# *APPROVAL BY ACL*

# Colorado State Plan on Aging

## October 1, 2015 - September 30, 2019

John W. Hickenlooper, Governor
State of Colorado

Reggie Bicha, Executive Director
Colorado Department of Human Services

Mindy Kemp, Director
Division of Aging and Adult Services

COLORADO
Office of Community Access & Independence
Division of Aging & Adult Services

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July 1, 2015

Mr. Percy Devine, Regional Administrator
U.S. Department of Health & Human Services
Administration for Community Living, Region 8 Office
1961 Stout Street, Room 08-148
Denver, Colorado 80294

Dear Mr. Devine:

I am pleased to submit Colorado's State Plan on Aging (State Plan) for Federal Fiscal Years 2016 through 2019. The State Plan provides a blueprint to build upon Colorado's past successes and prepare for the challenges and opportunities of the future.

Consistent with national trends, the population of older adults in Colorado is anticipated to increase significantly over the coming years. According to the Colorado State Demography Office, the population over age 65 will increase from about 550,000 in 2010 to roughly 1.2 million in 2030. As a state, we must be mindful of this shift in demographics, understand how it will impact our ability to care for older adults, and strategically plan for the increasing demand for services that will result from this change.

The State Unit on Aging (SUA), located within the Colorado Department of Human Services, Division of Aging and Adult Services, administers Older Americans Act and state funding for senior services programs and collaborates with a variety of stakeholders to provide services to older adults in the state. During the past year, the SUA has worked with stakeholders to identify areas of need, opportunities for improvement, and strategies to ensure successful programs. Specifically, the State Plan incorporates valuable feedback from representatives of state agencies, Area Agencies on Aging (AAAs), Colorado Commission on Aging, community stakeholders, service providers and older adults. The State Plan outlines goals, objectives, strategies and performance measures for the SUA's work over the next four years.

While the State Plan focuses on efforts to improve and enhance programs and services for older adults in Colorado, it is equally as important to recognize the significant contributions seniors have made and will continue to make to the state. As a result, the SUA will encourage AAAs and other statewide stakeholders to fostering opportunities for older adults to be meaningfully engaged in making a difference in their communities.

Sincerely,

Mindy Kemp

Mindy Kemp, Director
Division of Aging and Adult Services
Colorado Department of Human Services

# Verification of Intent

## Purpose of State Plan on Aging

Colorado's State Plan on Aging outlines goals, objectives, strategies and performance measures for the administration of programs and services funded by the Older Americans Act and state funding for senior services for Federal Fiscal Years 2016 to 2019. The State Plan on Aging focuses on ways to improve the efficiency, effectiveness, and impact of State Unit on Aging (SUA) programs to meet the needs of Colorado's older adults. When the State Plan on Aging is approved, Colorado will receive federal funds that will be matched with state and local funds to administer the plan.

## Designation of State Agency to Develop and Administer the State Plan on Aging

The Governor of the State of Colorado designates the Division of Aging and Adult Services (Division) within the Colorado Department of Human Services (CDHS) as the sole state agency in Colorado to receive federal funds under the Older Americans Act. The Division has been given authority to develop and administer the State Plan on Aging in accordance with all the requirements of the Older Americans Act. The Division is responsible for developing comprehensive and coordinated services for older adults in the State of Colorado, as well as serving as the effective and visible advocate on their behalf. Progress in achieving State Plan on Aging goals and objectives will be reviewed quarterly as well as through an annual evaluation process.

This State Plan complies with all relevant federal requirements and assurances. The Governor's approval and signature on the State Plan on Aging constitute authorization for CDHS to proceed with implementation upon approval by the U.S. Assistant Secretary on Aging. Should the State Plan on Aging require any amendments, the Governor delegates signatory authority to the CDHS Executive Director.

Mindy Kemp, Director
Division of Aging and Adult Services
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Reggie Bicha, Executive Director
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John W. Hickenlooper, Governor
State of Colorado

# Colorado State Plan on Aging

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# COLORADO STATE PLAN ON AGING

# EXECUTIVE SUMMARY

Colorado's population is rapidly becoming older and more diverse. In fact, the growth in the population of adults age 65 and older in Colorado is estimated to be the fourth fastest in the nation. The majority of this change is expected to occur between the years of 2010 and 2030 as greater numbers of "Baby Boomers" reach this age. According to the Colorado State Demography Office, the population over age 65 is forecasted to increase by 120 percent between 2010 and 2030, from approximately 550,000 in 2010 to 1.2 million in 2030. It is important to be mindful of this shift in demographics, understand how it will impact the state's ability to care for older adults and strategically plan for the increasing demand for services by older adults.

The State Unit on Aging (SUA) is located within the Colorado Department of Human Services (CDHS), Division of Aging and Adult Services (Division). The mission of the SUA is: *to ensure that older adults in Colorado will have the opportunity to live and thrive in the community of their choice.* Over the next four years, the SUA will focus on the following three key goals:

**Goal 1:** Older adults in Colorado will have the opportunity to live in their homes and have a high quality of life by remaining active, healthy and meaningfully engaged in their communities.

**Goal 2:** Older adults in Colorado will be aware of and will have access to services and supports necessary to assist them.

**Goal 3:** Older adults in Colorado will live with dignity, safety and respect.

The Colorado State Plan on Aging (State Plan) is a comprehensive blueprint that identifies the goals, objectives, strategies and performance measures for the work of the SUA in Federal Fiscal Years 2016 to 2019. Over the next four years, the SUA will seek to achieve its goals by providing quality services through effective monitoring and oversight of funded programs, collaborating with other state of Colorado agencies and stakeholders to improve the service delivery system for older adults and conducting a comprehensive data study of SUA programs and making improvements in its ability to track and monitor the impact of programs funded by the Older Americans Act (OAA) and state funding for senior services (SFSS).

Before describing plans for the next four years, it is important to take a look back at what the SUA has accomplished over the last four-year period. The SUA has focused on improving and expanding services to older adults throughout Colorado by receiving and managing a variety of discretionary grants, by providing technical assistance and training on evidence-based programs to the 16 regional Area Agencies on Aging (AAAs) and community partners in the state and by participating in several statewide collaborative initiatives aimed at improving the health and well-being of older adults.

The number and types of services provided for older adults and their caregivers in Colorado have expanded through such programs as the Chronic Disease Self-Management Program and Lifespan Respite Program. In addition, the SUA has provided ongoing support, training and technical assistance to the AAAs and local service providers. And, over the past four years, the SUA has been a key player in several partnerships with other state agencies and community stakeholders aimed at improving the long-term services and supports system in Colorado. For example, SUA staff contributed significantly to the work of the Community Living Advisory Group and the development of the Community Living Plan (Colorado's Olmstead Plan) facilitated by the Colorado Department of Health Care Policy and Financing (HCPF).

Most recently, CDHS and the Colorado Commission on Aging partnered to develop a publication titled "A Framework for Aging Well in Colorado" (Framework). (See Attachment I for a copy of the Framework.) The Framework was created in response to the currently increasing population of older adults in Colorado. The intent of the Framework is to serve as a reference and initiate conversations statewide about how individuals, agencies and communities prepare for the increasing number of older adults in the state over the next twenty years. It includes ten broad goals, such as increasing public awareness of Colorado's demographic age shift and its implications and several recommended actions that government, the private sector, nonprofit agencies and individuals can take to improve the state's ability to meet the needs of older adults in the future.

Over the next four years, the primary objectives of the SUA will be to:

- Implement effective programs for older adults in Colorado,
- Obtain data and conduct comprehensive data analysis to determine the outcomes and areas for improvement in existing programs, and
- Focus SUA involvement in future grants and initiatives to those that align with core goals and objectives.

In particular, CDHS received an allocation of $150,000 during the 2015 legislative session to conduct a data study to identify methods to track and measure the outcomes of AAA programs and services and determine the data systems and processes needed to measure the effectiveness, efficiency and impact of these services. The SUA will develop a comprehensive data collection strategy based upon the results of the study. Ultimately, the SUA will be able to communicate the value of funds provided to AAAs and other community partners and identify areas for improvement on an ongoing basis. In addition, this enhanced data collection will assist the SUA in effectively overseeing the use of OAA and SFSS funds in Colorado.

