accordance with the OAA work around the complexity of its rules in order to serve the aging community.

Funding for the services required under the OAA is provided by Congress yearly. These funds are then distributed to states, territories, the District of Columbia, Indian tribes and native Hawaiians on a formula basis which provides minimum funding levels to small population groups and sparsely populated states and proportional funding levels based on state elderly populations of the majority of the other states.

For example, because of its large elderly population, California receives almost 10% of the money. And because of its high proportion of older people, Florida is next. Ten states receive 52% of the money.

Funds are provided in the form of grants for various programs authorized under the act and states have some limited latitude in administering these monies in local areas. Certain of the mandated programs require matching funds from state and local governments. Other program funds do not require matching dollars.

Many states chip in additional funds to maintain their programs and these funds often exceed matching requirements. States, counties and cities recognize the value of these services and are often generous in providing additional funds, buildings, office space and other in-kind economic benefits. For every dollar provided by Congress local governments provide about two dollars in direct money, in-kind services from volunteers, community voluntary contributions and cost sharing funds.

### Senior Centers

The first Senior Center in the country opened in 1943 in the Bronx, New York and was called the William Hodson Community Center. By 1961 about 218 senior centers had opened all across the country. The first Senior centers were operated by cities or nonprofit or religious organizations. Funding came from government, community donations and fees from people using the facilities.

In the early days some federal funding came from Title XX of the Social Security act but funding for Title XX has been decreasing and much of that money today is being used for other programs. In 1972, the OAA was amended to provide funding for senior centers as this was considered to be an important piece of the aging network. Today, there are estimated to be about 15,000 senior centers across the country serving about 10 million older Americans annually. About 6,000 of these centers receive part or all of their funding through the OAA.

Senior centers act as a focal point for older Americans to receive many aging services. They are a vital part of the aging network. For Area Agencies on Aging, the senior center has become a place where many AAA services can be provided, where outreach and targeting can occur and where feedback can be received from the elderly. The most common services offered at a senior center are:

- Health and wellness programs
- Arts and humanities activities
- Intergenerational programs
- Employment assistance
- Community action opportunities and social networking opportunities
- Transportation services
- Volunteer opportunities
- Educational opportunities Information and referral
- Financial assistance
- Senior rights counseling and legal services
- Meal and nutrition programs
- Leisure travel programs

Larger senior centers in major cities may offer additional specific services because they serve a large and diverse group of patrons. Here are some examples:

- Education classes, perhaps through a local college
- Foot care
- Health clinics
- Haircuts
- Daily exercise
- Telephone friends
- Support groups for Alzheimer's caregivers
- Support for Parkinson's disease
- Low vision and diabetes services
- Weekly health speakers

- Grocery shopping
- Many and varied classes for personal growth and learning
- Special events and fundraisers such as auctions, raffles, sales, bazaars, rummage sales, bingo, special meals and parties, fashion shows and facility rentals

Most elderly people are aware of senior centers in their neighborhoods but for those who are not familiar with the program, senior centers are listed under that title in the Yellow Pages. Connecticut residents may also call 2-1-1, a community service of the United Way, for a list of senior centers in their area.

For additional information about community resources go to the National and State Care Planning Councils websites. <http://www.careconnecticut.org/>

[http://www.longtermcarelink.net/a15state\\_councils.htm](http://www.longtermcarelink.net/a15state_councils.htm)

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