KEYSTONE POLICY CENTER

Date: April 23, 2016
Strategic Action Planning Group on Aging
Literature Review – Part 1 of 5: Colorado Commissions, Studies and Reports

Date	Commission/Study/ Report	By	Topics	Summary/Key Recommendations
1/2016	Employer-Based Retirement Plan Access and Participation across the 50 States: Who's in, Who's out A Fact Sheet from the Pew Charitable Trusts: Colorado *2 pages/Read entirely*	Pew Charitable Trusts	Family Economic Security Retirement Security	In Colorado, more than 400,000 full-time, full-year, private-sector wage and salary workers lack access to a retirement savings plan or a pension through their employer. • 62% of workers have access to a workplace retirement plan (23rd out of 50 states) • 52% of workers are participating in a workplace retirement plan (28th of 50 states) • 84% of workers with access to a workplace plan are participating (take-up rate) • 39% are certain they could come up with $2,000 if an unexpected need arose in the next month • 44% have ever tried to figure out how much they need to save for retirement • 25% are satisfied with their current personal financial condition when thinking of assets, debts, and savings
1/2016	2016 Report to Members of the Senate Health and Human Services Committee Colorado General Assembly and Members of the House Public	Colorado Respite Care Task Force	Family Economic Security Impact of Caregiving	The following recommendations address the economic and social value of respite care in CO, the supply of respite care providers, community outreach and education, and access to quality, affordable, culturally competent respite care: • An outcomes assessment/return-on-investment study should be completed to demonstrate the economic impact of respite care and its benefits for those served

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	Health Care and Human Services Committee Colorado General Assembly *32 pages/Read Executive Summary and Task Force Recommendations*			• Develop a comprehensive statewide training system for respite care providers that includes a standardized training format • Expand the CO Respite Coalition's website to serve as the designated website in CO for information about respite care and as an access point for services throughout the state • Develop a centralized community outreach and education program about respite care services in CO that includes funding for start-up and ongoing activities, paid staff and leverages existing resources to support design and dissemination of materials • In addition to General Fund and Medicaid dollars that fund some respite care services for certain populations, the General Assembly should consider a tax credit for fulltime caregivers and for caregivers' out-of-pocket expenses • The General Assembly should allow for, and the Department of Health Care Policy and Financing (HCPF) should work to standardize the full continuum of respite care options across all Medicaid waiver programs • The State should streamline the regulatory requirements for facility-based, short-term, overnight respite care The Task Force identified several issues that it did not have time to fully research but believes warrant further examination: • Determine the feasibility of using the CO mental health Crisis Support Line to take crisis respite calls and arrange for follow-up respite services • Explore ways to encourage employers to fund respite services directly or include them in their health benefit plans • Investigate other potential sources of respite care funding • Conduct a study to assess the adequacy of reimbursement rates for different types and levels of respite care • Explore ways to increase the availability of informal respite care

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2016	Measuring Health in Adults 65 and Over: Colorado 2016 *28 pages - Skimmed*	The Colorado Cross-Agency Collaborative	Health and Wellness Insurance Medicare Medicaid Prevention Supportive Community Long Term Support Services Related Support Services Home Based Services Community Support Physical Community Transportation Housing Family Economic Security Work Force Development Employment and Entrepreneurship Opportunities for Aging Population	Recognizing that Colorado has a multitude of initiatives focusing on improving the health of Coloradans, the Department of Public Health and Environment (CDPHE), Human Services (CDHS), and Health Care Policy and Financing (HCPF) created the Colorado Cross-Agency Collaborative to establish a data strategy, identifying metrics that are pertinent to CO as well as identifying gaps where further work is needed. The Collaborative recognizes that each agency strives to positively impact Coloradans and seeks to leverage points of intersection. The Collaborative intends to foster alignment across the agencies, and establish priority efforts and targeted interventions in order to more effectively improve Coloradans' health. The report is divided into six domains that determine health outcomes of older adults. The domains are: • Economic determinants • Health and social services • Behavioral determinants • Personal determinants • Physical environments • Social environments

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			Volunteer Opportunities for Aging Population	
2016	The 2016 Colorado Health Report Card *2 pages/Read entirely*	The Colorado Health Foundation	Health and Wellness Prevention	• 94.5% of older adults have one (or more) person(s) they think of as their personal doctor or health care provider • 52.8% of older adults have had a flu shot during the past 12 months and have had a pneumonia vaccine • 77.3% of older adults participated in any physical activity in the past 30 days • 17.6% of older adults reported that their physical health was not good eight or more days in the past month • 7.9% of older adults reported that their mental health was not good for eight or more days in the past month • 20.1% of older adults reported eight or more days of limited activity in the past month due to poor physical or mental health • Advance care planning allows people of all ages to learn about their end-of-life care options, determine which treatments they prefer and communicate with their families and their health care providers, about how they want to spend their final days. Health care providers historically have not been paid to provide advance care planning for their Medicare patients, but the federal government began reimbursing for that service in January 2016. ○ CO Medicaid reimburses providers for advance care planning consultations for clients with serious, chronic or terminal illnesses. Adequately compensating providers for engaging in this conversation with patients will help increase access to advance care planning by those who could most benefit.
10/2015	Colorado State Plan on Aging	Colorado Department of Human Services	Physical Community	The population of older adults in CO is anticipated to increase significantly over the coming years. According to the Colorado State Demography Office,

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	October 1, 2015 – September 30, 2019 *137 pages/Read Executive Summary and skimmed remainder*	Division of Aging Services	Transportation and Mobility Supportive Community Community Support Social Engagement Opportunities Long Term Support Services Health and Wellness	the population over 65 will increase from about 550,000 in 2010 to roughly 1.2 million in 2030. The State Unit on Aging (SUA) administers Older Americans Act (OAA) and state funding for senior services programs and collaborates with a variety of stakeholders to identify areas of need. Over the next four years, the SUA will focus on three key goals: 1. Older adults in CO will have the opportunity to live in their homes and have a high quality of life (QOL) by remaining active, healthy and meaningfully engaged in their communities. ○ OAA Programs ○ Transportation Services ○ Congregate Nutrition Program ○ Home-Delivered Nutrition Program ○ Oral Health Initiatives ○ Health Promotion and Disease Prevention ○ Fall Prevention Program ○ Caregiver Support Program ○ Senior Community Services Employment Program ○ Title III and Title IV Coordination ○ Discretionary Grant Programs ○ Chronic Disease Self-Management Program ○ Lifespan Respite Program Grant ○ Alzheimer's Disease Supportive Service Program Grant ○ Services to Individuals with Disabilities ○ Planning for the Future 2. Older adults in CO will be aware of and have access to services and supports necessary to assist them. ○ Targeted Outreach of OAA Programs ○ SUA and Area Agency on Aging (AAA) Marketing and Outreach

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				○ Aging and Disability Resources for Colorado and the "No Wrong Door" (NWD) Grant 3. Older adults will live with dignity, safety and respect. ○ Long-Term Care Ombudsman Program ○ Colorado Coalition for Elder Rights and Abuse Prevention ○ Legal Assistance Program ○ Elder Justice Collaborative Initiatives
7/2015	Colorado Aging Framework: A Guide for Policymakers, Providers, and Others for Aging Well in Colorado	Colorado Department of Human Services and the Colorado Commission on Aging	Physical Community Housing Supportive Community Home Based Services Physical Community Transportation and Mobility Health and Wellness Family Economic Security Retirement Security Public Finance Projections	**Goal 1:** Increase public awareness of CO's demographic age shift and its implications **Goal 2:** Encourage the development of an array of affordable housing options to address the needs of individuals as they age **Goal 3:** Strengthen support systems and environments that enable Individuals to remain in their homes and communities as they age **Goal 4:** Support transportation options that connect older adults to necessities and community **Goal 5:** Support health care programs and services that provide a continuum of care to CO citizens as they age to give individuals the right services at the right time **Goal 6:** Support individuals' capacity to achieve and maintain basic financial security in retirement **Goal 7:** Promote support for caregivers, including family caregivers, to support citizens as they age **Goal 8:** Support communities to modify their economic development plans to address the changing demographics of their communities **Goal 9:** Facilitate improved access to information, services, and technology to support individuals as they age **Goal 10:** Prevent abuse and/or exploitation (e.g., financial and physical) of individuals as they age

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7/2015	Housing Boulder: A Toolkit of Housing Options *51 pages – Skimmed except for selected chapters*	City of Boulder	Physical Community Housing Universal Design	The toolkit was created as a compilation of ideas to begin a community discussion on housing. The tools in this document are not proposals; rather they are ideas for discussion, informed by a variety of sources including research on best practices, the 1999 Housing Strategy Toolkit, the 2010 Affordable Housing Task Force, community members, City Council, and staff. • The strategy development project goals adopted by the City Council on September 2, 2014 included "Enable Aging in Place." • Specific chapters include **Accessible Housing** Key issues: ○ Advocates for greater accessibility report that people who need accessible housing can't find it. In addition, it is common for accessible units to take longer to lease up and they ultimately lease to households that do not need the accessibility features. ○ Accessibility needs increase as seniors age; as a result of the "Silver Tsunami" (aging of the baby boom generation), Boulder and the nation are expected to have more residents with accessibility needs in the near future. Implementation Options: 1. Explore the disconnect between accessible units and programs and the people in Boulder who are expected to need them. 2. Explore providing incentives for new housing units with accessibility features in housing developments with fewer than four units. 3. Explore providing incentives to retrofit existing units. 4. Create new housing visitability requirements similar to the City of Lafayette, CO **Age-Friendly Housing Options** Key Issues:

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				○ Over the next five years, the number of age 62+ households in Boulder is projected to increase by 26% ○ In Boulder County between 2010 and 2040, as the baby boom generation ages, the age 65+ population is expected to nearly double, increasing from 1 in 10 to 1 in 4 residents ○ Older adults typically live on a fixed income and many cannot readily respond to sharp and unpredictable increases in housing costs ○ By 2020, nationally, 19.1% of those age 65+ are expected to need assistance with one or more activities of daily living (ADLs) ○ The baby boom generation is redefining senior housing; many are ▪ Averse to institutional living ▪ Desire to be productive longer ▪ Are healthier and more active ▪ Desire to age in place ▪ Demand more amenity ▪ Seek community <u>Implementation Options:</u> 1. Pursue increased occupancy for seniors in low-density residential zones 2. Explore incentives to include senior housing in future developments or redevelopment projects 3. Explore partnership to create senior/student mixed-age housing 4. Explore city role in establishment of naturally occurring retirement communities (NORCs) or “villages” 5. Identify Age Improvement Districts 6. Seek strategic assistance from Age-Friendly NYC 7. Explore creating a one-stop shopping-type office where seniors can get services, permitting and housing questions met 8. Identify potential sites for future age-restricted housing

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				9. Study property tax exemptions for seniors related to the state Homestead Exemption **Reverse Mortgages** <u>Key Issues:</u> ○ Fees are quite high on reverse mortgages relative to other lending products and risks to borrowers are unique; therefore, homeowners must be strategic in order to benefit from a reverse mortgage without undue risk ○ By definition, reverse mortgages erode the equity in one's home and they are not appropriate for all older households ○ Despite the risks, for some older seniors, tapping the equity in one's home may provide the only opportunity to age in place and pay for costly medical bills while living on a fixed income <u>Implementation Options:</u> ○ Explore creating a city marketing effort to promote the use of reverse mortgages ○ Explore creating a city-sponsored lease/purchase program
4/2015	Age Matters Report: Update April, 2015 *36 pages – Skimmed entire report*	Denver Office on Aging Human Rights and Community Partnerships	Supportive Community Social Engagement Opportunities Health and Wellness Prevention Physical Community	Building upon the first Age Matters report, which was published in 2010, this update of the Age Matters Report takes a look at five (5) primary focus areas identified by those in the communities of the City and County of Denver through structured Community Conversations conducted in 2014. These focus areas include: **Social health** implications include the needs and desires for individuals to stay vibrant, active and engaged members of their communities. Social health encompasses many aspects of life. Discussion in this area includes the desire to age in community, to understand and engage in volunteer opportunities, and to make intergenerational connections. Social health strategies and action

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			Transportation and Mobility Housing Work Force Development Employment and Entrepreneurship Opportunities for Aging Population Workplace Development	steps outline possibilities for enhancement, engagement and empowerment of older adults in the community. ***Strategies:*** 1. Collaborative to promote programs that offer education on how to stay active, healthy and vibrant and allow for aging well. <u>Action Steps:</u> a. Identify programs and providers offering such educational programming b. Review 2014 AARP Survey "Creating an Age Friendly City" to find where older adults access their information c. Convene providers to develop campaign d. Implement campaign 2. Ensure that every older adult is afforded recreational and cultural experiences that enhance their quality of life. <u>Action Steps:</u> a. Research to understand how the *My Denver* Card (currently for youth) works b. Inventory existing programs for older adults in Denver Recreation Centers c. Identify costs to implement existing and create new programs for older adults d. Identify advocates to start an older *My Denver* initiative e. Identify and implement process required to fund the initiative 3. Promote volunteer opportunities for older adults in the City and County of Denver <u>Action Steps:</u> a. Identify programs and providers offering volunteer opportunities tailored to older adults

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				b. Create mechanisms to access the list – via phone, web, social media and hard copy c. Promote the list to the community through media and partners d. Implement the campaign 4. Influence the attitude of the City and County of Denver to be one that values and respects older adults in the community. <u>Action Steps:</u> a. Survey the community to identify the shared values that would be in place that tells us we value older adults b. Use survey results to create campaign of valuing older adults c. Implement campaign where the messages are integrated all sectors and community segments (i.e. Business, Education) d. Promote and spotlight programs focusing on mentoring/interaction between generations, allowing the interface and respect between generations. **Housing** remains a source of great opportunity and growth in the near future in considering the demographic shift. Indications are that stabilization of housing rates in the market, homeownership support and supportive services for those living in the community form a strong base for all to age well in their own communities. Many in the area have called the City and County of Denver home for decades and want to continue to do so as they age and watch their children raise their own families. Housing brings challenges and with it comes opportunities for action. The strategies and action steps in this area identify needs to stabilize rates and other supportive options so that aging in community continues. ***Strategies:***

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				1. Monitor actions/discussions taking place regarding stabilizing housing costs in the City and County of Denver. Promote the rental rebate program (for both those with disabilities and/or older adults) offered by the City and County of Denver and ensure that it continues. Action Steps: a. Research and identify best practices for rental laws. b. Collaborate with Denver Office of Economic Development on priorities outlined in Housing Denver, specifically Priority 6D. c. Gather data on the cost implications of homelessness in the older adult population. d. Research equivalently sized cities that currently have stabilization laws. e. Explore most feasible means to implement best practices. 2. Communicate and promote programs for older adults in emergencies (i.e. fire, broken furnace, etc. to help immediately with services. Action Steps: a. Review list of all handyman organizations. b. Establish and review how emergency needs of older adults are communicated by handyman programs. c. Streamline processes for older adults to access emergency handyman services d. Publish resource numbers and a list of older adult discounted programs and services. e. Identify funding sources. f. Promote/publicize services. 3. Ensure Property Tax Exception for older adults remains in place and is available in the future.