Recognizing that the funding provided to the SUA is limited and the need for services for older adults in the state will continue to increase, the SUA will continue to work collaboratively with statewide partners to achieve the SUA goal of helping older adults live and thrive in the community of their choice. The SUA will also leverage staff expertise by providing technical support and conducting research on national best practices and evidence-based programs to assist community-based organizations to implement quality, effective programs.

Finally, in preparation for the increase in the aging population in Colorado, the SUA will spend the next four years involved in a leadership role on statewide partnerships aimed at ensuring Colorado is able to address the needs of older adults in the future. Specifically, CDHS will have a representative on the Strategic Action Planning Group created by House Bill 15-1033. The planning group was charged with developing a comprehensive, long-term action plan for Colorado's aging population that expands beyond human service needs to areas such as housing, transportation and the way homes and communities are designed to meet the needs of older adults. During the upcoming year, CDHS will also manage and participate in the Respite Care Task Force created by House Bill 15-1233 to study the supply and demand for respite care services in the state and make recommendations for ensuring caregivers receive needed support.

# CONTEXT

## MISSION AND VISION

The mission of the Colorado Department of Human Services (CDHS), developed through a broad stakeholder engagement process conducted in 2012, is: *Collaborating with our partners, our mission is to design and deliver high quality human services and health care that improve the safety, independence and well-being of the people of Colorado*. CDHS' vision is: *The people of Colorado are safe, healthy and are prepared to achieve their greatest aspirations.* The programs and services provided through the State Unit on Aging (SUA) within the CDHS Division of Aging and Adult Services (Division) meet the "Wildly Important Priority" from CDHS' 2015-2016 Strategic Plan that *Every Coloradan will have the opportunity to thrive in the community of their choice* and the strategic goal of *expanding community living options for all people served by CDHS.*

## STATE UNIT ON AGING

The SUA ensures older adults are able to live and thrive in the community of their choice by administering programs and services funded by the Older Americans Act (OAA) and state funding for senior services (SFSS). The SUA is responsible for providing funding to and overseeing 16 local Area Agencies on Aging (AAAs) that in turn provide funding to local service providers to deliver services to adults age 60 and older. Priority for services is given to those older adults with the greatest social and economic need, with particular attention to low-income and minority individuals and those who are frail, homebound or otherwise isolated.

In Federal Fiscal Year 2014, the SUA provided services to 37,443 older Coloradans. These services included personal care, assisted transportation, congregate meals, home-delivered meals, homemaker services, adult day care, transportation and legal assistance. In addition, the SUA is involved in a variety of collaborative initiatives aimed at helping older adults to remain in their home and community as long as they choose.

## PUBLIC INPUT AND NEEDS ASSESSMENT

Public input and stakeholder involvement are crucial to the development of a quality State Plan on Aging. The SUA engaged a variety of stakeholders over the last year in the development of this plan. (For a comprehensive summary of the public input process, please see Appendix F.)

The following is a list of stakeholder organizations, groups and individuals that provided input into the plan:

- 16 Area Agencies on Aging
- Local service providers
- Recipients of SUA funded services

- Colorado Commission on Aging, located within CDHS
- Colorado Department of Health Care Policy and Financing
- National Association of Area Agencies on Aging
- Disability Law Colorado (formerly The Legal Center)
- U.S. Department of Health and Human Services, Administration for Community Living
- Colorado Deaf and Hard of Hearing Commission
- Aging and Disabilities Resources for Colorado
- Regional Advisory Councils for AAAs
- County Departments of Human Services
- Ute Mountain Ute Tribe
- Southern Ute Indian Tribe
- Registered dieticians from around the state
- Older adults in Colorado

The SUA based the goals, objectives, strategies and performance measures for this State Plan on Aging on the feedback received from stakeholders. In addition, the SUA relied on the work conducted by each of the 16 AAAs in developing their area plans to provide input on the needs for older adults across the state. SUA staff held a full-day retreat in May 2015 to review and summarize key themes from the area plans. The following needs emerged from the public input process and were incorporated into this State Plan on Aging:

- Need for more services available in rural areas
- Need for a comprehensive data study to determine the needs of older adults in Colorado and measure the impact of AAA services
- Increased transportation and mobility services
- A focus on the quality of life of older adults
- Evidenced-based services delivered in a person-centered approach
- A focus on aging in place
- Caregiver support services
- Access to health care for older adults
- Services and supports for social needs for older adults to reduce isolation
- Legal support for older adults
- Affordable housing for older adults

# QUALITY MANAGEMENT

Quality management of programs and services funded through the SUA will be a primary focus over the next four years. The SUA will strive to ensure that federal, state and local funds provided to AAAs and other grantees through the SUA are used effectively, efficiently and strategically for services and supports for older adults in Colorado. The SUA will seek and act on opportunities to maximize available resources to ensure the greatest impact on older adults' health and well-being.

## DATA COLLECTION

The SUA currently does not have the capacity to track outcomes and performance measures for services provided by AAAs and other funded programs. The SUA data system captures output data such as the number of individuals served and the number of services provided by service type. However, over the next four years, the SUA will develop a comprehensive data collection system to identify and track performance measures for all programs to ensure it can effectively measure the performance of funded programs. Specifically, one of the SUA's primary projects over the next year will be to complete a data study to identify the data systems and data collection methods needed to effectively track and monitor the impact AAAs and other contractors have on older adults in Colorado. CDHS received an allocation of $150,000 from the Colorado General Assembly this year to hire a contractor to conduct the data study. The study will include findings and recommendations for how the SUA can improve its current data collection infrastructure to be able to measure outcomes and performance of AAAs and other funded programs. Based on the results of the study, the SUA will then seek the resources needed to develop a comprehensive data collection system to assess its programs and services.

It is important to note that since the SUA data is limited at this time, the performance measures in this plan relate to the objectives and strategies, rather than measuring the impact of the programs. Through the data study and the SUA efforts to implement its findings and recommendations, the SUA will have a comprehensive outcome measurement system in place for the next State Plan on aging in four years.

## MONITORING AND OVERSIGHT

In order to be effective stewards of state and federal funds, it is essential that the SUA effectively monitor and oversee programs funded by OAA and SFSS. AAAs will be monitored bi-annual through on-site review and a desk audit in the alternating years. This monitoring of all applicable federal and state policy and procedures will support efficient and effective service delivery of OAA Programs. Over the next two years, the SUA will conduct a thorough review and make improvements to the monitoring and oversight of funded programs and services. The SUA plans to formalize processes and procedures for monitoring in some program areas such as SCSEP. The SUA will also review and update our procedures for remediating problem areas identified through monitoring and develop consequences such as corrective actions for noncompliance with regulations and policies. In addition, monitoring of participant-directed services will be part of all on-site reviews and desk evaluations.

The SUA intends to take a collaborative approach to these improvements in its monitoring and oversight of AAAs and funded programs. The SUA will use the monitoring process to identify areas requiring additional training and/or policy clarification. The following are specific areas the SUA plans to monitor related to services provided by AAAs:

- Ability to reach unserved and underserved populations with an eye towards increasing those participation numbers
- Overall number of individuals served with the goal of increasing services delivered and consumers served
- Expansion of providers and services in rural and hard to reach areas
- Program operation and development

Additionally, the SUA has incorporated performance measures into the contracts with the AAAs in State Fiscal Year 2015-2016. The SUA has included the option to revise the performance measures required in the contracts annually. The performance measures required in State Fiscal Year 2015-2016 SUA contracts with AAAs are identified in the applicable performance measures section of Goals, Objectives, Strategies and Performance Measures Section that follows.

## CONTINUOUS IMPROVEMENT

CDHS is committed to continuous improvement efforts and uses several methods to assess the need for and implement change within existing programs and services. Over the next four years, the SUA will engage in two specific quality improvement programs. First, the SUA will engage in a process to implement the 4DX model outlined in the book *The Four Disciplines of Execution,* which includes a proven set of practices that have been tested and refined over many years.

This method enables organizations like the SUA to focus attention on one or two CDHS-defined "wildly important priorities" to make the difference in their operations.

Additionally, the SUA will undertake a process to identify ways to incorporate LEAN processes into its operations. LEAN is a set of tools and resources designed to maximize the impact on customers while minimizing waste. In this way, the SUA will do more with less, applying LEAN principles with its funded organizations and in its processes for funding and oversight.

Training and technical assistance to AAAs and other contracted organizations and community stakeholders will be a primary way the SUA will continuously improve services for older adults in Colorado during the next four years. AAAs have specifically requested assistance in some areas such as how to effectively run volunteer programs and reach participants in rural areas.

In addition, through research of national trends and evaluation of programs, the SUA will identify best practices and strategies to improve programs, services and access to services and will share successful practices with other regions and providers.

Finally, the SUA will act on recommendations from the Senior Services Data Study that impact service delivery or program development and work with the AAA to incorporate these findings into practice.

# GOALS, OBJECTIVES, STRATEGIES, PERFORMANCE MEASURES

Over the past year, the State Unit on Aging (SUA), located within the Colorado Department of Human Services (CDHS) Division of Aging and Adult Services (Division), has completed an inventory of its existing services throughout the state, conducted research on national best practices, evaluated demographic and other data specific to Colorado and sought public input in developing goals and objectives for this four-year State Plan on Aging (State Plan). One primary overarching goal emerged: ***Older adults in Colorado will have the opportunity to live and thrive in the community of their choice.***

The SUA identified three supporting goals that will lead to the achievement of the overall goal. This section identifies the SUA's goals, objectives, strategies and performance measures for aging and adult services for the next four years. In addition, the SUA created an outcomes logic model for its programs. A logic model is a graphical depiction of the logical relationships between the resources, activities and outcomes of a program that is used to evaluate the effectiveness of a program. The SUA logic model identifies the current resources, activities and outcomes for each program, as well as how the programs align with the SUA's goals. The SUA will use the logic model during the next four years to facilitate continuous improvement and communicate the impact of its programs to stakeholders in the state. (See Appendix G for the SUA Outcomes Logic Model)

## GOAL 1: OLDER ADULTS IN COLORADO WILL HAVE THE OPPORTUNITY TO LIVE IN THEIR HOMES AND HAVE A HIGH QUALITY OF LIFE BY REMAINING ACTIVE, HEALTHY AND MEANINGFULLY ENGAGED IN THEIR COMMUNITIES.

### OLDER AMERICANS ACT PROGRAMS

The SUA will continue to implement the core Older Americans Act (OAA) programs and services by providing OAA funds and state funding for senior services (SFSS) to the 16 Area Agencies on Aging (AAAs) in Colorado. The SUA has developed the following strategies and performance measures to improve these programs and services over the next four years.

# TRANSPORTATION SERVICES

Transportation services provide older adults with one of the keys to living and thriving in their own communities – the ability to access essential services. For older adults who do not drive or whose physical condition prohibits them from using public transportation, AAAs arrange rides for medical appointments, business errands, social activities, shopping and participating in senior activities such as congregate meals.

**FUTURE STRATEGIES**

- Support the AAAs interested in expanding transportation services by providing training and technical assistance, sharing best practices and offering other tools and resources
- Improve the SUA's ability to meet seniors' transportation needs by requiring AAAs to register all clients receiving transportation services which will enable the SUA to obtain unduplicated counts of these clients and to identify the reach, demographics and levels of service needed
- Capitalize on partnerships to increase the availability of transportation services by collaborating with organizations such as the Denver Regional Mobility Access Council (DRMAC), whose mission is to ensure people with mobility challenges have access to the community and with the Colorado Mobility Action Coalition, which is a statewide information sharing-network focused on mobility management and transportation coordination
- Ensure that local transportation coordinating councils are aware of older adults' needs by regularly sharing news and updates on innovative transportation opportunities
- Represent transportation-related needs of Colorado's older adults by providing input to DRMAC and other organizations on developing a strategic transportation plan for Colorado.
- Expand transportation services provided by AAAs by leveraging existing funding
- Encourage AAAs and other organizations to pursue new funding for older adult transportation by researching and sharing information on grant opportunities, partnership options, successful funding streams and exemplary transportation models that could be replicated in Colorado

**PERFORMANCE MEASURES**

- Annually collect and analyze data on the unduplicated number of individuals receiving transportation services using the SUA's Social Assistance Management System (SAMS) and by requiring AAAs to register all consumers receiving transportation services funded by the OAA and SFSS
- The contract between the SUA and the AAAs includes a performance measure for 90% of transportation consumers indicate transportation services were available to access necessary services in the community. This information will be collected through an annual survey process.
- Number of models and best practices for improving transportation services for older adults identified and shared with AAAs

## CONGREGATE NUTRITION PROGRAM

Through the AAAs, the SUA supports almost 200 congregate meal sites in Colorado. These meal sites provide nutritious meals in a social setting while also serving as "aging hubs" in local communities, giving seniors access to resources and valuable information on many topics that can improve their quality of life. These sites are part of the congregate nutrition program, which seeks to reduce food insecurity and hunger, increase socialization, promote health and well-being and delay adverse health conditions resulting from poor nutritional health or sedentary behavior.

Older adults at the congregate sites are served meals that are nutrient dense, nutritionally appropriate and designed to meet local cultural and community preferences. Registered dietitians offer individual nutrition counseling at the sites to assist older adults in managing health conditions and maintaining their independence.

The positive impact of congregate nutrition programs is backed by research. In Colorado, the SUA conducted a three-year survey (from 2009 to 2011) and found that in 86 percent of the over 11,000 responses received, respondents stated that the congregate nutrition program improved their emotional or physical health. Also, 2013 data from the *National Survey of Older Americans Act Participants* resulted in similar findings, with more than 75 percent of participants reporting that they eat healthier foods and that their health has improved as a result of the meal program.

**FUTURE STRATEGIES**

- Increase access and referral to congregate nutrition services within the medical community where feasible
- Strengthen the nutrition education and nutrition counseling components of the congregate nutrition program
- Develop outreach efforts and targeted approaches to increase low-income and minority participation and work with aging network providers to implement these strategies
- Provide nutrition program training and technical assistance within the aging network
- Strengthen partnerships with agencies that target senior hunger, food insecurity and/or malnutrition
- Strengthen person-centered component of the congregate nutrition program by establishing policies aimed at increasing consumer choice and participation

**PERFORMANCE MEASURES**

- Annually track and analyze data on congregate nutrition program participation and service utilization
- The SUA will track outcomes for congregate meals through the following performance measures in the contract between the SUA and the AAAs:
    - Annually track the number of congregate nutrition program meal clients stating that transportation to the meal site was "easy to obtain"
    - Annually track the number of congregate nutrition program meal clients reporting that someone from the nutrition program gave them information about available financial, social or health services
    - Track participants' reported levels of satisfaction with opportunities to socialize and spend time with other people at meal sites; report the number of individuals stating they are satisfied with these social opportunities
    - Track participants' responses to questions about the extent to which the congregate nutrition program has helped them to live independently and stay in their own homes; report the number of positive responses

## HOME-DELIVERED NUTRITION PROGRAM

The benefits of home-delivered nutrition strongly support the State Plan goals of giving older adults the opportunity to remain healthy and in their own homes with a high quality of life. As with the congregate nutrition program, the home-delivered nutrition program exists to reduce food insecurity and hunger, increase socialization, promote health and well-being and delay adverse health conditions resulting from poor nutritional health.

Typically, volunteers and staff deliver meals to the residences of older adults who are homebound, frail or geographically isolated and unable to participate in the congregate nutrition program. Because of their isolation, many home-delivered meal recipients report the only person they have contact with all day is the person delivering their meal. Just as with the congregate meals program, home-delivered meals are nutritionally appropriate for older adults and meet local community and cultural preferences. Registered dietitians offer individual nutrition counseling to older adults and family caregivers, both in the home and by phone, to assist home-delivered meal recipients to manage their health conditions and maintain their independence.

Older adults who receive home-delivered meals give the program high marks. The SUA surveyed home-delivered meal participants over a three-year period (from 2009 to 2011) and found that in 86 percent of the approximately 5,000 responses received, respondents stated that the program improved their emotional or physical health. Additionally, data from the *National Survey of Older Americans Act Participants* conducted in 2013 reported the program has an impact, with more than 80 percent of participants stating that home-delivered meals help them eat healthier foods and improve their overall health. Also, more than 90 percent of participants in the national survey stated the home-delivered nutrition program helps them to continue living at home. In addition, many participants say the home-delivered nutrition program is much more than a meal. In recently-published data, the School of Public Health at Brown University reported that seniors receiving a daily home-delivered meal said they were more likely to experience improvements in mental health, reduced rates of hospitalizations and falls, improvement in feelings of isolation and loneliness, improvement in health and decreases in worry about being able to remain in their home.