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				Action Steps: a. Develop an understanding of Property Tax Exemption regulations and laws. b. Educate public as to why keeping the initiative is crucial. c. Promote the initiative to ensure eligible older adults utilize program. d. Create a "reserve" plan to be used when the exception is challenged. 4. Promote and enhance "aging in community" through easily accessible medical/mental health/personal care/transportation services. Action Steps: a. Research and establish a set of standards for desirable amenities in senior housing, research aging in community service ideas. b. Existing senior housing facilities employ social workers and mental health professionals and contract with transportation companies. c. Build a coalition of applicable organizations, both public and private. d. Develop an advocacy campaign around policy goals and aging in community. **Ability to get around the City** provides opportunities to connect to social engagement and necessary services. Accessible and affordable transportation options have been discussed for years. There is opportunity to use and enhance the systems that exist, but some key strategies, such as one-on-one rider training and evaluation of transportation options, structure, and costs, provide a point of reference to make changes. ***Strategies:***

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				1. Collaborate on methods to increase affordable transportation options and service. Action Steps: a. Identify current committees and workgroups focused on transportation options and services. b. Research what the cost would be to provide no cost transportation services to City and County of Denver residents of all ages. c. Create Position Paper on findings and share with key stakeholders. d. Design funding opportunity for implementation plan. 2. Collaborate on methods to provide older adult-friendly public transportation and increased accessibility including but not limited to: terminals/transit, stops/stations, and surrounding area. Action Steps: a. Identify current committees and workgroups focused on transportation options and services. b. Research what the cost would be to provide no cost transportation services to City and County of Denver residents of all ages. c. Create Position Paper on findings and share with key stakeholders. d. Design funding opportunity for implementation plan. 3. Outreach and communicate about the education available for older adults who want to learn to use public transportation and include Travel Training to increase their confidence in using public transportation. Action Steps: a. Integrate community services agencies and collaborate with transportation programs and community.

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				b. Research opportunity and create a plan for transportation engagement incentive program. c. Assist in creating public service announcements for programs (through public media outlets and social media). d. Research funding opportunities and implement. The need for **coordinated services** – where to go when you need something in the community – remains of paramount importance. There are reliable sources in the community to find the right service at the right moment needed. The discussion in this area includes the need for a centralized system to provide virtual and physical support to older adults in the community. The strategy and corresponding action steps in this area will make service only a phone call or a mouse click away. ***Strategies:*** 1. Enhance the utilization of existing resource clearinghouses by older adults. <u>Action Steps:</u> a. Identify barriers to older adults utilizing existing resource clearinghouses. b. Collaborate to enhance one single list identifying all options for services and to address needs of older adults. c. Promote clearinghouse through a variety of mediums (i.e. phone, web, partnering agencies) The traditional idea of **"retirement"** has once again been changed entirely by a generation that has challenged all the systems supporting their age group. Staying active and vibrant directly connects to employment and entrepreneurial opportunities extending well beyond those traditional "retirement years." Older adults are looking for opportunities to share and improve the skills that they have been developing for years. The workforce

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				needs their knowledge and insight, this area includes strategies of education, training and industry opportunities to ensure economic and social viability. ***Strategies:*** 1. Promote opportunities for employment/entrepreneurial activities among older adults in the City and County of Denver Action Steps: a. Identify existing employment/entrepreneurial networks. b. Gather existing and current data identifying employment needs, opportunities and entrepreneurial opportunities. c. Support current venue(s) that provide help and promote available resources. d. Promote the value of hiring older adults. 2. Promote existing opportunities for employment/entrepreneurial training for older adults. Action Steps: a. Identify existing training programs. b. Communication opportunities with older adults through various mediums. c. Track usage of existing training opportunities. 3. Identify and highlight existing corporate partnerships that ensure employment/ entrepreneurial opportunities for older adults in the City and County of Denver. Action Steps: a. Identify corporate partnerships with best practices. b. Support current venue(s) that provide help and promote available resources. c. Develop support for other corporations to implement identified best practices. d. Track progress of implementation for collaborations.

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4/2015	Aging in the Pikes Peak Region *131 pages – Read Introduction and Conclusion*	The Innovations in Aging Collaborative Summit Economics Colorado State Demography Office	Supportive Community Home-Based Services Community Support Social Engagement Opportunities Family Economic Security Retirement Security Physical Community Transportation and Mobility Public Transportation Housing Work Force Development Employment and Entrepreneurship for Aging Population	There is a broad range of opportunities and challenges facing the Pikes Peak region as its large Baby Boom population moves into the traditional retirement years. Funding will be a major problem. In 1965, when the Older Americans Act was passed, per person funding was $9.50. That is unchanged today and, when adjusted for inflation, has fallen to $3 per person. Other funding is stagnant, at best, and there is a lack of political will to increase it. The agencies that work with seniors are already stressed. How are we going to fund them when the Baby Boom retires? A number of ideas and suggestions are described in the report - Begin simply. - Set up community forums to discuss age-friendly approaches and where they can be implemented throughout the region. - Introduce the age-friendly concept to the provider community. - Encourage the establishment an age-friendly business certification program. - Begin the five-year process to become a WHO-certified age-friendly city. - Deliver services more efficiently through better provider coordination. - Work with homeowners associations to develop virtual villages. - Make our higher education institutions even more intergenerational and age-friendly. - Include work with the elderly as part of the International Baccalaureate service-learning program. - Use our medical, educational, and arts institutions to duplicate Brain Fitness, Arts and Caregiving, and the CATCH programs. - Senior housing centers such as Oak Hammock could be developed with Colorado College and/or UCCS. In 2011 the Innovations in Aging Collaborative identified a lack of coordination between the agencies in the Pikes Peak region that provide services to seniors. Although there has been some improvement, the problem continues. Program leaders we interviewed pointed out that, while there is no shortage of clients, they are often going after the same funding pot. With the senior population

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				soaring and the dollars needed to provide required services growing slowly and sometimes shrinking, it is foolish to allow this sort of waste and inefficiency to continue.

4/2015	Does Colorado Need a Needs Assessment to Improve Services for Aging or Disabled Residents?
	
	14 pages – Read pages 1 through 5 entirely and skimmed remaining tables
		Colorado Health Foundation	Supportive Community Long Term Support Services	During the facilitated meeting, participants became aware of the rich data currently available in CO for supporting Long-Term Services and Supports (LTSS) program development. Rather than invest in collecting new information, perhaps resources could be better spent "connecting the dots" and making existing needs assessment data more accessible to potential users.
				• The focus would pivot from collecting data to communicating data as part of a larger CO strategy for engaging the public and communities to assess "readiness" for a future where larger numbers of state residents will be older or have physical disabilities that require ongoing support and assistance
				• One next step is to support the launch of a web-based resource where all relevant needs assessment tools and data can reside for the public to access
				  ○ Links to methodologies, needs assessment resources, best practices, national surveys, data and tools that relate to LTSS
				  ○ Technical assistance (TA)
				  ○ Launched and managed by an organization external to state government, and chosen through a competitive application process
				• There are considerable benefits for building upon what already exists in CO and elsewhere to foster improvements in the LTSS sector in CO

2015	Nursing Home Pay for Performance Application Review and Evaluation	State of Colorado Department of Health Care Policy and Financing	Health and Wellness Insurance Medicaid	Under HB 08-1114, an additional per diem rate based upon performance was to be paid to those nursing home (NH) providers that provide services resulting in better care and higher quality of life (QOL) for their residents effective July 1, 2009. • Using this per diem add-on methodology, NHs could apply for the pay-for-performance (P4P) program quarterly

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	42 pages - Skimmed			• Under SB 09-263, additional payments to nursing homes for the P4P program are paid as a supplemental payment rather than a per diem payment effective July 1, 2009
				• NHs must now apply for the P4P program annually, with a deadline of February 28, as all supplemental payments for the year must be calculated prior to the July 1st rate-setting date
				• HCPF received 125 applications by the February 28, 2015 deadline
				  ○ Applications were reviewed, evaluated, and validated using the CO NH 2015 P4P Application
				  ○ The rate effective date for these providers is July 1, 2015
				• The 2015 P4P application included 54 performance measures in the domains of QOL and Quality of Care (QOC)
				  ○ The reimbursement for these measures is based on cumulative points received for all performance measures
				  ○ A NH may earn a total of up to 100 points
				• It is the recommendation that HCPF consider implementing new quality measures to the P4P application specifically relating to diverse staff and administrative trainings
				  ○ Rewarding facilities that provide high quality and specialized mental and behavioral health (BH) care services, and encouraging better QOC for residents in a variety of areas may help to improve the lives of said residents
				  ○ As populations living with diverse needs and requirements increase, a need to expand services for residents and training to NH staff should be acknowledged
				  ○ It is suggested that future P4P applications consider incorporating performance measures or requirements that compensate such initiatives
				• The state should look at reported quality measures to include any best practice measures that are not currently on the application, and to include a distinction for short-term rehab and long-term care (LTC)

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2015	The 2015 United States of Aging Survey – Denver Findings
	
	4 pages – read entirely
		National Association of Area Agencies on Aging
		
		National Council on Aging
		
		United Healthcare
			Health and Wellness
			
			Family Economic Security
			
			Physical Community Housing Transportation and mobility Public Transportation
			
			Supportive Community
				The top three concerns about aging for older adults in Denver are maintaining their physical health (50%), losing their memory (39%) and maintaining their mental health (37%).
				• Older adults in Denver rate their overall health much higher than those nationally (84% and 74%, respectively), but are less likely to be very confident in their preparedness for the changes in health as they age (31% and 38%)
				  ○ Seniors in Denver tend to be much more concerned about potential barriers to staying mentally sharp than older adults nationally, particularly when it comes to depression and isolation (62% and 47%, respectively), lack of financial stability (47% and 36%) and decreased cognitive ability due to mental illness (MI) (55% and 42%)
				• Though older adults in Denver and nationally agree that they are prepared for the process of aging (88% and 86%, respectively), both groups expect their QOL will get worse in the next five to 10 years (23% and 22%)
				Older adults in Denver are generally comfortable with their current financial situations, but cite health care costs as a burden and are concerned about their financial future
				• More than 8 in 10 older adults in Denver are confident they will be able to afford health care costs as they age, similar to their national counterparts (84% and 81%, respectively)
				  ○ Despite confidence in their current financial circumstances, both groups expressed concern about their savings and income being sufficient to last them for the rest of their lives (58% and 64%)
				• Older Denverites are more likely than seniors nationally to expect their financial situations to stay the same in the next decade (70% and 62%, respectively)
				  ○ Nearly 2 in 10 from both groups expect their financial situations to worsen in the next five to 10 years (17% of older adults in Denver and 19% of seniors nationally)

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				• Older adults in Denver are more likely than their national peers to invest (36% and 26%, respectively), work beyond retirement age (28% and 20%), work with a financial planner (27% and 21%) and plan their estates (30% and 20%)
				
				Denver's older adults do not plan on moving anytime soon and are very satisfied with their living situations.
				• Older adults in Denver are more likely to be very satisfied with their current housing situation than their national counterparts (86% and 73%, respectively)
				  ○ A majority of older adults in Denver have not changed residences in more than 20 years (57%)
				• About three quarters of older adults in Denver and nationwide (74% and 75%, respectively) intend to live in their current homes for the rest of their lives
				  ○ Denver older adults are much less interested than the national population in the expansion of services that would help them maintain and upgrade their homes (26% and 41%)
				• Most of Denver's older adults (82%) are generally satisfied with their community's infrastructure, however, they are less likely to say it is very easy to get where they need to go compared with those nationally (65% and 75%, respectively)
				• About half of Denverites and older Americans find public transportation "acceptable" at best (46% and 50%, respectively)
				  ○ 17% of older adults in Denver and 28% of seniors nationally rate transportation as "poor"
				• Older adults in Denver and nationwide both cite support with home maintenance (46% and 52%), LTC (38% and 45%) and transportation (36% and 39%) as the services they most anticipate needing as they age
				
				Older adults in Denver give high marks to the quality of life available in their community.

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				• 82% of Denver's older adults agree their community offers a good QOL, and the same number say they are confident they will be able to find help and support in their communities • Older adults in Denver and nationally cite running errands (55% and 54%, respectively) as the most common way they participate in the community, yet older Denverites are more physically active in the community than their national counterparts • Older adults nationally are more interested in in-home visits by their doctors than those in Denver (26% and 15%, respectively)

12/2014	Old Age Pension (OAP) Dental Assistance Program (DAP) Annual Report
	July 2013 – June 2014
	
	6 pages – Read entirely
		Colorado Department of Public Health and Environment	Health and Wellness	The OAP DAP was established through legislation in 1977 to provide dental care (dentures and related services) to senior citizens who receive OAP public assistance. The statutory purpose of the OAP DAP is "to promote the public health and welfare of the people of CO by providing an alternative to the present Medicaid system which will furnish necessary dental appliances and services to individuals sixty years of age or older whose income and resources are insufficient to meet the costs of such appliances and services, thereby enabling individuals and families to attain or retain their capabilities for independence and self-care."
				• During the 2013 legislative session, SB 242 created an adult dental benefit in Medicaid
				  ○ A limited basic benefit on April 1, 2014; full benefit on July 1, 2014
				  ○ Many of the individuals served under the statute defining eligibility for the OAP DAP are also eligible for the adult Medicaid dental benefit
				• During the 2014 legislative session, SB 180 was passed
				  ○ Relocates and reorganizes the OAP DAP, by moving the appropriation and authority for the program to HCPF
				  ○ Created the new CO Dental Health Care Program for Low-Income Seniors
				  ○ Dental health care service grants will be granted by HCPF on or after July 1, 2015

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				○ Repeals Colorado Revised Statute 25-21 on January 1, 2016, ending the OAP DAP at the Colorado Department of Public Health and Environment (CDPHE) • In FY 13-14, the OAP DAP financed care for 2,458 eligible seniors, providing over 22,000 dental procedures ○ Historically, the OAP DAP supported care for approximately 745 seniors per fiscal year (though the annual appropriation was one sixth that of the current appropriation) ○ Program grantees provided or arranged for oral health care services to eligible seniors in all 64 CO counties, which marked the first full year of statewide services for the program ○ A total of 3,317 seniors have received treatment through the OAP DAP since program funding was restored in July 2012 ○ Services were provided over approximately 17 months of program operations **Recommendations** In April 2014, Medicaid implemented a limited oral health benefit for adults. In July 2014, Medicaid expanded the benefit to include coverage for dentures. Since July 2014, OAP DAP program staff has found that nearly all individuals who met OAP DAP eligibility during the last two years of program operation now qualify for the oral health adult benefit in Medicaid. Given the new availability of state financed oral health care services for seniors in need under Medicaid, and the complexity of administering a grants program that finances care for a substantially similar population and set of eligible procedures, the need for an oral health grants program for low-income seniors is no longer evident. ***CDPHE recommends reallocating state appropriations, directed to this purpose, to other more pressing oral health and senior health service needs.***

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9/2014	Community Living Advisory Group Report: Final Recommendations	Community Living Advisory Group	Physical Community Transportation and mobility Housing Supportive Community Long term services and supports Home-based services Caregiver supports Insurance Medicare Medicaid Private pay/self-insured Work Force Development Work force delivering services to the aging population Employment and entrepreneurship opportunities for aging population	This report contains recommendations from the Community Living Advisory Group (CLAG) to the Governor of Colorado for improving the state's system of LTSS. **Improve the Quality and Coordination of Care** 1. Develop a single, unified care and service plan that can be widely shared 2. Coordinate transportation services and funds and align policies across systems 3. Improve LTSS price, quality, and performance data and make those findings publicly accessible **Establish a Comprehensive, Universal System of Access Points** 1. Create comprehensive access points for all LTSS 2. Create and fund a system of LTSS that supports individuals of all ages with all types of insurance 3. Strengthen collaboration between statewide agencies and local AAAs 4. Conduct a pilot study of presumptive eligibility (PE) for LTSS 5. Develop training modules for individuals working in entry point agencies and financial eligibility agencies 6. Create a toll-free hotline to help individuals and families learn about LTSS **Simplify the State's System of HCBS Waivers** 1. Amend the Medicaid State Plan to include an essential array of personal assistance services 2. Give participants in Home- and Community-Based Services (HCBS) waivers the option to self-direct their services and to control an individual budget 3. Tailor case management to individual needs and preferences 4. Develop a new universal assessment tool to establish LTSS eligibility and facilitate a person-centered planning process 5. Continue the plan detailed in the waiver simplification concept paper 6. Provide a core array of services across all Medicaid HCBS waivers 7. Address essential life domains in person-centered planning

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			Family Economic Security Impact of caregiving on family economic security	**Grow and Strengthen the Paid and Unpaid LTSS Workforce** 1. Develop a core competence workforce training program for LTSS 2. Design specialized trainings on critical workforce service areas 3. Professionalize the paid LTSS workforce 4. Provide respite for caregivers **Harmonize and Simplify Regulatory Requirements** 1. Change regulations to fully support community living 2. Require system-wide background checks 3. Create a registry of workers who provide direct service to LTSS consumers 4. Synchronize schedules for administering surveys across all LTSS programs 5. Amend regulations to support person-centeredness 6. Consolidate rules that impact Intellectual/Developmental Disability (I/DD) services and other LTSS **Promote Affordable, Accessible Housing** 1. Expand housing opportunities for people who have disabilities and/or are older 2. Promote compliance with the Fair Housing Act and with Affirmatively Further 3. Fair Housing 4. Encourage public housing agencies (PHAs) to adopt references for individuals with disabilities 5. Provide information about housing resources through a web-based portal 6. Develop a common housing application **Promote Employment Opportunities for All** 1. Pursue a policy of Employment First, regardless of disability 2. Provide Division of Vocational Rehabilitation (DVR) with sufficient resources to ensure that individuals gain access to employment in a timely manner

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				3. Disseminate best practices, professional training and development, and good employment outcomes 4. Host a community employment summit 5. Develop the "Colorado Hires" program
6/2014	Long-term Services and Supports: Assessing the Quality of Life of the LTSS Consumer *72 pages – Read Overview and Final Remarks*	Spark Policy Institute	Supportive Community Long term services and supports	The idea for a Long Term Support Services (LTSS) Consumer Quality Research Council (CQRC) emerged from the Care Coordination Subcommittee (CCS) of the Community Living Advisory Group (CLAG), established by a July 2012 Executive Order signed by Governor Hickenlooper. The CLAG was directed to review and recommend changes to the LTSS system to address the needs of aging Coloradans and persons with disabilities. The following three recommendations were approved (by at least 70%) of the CLAG membership at its July 28, 2014 meeting in Denver: ***Recommendation 1:*** **Update "HCPF Quality Strategy-2007," with LTSS Consumer/Stakeholder Input** Formalize LTSS Consumer/Provider Quality Engagement with HCPF: Extend life of Consumer Quality Advisory Committee or similarly configured replacement group; supporting CLAG; HCPF's Quality and Health Improvement Unit (QHI), including updating of HCPF's 2007 Quality Strategy, which includes an LTSS consumer focus. **Membership:** Seniors and people with disabilities, acute, BH, LTSS providers, paid and unpaid supports, care givers, family members of children/youth, etc. **Focus:** Consumer QOC and QOL, cultural inclusion, etc. **Scope:** Including "pre-Medicaid" populations/issues.

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				Principles: Promoting consumer-directed principles such as individual choice, consumer direction and self-determination. • Pursue real time data collection and reporting; stay on the forefront of data collection methods and research opportunities for LTSS populations **Timing:** Upon formation of one or more standing committees no later than January 30, 2015 with LTSS subject matter expertise (SME)/staff expertise/members to compliment HCPF staff expertise. ***Recommendation 2:*** **Consumer-Agency Alignment: LTSS Joint Standing Quality Committee(s) with HCPF** Establish one or more standing committee(s): HCPF-LTSS Consumer Joint Quality Committees under HCPF's Quality and Health Improvement Unit. **Membership:** Seniors, persons with disabilities, LTSS providers, acute care, Behavioral Health, Regional Care Collaborative Organization (RCCOs), attendants, children, advocates, citizens, etc. – with/without technical expertise **Timing:** by January 30, 2015, with staff and non-staff co-chairs and by-laws Objective/Scope: • To align: scope and timing with HCPF and non-HCPF HCBS (standardized and non-standardized) quality surveys, metrics, methods, projects, demonstrations, etc. • To Review: HCBS/LTSS quality measures and methods prior to future adoption or implementation by HCPF or other state agencies (e.g. Full Benefit Medicare-Medicaid Enrollees State Metric Set; Colorado Choice Transitions; Testing Experience and Functional Tools Grant (HCBS Experience of Care Survey), etc.

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				Approach: Similar in form & function to the Program Improvement Advisory Committee (PIAC)/Accountable Care Collaborative (ACC)'s Performance Improvement Committee(s) and Quarterly Quality Summit, for Acute Care, BH, etc. **Reassess:** the feasibility/workability of this collaborative approach after 12, 24 months. ***Recommendation 3:*** **Pursue LTSS Survey Research and Development (R&D), Feasibility Testing: TA as Needed** Work with state partners, market entities, others; for shared learning 1. **Maintain/grow Survey Library**: of LTSS Question/Methods consisting of existing and novel LTSS consumer survey questions and data collection strategies, with emphasis on disability cultural competency. 2. **Address Participation Disparities**: Address LTSS participation disparities by, for example, 'adding a single questions to standardized state/national surveys in order to secure consume permission to replicate state sampling methods, and survey with additional questions sets. 3. **Test Non-Standardized Questions**: Explore the process of offering different questions (domains such as employment, transportation, etc.) of interests to different aged and disability communities, different region needs (e.g. rural conditions), etc. 4. **Test Non-Standardized Methods**: Explore different survey methodologies, such as Peer-to-Peer vs. professional interviewing (e.g. Participant Action Research) methods. 5. **Explore Social Media Opportunities:** Explore use of new media technologies for capturing individual stories using social media, video formats, etc. 6. **Modernize/more real-time:** Less invasive media strategies for faster consumer feedback.

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				7. **Monitor LTSS Consumer "Survey Fatigue:"** monitor all known LTSS consumer surveys and coordinate to extent possible in order to minimize family and participant survey fatigue due to "excessive" numbers of surveys.

4/2014	Retirement at Risk
	
	10 pages – Read entirely
		Bell Policy Center	Family Economic Security	In CO, nearly 1 million private-sector workers in their prime working years do not participate in either traditional pension plans or 401(k)-type defined-contribution plans at work. More than 80% of them work for employers who do not offer any form of retirement plan, making lack of access the No. 1 reason Coloradans do not save for retirement. Low-wage workers, Latinos, young workers and those who work for small businesses are among those least likely to have access to retirement plans at work. They are also less likely to participate in plans when offered.
				• HB 14-1377 was introduced in the CO General Assembly to create the Colorado Retirement Security Task Force to study options to promote greater retirement security for all Coloradans and develop recommendations for increasing the percentage of Coloradans enrolled in a retirement plan that will provide a secure retirement
				  ○ Among the factors the task force would have been directed to consider are the barriers individuals face in establishing a secure retirement plan, access to employer-sponsored retirement plans and individual retirement products offered and estimates of the average amount of savings, pensions and other financial resources residents have upon retirement.
				  ○ The Task Force would have been directed to develop recommendations for establishing a CO secure Retirement Plan for employers of private-sector companies, that could hold all contributions in a trust governed by a board of trustees, pooling retirement funds and managing them professionally at low management costs. A report would have been due to the General Assembly by December 1, 2015.