**FUTURE STRATEGIES**

- Increase access and referral to home-delivered nutrition services within the medical community where feasible
- Strengthen the nutrition education and nutrition counseling components of the home-delivered meal program
- Strengthen the person-centered component of the home-delivered nutrition program by establishing policies aimed at increasing consumer choice and participation
- Develop outreach and targeted approaches to increase low-income and minority participation; work with aging network providers to implement these approaches
- Provide nutrition program training and technical assistance within the aging network
- Strengthen partnerships with agencies that target senior hunger, food insecurity and/or malnutrition

**PERFORMANCE MEASURES**

- Annually track and analyze data on home-delivered nutrition program participation and service utilization
- The SUA will track outcomes for home delivered meals through the following performance measures in the contract between the SUA and the AAAs:
    - Annually track the number of home-delivered nutrition program clients reporting that someone from the program gave them information about available financial, social or health services
    - Track the number of home-delivered meal clients reporting the nutrition program has helped them live independently and stay in their own home

# ORAL HEALTH INITIATIVES

Oral health is an important part of overall health and contributes to the quality of life for older adults. As oral health declines, negative impacts to nutrition often result. The 2010 *Community Assessment Survey for Older Adults (CASOA™)* reported that 41 percent of older adults in Colorado have tooth or mouth problems. Dental benefits typically are not covered under Medicare, creating an increased burden for those 65 years and older. Oral health services that are provided through the aging network focus not only on restorative care but also preventative services such as fluoride varnishes.

The SUA has worked with the AAAs to identify ongoing gaps in access to dental services and to use OAA and SFSS to serve individuals not eligible for dental services offered through the Department of Health Care Policy and Financing (HCPF). As a result, the AAAs can use funding previously earmarked for dental services to provide material aid to consumers seeking eye glasses, hearing aids and other items not covered by other funding streams.

In addition, the SUA works closely with the AAAs to develop innovations in service delivery while maximizing resources by leveraging all funding streams for oral health services. In 2014, HCPF began offering an adult dental benefit funded through Medicaid. This benefit, along with an existing state-funded dental program for low-income older adults, provided funding streams to address the needs of many older adults in Colorado. Before these programs existed, the AAAs provided much of the available dental services to older adults. The manager of the SUA is a member of HCPF's Senior Dental Advisory Committee, which is responsible for the development of requirements for the Colorado Dental Health Care Program for Low-Income Seniors. The Advisory Committee established guidelines for this program to leverage existing funding streams to allow for better access to dental services for older adults.

**FUTURE STRATEGIES**

- Strengthen current partnerships with the Colorado Department of Public Health and Environment (CDPHE) Oral Health Unit, Oral Health Colorado and HCPF
- Organize training to aging network providers on the importance of preventing oral disease in older adults and on resources for oral health service
- Support implementation of the Colorado Older Adult Oral Health Action Plan
- Provide oral health information to Aging and Disability Resources for Colorado (ADRC)
- Identify continued gaps in dental services for older adults
- Identify methods to leverage existing funding to expand the reach of OAA-funded dental services to individuals in need

**PERFORMANCE MEASURES**

- Track the number of oral health trainings SUA provides to aging network providers
- Work with ADRCs to track number of referrals for oral health services
- Track and analyze the amount of material aid for dental benefits that consumers receive as entered into SAMS
- Expand the number of older adults receiving dental care through all funding streams

## HEALTH PROMOTION AND DISEASE PREVENTION

Evidence-based health promotion and disease prevention programs offer older adults an opportunity to develop skills to prevent falls and manage chronic conditions, depression, medications and the stress of being a family caregiver. These programs empower older adults to make positive changes in their health and are considered evidence-based as a result of proven outcomes following completion of the program.

Assisting older adults in promoting their health and preventing disease are important to remaining independent in their community of choice and maintaining a high quality of life. According to data reported by the U.S. Department of Health and Human Services, Administration for Community Living (ACL), more than 70 percent of older adults have two or more chronic conditions, placing them at greater risk for premature death, poor functional status, unnecessary hospitalizations, adverse drug events and nursing home admission. Evidence-based programs such as *A Matter of Balance* and *Healthy Moves for Aging Well* can lead to positive outcomes for older adults in Colorado.

In addition, ACL will be requiring AAAs to incorporate the highest level of evidence-based programs for health promotion and disease prevention beginning October 2016. However, the SUA has been supporting evidence-based healthy living programs for older adults for several years and providing support to AAAs in their implementation of such programs.

**FUTURE STRATEGIES**

- Require AAAs to devote Title III-D funds to programs that meet the highest evidence-based criteria as defined by ACL; work with the ADRCs to refer callers to these programs as appropriate; and link these programs to the medical community whenever feasible
- Leverage resources and coordinate program implementation of evidence-based health promotion and disease prevention programs across Colorado through strengthening current partnerships with CDPHE

- Increase awareness of evidence-based health promotion and disease prevention programs within the aging network by providing training on these programs and disseminating information on how to access them

**PERFORMANCE MEASURE**

- Track the number of people who participate in evidence-based health promotion and disease prevention services provided by AAAs

## FALL PREVENTION PROGRAM

A leading cause of injury among individuals 65 and older in Colorado, falls contribute to a loss of independence among older adults and negatively impact quality of life. For example, according to an article in the American Journal of Epidemiology, the likelihood of a long-term nursing home admission was considerably greater after hospitalization for a hip fracture and other fall-related injuries than for reasons unrelated to falls.

Approximately 30 percent of all respondents of the 2010 CASOA™ survey reported injuring themselves in a fall during the preceding 12 months. The SUA has been implementing evidence-based fall prevention initiatives such as *A Matter of Balance* since 2008 and will continue to work with partners to leverage resources to provide evidence-based fall prevention programs statewide. Depending on the program, evidence-based fall prevention initiatives have proven outcomes that can include fall prevention, reduction of falls, decreased fear of falling and increased strength and balance among older adults who complete the program.

**FUTURE STRATEGIES**

- Continue to collaborate with federal, state and local agencies involved in fall prevention initiatives, to include leveraging multiple funding streams to support fall prevention efforts in local communities
- Leverage existing resources and identify potential funding sources for local fall prevention programs, including the ongoing partnership with the Traumatic Brain Injury Trust Fund
- Strengthen current partnership with the CDPHE Injury and Substance Abuse Prevention section to provide training to aging network providers on fall prevention and resources for evidence-based fall prevention programs
- Disseminate evidence-based fall prevention materials to aging network providers including ADRCs
- Provide information, data and best practices related to fall prevention to AAAs
- Link evidence-based fall prevention programs to the medical community where feasible

**PERFORMANCE MEASURE**

- Track the number of older adults who participate in fall prevention programs provided by AAAs with SFSS and OAA funding

## CAREGIVER SUPPORT PROGRAM

The goal of the Caregiver Support Program is to enhance skills and alleviate stress among caregivers by providing support in five key areas: information, access to services, counseling and training, respite care and supplemental services. The program supports caregivers of adults age 60 or older who are determined functionally impaired as well as grandparents age 55 and older who are raising grandchildren. All AAAs in Colorado provide caregiver support services. The AAAs in Larimer, Boulder and Montrose counties offer the evidence-based program *Powerful Tools for Caregivers*.

Based on the most recent data reported by AARP, in 2009 approximately 843,000 family members in Colorado were caring for an adult age 18 and older with a disability, providing 551 million hours of care valued at $6.6 billion. In addition, U.S. Census data show that an approximately six percent of all children under age 18 in Colorado or more than 74,500 children, live with their grandparents.

By supporting individuals who care for older adults, the Caregiver Support Program helps CDHS reach the goal of giving older adults the opportunity to remain in their homes. By providing services to grandparents, the program gives these family caregivers opportunities to remain active, healthy and engaged in meaningful activities.

**FUTURE STRATEGIES**

- Through partnership with Easter Seals and collaboration with organizations involved with the Lifespan Respite Program, develop an employer engagement program that will conduct outreach to businesses, increase service coordination, offer assistance in changing workplace culture to allow flexibility for caregivers, produce a caregiver toolkit for employed caregivers and organize training for human resource managers and employed caregivers
- Increase availability of resources for grandparents raising grandchildren by providing AAAs with information and best practices on available programs and by partnering with local schools to offer outreach and information to teachers, administrators and grandparents
- Increase availability of evidence-based caregiver programs by providing AAAs with information and best practices on available programs and by promoting opportunities for resource and information exchange among AAA directors
- Partner with the AAAs, ADRCs, Lifespan Respite Program and other community-based organizations to plan, organize and conduct a statewide caregiver conference

- Participate in and manage the contract for the facilitation of the Respite Care Task Force established by House Bill 15-1233, to conduct a study of supply and demand of respite care services in Colorado and submit a final report to the General Assembly by January 31, 2016

**PERFORMANCE MEASURES**

- Track the number of caregivers receiving services through AAA programs and the number of respite services provided
- Based on data AAAs provide to the SUA, track the number of caregivers who state they feel supported by the caregiver program and who express feelings of greater self-efficacy as a result of the program

## SENIOR COMMUNITY SERVICES EMPLOYMENT PROGRAM

The Senior Community Service Employment Program (SCSEP) provides employment training to individuals 55 years of age or older who are at 125% of poverty or greater and who have multiple barriers to employment. The program goal is to upgrade the participant's employability skills and experience to help them become gainfully employed.

**FUTURE STRATEGIES**

- Develop and implement a comprehensive monitoring and evaluation process to ensure sub-grantee compliance with state and federal regulations, quality services and impact
- Collaborate with organizations focused on employment for those in need such as Denver's Road Home Employment Sub-Committee, Colorado Re-Hire and Hire Denver
- Develop "on the job experiences" with for-profit employers
- Work with local Workforce Development Boards to ensure that older adult participants are receiving services
- Incorporate best practices from existing organizations to enhance the SCSEP program

**PERFORMANCE MEASURES**

- Complete the development of a monitoring and evaluation tool and implementation of annual on-site monitoring of the sub-grantee
- Track the number of participants appropriately placed in employment after their time as SCSEP participants

# TITLE III AND TITLE VI COORDINATION

Colorado has two federally recognized tribes in the southwest portion of the state. The Ute Mountain Ute Tribe and the Southern Ute Indian Tribe are both situated within the geographic area of the San Juan Basin Area Agency on Aging (SJBAAA). The SUA requires the SJBAAA to describe the coordination of the programs in its area plan and report on activities to coordinate Title III OAA programs with Title VI Native American programs in that region. During the past year, the SJBAAA has provided outreach to the tribes and conducted focus groups with older adults in the tribes to understand their needs and incorporate those into their area plan. As an effort to improve communication and coordination, the Ute Mountain Ute senior services director is a member of the SJBAAA Advisory Council. The SUA will work closely with the SJBAAA, the Ute Mountain Ute Tribe and the Southern Ute Indian Tribe to improve coordination and access to available services.

Public input received from the tribes indicates that one of the barriers to providing services to older adults in the tribes is the reluctance to accept assistance from those who are not part of the tribe. The SUA has worked with the SJBAA and the senior services directors for both tribes to identify service delivery models that would be effective in reaching older adults that need services. Additionally, the SUA will work with the SJBAAA and the tribes to determine ways to leverage Title III and SFSS to provide services to tribal members.

**FUTURE STRATEGIES**

- Explore the use of self-directed and voucher services to enable consumers in the tribes to choose familiar individuals to provide services
- Connect the tribes to the SJBAAA's structure for awarding funds through OAA and SFSS to expand the services available in the tribes
- Conduct follow-up meetings with tribal members to gain feedback and recommendations to meet the needs of the older adults

**PERFORMANCE MEASURES**

- Track the number of individuals served in the Ute Mountain Ute Tribe and Southern Ute Indian Tribe
- Increase the variety of services reimbursed by Title III and SFSS in these areas based on the identified needs and preferences of each Tribe
- Track the services funded through Title III and SFSS awarded to Tribal providers

## DISCRETIONARY GRANT PROGRAMS

In addition to OAA programs, over the next four years, the SUA will implement state and federally funded discretionary programs that are designed to help attain the goal of supporting older adults to remain independent and live and thrive in their homes for as long as they choose.

## CHRONIC DISEASE SELF-MANAGEMENT PROGRAM

The Chronic Disease Self-Management Program (CDSMP) is a six-week, evidence-based program developed by Stanford University to help participants take charge of their health through nutrition, exercise, meditation and other skills.

In September 2012, ACL awarded the SUA a three-year grant to implement CDSMP for individuals age 60-plus with chronic health conditions and adults age 18-plus with disabilities. To date, more than 900 individuals have completed grant-funded CDSMP classes. Also, more than 20 Federally Qualified Health Centers and Patient-Centered Medical Homes have embedded CDSMP in their daily operations; the CDSMP leader and trainer workforce has been expanded; and a long-term CDSMP sustainability plan has been drafted. In addition, CDHS recently applied for a two-year expansion and sustainability grant for CDSMP through ACL.

The research on CDSMP outcomes is well documented. Based on follow-up surveys administered by Stanford, participants who complete at least four of six classes report significant improvements in their levels of pain, physical activity, medication compliance, physician communication, depression, emergency room visits and hospitalizations.

The need for CDSMP is clear. According to data reported by ACL, more than 70 percent of older adults have two or more chronic conditions, placing them at greater risk for premature death, poor functional status, unnecessary hospitalizations, adverse drug events and nursing home placement. CDSMP targets these very individuals, helping them develop skills to manage their health and remain in their homes. CDHS supports this program as part of achieving its goal of enabling older adults to live and thrive in their community of choice.

**FUTURE STRATEGIES**

- Work with CDPHE, HCPF, local CDSMP license holders and other stakeholders to establish a sustainability advisory board
- Secure ongoing financial support through sources such as health plans, Medicaid, Medicare, employee wellness programs, grants, retirement programs, etc.
- Evaluate potential health care savings by working with HCPF to complete a CDSMP pre / post study of health claims among Medicaid members

- Contingent on additional grant funding from ACL, solidify the future of CDSMP in Colorado by providing seed money to an external organization to structure and lead the sustainability effort in Colorado, to include securing ongoing funding for license holders statewide

**PERFORMANCE MEASURES**

- Secure sustainable funding sources for CDSMP
- Contingent on additional grant funding from ACL, measure number of people reached through CDSMP within targeted categories
- Contingent on additional grant funding from ACL, measure expanded access of program to individuals in outlying rural areas

## LIFESPAN RESPITE PROGRAM GRANT

ACL awarded the SUA a three-year Lifespan Respite Program grant in September 2014. The purpose of the grant is to establish a statewide, coordinated system to meet the respite needs of family members caring for adults or children with special needs, regardless of age, income, race, ethnicity, situation or disability. With this grant, the SUA is working to improve access to and quality of respite services, offering caregivers short-term breaks to rejuvenate and relieve stress. In addition to the ACL funds, the Colorado legislature appropriated General Funds to the SUA beginning July 2013 to provide respite services to caregivers of at-risk adults and at-risk juveniles. The SUA awards these funds to a contractor that funds respite agencies statewide.

Available statistics indicate a strong demand for caregiver services in Colorado and a shortage of respite programs for these caregivers. Based on the most recently published data from AARP, in 2009 about 843,000 individuals in Colorado served as caregivers of adults needing assistance. But reports from respite service organizations reflect that only about 81,000 of these caregivers in Colorado are receiving respite services. These data point to the value of the Lifespan Respite Program in supporting family members as they care for loved ones living at home.

**FUTURE STRATEGIES**

- Partner with the Colorado Respite Coalition to improve respite service access and to maintain a comprehensive website with information about services available to caregivers and caregiver organizations
- Expand respite services statewide through a grant-funded contract with Easter Seals Colorado
- Partner with Metropolitan State University of Denver to provide training and education on respite services for students interested in caregiver related fields
- Develop online respite training modules for individual caregivers and present educational workshops for families needing respite services
- Bridge needed services and supports across the age and disability spectrum by formalizing and adopting a statewide strategic plan for respite services and caregiver support

- Hire a facilitator and commission a study of supply and demand for respite care services in Colorado as part of administering the Respite Care Task Force, as defined by Colorado House Bill 15-1233. The task force is required to develop a report with findings and recommendations by January 31, 2016
- Develop an "employer engagement" program to sensitize and educate employers about challenges faced by employed caregivers, which will include conducting employer outreach, creating caregiver toolkits for employees, providing technical assistance in increasing workplace flexibility for employed caregivers and organizing training for managers, human resources staff and employed caregivers
- Explore and encourage implementation of evidence-based caregiver programs within partner organizations
- Explore sustainability options to maintain continued access to respite services for caregivers in Colorado

**PERFORMANCE MEASURES**

- Collect and track the number of respite providers registered in the Colorado Respite Coalition's Respite Locator
- Collect and track the number of caregivers in the Lifespan Respite Program
- Collect and track the number of responding caregivers who state they feel supported by respite services they have received and who express feelings of greater self-efficacy
- Completion of the Respite Care Task Force Final Report and submission to the General Assembly by January 31, 2016

## ALZHEIMER'S DISEASE SUPPORTIVE SERVICES PROGRAM GRANT

In September 2014, the SUA received a three-year Alzheimer's Disease Supportive Services Program grant from the ACL to expand the availability of responsive, integrated and sustainable community-level service delivery systems for people with Alzheimer's disease and related disorders and their caregivers. The program will create a "dementia-capable" model of long-term services and supports to meet the needs of individuals with Alzheimer's disease.