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12/2013	Feasibility Analysis of Community First Choice in Colorado *122 pages – Read Executive Summary, Introduction and Overview and Summary of Recommendations Chapters Entirely*	Mission Analytics Group	Health and Wellness Insurance Medicaid Supportive Community Long-term Services and Supports Home-Based Services	The ACA established the Community First Choice (CFC) State Plan option to encourage states to provide more Medicaid-funded community-based long-term services and supports (LTSS). States that adopt the option must add self-directed Personal Assistance Services (PAS) to their State Plans. Because CFC services are available in the State Plan, they are available to all Medicaid beneficiaries who meet institutional level of care; CFC services cannot be limited to individuals with certain diagnoses. In exchange for making these services widely available, states receive an additional six percentage points on their federal match. • Using data from Fiscal Year 2011-2012 supplied by HCPF, Mission Analytics built a model that estimates the annual costs of providing CFC services to four groups: individuals currently on waivers, individuals on waitlists for waivers, individuals currently receiving Long-Term Home Health (LTHH), and individuals who do not currently receive any form of Medicaid-funded LTSS. ○ The model estimates the costs of adopting a set of PAS that HCPF considers to be under the required services category, and a broader set of services, which includes some optional CFC services recommended by the CFC Council. The set of services to be considered in the first two scenarios are Personal Care, Health Maintenance (as provided through the service delivery options Consumer Directed Attendant Support Services (CDASS) and In Home Support Services (IHSS) Homemaker, and Personal Emergency Response System. The Council recommendations include these services, plus Behavioral Management, Behavioral Therapies, Independent Living Skills Training (ILST), Non-Medical Transportation, and Respite. ○ Mission Analytics modeled the cost of these two sets of services under different assumptions about the anticipated cost levels of clients on waitlists and the anticipated cost levels of other clients. ○ Take-up rates for CFC services were based on the take-up rates for those services in current waivers, adjusted slightly to account for

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				likely differences in take-up rates among individuals with different needs. ○ The model also includes assumptions about the degree to which individuals using LTHH will use CFC services instead, as this substitution can reduce the overall cost of providing CFC. ○ For HCPF-recommended services, the additional yearly cost to the General Fund ranges from $46.7 to $64.5 million. The total yearly cost of these services to the General Fund ranges from $414.1 to $432.1 million. ○ For Council-recommend services, the additional yearly costs to the General Fund range from $59.2 to $79.2 million. The total yearly costs of these services to the General Fund ranges from $426.7 to $446.7 million. <u>Recommendations made throughout the report include:</u> **Estimating the costs of CFC services that do not fully support activities of daily living (ADLs) and instrumental activities of daily living (IADLs).** Some services that could be moved into CFC are in fact bundles of sub-services. Some of these sub-services do not directly support ADLs and IADLs and therefore do not qualify for the enhanced match. **Estimating the costs of new services.** Some of the services that the CFC Council would like to include in CFC are new and therefore lack the historical data needed to project costs. **Containing the costs of CFC.** To help contain the costs of adopting CFC, HCPF should consider limiting the provision of LTHH (e.g., to 120 days). Limiting LTHH in this way would represent a significant change in policy, and would require HCPF to engage stakeholders to understand the benefits and the risks of this strategy. We also recommend that CO explore with the Centers for Medicare & Medicaid Services (CMS) the possibility of providing Health

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				Maintenance as an unbundled activity, just as Personal Care and Homemaker can be offered as individual services under CFC. **Eliminating conflicts of interest.** CFC requires that states eliminate conflicts of interest in assessment and service provision. To comply with the conflict of interest standards emerging from CMS, CO should separate the activities of eligibility determination, case management, and service provision. In some cases, Community-Centered Boards (CCBs) and Single Entry Points (SEPs) perform all of these functions. **Monitoring quality.** CFC requires states to monitor the quality of services that individuals receive. To establish a robust quality monitoring system for CFC, HCPF should work closely with the CFC Council. This collaboration will help ensure that the state simultaneously builds on work that has already been done and collects information that a range of stakeholders will find informative and empowering. In addition, we recommend that the state use a system that is as uniform as possible across populations and authorities for providing community LTSS (i.e., waiver and State Plan). **Measuring outcomes.** CFC also requires states to measure outcomes among individuals served by CFC. To measure outcomes, Colorado should adopt the Money Follows the Person (MFP) QOL survey. This tool is already being used in the Colorado Choice Transitions (CCT) program. **Evaluating community settings.** As noted in the Final Rule for CFC, CMS will shortly publish criteria for determining if the settings in which services are provided are truly community-based. These standards will apply across all authorities that allow states to provide Medicaid-funded community LTSS. Thus, whether or not CO ultimately chooses to adopt CFC, the state will need to inventory the settings in which it provides community LTSS to ensure that they comply with the requirements.

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				Securing assistance with self-directed service delivery models. Implementing self-directed service delivery models requires complex and highly technical knowledge. CO has successfully implemented both CDASS and IHSS, and can use its experience as a firm foundation for implementing CFC.
11/2013	Concept Paper for Waiver Simplification in Colorado *24 pages - Skimmed*	Mission Analytics Group	Health and Wellness Insurance Medicaid	CO has historically been a leader among states providing supportive services to people with all types of disabilities enabling them to live in the least restrictive setting. Shortly after 1915(c) waivers became available to states, CO obtained approval for individuals with developmental disabilities and individuals who are elderly, blind or disabled. In the early 1990s, CO became one of the first states to implement a SEP system. • While CO continues to be a model of community and LTSS in many regards, its waiver system has become excessively complex, with 12 waivers offering different service packages. • To serve individuals and families better and to steward public dollars more effectively and efficiently, CO has undertaken a large-scale redesign of its Medicaid funded LTSS system. CO proposes to simplify its waiver system. The state's proposal would reduce the number of waivers from 12 to 4, with related changes to the State Plan. ○ HCPF and DDD propose to create a new adult waiver for individuals with I/DD what would ultimately replace the existing Supportive Living Services (SLS) and DD waivers. ○ The Persons Living with AIDS (PLWA) waiver would be closed altogether. It serves a relatively small number of individuals who can be served under the Elderly, Blind, Disabled (EBD) waiver. ○ Close the Spinal Cord Injury (SCI) waiver. ○ Individuals currently served under the BI waiver would move either to the EBD waiver or the new adult DD waiver. ○ Children's Habilitation Residential Program (CHRP) would be terminated and folded into the Children's Extensive Support (CES) waiver. ○ Close the Children Living with Life Limiting Illness (CLLI) waiver.

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				○ Close the Children with Autism (CWA) waiver. • CO anticipates completing its wavier simplification process by the end of 2016. ○ This will include development and deployment of a new valid and reliable assessment instrument to be used across populations.
9/2013	Long-Term Care Insurance: An Overview Information Brief #1 *18 pages –Read introduction and conclusion and skimmed middle*	Colorado Health Foundation	Family Economic Security Retirement security	In an effort to assist the Colorado Health Foundation (CHF) with gaining a better understanding of the long-term care insurance (LTCI) marketplace and the Foundation's potential role in encouraging Colorado citizens to plan for their LTC care needs, LifePlans has prepared a series of three briefs to inform the development of a strategy for the Foundation to consider. • The first brief provides background information on the LTCI market and product, as well as summarize the current LTCI market in Colorado. • The second brief provides a detailed description of the challenges faced by the current LTCI market, as well as review a number of common barriers to purchasing the insurance. In addition, this brief discusses the cost of LTSS nationally and how they compare to the same costs for people needing such care in CO. • The last brief contains an overview of what other foundations have done and are currently doing to support the goal of encouraging individuals to assume greater personal responsibility for LTSS costs and the potential expansion of the LTCI industry. **Foundation Efforts** Public and private foundations have played a role in the effort to increase awareness of all facets of the issue of aging and disability including education about retirement cost and savings, the cost of LTC services, investigation of alternative/new funding sources and general investigations and publications regarding the state of LTC financing. There are several foundations with missions focused on the health and care of older Americans and underserved populations. Some of those include:

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				1. The Hartford Foundation The Hartford Foundation is focused on "improving the health of older Americans" mainly by funding efforts to improve the QOC by improving the quality of the caregivers. This foundation primarily funds efforts to educate nurses, doctors and others in the acute care field about the unique care needs of older adults. There has been little focus on LTC. *2. The Commonwealth Fund* The primary focus of the Commonwealth Fund is on health care delivery systems and quality of care, both acute and LT. While this foundation does focus on LTSS, it is with an eye toward promoting integrated care models for older Americans. Commonwealth also funds efforts that focus on underserved populations and have a number of efforts that focus on Medicaid funding of LTC and the dual eligible population. The Commonwealth Foundation is responsible for the funding for the national and state health system score cards, as well as the LTSS state scorecards, funded in conjunction with The SCAN Foundation and AARP. The Commonwealth Fund also funds initiatives related to improving the QOC in NHs. *3. The Robert Wood Johnson Foundation (RWJF)* The RWJF's main focus areas include child obesity, affordable health care coverage, education of medical and care related professionals and innovative ideas that could influence the future of health care. In the past, RWJF was a leader in pioneering the PACE program, as well as LTC Partnership Program, both of which are now nationally recognized and offered. This foundation was also involved in a demonstration designed to provide more flexibility and choice to Medicaid recipients as to where and how they spend their dollars. The Cash and Counseling Program provides education and counseling so that people with disabilities can manage and direct their care budget. Lastly, RWJF, along with the Department of Health and Human Services (HHS) also funded the first study to examine

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				the experience of LTCI claimants. However, in the late 1990s, RWJF moved away from the funding of issues related to LTC and began focusing more on younger populations. *4. The SCAN Foundation (TSF)* TSF was formed in 2008 and had been active in supporting the CLASS program that was part of the ACA. Ultimately, the CLASS program was deemed unsustainable from an actuarial stand point and was removed from the ACA. TSF now focuses on "fostering innovative solutions to the health care needs of seniors in California and the United States, and ultimately influence public policies to improve seniors' QOL." Their primary focus moving forward is to promote reform of the LTC system through public engagement, influence of public policy and the funding of alternative solutions to the nation's LTC problem. TSF is one of the only foundations that is strategically focused on solutions in the area of LTC, including private LTCI. • The LTCI industry, which began as small and the product, which began as a way to fund NH care, has evolved significantly. With sales declining and many companies having exited the market and no longer selling the product, helping individuals understand and prepare for LTSS is now more important than ever. • The proportion of the CO population that could potentially need LTSS and face catastrophic financial loss in light of it is substantial – even more so than that faced nationally. • Understanding what keeps people from taking the actions necessary to prepare for this need can help the CHF define its role in assisting Coloradans to meet this challenge. • While having a private long-term care insurance policy is not the only way to offset the potential high costs of LTC, increased market penetration can lead to the potential strengthening of the public sector by allowing for public funds from Medicaid to be allocated to those who most need it.

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9/2013	Long-Term Care Insurance: Barriers to Purchase and Opportunities for Growth Information Brief #2 *15 pages - Skimmed*	Colorado Health Foundation	Family Economic Security Retirement security	• In 2011, the total number of individuals with LTCI coverage was about 7.3 million. According to the National Association of Insurance Commissioners (NAIC), the total number of individuals with LTCI coverage in CO was 137,973. This does not represent all people who have ever had policies, only those who still have them. • When one considers that the target market is comprised of tens of millions of middle income individuals age 50 and over, that the industry has been selling policies for well over 30 years, and that the costs of LTSS have been steadily increasing, this is a very low market penetration. • Estimates suggest that among the age 65 and over with incomes greater than $20,000, roughly 16% of the target market has purchased a policy. Of equally important concern is the fact that market trends in sales of new policies have been going in the wrong direction. The first half of the 1990s represented the fastest growth over the 20 year period and coincided with the proliferation of policies covering home care and NH care. The decline in sales in the early part of this century coincides with a growing number of companies exiting the market, the general declines in the stock market which affected demand, and the significant price increases in new policies offered by insurers. • Policymakers have been encouraging the purchase of LTCI because of the belief that if more people are insured, reliance on public programs will decline thus leading to a reduction in public expenditures. Given the fact that the largest payer of LTC -- Medicaid – is a state and federally funded program, the growth in and success of the private LTCI market is of particular importance to state policymakers. Despite state and the Federal government efforts to encourage the purchase of this insurance through tax deductions, education campaigns and LTC Partnership Programs, sales of private LTCI have continued to decline and the number of companies selling this type of insurance is dwindling. • Given that current public programs that pay for LTC are only available to those who meet certain (low) income standards, it is surprising that more

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				middle income Americans have not purchased LTCI as they would have to essentially spend all of their savings and assets before they could access Medicaid. • 15% of non-buyers in 2010 indicated that they planned to buy LTCI in the future and 53% said they were undecided about whether or not to buy a policy. Only a third of those asked indicated that they did not plan to buy a policy at all. Among people age 50 and over in the general population, 40% indicated that they have considered buying LTCI. • Identifying meaningful ways to encourage the purchase of LTCI, particularly among the middle income Americans, will serve to better prepare the country for the cost of aging and disability.
7/2013	Colorado's Community Living Plan	Colorado Department of Health Care Policy and Financing Colorado Department of Human Services Colorado Department of Local Affairs	Supportive Community Long term care support services Related support services Home-based services Community support Physical Community Housing	The plan's goals are as follows: • **Goal 1:** Proactively identify individuals in institutional care who want to move to a community living option and ensure successful transition through a person centered planning approach. • **Goal 2**: Proactively prevent unnecessary institutionalization of people who, with the right services and supports, could successfully live in the community. • **Goal 3**: Increase availability and improve accessibility of appropriate housing options in the most integrated setting to meet the needs of people moving to the community. • **Goal 4**: Support successful transition to community settings, ensure a stable and secure living experience, and prevent re-institutionalization through the provision of responsive community-based services and supports. • **Goal 5**: Increase the skills and expertise of the direct services workforce (DSW) to increase retention, improve service quality and better meet the needs of consumer groups. • **Goal 6**: Improve communication strategies among LTSS agencies to ensure the provision of accurate, timely and consistent information about service options in CO.

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				• **Goal 7**: Integrate, align and/or leverage IAL-related systems efforts to improve plan outcomes, eliminate redundancies, and achieve implementation efficiencies. • **Goal 8**: Implement an evaluation plan that supports an objective and transparent assessment of implementation efforts and outcomes. • **Goal 9**: Ensure successful plan implementation and refinements over time through the creation of an Olmstead Plan Governance Structure and supportive workgroups.