Based on available data, it is evident that Colorado citizens can benefit from this program. The Alzheimer's Association estimates that in the year 2000, about 49,000 Coloradans were living with Alzheimer's disease. By 2014, that number had increased to approximately 63,000, and by 2025 some 92,000 individuals in Colorado are projected to have Alzheimer's disease – a 46 percent increase in only 25 years. Prominent in this rapid increase are aging baby boomers, many of whom may at some point seek services through the SUA. Establishing a dementia-capable model aging network will help meet the needs of these individuals and will contribute to CDHS' goal of giving older adults the opportunity to have a high quality of life. Further, as a result of this program, information and assistance specialists and person-centered counselors

will better understand the unique needs of individuals caring for people with dementia, and caregivers will receive the information and education they need to better care for themselves and individuals with Alzheimer's disease and dementia.

**FUTURE STRATEGIES**

- Partner with ADRCs to provide information, assistance and options counseling tailored for individuals with dementia and their caregivers
- Provide counseling that empowers individuals to successfully navigate health and long-term care options
- Enhance capabilities of the ADRCs by partnering with the Alzheimer's Association on several efforts, including improving identification of individuals and families living with dementia and awareness of available services; presenting "Leaders in Dementia Care" training, which includes topics such as understanding dementia, reducing agitation and anxiety in individuals with dementia, improving communication, making meaningful connections and establishing a process for ADRCs to refer clients to the Alzheimer's Association for additional assistance
- Support the Alzheimer's Association in providing "evidence-informed" disease education for people with dementia and their family caregivers, to include information on living with Alzheimer's, supportive services for individuals with dementia and Alzheimer's support groups
- Explore and implement options for sustaining the Alzheimer's Disease Supportive Services Program long term

**PERFORMANCE MEASURES**

- Collect and track data on ADRC staff assessment of participants with dementia and family caregivers before and after receiving training
- Work with the Alzheimer's Association to collect and track the number of individuals with dementia referred to the Alzheimer's Association for dementia-capable supportive services

## MEDICARE/MEDICAID INTEGRATION OMBUDSMAN PROGRAM

The purpose of the *Medicare/Medicaid Integration Ombudsman Program* is to ensure that individuals enrolled in the State of Colorado Demonstration Project to Integrate Care for Medicare and Medicaid enrollees have information and assistance needed to access and receive services supporting their health and well-being. Funded as a three-year grant from the Centers for Medicare & Medicaid Services, the *Medicare/Medicaid Integration Ombudsman Program* will provide information and education to these "dual-eligible" enrollees regarding benefit options and enrollee rights and will advocate on behalf of beneficiaries who have complaints or grievances as a result of the demonstration project. By giving these individuals access to an Ombudsman, this program makes a critical contribution to meeting the State Plan goal of helping older adults to live with dignity and respect.

**FUTURE STRATEGIES**

- Develop a comprehensive marketing and outreach plan to ensure the program is recognized statewide
- Coordinate services and establish protocols for referral to Ombudsman and Legal Services to ensure eligible enrollees receive appropriate assistance
- Provide person-centered assistance and advocacy to resolve enrollees' issues
- Make recommendations that inform policy makers regarding the impact of policy on beneficiaries

**PERFORMANCE MEASURES**

- Collect reliable data on the number of beneficiaries the Ombudsman Program serves and the types of issues identified in the demonstration project
- Make recommendations to inform policy that will improve service to beneficiaries

## PERSON CENTERED PLANNING

The SUA is committed to implementing person-centered models as part of services provided through the OAA. In recent years, the SUA has provided training to the AAAs on person-centered models as a way to ensure older adults are the key focus in the determination of services and how the services are received.

As an effort to improve person-centered approaches, the SUA is partnering with HCPF to incorporate person-centered models in all areas of the long-term service and support system in Colorado. Through the No-Wrong Door (NWD) grant, the departments have identified all entry points for long-term services and supports and are working to develop a plan allowing all consumers to access services efficiently. The No-Wrong Door plan will be submitted to the Centers for Medicare & Medicaid Services and the ACL in September 2015.

In addition to the No-Wrong Door effort, CDHS, HCPF and the Department of Local Affairs (DOLA) published Colorado's first Community Living Plan (Colorado's Olmstead Plan). Many of the goals and activities of the Community Living Plan promote the development of person-centered strategies. The SUA will incorporate applicable areas of the Community Living Plan into efforts with the AAAs to enhance person-centered models for OAA services in Colorado.

The SUA also is working with the AAAs to expand use of self-directed care models for service delivery. Although many AAAs use self-directed care models for services including personal care, homemaking, transportation and caregiver services, reporting of this method of service delivery has limited the SUA's ability to identify the scope of self-directed care throughout the state. The SUA plans to work with AAAs over the next four years to improve reporting of self-directed care models in order to quantify the impact of these efforts.

The SUA manager has served on the ACL Administrative Data Design Work Group to improve data reporting throughout the OAA program. The development of better methods to collect data regarding self-directed care services has been an area of focus for the work group. One of the issues identified with the current reporting method is that all services are combined into one self-directed care category. Combining services prevents the ability to drill down into the individual's specific self-directed service. The work group's final recommendations are being compiled into a report that will improve data reporting and provide better identification of outcomes for individuals receiving OAA services.

**FUTURE STRATEGIES**

- Incorporate person-centered strategies into the No-Wrong Door Implementation Plan
- Identify best practices for person-centered models to implement through the AAAs
- Monitor progress in Colorado's Community Living Plan to ensure goals and activities regarding person-centered case management are implemented
- Coordinate funding streams for flexibility to provide additional material aid in areas where funding is not available
- Support HCPF's effort to develop the implementation plan for the No-Wrong Door grant
- Develop criteria to better track the impact of OAA funded self-directed care services

**PERFORMANCE MEASURES**

- Track the number of training events for AAAs on best practices for person-centered models
- Track subservices under self-directed services to identify types of services and outcomes

## SERVICES TO INDIVIDUALS WITH DISABILITIES

The SUA and AAAs receive discretionary grants and participate in collaborative initiatives to assist individuals with disabilities to remain independent and in the community of their choice. Specifically, the CDSMP and Respite Care Program offer services to individuals with disabilities as well as older adults. Over the next four years, the SUA will seek opportunities to extend services as applicable to adults with disabilities.

**FUTURE STRATEGIES**

- Implement and sustain CDSMP
- Implement Lifespan Respite Services and participate in the Respite Care Task Force
- Continue to collaborate with other state agencies on efforts such as the No Wrong Door program to improve the service delivery system, expand services and meet the needs of adults with disabilities

**PERFORMANCE MEASURES**

- Successful contribution and participation in collaborative efforts to improve the service delivery system, expand services and meet the needs of adults with disabilities

## PLANNING FOR THE FUTURE

While the programs and services described in this State Plan will have a significant impact over the next four years and into the future, the SUA cannot meet the needs of all older adults in Colorado in isolation. As the demographic shift begins to reflect an increasing number of older adults over the next four years, many other state agencies, stakeholders, local communities and collaborative groups will also be working to plan for the increasing needs of older adults. The SUA will participate in a leadership capacity in these efforts and contribute expertise and information vital to the successful planning for future needs.