2013	Financing Colorado's Future – A Fresh Look at the Funding of State Government	Colorado Futures Center
		
		Colorado State University
			Public Finance	• Economic and demographic factors that have emerged in the wake of the recession have served to relieve some of the structural pressure on the state budget, rendering the remaining problem more manageable.
				• Discrete actions, as outlined below, would close a majority of the structural gap through the end of this decade, giving policymakers a little breathing room.
				  ○ In the short term, there are two discrete actions that would serve to close a majority of the gap through the early 2020s:
				  ▪ Extending the state sales tax to personal services
				  ▪ Exempting the hospital provider fee revenue from TABOR.
				  ○ In the longer term, other structural realignments of revenue and expenditures will be required.
				• Even if those steps are taken, the structural problem would require additional structural solutions during the decade of the 2020s.
				• Simple across-the-board budget cuts and tax rate increases will not resolve the problem. The structurally broken state and local partnership for K-12 education funding remains a prime candidate for reform.
				• A close examination of CO's property tax system, which hasn't been undertaken for over 30 years, may need to be a part of the state/local school funding equation.
				• Inaction, would bring about a strictly budget-cutting solution. The cuts would be extreme. For example, closing the gap with cuts alone, while maintaining full funding for K-12, Medicaid and Corrections, would result

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				in cuts of nearly 75% to all of the other 17 General Fund departments by 2030.
10/2012	Legislative Request for Information: Department of Health Care Policy and Financing and the Department of Human Services, Services for People with Disabilities – FY 2012-2013 #5 *314 pages – Read first 7 pages*	Department of Health Care Policy and Financing and the Department of Human Services	Health and Wellness Insurance Medicaid	In September 2011 the LTCAC was reconstituted to be the primary planning and implementation channel for LTSS redesign. State staff led a series of community forums and meetings to gather stakeholder input on streamlining the administration of the two departments to reduce duplicate efforts with regard to rules, planning, and other administrative functions. By April 2012, the LTCAC had conducted a strategic planning session, which included review and consideration of the recommendations found in SB 05-173, HB 07- 1374, and the Olmstead Report (2010). The strategic planning session resulted in the identification of four strategic priorities and the development of four subcommittees of stakeholders and staff to work on them: Medicaid Entry and Eligibility, Waiver Modernization, Care Coordination, and Consumer Direction.
8/2012	Long-Term Services and Supports Strategic Planning Report *56 pages – Read Executive Summary*	Chi Partners Department of Health Care Policy and Financing Long Term Benefits Division Department of Human Services	Health and Wellness Insurance Medicaid Supportive Community Home-Based Services	This report brings together the planning processes for both staff of the Department of Human Services (DHS) and HCPF, and the LTCAC into a consolidated process for moving forward. Each group selected a limited number of strategic initiatives to focus on. While the two strategic planning processes were conducted separately, the outcomes were similar and overlapping. As such, the process for moving forward will involve staff from both departments and members of the LTCAC for each of the strategic initiatives. Those initiatives are: 1. **Medicaid Entry and Eligibility:** This initiative will include a complete review of the single entry point function and system (SEP, CCB, ARCH) and an evaluation and possible restructuring of the process for Medicaid eligibility and determination of service need.

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				It was also decided that the issue of PE would be explored by the LTCAC through this Subcommittee. Given the challenges around entry into the Medicaid system, it would be premature to suggest implementing PE without first fixing those changes, particularly those that focus on the length of time it takes to be deemed eligible. This Subcommittee will initially focus on PE best practices from other states and their applicability to the CO system. 2. **Waiver Modernization:** CO's home and community-based waiver programs (11) need a complete review and possible consolidation. This will include a process to determine which waivers might be consolidated, a review of the regulatory structure governing each of the waivers, an integration of waivers focused on seniors with waivers focused on persons with disabilities, and standardization of reimbursement rates and assessments. 3. **Care Coordination:** This initiative will review the care coordination process with a focus on training for care coordinators, case load, independence of care coordinators, flexibility of care planning and care coordination in transitional situations. The care coordination initiative will have some overlap with the Entry/Eligibility initiative, so there should be a process for these to work in concert. 4. **Consumer Direction**: While there is currently a stakeholder/staff group working on improvements to the CDASS program, this process will be expanded to include evaluation of the Community First Choice option, evaluation of the lHSS program and the potential for consumer direction in other waiver programs. In addition to the previous four initiatives that would be undertaken by joint staff/stakeholder work groups, the following two initiatives would be led by staff: • *Quality Assurance:* The integration of DHS and HCPF provides a unique opportunity to review the quality assurance processes and create a consolidated, person-centered, outcome-based quality assurance

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				system. There appear to be significant opportunities for efficiencies by a consolidation of these systems. • *Mapping and Streamlining the Continuum of Care:* The integration of DHS and HCPF provides an opportunity to create a more coordinated continuum of care, provides opportunities to focus on prevention rather than intervention and presents opportunities to more creatively use the funding streams of each organization to support seniors and persons with disabilities. The LTCAC will be asked to contribute to the work of this group as well. These initiatives have strong correlations to one another and to other initiatives within HCPF. Continuous, robust collaboration will be essential to prevent duplication of responsibility and to maximize opportunities to leverage staff, funding and political capital to bring about system changes.
7/2012	Promoting Integrated Care in the Colorado Health System Part II: As Required by House Bill 11-1242 of the First Regular Session of the 68th General Assembly *52 pages – Read Executive Summary and section on Long-Term Services and Supports*	Colorado Department of Health Care Policy and Financing	Health and Wellness	• Very few of the respondents interviewed represented the perspective of geriatrics and LT services. However, a significant amount of information was provided which offers a unique and important perspective on the barriers to integrated physical and BH care for this population. • As stated by respondents, clients of LTSS generally have complicated needs that require specialized care. For older adults, dementia is a large factor in those needs. Dementia spans both the physical and BH arenas, including neurologic, geriatric, and internal medicine. Dementia often manifests as memory loss, but can also manifest through other behavior changes, such as temper changes, linguistic changes, or anger. • One respondent reported a significant need to integrate BH into LTC. Clients with dementia in LTSS programs are rarely treated by BH providers. • A respondent providing services to the older adult population estimated that 50% of the population they serve has MI and another 50% has dementia, and these are not mutually exclusive conditions. Depression is known to commonly co-occur with the onset of dementia.

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				• One respondent reported a belief that ageism continues to present as a barrier to integrated care because providers are not willing to treat older adults with complex conditions and needs.
6/2012	Community Assessment of Latino Older Adults in Metro Denver	Rose Community Foundation	Supportive Community Home-Based Services Family Economic Security Impact of Multi-Generational Households Gender and Cultural Values Impact of Caregiving	The following recommendations are derived from the analysis and synthesis of the information learned through the assessment, with the goal of helping CO Latino Age Wave move forward with its initiative. • Support neighborhood-based and home-based programs. There is a significant amount of skill and knowledge among the Latino older adult population to help support others as they age in place within their own communities. • Utilize the promotores model to train Latino older adults to help others navigate the system and increase access to services. • Build coalitions and partnerships among organizations serving the Latino community as well as older adults. Engaging both types of organizations will present opportunities to rely on the strengths of each service area with the goal of building overall capacity. Service providers can work together to develop trainings, or share training opportunities. • Support intergenerational programs that engage the entire family. The importance of family was continually brought up when Latino older adults discussed aging in place. • Increase funding to Latino-serving agencies to increase their capacity to serve older adults and increase funding to aging service providers to increase their capacity serve Latinos more effectively. • Develop a public policy initiative that supports community-centered services. There needs to be a public policy initiative that works with city and county agencies to make communities more walkable and accessible. • Invest in training to develop champions among Latino older adults. Latino older adults in metro Denver bring a wealth of knowledge and passion and indicated they are seeking ways to remain engaged in the community. • Develop more effective communication strategies. The assessment revealed a lack of effective communication and outreach strategies. Latino

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				older adults and key leaders indicated that people do not know about services or how to access them.
2011	The Elder Economic Security Standard Index for Colorado	Rose Community Foundation	Family Economic Security\ Retirement Security	Key Findings for Colorado: 1. In CO, elders cannot meet their basic living expenses if they live at the federal poverty level (FPL) or the level of the average SS benefit. This is true of elders statewide, whether they rent or own a home. 2. Housing costs (mortgage or rent, taxes, utilities and insurance) put a heavy burden on some elder households, representing as much as half of their total expenses. 3. The Elder Index shows the significance of health care costs for CO elders who must purchase supplemental health and prescription drug coverage to Medicare. 4. Even elders who are currently making ends meet face an uncertain future if their life circumstances change, such as loss of a spouse/partner or a decline in health status. 5. The need for home and community-based LTC can more than double an elder's expenses, significantly increasing the income needed to meet basic needs.
2011	Elders Living on the Edge: When Basic Needs Exceed Income in Colorado	Rose Community Foundation	Family Economic Security\ Retirement Security Impact of Caregiving	Policy Recommendations: 1. Use the CO Elder Index and the CO Self-Sufficiency Standard. Both tools can be used to evaluate existing policies and programs and develop new strategies that address the needs of the aging workforce and older adults. 2. Defend retirement income and assets. Elder economic security is dependent upon the savings and investments workers can build at earlier stages in employment.

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			Workforce Development Employment and Entrepreneurship Opportunities	3. Support aging in place programs. Affordable housing, Medicaid Aged and Disabled Waivers, housing and utility assistance, home and community-based LTC services and financial and other supports for caregivers all ensure a quality of life for elders that has been earned while they were contributing to the general economy. 4. Re-establish lifelong learning and job skills training. Employment is no longer based on a static set of skills and education, and does not end with the acquisition of a single certificate or degree.
11/2010	Colorado State Alzheimer Disease Plan: A Roadmap for Alzheimer's Disease Caregiving and Family Support Policies *74 pages – Read Executive Summary and Chapter 6 (Identified Gaps and Policy Recommendations)*	Colorado Alzheimer's Coordinating Council	Health and Wellness Technology and Innovation Work Force Development Work Force Delivering Services to the Aging Population Family Economic Security Impact of Caregiving Work Force Development Workplace Development	SB 08-058 authorized the formation of the Colorado Alzheimer's Coordinating Council (CACC) and appointed its members. The CACC final report presents the findings and recommendations of the CACC concerning the increasing incidence of Alzheimer's disease in CO, the state's current public and private capacity to address the care and service needs of individuals and families affected by Alzheimer's and makes recommendations for improvements to the current system in light of CO's rapidly aging population. The recommendations put forth in this plan include: Formal services/workforce development **Recommendation 1.1.** Create a state certification in dementia care for facilities, agencies and individuals licensed and monitored by CDPHE and the state health professions' licensing boards. **Recommendation 1.2.** Provide targeted opportunities through scholarships and loan repayment programs for geriatric training through the National Health Service Corps and the CO Health Service Corps. **Recommendation 1.3**. Apply for a federal grant to create at least one new Geriatric Education Center in CO.

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				Recommendation 1.4. Launch an information campaign to encourage individuals and organizations to apply for grants made available through national health reform to increase educational programs and the number of individuals who are competent to work with older adults who need supportive services with a focus on those with Alzheimer's disease and related dementia. **Recommendation 1.5.** Test new models and expand evidence-based best practices in alternative care facilities caring for individuals with Alzheimer's disease. <u>Informal services and caregiver support</u> **Recommendation 2.1.** Create a statewide list of licensed attorneys who agree to provide pro bono or reduced-fee elder law services to individuals with Alzheimer's disease and their families. **Recommendation 2.2.** Develop and implement strategies such as increasing the number of dedicated staff to probate courts or creating a volunteer legal services program to monitor and support court-appointed guardianship and conservatorship concerns. Apply for federal grants available through the ACA to enhance these adult protective services in CO (HR 3590, Sec. 2042). **Recommendation 2.3.** Educate employers about the issues facing family caregivers and encourage them to establish workplace policies such as flextime, telecommuting, referral services and onsite support programs. **Recommendation 2.4.** Ensure that local AAAs are aware of and promote existing training materials available to family caregivers, especially those located in rural areas. **Recommendation 2.5.** Increase funding for and expand the reach of the Savvy Caregiver program and equivalent training programs for all stages of dementia Quality of care and Alzheimer's disease research.

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				Recommendation 3.1. Add an Alzheimer's module to the Colorado Behavior Risk Factor Surveillance Survey (BRFSS) to collect state-level data on the prevalence of Alzheimer's disease and associated characteristics such as living arrangements, family and caregiver needs and responsibilities. **Recommendation 3.2.** Establish a CO Alzheimer's Disease Research Center at the University of CO School of Medicine. **Recommendation 3.3**. Conduct an evidence-based review of transitions of care models with a focus on patients with Alzheimer's disease and related dementia, with the intent of authorizing two or three pilot programs in CO to test best practice approaches. **Recommendation 3.4**. Establish a senior advisor on aging and LTC in the Governor's Office of Policy and Initiatives. **Recommendation 3.5.** Support the Seniors Mental Health Access Improvement Act of 2009, federal legislation to provide reimbursement to marriage and family therapists and mental health counselors under Part B of Medicare. Public safety and public awareness **Recommendation 4.1.** Create and circulate a form that physicians and optometrists can fill out and send to the Driver Control/Traffic Records Section of the Department of Motor Vehicles (DMV). **Recommendation 4.2.** Collaborate with and leverage the national Alzheimer's Association's public awareness campaign and related efforts to encourage the utilization of public service announcements through local radio and televisions stations, as well as other public awareness venues.