**FUTURE STRATEGIES**

- Participate on House Bill 15-1033 Strategic Planning Group on Aging. This multi-disciplinary private and public sector stakeholders group is charged with developing a comprehensive strategic action plan on aging in Colorado through the year 2030. The group will provide to the Governor and General Assembly comprehensive data on and specific recommendations regarding private and public options for addressing this demographic shift.
- Participate on the House Bill 15-1233 Respite Care Task Force created to study the supply and demand of respite care services in Colorado and develop recommendations for the General Assembly on caregiver needs in the state
- Continue collaboration with HCPF, CDPHE, DOLA and other state agencies on efforts to assist older adults to live and thrive in the community of their choice. One example of this is the implementation of the Community Living Advisory Group plan developed in 2014.

**PERFORMANCE MEASURES**

- Completion of a plan by the Strategic Planning Group on Aging that addresses the increasing number of older adults in Colorado
- Completion of recommendations and actions identified in the Community Living Advisory Group and Community Living Plan

# GOAL 2: OLDER ADULTS IN COLORADO WILL BE AWARE OF AND WILL HAVE ACCESS TO SERVICES AND SUPPORTS NECESSARY TO ASSIST THEM.

## TARGETED OUTREACH OF OLDER AMERICANS ACT PROGRAMS

It is critical that older adults are aware of programs and services available through AAAs, and that AAAs target those most in need. In general, SUA OAA programs and services are available to individuals age 60 and over regardless of income or assets. Priority is given to those with the greatest social and economic need, with particular attention to low-income minority individuals and those who are frail, homebound or otherwise isolated.

In Federal Fiscal Year 2014, the SUA served 37,443 older Coloradans including the following services: personal care, assisted transportation, congregate meals, home-delivered meals, homemaker services, adult day care, transportation and legal assistance. The demographic data in Appendix D provides more information on the needs in the state.

Over the past few years, the Colorado General Assembly has increased the SFSS budget line item and other programs for older adults such as the Respite Care Services in part due to the anticipated increase in the aging population. However, in an analysis of the impact the funds, the number of consumers served has not increased at the same rate as the funding has increased. Additional outreach to the eligible populations is critical to increasing the awareness of the services available and increasing the number of people served statewide. CDHS will support and promote awareness of these programs and services through a variety of means in an effort to meet the growing needs.

In addition, as discussed in the Quality Management Section, SUA received funding for State Fiscal Year 2015-2016 to conduct a data study to identify our current capacity and needs for data collection and analysis of AAA programs and services. The data study will allow the SUA to better understand and address those needs and to track and report on the impact of AAA programs. The SUA also will conduct a more extensive analysis to understand where to target its outreach efforts.

**FUTURE STRATEGIES**

- Promote awareness of these programs and services through support of AAA marketing and outreach
- Support targeted outreach to the unserved and underserved populations around the state
- Use mapping software, such as the Poverty by Age maps on the State Demographer's website, to identify areas of need and potential expansion of programs in the state

- Follow up on the recommendations from the *Senior Services Data Study* that would increase awareness and availability of services
- Increase electronic outreach efforts via the State of Colorado website or senior publications that promote our programs
- Make enhancements to the data systems utilized by providers and AAAs to support better reporting of services being provided to consumers

**PERFORMANCE MEASURES**

- Increased number of people served
- Increased numbers of unserved and underserved populations that receive services
- Increased visibility of OAA programs at state, regional and local levels
- Increased providers and services in rural and hard to reach areas

## SUA AND AAA MARKETING AND OUTREACH

Marketing is essential to ensure older adults in Colorado are aware of services available to them through the SUA and AAAs. Outreach and marketing may help boost participation in services such as congregate meals, which have seen a decline in utilization over the past several years.

In State Fiscal Year 2014, the Governor approved a budget increasing funding to SFSS by $4 million. This state program provides services that mirror the services in the OAA. The increase in funding was provided to help address the dramatic growth in the number of older adults. In State Fiscal Years 2015 and 2016, the Governor approved increases of $4.5 million and $4 million respectively to help address Colorado's increasing aging demographic today and into the future.

Because of current aging trends in Colorado, the SUA needs to ensure older adults and caregivers are aware of services offered through the OAA and SFSS. For this reason, the SUA will work to improve the visibility of available programs and increase awareness of how to access those programs.

**FUTURE STRATEGIES**

- Develop marketing efforts to educate Coloradans on services offered through the OAA and SFSS
- Work with the AAAs to improve the visibility and recognition of AAAs as trusted resources for information and services
- Develop priorities for services with additional state funding to ensure services with the best outcomes are funded adequately
- Review recommendations from the Strategic Action Planning Group on Aging to implement areas of the report that impact individuals receiving OAA and SFSS

- Collaborate with the Colorado Commission for the Deaf and Hard of Hearing and provide representation from the SUA on the Commission for Developmental Disabilities to ensure that older adults with hearing impairments and older adults with developmental disabilities have access to services provided under the OAA and can lead their lives with dignity and respect

**PERFORMANCE MEASURES**

- Develop enhancements to SUA website to include tools for consumers such as meal site locations and days of service
- Work with local media to promote AAA services
- Work with AAAs to expand services with demonstrated positive outcomes
- Implement applicable recommendations from the Strategic Action Planning Group on Aging

## AGING AND DISABILITY RESOURCES FOR COLORADO AND THE 'NO WRONG DOOR' GRANT

In September 2005, Colorado received its first grant for Aging and Disability Resources for Colorado (ADRC), formerly called Aging and Disability Resource Centers and the first ADRC site was established in May 2006. Since then, the ADRC has expanded statewide through AAAs, Single Entry Points and Independent Living Centers, providing streamlined access for long-term services and supports for individuals age 18 and over with a disability and for individuals age 60 and over and their caregivers. Information and referral specialists within the ADRC provide information and assistance to consumers and caregivers, opening the door to essential long-term care services and supports. Currently, the SUA contracts with 13 AAAs and three SEPs to provide ADRC services.

ADRC funding has been an ongoing challenge. In the past, ADRC has used Title III funding to supplement ADRC services to individuals 60 and over. But ongoing funding to serve the under-60 population has been a barrier and ADRC has looked to other funding sources, including a grant from the Colorado Health Foundation, to serve these individuals. Also, ACL funding for ADRC will end on September 30, 2015.

In July 2012, Governor Hickenlooper issued an executive order establishing the Community Living Advisory Group (CLAG) to consider and recommend changes to the long-term services and supports delivery system in Colorado. In September 2014, the CLAG submitted its final recommendations to the governor, which included suggestions for improving long-term services and supports systems access and enrollment through a single point of entry or a fully functioning ADRC-like model. The functions of this single point of entry would be expanded to include Medicaid eligibility and determination of service level based on functional need.

In order to implement the CLAG recommendations, HCPF, the state's Medicaid Agency, applied for a NWD planning grant from ACL. HCPF was awarded the NWD planning grant in August 2014. Through this planning grant, CDHS is working with HCPF to explore strategies for restructuring and improving access to long-term care services and supports. CDHS supports the restructuring of the long-term care services delivery system to improve access for consumers and will continue to promote the ADRC model in the NWD planning process.

**FUTURE STRATEGIES**

- Strengthen the ADRC network by providing information and education on long-term care strategies and resources
- Develop a system for consistent and reliable data collection
- Explore with local ADRCs strategies for ongoing sustainable funding
- Participate in the NWD Planning Committee and partner with other state agencies to develop a streamlined process for providing information and access to long-term care and supports
- Educate stakeholders on services provided by the OAA programs
- Promote ADRC as an efficient and effective model for streamlining access to long-term care services and supports

**PERFORMANCE MEASURES**

- Track and report data demonstrating the number of individuals served through ADRC, including services provided and outcomes
- Evaluate and monitor the data on the number of individuals served, services provided and outcomes
- Provide streamlined access for long-term services and supports for individuals age 18 and over with a disability and for individuals age 60 and over and their caregivers

# GOAL 3: OLDER ADULTS IN COLORADO LIVE WITH DIGNITY, SAFETY AND RESPECT.

## LONG-TERM CARE OMBUDSMAN PROGRAM

The purpose of the Long-Term Care Ombudsman Program is to advocate on behalf of nursing home residents, assisted living residents and similar licensed adult long-term care residents and to investigate issues and complaints that affect their health, safety, rights, welfare and quality of life. Colorado's 76 trained Ombudsmen, both paid and volunteer, regularly visit long-term care facilities, monitor conditions and care and provide a voice for our most vulnerable populations. The SUA contracts with a not-for-profit agency, Disability Law Colorado, to staff and administer the Office of the Colorado Long-Term Care Ombudsman. CDHS is better able to help older adults live with dignity and respect because of the advocacy services provided by the Long-Term Care Ombudsman Program.