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				Recommendation 4.3. Increase the visibility and utilization of locator devices and programs. **Recommendation 4.4.** Implement a gatekeeper model of case finding throughout the state to identify individuals with Alzheimer's disease who are at risk in the community. **Recommendation 4.5** Encourage and enhance adequate training for first responders about medical and behavioral issues related to Alzheimer's disease and related dementias when responding to an emergency involving these individuals.

10/2010	The Commonwealth Fund States in Action Archive – Colorado: Incorporating Quality of Life into Medicaid Reimbursement
	
	2 pages – Read entirely
		Commonwealth Fund	Health and Wellness Medicaid	In state FY2009, CO Medicaid implemented a P4P program for NFs, with financial incentives tied to both QOC and QOL measures. A first-year evaluation suggests that it succeeded in stimulating culture change in NHs. State budget constraints and a cap on the annual NF provider fee have resulted in the cancellation of P4P payments for applications submitted in the year ended June 30, 2010, but the model CO developed may serve as a blueprint that could be replicated in other states and could be reinstated in CO, as budgets permit.
				• Implemented by HCPF, the program was developed with input from a range of public and private stakeholders.
				• About half of the NHs in the state participated in the voluntary P4P program, and applications were increasing over the year. Medicaid paid up to $3 per Medicaid resident per day as an add-on to basic daily rates. To qualify, the facility submitted a NF P4P Application 2010 to HCPF with self-reported scores, quantitative survey results, and other supportive documentation.
				  ○ A total of 100 points were assigned to numerous metrics.
				  ○ Forty-nine points out of 100 were tied to QOL metrics such as enhanced bathing experience, choice in dining time and menu,

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				consistent assignment, and other measures designed to create a home-like environment. ○ Fifty-one points were related to QOC metrics. ○ A NH that scored 75 points would receive $2 per Medicaid resident per day, or about $39,000 for a year, based on average Medicaid occupancy. • A provider fee on NHs provided the source of state funding for the incentive payments, which were matched by federal Medicaid dollars. Total spending on the incentive payments for state FY2009 was approximately $2.5 million. For state FY2010, the combination of the cap on the NF provider fee and the state's general fund limitation reduced the ability to fund the new reimbursement system components. Although the NF provider fee was still assessed, no monies from it were available to fund the P4P program.
7/2010	Olmstead: Recommendations and Policy Options for Colorado *64 pages – Read Executive Summary*	Colorado Department of Health Care Policy & Financing	Health and Wellness Insurance Medicaid Supportive Community Long Term Support Services Related Support Services Home-Based Services Community Support Technology and Innovation	The Olmstead core team identified the following six key issues and strategies to address each: **SUSTAINABLE FINANCING** - While there is a strong infrastructure of HCBS available in CO, reimbursement methodologies for these service providers should be examined in order to maximize the availability of these services. ***Strategy*** - Identify current and future potential funding sources and reimbursement methodologies. **POLICY INTEGRATION** - The process of developing policy recommendations related to Community-Based Long-Term Care (CBLTC) generates an opportunity to examine current state regulations and policies to determine if they complicate access to HCBS. Additionally, there is an opportunity to develop policy or regulations that may enhance access to services.

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			Physical Community Housing Work Force Development Work Force Delivering Services to the Aging Population	***Strategy*** **-** Identify areas where current policies related to LTC need to be adapted to support the Olmstead decision and the actions in this document. Additionally, create a policy that prompts systematic, on-going review of progress in implementing these recommendations as well as identification of any needed changes. **INCREASE HOUSING OPTIONS AVAILABLE FOR PEOPLE WITH ALL TYPES OF DISABILITIES** - There is a shortage of options for integrated, supportive housing for people with disabilities and others with LTC needs. Ideal supportive housing for people with LTC needs is located in rural, suburban and urban areas; adaptable to the clients' needs throughout the lifespan; allows for client interaction in the community and is affordable. While there are some housing options in CO that meet these expectations, demand far outweighs capacity at this time. ***Strategy*** - Improve access to affordable housing that is adaptable for people with physical and intellectual disabilities as well as people with severe persistent MI by eliminating barriers to accessing affordable housing, informing the community of existing housing options and increasing the number of affordable and accessible housing units through a number of funding strategies. ***EXPAND THE CURRENT ARRAY OF SERVICES*** - Failure to provide an adequate array of services and adaptive technologies can contribute to the unnecessary institutionalization of people with disabilities and the elderly. There is a gap between the services available to people in institutions and those available to people in the community that can contribute to unnecessary institutionalization. Currently, cost shifting occurs between systems, such as between the DD system and the mental health system, as a result of services available in one waiver, but not in others.

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				Strategy – After appropriate financial analysis, work toward making many of the current HCBS waiver services available to all individuals using HCBS waiver services and expand the array of services as funding permits. **STABILIZE AND GROW THE DIRECT SERVICE WORKFORCE** – DSWs are people who help individuals with disabilities perform ADLs, such as personal hygiene, dressing, etc. Historically, there is frequent turnover in the DSW and workers often need additional training. An unstable direct service workforce contributes to reduced access to services and more individuals who could otherwise live in the community may be forced to live in more restrictive settings. ***Strategy -*** Identify barriers and opportunities to improve retention and improve recruitment of direct service workers. Identify and implement a method for training and credentialing of direct service workers. **BETTER INFORM THE COMMUNITY ABOUT THE SERVICES AVAILABLE FOR PEOPLE WITH DISABILITIES** - While there are many existing options for LTC services outside of institutional settings, most people do not fully know about these options for themselves or family members which can result in reduced access to these services. ***Strategy -*** Identify best practices to encourage informed choice for individuals in need of LTC services. Develop informational tools to disseminate to the public about available HCBS and resources. The policy recommendations in this document give CO's state agencies the opportunity to partner with community stakeholders to build a strategy towards improving upon the existing infrastructure of services for people with disabilities. It is a priority for the State to optimize the health and functioning

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				of all Coloradans and enabling people with disabilities and the elderly to live in the least restrictive settings possible is one way to achieve that goal.
1/2009	Nursing Facility Pay-for-Performance Application Review (For Applications Submitted 1/31/09) *105 pages – Skimmed whole report*	State of Colorado Department of Health Care Policy and Financing	Health and Wellness Medicaid	HCPF transformed the way they pay NF providers for performance in State Fiscal Year 2009, adopting a P4P program which offers financial incentives to facilities which provide high levels of QOL and QOC. • Public Consulting Group (PCG) was hired to review, evaluate and validate application from the NFs that applied for the program by the January 31, 2009 deadline. • Operation of the P4P program requires increased and improved reporting by NFs. PCG developed a database which documented each assessment of the application measures. This resulted in a list of recommendations to improve the application and the program: ○ More detailed instructions for the application ○ Supplemental forms for certain measures ○ Website reporting of P4P outcomes and scoring ○ Improve training and education on P4P
5/2008	2007 Colorado Transportation Survey: Statewide *14 pages – Read entirely*	AARP	Physical Community Transportation and Mobility Public Transportation	The vast majority of AARP members residing across CO are licensed to drive and say they generally drive when they need to get someplace. • Having shelter from the weather is the top problem members identify in the use of public transportation • Most members say they would ride with others if they were no longer able to drive themselves • Members across CO with poor health disability status (HDS) are most likely to be homebound and to experience problems with finding transportation to access needed goods and services • Nearly half of members agree that if they were unable to drive it would be difficult for them to continue to live in their current neighborhood
3/2008	Response to Recommendations from	Colorado Department of	Health and Wellness	RECOMMENDATIONS OF THE HB 1374 WORKING GROUP

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	HB 07-1374 Long-Term Transitions Working Group Final Report *5 pages – Read entirely*	Health Care Policy and Financing	Insurance Medicaid	**Recommendation 1**: HCPF should institute a new federal option for establishing Medicaid PE for individuals being discharged from acute care hospitals to LTC services. **Response:** HCPF agrees with the policy direction of PE although not limited by service setting, which is consistent with previous recommendations. There are details such as estimated costs and associated additional appropriations that will need to be resolved, however HCPF believes PE for LTC services is good public policy and is committed to its pursuit. HCPF's strategic plan for LTC includes PE. **Recommendation 2:** HCPF should issue a competitively bid RFP and contract with an entity to perform the financial eligibility determination process for all Medicaid LTC applicants. **Response:** HCPF agrees that there are legitimate concerns about the financial eligibility determination process for LTC applicants and is in the midst of identifying financial eligibility processes reform. HCPF's strategic plan for LTC includes pursuit of eligibility process reforms. In pursuing financial eligibility process reform, HCPF will seek to balance the need for consistent, expert and timely determinations with desires for local community presence. **Recommendation 3:** HCPF should re-institute the Fast Track Program and make it available to hospitals on an optional statewide basis. **Response:** The Fast Track Program was a single hospital's (Denver Health Medical Center) solution to challenges in compiling necessary information for timely eligibility determinations from 1997-2003. The environment under which Fast Track flourished has been significantly altered by Denver Health Medical Center's designation as a "medical assistance" (MA) site, which includes a direct capability to conduct financial eligibility functions. While there are no explicit regulations that would prevent other interested hospitals from pursuing expedited eligibility through a Fast Track model, HCPF

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				recognizes the considerations of resource investment for any interested hospital. The fundamental goal reflected in this recommendation is for expedited LTC eligibility determinations. HCPF shares that goal and will address it through the efforts around PE and eligibility processes reform under Recommendations #s 1 and 2. **Recommendation 4:** Develop strategies that improve communication among the agencies and CBOs that comprise the LTC system to provide consumers with accurate, timely and consistent information about LTC options in Colorado. **Response:** HCPF agrees with this recommendation and will focus on working with consumers, advocates and providers to create communication materials and avenues that ensure accurate, timely and consistent information. HCPF is in the process of updating its web-site and making information more accessible. Additional steps will be taken to identify and disseminate needed materials on an ongoing basis. HCPF's strategic plan for LTC includes enhanced communication for LTC in general, as well as specific focus on the consumer directed service delivery model. HCPF considers the SEP agencies, the CCBs and other local delivery system entry points as partners in this communication effort. **Recommendation 5:** Create and/or empower an existing advocacy organization(s) that is/are independent of state government to assist consumers in resolving eligibility issues related to their participation in Medicaid LTC programs. **Response:** HCPF agrees with the value of enhanced advocacy and would like to explore ideas such as an expanded role into community based care for programs such as the LTC ombudsman program.

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				Recommendation 6: Establish Executive Level Leadership for Colorado's LTC Programs and Funding Establish an executive cabinet-level position or Governor-appointed process that will elevate the visibility of programs that serve individuals with long-term care needs across state agencies and ensure that these services and their funding are coordinated across all affected state agencies. **Response:** HCPF disagrees with the specific strategy but agrees with the identified goal of elevating visibility and coordination of programs serving persons with LTC needs. As a result, HCPF will convene a standing LTC Advisory Committee to provide input on policy directions concerning but not limited to delivery system capacity and models, accountability and responsiveness, and needed changes.
11/2007	House Bill 07-1374 Working Group Final Report *30 pages - Skimmed*	House Bill 07-1374 Working Group Colorado Health Institute		The HB 1374 Working Group was authorized in the 2007 legislative session to tackle a number of problems that exist in the current Medicaid program that unnecessarily delay otherwise qualified individuals who need LTC Medicaid from receiving services in a timely fashion. The Working Group was charged with "study[ing] the eligibility process to facilitate a seamless transition from a hospital to an appropriate LTC setting for an individual who is potentially eligible for LTC." **RECOMMENDATIONS OF THE HB 1374 WORKING GROUP:** **Recommendation 1: Presumptive Eligibility** HCPF should implement a new federal option for establishing Medicaid PE for individuals being discharged from acute care hospitals to LTC services. **Recommendation 2: Issue an RFP to Contract out all LTC Medicaid Financial Eligibility Determinations**

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				HCPF should issue a competitively bid Request for Proposal and contract with an entity to perform the financial eligibility determination process for all Medicaid LTC applicants. **Recommendation 3: Re-institute the Fast Track Program** HCPF should re-institute the Fast Track Program and make it available to hospitals on an optional statewide basis. **Recommendation 4: Develop Comprehensive Communication Plan** Develop strategies that improve communication among the agencies and community-based organizations that comprise the LTC system to provide consumers with accurate, timely, consistent and comprehensive information about LTC options in Colorado. **Recommendation 5: Enhance Advocacy efforts on behalf of LTC consumers** Create and/or empower an existing advocacy organization(s) that is/are independent of state government to assist consumers in resolving eligibility issues related to their participation in Medicaid LTC programs. **Recommendation 6: Establish Executive Level Leadership for Colorado's LTC Programs and Funding** Establish an executive cabinet-level position or Governor-appointed process that will elevate the visibility of programs that serve individuals with LTC needs across state agencies and ensure that these services and their funding are coordinated across all affected state agencies.
7/2006	Senate Bill 173 Long-Term Care Advisory Committee Final Report	Long Term Care Advisory Committee Colorado Health Institute	Physical Community Housing Transportation and Mobility	The Committee held nine meetings from August 2005 to June 2006. Four workgroups were formed and each met three times to flesh out Committee recommendations in the areas of financing, quality, service options and program eligibility. This report presents findings and recommendations for programs and program modifications that will help create a coordinated continuum of LTC services

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	71 pages – Read first 24 pages entirely(skipped appendices)		Health and Wellness Medicaid	and a unified LTC delivery system. In addition to recommending programs or program modifications, the Committee was charged with developing criteria by which HCPF would evaluate coordinated care pilot programs CBLTC services was embedded in SB 05-173. The Committee's recommended criteria are included in the report. **RECOMMENDATIONS FOR LTC SERVICE AND SYSTEM REFORM IN CO:** **1. Person-centered service continuum** RECOMMENDATION 1.1- Expand availability of alternative housing options RECOMMENDATION 1.2 – Pilot alternative housing options RECOMMENDATION 1.3 – Provide financial incentives to skilled nursing facilities (SNFs) to develop alternative uses of licensed beds that promote a 'least restrictive' home-like environment RECOMMENDATION 1.4 – Add a personal care optional benefit to the Medicaid state plan RECOMMENDATION 1.5 – Pool transportation funding RECOMMENDATION 1.6 – Authorize a fully integrated primary care/LTC pilot RECOMMENDATION 1.7 - Clarify eligibility for the Home Care Allowance Program **2. Seamless care planning** RECOMMENDATION 2.1- Clarify and strengthen the role of care managers RECOMMENDATION 2.2 – Reduce care manager caseloads RECOMMENDATION 2.3 – Fully automate the functional assessment and service allocation functions RECOMMENDATION 2.4 – Include LTC data in the state's emerging electronic health information exchange efforts **3. Eligibility and financing options that ensure access and value purchasing** RECOMMENDATION 3.1- Expedite financial eligibility determination RECOMMENDATION 3.2 – Provide comprehensive training to hospital discharge planners with regard to the full continuum of LTC services

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				RECOMMENDATION 3.3 – Bundle transitional service planning services RECOMMENDATION 3.4 – Institute rate-setting and financing reforms to achieve equity in reimbursement based on the scope of services provided in each setting RECOMMENDATION 3.5 – Develop and implement an aggressive set of quality benchmarks and a fully automated monitoring system for all LTC services **4. Statewide leadership and accountability for LTC planning and program development** RECOMMENDATION 4.1- Consolidate the care planner/service broker function at the community level for all consumers of LTC services RECOMMENDATION 4.2 – Ensure accountability for state level oversight and leadership
10/2005	Colorado Governor's White House Conference on Aging: Solutions Forum – From Strengths & Needs to Action	Colorado Department of Human Services Division of Aging and Adult Services	Family Economic Security Retirement Security Gender and Cultural Values Impact of Caregiving Health and Wellness Insurance Medicaid Prevention Technology and Innovation	Prioritized Statewide Solutions: **First Priority: Planning Along the Life Span** **Education** • Promote taking individual responsibility for oneself and developing a retirement plan. • Teach elementary and middle school students how to plan for retirement; include curriculum about planning early for retirement, personal retirement account options, SS and the importance of economic life planning and learning to save. • Involve the community, (including churches) in continuing adult education classes and encourage outreach to the underserved and working poor and present information in clear and simple terms. • Promote a senior specific educational TV station in each community. • Begin transition planning when a new employee is initially hired at orientation and continue throughout an employee's career. **Employer based Pension Programs**

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			Work Force Development Work Force Delivering Services to the Aging Population Employment and Entrepreneurship Opportunities for Aging Population Workplace Development Technology Physical Community Transportation Walkable Communities Volunteer Transportation Public Transportation Housing Universal Design Supportive Community Home-Based Services Community Support	• Ensure that all corporate pension plans are protected and make pension fund protection a priority in corporate bankruptcies. • Encourage individual investment in private accounts to augment SS. • Simplify the Individual Retirement Account (IRA) program-roll over and increase limits of contributions. • Create universal, portable ("traveling") employer/employee pensions. • Provide incentives to employers to provide retirement plans for employees. • Ensure that all retirement saving programs are funded by pretax dollars. • Provide tax credits to businesses that hire low-income workers and assist them with developing private retirement plans. **Protection of Financial Assets** • Convene a statewide task force to include DHS, Attorney General's Office, and Division of Banking to coordinate and strengthen efforts to prevent and prosecute fraud by standardizing statewide definitions, crimes and punishments. • Use media to educate the community about elder abuse, exploitation and identity theft. • Work with Division of Banking to identify and prevent fraud/abuse/exploitation including developing an identity theft alert system with banks and retail businesses. • Encourage companies to provide fraud insurance and create a fraud ombudsman. • Create a "Senior No-Call/No-Mail list" and provide stronger enforcement of "no-call" policy. **<u>Second Priority: Health Care</u>** **General Health Care** • Standardize insurance and change the model from treatment to prevention and wellness by:

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			Social Engagement Opportunities Caregiver Supports	○ Using and emphasizing multidisciplinary teams of both traditional and alternative care and vitamins. ○ Encouraging insurance to reimburse for alternative care. ○ Educating older adults about nutrition and healthy eating. ○ Making healthy options (walking trails, wellness and senior centers) and healthy food (including vitamin supplements) more available, accessible and affordable. ○ Encouraging the purchase of healthy foods from local growers/providers. ○ Taxing unhealthy "junk" foods at a higher rate. ○ Providing tax incentives to those who exercise regularly (e.g. belong to a gym or recreation center). ○ Cap malpractice suits and keep lawsuits to a minimum. ○ Focus on and fund services that promote independence, and remaining in the home. **Reduce Pharmaceutical Costs/Prescription drug costs** • Create standards for pharmaceutical lobbyists to follow when working with legislators and policy makers. • Educate prescribing physicians about the cost of drugs for the consumer. • Eliminate drug waste in institutional settings and re-evaluate the dispensation restrictions for the general public. • Require drug manufacturers to provide drugs (at no cost) to treat side effects and problems due to drug interactions. **Medicaid Changes** • Crack down on fraud. • Increase reimbursement rates for caregivers, HCBS, hospice, home health care. • Allow the government to negotiate drug price. • Thoroughly evaluate and change LTC policies. • Increase the reimbursement rate for Medicaid beds in Assisted Living.

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				• Lift restrictions for caregivers under waiver/HCBS Programs. • Increase PACE. • Eliminate the prospective pay system for home health care. • Support the role of Independent Living Centers (ILCs) to return older persons to their homes. • Create an Ombudsman for older adults living in independent living environments. • Analyze Medicaid rules to eliminate barriers to the development of resources. • Encourage providers to spend more time diagnosing and treating patients and increase the reimbursement rate. • Make health care information less confusing and more understandable. • Increase Medicaid reimbursement for Mental Health services and reduce regulations for counseling and in-patient programs. **Quality** • Simplify and standardize health insurance information into lay terms. • Require that prescriptions and medical orders be printed. • Create a statewide database to link pharmacies and providers to monitor medications and treatment. • Require state health care curriculums to include gerontology, mental health and assessment of drug/alcohol usage in seniors. • Increase the pay of health care workers. **Change tax laws and provide incentives to:** • Those who want to remain in their homes longer. • Those who purchase LTCI. • Caregivers, family, volunteers who provide home-based care. • Forgive student loans for those who specialize in gerontology especially in rural areas.

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				• Decrease liability by evaluating liability laws that negatively impact volunteers. • Encourage the purchase of LTCI. **Rural Issues** • Increase technology which will promote the use of tele-health and tele-med. • Provide state grant money to provide mobile clinics, health fairs and other health services and information (including end of life information). **End of Life** • Allow people to have the right to die with dignity, without pain and without government interference. • Provide more community education on end of life decisions including Medical • Durable Power of Attorney, advanced directives, living will, etc. **Mental Health** • Provide more funding to help indigent adults who do not qualify for Medicaid. • Discourage marketing that glorifies and promotes alcohol usage. **<u>Third Priority: Our Community</u>** **Sharing client information** • Amend laws and ease restrictions that promote sharing. • Pattern models for coordination between health/aging networks after rural models. • Promote usage of 5 wishes and “Files of Life”. **Shortage of paid workers for elderly services** • Analyze liability laws to assure protection.

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				Alternative Modes of Transportation Support a variety of transit options by: • Create incentives for transit companies to assist the elderly and persons with disabilities to hire transit aids/companions/drivers with extra skills to help these populations. • Develop more night routes and stops. • Encourage schools and private organizations to allow seniors to use buses for transportation (especially in the rural areas). • Establish "mini bus" transportation in smaller communities to increase independence and freedom to make choices around shopping, and other appointments. • Encourage Department of Transportation to move traffic signs back, create larger lettering and implement universal pictures on signs instead of printed words. • Assess and reduce liability risks, limit lawsuits and provide protection for people who provide private/volunteer transportation. **"One-Stop-Shops"** • Promote usage of 2-1-1. • Utilize electronic media (TV and late night radio) for informational/educational announcements. • Fund centers to provide information on guardianship, living wills, community resources, disease management, grief, volunteer resources, social opportunities, employment, etc. **Housing** • Fund/develop more subsidized housing that is accessible (ramps elevators, doorways etc.). • Encourage maintenance free, universal design and promote accessible housing in communities. • Establish a diverse statewide taskforce to explore and create Naturally Occurring Retirement Communities (NORCs) and fund programs, mandates

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				and initiatives that support senior-friendly and affordable housing communities. **Caregiver support** • Fund senior needs with additional monies from Referendum C and D. **Intergenerational Programs** • Address barriers that prevent intergenerational activities i.e. transportation. • Create and fund more intergenerational activities like storytelling, living history programs in schools, partnerships between schools and senior groups (substitute teachers and transportation using the school buses) and send students to institutional settings for history lessons, etc. **<u>Fourth Priority: The Workplace</u>** **Opportunities for Older Workers** • Identify, clarify and verify barriers to workplace entry. • Ensure that private pension provisions do not prevent older persons from working. • Assess transportation barriers; provide incentives for employers to provide transportation. • Reduce cost of auto insurance for senior citizens. • Encourage flexible hours, benefits, training, tele-commuting, work at home, job sharing. • Assure that companies pay the older worker what their skills and experience demand. • Simplify and encourage reentry into the workplace. **Employer incentives: training, retraining, retaining** • Promote a statewide marketing campaign that promotes hiring older workers and dispels myths; spotlighting companies that hire older and intergenerational programs.

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				• Create a barter system where hours could be exchanged for other goods, services, utilities, prescriptions, rent, etc. instead of wages. • Provide incentives (e.g. tax) for companies that employ older workers especially as consultants/trainers for transitional teams • Encourage retiring later. • Promote wellness in companies to maintain a healthy workforce and improve longevity/productivity of older workers. • Provide incentives for intergenerational cross training. • Create an employment center that assesses older workers skills, provides job placement and provides a clearinghouse where employers can get information about senior candidates. **Use of Technology** • Train older workers to develop skills with technology and computers. • Provide free slots in college classes for seniors. • Mandate that college/high school graduation requirements include volunteer time to train/mentor older workers on computer applications, software and programs. **Ageism/Age Discrimination** • Enact tougher laws against discrimination (Age Discrimination is hard to prove). • Mandate ageism in all educational curriculum kindergarten through college. • Develop a program to use older adults as substitute teachers/teachers during teacher shortage. **<u>Fifth Priority: Social Engagement</u>** **Integration of the elderly with the non-elderly community** • Promote granny housing/co-op housing/accessible/intergenerational community/shared housing. • Promote intergenerational social events and mentoring programs.

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				• Provide tax relief to seniors who own their own homes.
				• Provide more home help/care to allow older citizens to remain in the community.
				• Provide cost-effective (e.g. school buses) on demand transportation that meets the needs of older citizens to work, be involved in recreation and the community, not just medical transportation; expand routes.
				• Initiate a statewide print and electronic campaign to target the image of Elderly/Aging and depict the population as strong, intelligent, engaged; encourage newspapers to run columns written by people over 50; use seniors as models in ads.
				• Examine and change insurance regulations to cover volunteer drivers, expand volunteer driver/volunteer escort insurance coverage.
				• Expand the senior companion program to serve those who are largely confined to their homes or who lack support from family and friends.
				• Require more advocates for seniors in social and medical settings.
				• Require that boards, state funded grants and programs utilize the services of older citizens.
				• Provide senior citizens with a break on the price of gasoline.
				
				Effective individual adaptation to the conditions of aging
				• Promote a statewide fitness campaign to emphasize the importance of exercise.
				• Emphasize the importance of LTCI.
				• Provide incentives for older people to enroll in driver-safety courses (e.g. AARP's 55 Alive course).
				• Create public/private partnerships between employers and community organizations that serve the older population.
				• Fund social support programs.
				• Make changes to highways/streets/traffic flow to include:
				  ○ Mandating larger letters on street and highway signs with universal symbols in addition to word.
				  ○ Improving lighting to assist with reading road/street signs at night.

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				○ Creating more protected left-turn lanes at intersections. ○ Creating advanced information and consistently placed signs for streets and public buildings. ○ Maintaining roads and highways with clear delineation by making sure paint lines can be seen and directional arrows. • Increase classes that are available educate individuals about sharing roadways. • Encourage universities to educate senior citizens by: ○ Developing and tailoring a curriculum and degree programs for older citizens. ○ Integrating college classes with seniors and youth, especially computer classes. ○ Providing free and reduced costs for computer skills training/classes. ○ Conducting a campaign for computers to be fixed and donated to seniors. **<u>Sixth Priority: The Marketplace</u>** **Developing/Promoting New Products** • Advertise that adaptive equipment and assistive devices are available and create a central repository for assistive devices and information. • Simplify written and spoken language in financial, health, legal and insurance industries. • Encourage business to provide age appropriate goods and services, e.g. people to talk to instead of recorded messages and complicated phone menus. • Encourage multidisciplinary design approach for all new technologies and products to ensure that older citizens can use and benefit; use older citizens for test market and focus groups. • Bring services to the community in a mobile van. • Develop day care centers that mix elderly and children. • Require universal design codes to build more life-span housing.

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				• Provide on-call technology navigators and conduct an outreach campaign to promote navigators in health facilities, churches, catalogues, in utility companies and the media. • Improve communication resources-e.g. Yellow book, AAA, Silver Key. • Provide pre-paid cell phones for seniors for emergencies with pre-programmed emergency numbers. • Use technology to remind seniors when to take medication.
2/2004	Advancing the Palliative and End-of-Life Care Movement in Colorado http://www.rcfdenver.org/sites/default/files/pdfs/EndofLifePalliativeRecommendations.pdf	Rose Community Foundation	Health and Wellness Insurance Work Force Development Work Force Delivering Services to the Aging Population	**<u>Recommended Projects:</u>** 1. **Collaboration:** Establish an independent, statewide partnership organization--along the lines of the Kansas LIFE Project--dedicated to improving access to quality end-of-life care in CO and fostering cooperative working relationships among those involved in hospice and palliative care. 2. **Information:** Establish an easily available resource (e.g., Web site, resource guide) where anyone can get end-of-life information when they need it--a "just in-time" resource with both local and state information. 3. **Provider Training:** More widely disseminate existing modules/training programs for practicing physicians, nurses, clergymen, and pharmacists. Develop training programs for social workers and allied health professionals (e.g., home health professionals). Enhance ability and opportunities to train existing practitioners. Pay for training and education program. 4. **Advance directives:** Take steps to make sure advance medical directives are executed and communicated. 5. **Access:** Identify ways to enhance access to hospice and palliative care for those in need, especially in underserved urban and rural areas of the state.

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				6. **Public Education:** Provide additional patient, family and caregiver education. Also, enhance support for and partner with families and caregivers. 7. **Chronic Care:** Focus on interface/transition between disease management for chronic conditions and palliative care for those with incurable, ultimately fatal, chronic disabling illnesses (e.g., COPD, diabetes). 8. **Public Awareness:** Develop a public awareness campaign. Work to change society's attitudes about hospice and palliative care, and death and dying. 9. **Medical Education:** Make palliative care a more substantial part of medical education. 10. **Payment:** Address insurance industry and reimbursement issues, in part through pilot programs. 11. **Student Training**: More widely disseminate existing modules for in-school and in-the-field (on-site) end-of-life care training for students in medical, nursing, pharmacy, social work, theology/divinity and other health care schools. 12. **Cultural Issues:** Educate and develop programs to increase the level of cultural competency for people providing palliative and end-of-life care services. Develop strategies for addressing issues of access, health disparity and quality of care with diverse communities incorporating cultural knowledge. Develop standards for linguistically competent services. 13. **Field Education:** Increase capacity for hospices and palliative care centers to provide field education to students—oversight, supervision, and training the trainers

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2005	Getting There: Analysis of Colorado's Human Service and Public Transportation Networks	Rose Community Foundation	Physical Community Transportation and Mobility Walkable Communities Volunteer Transportation Public Transportation	**Recommendations for Action:** The report includes a discussion of mobility strategies, all of which begin with an understanding and commitment among local community leaders, elected officials and transportation managers that meeting the transportation needs of older adults and disabled persons is critical. General recommendations are: 1. **Improve Coordination:** In almost all cases, states that have focused on coordination have seen improvements in cost efficiency and improvements in service quality. The report outlines the following initial activities to improve coordination: • Participate in the CO Interagency Coordinating Council • Identify the methods and costs of providing access to services • Provide information, training and awareness activities 2. **Increase Awareness in Local Governments for Coordination and Funding:** While the study identified the critical role of local governments in providing transportation services, it also recognized that this role is not well understood. • Conduct a public information and awareness campaign aimed at residents, public officials and transportation professionals, with the goal of building public support for specialized transportation services. • Create local agency initiatives responsible for both developing policies and delivering services. • Initiate a dialogue among local and state officials and agency representatives about the value of providing transportation services and sharing costs across jurisdictional lines. **3. Expand the Availability of Transit, Paratransit, and Specialized Transportation Services.**

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				• Population growth and other demographic predictors demonstrate the critical need to prepare for the future with increased use of low-floor buses, expansion of specialized transportation services, and transferring riders to the appropriate lowest cost mode for their travel needs. **4. Address the needs of a growing older-adult population.** • Help older adults continue driving safely for as long as possible, thus reducing the need for costly paratransit services. Establish driver wellness classes and encourage volunteer driver programs. • For non-drivers, provide information, choice and flexibility among low-cost transportation options, including volunteer drivers, fixed-route options and pedestrian friendly routes. 5. **Improve Mobility in the Denver-Boulder Metro Area by Partnering with FasTracks:** The Denver-Boulder metropolitan area has an unparalleled opportunity to improve older adult mobility through the FasTracks build-out. With planning and foresight, strategic opportunities include: • Mixed-use land development featuring housing and services for older adults and people with disabilities near rail stations; • Transferal of costly long-distance trips to the FasTracks network; • Promotion of pedestrian activity through infrastructure improvements.
10/2004	Strengths and Needs Assessment of Older Adults in the Denver Metro Area	Denver Regional Council of Governments	Family Economic Security Impact of Caregiving Supportive Community	**Recommendation #1:** Find ways of expanding caregiver support programs to promote greater access and availability. Continue to provide educational and support opportunities to caregivers and advocate on their behalf. Collaborate with existing and established community groups and social service agencies; including school-based and other youth-serving programs for grandparents raising grandchildren.

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			Home-Based Services Community Support Social Engagement Opportunities Caregiver Supports Physical Community Transportation and Mobility Volunteer Transportation Public Transportation	**Recommendation #2:** Narrow the gap between caregiver respite service use and need. This may require further investigation about why older adults may not be taking advantage of these services (awareness, access, etc.) or what specific barriers exist that might keep caregivers from using services. Promote public awareness efforts that draw attention to in-home services available to older adults as a way of supporting those who provide care. **Recommendation #3:** In-home services for the general population of older adults should emphasize some of the more difficult chores (e.g., painting, moving furniture and snow shoveling). Consider the development of small-scale entrepreneurial programs to support in-home service needs. These programs could be designed to provide low/no cost services for older adults. Involve community organizations with which older adults are already familiar, such as faith-based groups. In rural areas, expand in-home services available to low-income older adults and find ways of getting the word out that such services are available. **Recommendation #4:** Continue to increase awareness of the public transportation options available to older adults, with particular attention to females, those who were not white or had lower incomes. **Recommendation #5:** Better implement transportation options that meet the needs of older adults and expand such services in rural areas and for geographically isolated older adults. Consider these and other community-based transportation options: escort services (no cost or by donation van transportation with wheelchair lift) and volunteer driver programs (volunteer paired with older adult in need with volunteers reimbursed for mileage, especially in rural areas). **Recommendation #6:** Establish regional or community-based systems of support—service hubs— through which care is coordinated and older adults access the services they need in a more central way and with less burden on

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				them. Service coordinators should network with other providers of services to the general population to know what is available for older adults within and outside of the services that an AAA provides. **Recommendation #7:** Consider implementing client-centered and client-directed care management systems for the most vulnerable, at-risk older adults. **Recommendation #8:** Diversify and expand outreach efforts throughout the region. The Internet is a good communication tool but it will not reach everyone. As the Baby Boomers age, this will be a key way to communicate with them, but for now, access and understanding of the Internet among older adults is limited. **Recommendation #9:** Improve AAA communication with the State, communication among AAAs and service providers, and the way in which the State, AAAs and services providers communicate with older adults. Following are some suggestions: • Increase connectivity among AAAs and service providers in rural areas. Consider identifying rural community liaisons that can bridge gaps in communication and help with outreach. • Ensure that information provided to AAAs gets to local service providers in a timely manner. A LTC committee may help providers keep up with the latest changes. • Provide AAAs with the administrative training and resources necessary to track the services they provide and complete related paperwork. • Work to improve the SAMS database as a mechanism for providing rich information on the services provided to older adults across the state. **Recommendation #10:** Make marketing campaigns creative and easily recognizable. Dedicate resources to ensure that older adults become familiar

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				over time with the design and message. Expand and further publicize the United Way 2-1-1 Infoline. **Recommendation #11:** Encourage older adults to build and maintain their connections with family, friends and community for practical and social support. Promote older adult engagement and hobbies. Applaud the strengths of caregivers.
2/2004	Benefits CheckUp of Colorado: Lessons Learned	Rose Community Foundation	Health and Wellness Medicare Medicaid	The National Council on the Aging (NCOA), a national nonprofit organization that seeks to improve the lives of older adults, worked with AOL Time Warner, New York Life, Lucent Technologies, Merck Company Foundation, Archstone Foundation and the National Institute on Aging to develop Benefits CheckUp®, an online tool to screen older adults for the federal and state public benefits programs for which they were eligible. • The Benefits CheckUp® model community project in CO started under the leadership of Rose Community Foundation (RCF). • Benefits CheckUp® of CO began screening older adults in June 2001. Within three months, nearly 5,500 older adults had been screened • Two years into the project, and evaluation was planned and implemented an o capture significant outcomes and lessons learned • User sites screened more than 26,000 people statewide • As a result, 22,453 older adults in CO were served through the national site at www.benefitscheckup.org, and 4,015 were served through the Organizational Edition offered through user sites
12/2003	Promising Practices in Long Term Care Systems Reform: Colorado's Single Entry Point System	US Department of Health and Human Services Centers for Medicare and	Health and Wellness Insurance Medicaid Supportive Community	CO is one of a few states that serve more people through Medicaid home and community-based alternatives to NFs than in NFs themselves. The state has long offered older people and people with physical disabilities a single access point for both institutional and community Medicaid supports. CO also has recently expanded its self-directed services options, including a unique program that allows people to use an individual budget as a substitute for both state plan home health care and a Medicaid HCBS waiver.

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	20 pages - Skimmed	Medicaid Services Disabled and Elderly Health Programs Division Medstat	Long Term Services and Supports Home-Based Services Community Support	The Long Term Benefits Division at HCPF sets Medicaid policy for both NFs and HCBS. The division administers Medicaid-funded LTC and two state-funded community services programs. HCPF contracts SEP agencies, in 25 local districts. SEP agencies are a single place for people with physical disabilities and older people to go for publicly-funded long term supports. SEP agencies may be county departments of social service, county health departments, or private non-profit organizations. The SEP agencies assess functional eligibility for: • Medicaid nursing facility services, • Medicaid home health benefits provided for more than 60 days, • Five Medicaid HCBS waivers that provide NH or hospital level of care, • A Medicaid Research and Demonstration waiver providing self-directed services, • Two state-funded programs. <u>Lessons Learned</u> 1. Colorado's implementation of a system of SEP agencies for Medicaid LTC increased the integration of HCBS. 2. The transition from a county-based long term care system to one with regional SEP agencies required broad involvement from the community in order to build political support. 3. CO further integrated services by increasing the duties of SEP agencies to include service authorization as well as assessment and case management. 4. While CO has made significant progress in integrating services for older people and people with physical disabilities, some sources noted opportunities for further integration of home and community-based services. • Like residents in many states, Coloradoans who require services from multiple systems, such as people with physical disabilities

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				and MI, could benefit from improved coordination across these systems.
12/2001	Recommendations for 2002: Health Care Task Force – Report to the Colorado General Assembly *24 pages – Read Executive Summary*	Health Care Task Force Legislative Council Staff	Health and Wellness Insurance Medicaid Supportive Community Home-Based Services Family Economic Security Retirement Security	HB 01-1080 directed the Colorado Health Task Force to study innovative housing options for older people who can no longer live independently in their communities. As a result of committee discussion and deliberation, the committee recommends seven bills and one resolution for consideration in the 2002 legislative session. **Bill A — Efficient Delivery of Quality Care to Seniors.** The bill gives practical nurses greater authority to delegate tasks to other practical nurses. The bill also directs the Commission on Higher Education to develop new admission policies for state-supported nursing programs. **Bill B — Elimination of Barriers to Quality Care.** The bill requires the CDPHE to establish and enforce standards that have a demonstrated, continuing, and positive impact on health facility patients. The bill also places new demands on the department to make investigation information promptly available to the public. **Bill C — Creation of a Nurse Licensure Compact.** The bill directs the Governor to enter into a multi-state nurse licensure compact to allow nurses from other states to practice in CO without seeking an additional license. Nurses are required to comply with the state laws where they are practicing and are subject to that state's jurisdiction. **Bill D — Case-Mix Reimbursement Methodology for the Reimbursement of Services Under the "Colorado Medical Assistance Act."** The bill authorizes HCPF to implement a two-year pilot project to evaluate a case-mix system for reimbursing home health agencies.

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				Bill E — Expansion of the Program of All-Inclusive Care for the Elderly. The bill allows HCPF to implement six new sites for PACE. **Bill F — Creation of In-Home Support Services.** The bill requires HCPF to offer in-home support services as an option for persons who receive HCBS. **Bill G — Creation of a Consumer-Directed Care Pilot Program for the Elderly.** The bill establishes a consumer-directed care pilot program for the elderly in the HCPF. **Resolution A — Importance of Long-Term Care Insurance, and, in Connection Therewith, Encouraging Citizens to Purchase Private Long-Term Care Insurance** **Policies.** The resolution encourages all Coloradans to purchase LTCI, and the private sector is encouraged to increase the number of available options for LTC.