**FUTURE STRATEGIES**

- Develop a standardized certification training program to ensure new Ombudsmen have the knowledge and fundamental skills to intervene, investigate complaints and advocate on behalf of residents residing in long-term care facilities
- Promote training for Ombudsmen on topics that strengthen their skills to advocate, intervene and investigate allegations of elder abuse, neglect or exploitation
- Ensure that lead Ombudsmen have the knowledge and skills to provide leadership and direction at the local level by establishing minimum standards of experience and ongoing involvement in the program
- Require lead Ombudsman to regularly perform routine Ombudsman activities such as visits to facilities
- Provide joint training to Ombudsmen and Adult Protective Services (APS) in order to foster collaboration and multidisciplinary responses at the local level
- Form a task force dedicated to the Elder Justice Act and at-risk adults with representatives from the Ombudsman and Legal Assistance programs, members of APS, law enforcement and other relevant agencies to combine expertise regarding elder abuse, neglect and exploitation

**PERFORMANCE MEASURES**

- Track the number of participants in the standardized Ombudsman certification training program and use a pre/post evaluation form to identify increase in knowledge gained from the training
- Increase in the number of Ombudsman represented on local multi-disciplinary teams
- Track the number of individuals who receive service from Ombudsman annually

## COLORADO COALITION FOR ELDER RIGHTS AND ABUSE PREVENTION

The SUA contracts with the Colorado Coalition for Elder Rights and Abuse Prevention (CCERAP) to promote opportunities for collaboration within the aging network and to provide information and training focused on the detection and prevention of abuse, neglect and exploitation among of adults. Through CCERAP, various subject matter experts deliver training to consumers and professionals within the aging network, law enforcement and legal services on topics that have included Informed Consent and Elder Abuse and Medical Care: A Public Health Issue, Ethics Regarding Older Adults and Sexuality, Intimate Partner Abuse in Later Life and Responding to People With Dementia. Preventing abuse of older adults and protecting their rights are fundamental to living with dignity and respect.

**FUTURE STRATEGIES**

- Provide continued support for training, disseminating information to consumers and promoting collaboration among professionals through SUA grants
- Organize trainings to foster collaboration and multidisciplinary responses related to issues of abuse, neglect and exploitation; increase participants' understanding of elder abuse, neglect and exploitation; and increase their awareness of available resources to intervene on behalf of older adults in crisis
- Form a task force dedicated to the Elder Justice Act and at-risk adults, with representatives from the Ombudsman and Legal Assistance programs, members of APS, law enforcement and other relevant agencies to combine expertise regarding elder abuse, neglect and exploitation

**PERFORMANCE MEASURES**

- Annually track the number of people who receive CCERAP training
- Review and summarize participant evaluations following CCERAP trainings funded through the SUA

## LEGAL ASSISTANCE PROGRAM

The purpose of the Legal Assistance Program is to provide older adults access to legal advice and representation in matters affecting their safety and quality of life, including abuse and neglect, age discrimination, defense of guardianship, housing, utilities, income, long-term care, nutrition and adult protective services. In light of the broad array of needs that legal assistance can cover, the *Legal Assistance Program* helps meet all of the goals of this State Plan, including enabling older adults to remain in their home, remain healthy, have access to necessary services and live with dignity and respect.

In Colorado, local legal assistance programs for older adults are administered under the direction of the regional AAAs, with funding from the federal OAA as well as state and local resources. The SUA contracts with a not-for-profit agency, Disability Law Colorado, to oversee the legal assistance program statewide.

**FUTURE STRATEGIES**

- Ensure older adults receive legal assistance as needed in matters of abuse, neglect and exploitation
- Ensure legal counsel is available to local Ombudsmen
- Leverage resources more effectively by having a single entity provide legal assistance statewide under Title III of the OAA
- Form a task force dedicated to the Elder Justice Act and at-risk adults with representatives from the Ombudsman and Legal Assistance programs, members of APS, law enforcement and other relevant agencies to combine expertise regarding elder abuse, neglect and exploitation

**PERFORMANCE MEASURES**

- Track and improve reliability and consistency of data on the number of individuals served and the type of services provided
- Track the number of formal agreements completed with local service providers to provide legal assistance to the local Ombudsman Program
- Track utilization of legal services to ensure funds are directed to priority service issues identified in the OAA

## ELDER JUSTICE COLLABORATIVE INITIATIVES

The SUA collaborates with many organizations and agencies to promote the well-being of older adults and ensure that older adults live with dignity and respect. These multidisciplinary efforts to individuals in crisis situations help attain the goal of supporting older adults to live with dignity and respect and to have access to necessary services.

**FUTURE STRATEGIES**

- Partner with Adult Protective Services (APS) within CDHS Division of Aging and Adult Services and local APS county programs to develop and promote appropriate multidisciplinary training on investigating allegations of abuse, neglect or exploitation
- Form a task force dedicated to the Elder Justice Act and at-risk adults with representatives from the Ombudsman and Legal Assistance programs, members of APS, law enforcement and other relevant agencies to achieve combine expertise regarding elder abuse, neglect and exploitation
- Review the needs assessment being completed by Colorado Commission for the Deaf and Hard of Hearing on deaf and hard of hearing residents in long-term care facilities

**PERFORMANCE MEASURES**

- Track the number and types of professionals who participate in the multidisciplinary training
- Use an evaluation tool to measure the impact of the multidisciplinary training

# APPENDIX A:

# STATE PLAN ASSURANCES AND ACTIVITIES

**Listing of *State Plan on Aging* Assurances and Required Activities,**

***Older Americans Act*, As Amended in 2006.**

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

## ASSURANCES

**Sec. 305(a) - (c), ORGANIZATION**

(a)(2)(A) The state agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The state agency shall provide assurances, satisfactory to the Assistant Secretary, that the state agency will take into account, in connection with matters of general policy arising in the development and administration of the State Plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The state agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State Plan;

(a)(2)(F) The state agency shall provide assurances that the state agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The state agency shall provide an assurance that the state agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a state specified in subsection (b)(5), the state agency and area agencies shall provide assurance, determined adequate by the state agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the state in the case of single planning and service area states.

**Sec. 306(a), AREA PLANS**

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the state agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with state policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--
(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--
(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and
(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will: in coordination with the state agency and with the state agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the state Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are American Indians (referred to in this paragraph as "older Native Americans"), including-
(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;
(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and
(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the state agency--
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the state, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

(17) Each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and state emergency response agencies, relief organizations, local and state governments and other institutions that have responsibility for disaster relief service delivery.

**Sec. 307, STATE PLANS**

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, federal funds paid under this title to the state, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--
(i) no individual (appointed or otherwise) involved in the designation of the state agency or an area agency on aging, or in the designation of the head of any subdivision of the state agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
(ii) no officer, employee, or other representative of the state agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the state agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the state agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the state agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the state desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant state law and coordinated with existing state adult protective service activities for--
(A) public education to identify and prevent abuse of older individuals;
receipt of reports of abuse of older individuals;
(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and
(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each state will assign personnel (one of whom shall be known as a legal assistance developer) to provide state leadership in developing legal assistance programs for older individuals throughout the state.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the state are of limited English-speaking ability, then the state will require the area agency on aging for each such planning and service area—
(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and
(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--
(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and
(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the state agency will require outreach efforts that will—
(A) identify individuals eligible for assistance under this Act, with special emphasis on—
(i) older individuals residing in rural areas;
(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited

English proficiency, and older individuals residing in rural areas;
(iv) older individuals with severe disabilities;
(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the state will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the state agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall
(A) provide an assurance that the state agency will coordinate programs under this title and programs under title VI, if applicable; and
(B) provide an assurance that the state agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the state agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the state agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other state services that benefit older individuals; and
(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the state will coordinate public services within the state to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the state has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the state agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

**Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS**
(b)(3)(E) No application by a state under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the state under this paragraph will be used to hire any individual to fill a job opening created by the action of the state in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

**Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)**
(1) The state plan shall provide an assurance that the state, in carrying out any chapter of this subtitle for which the state receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The state plan shall provide an assurance that the state will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The state plan shall provide an assurance that the state, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State Plan shall provide an assurance that the state will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any federal or state law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State Plan shall provide an assurance that the state will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State Plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation
(A) in carrying out such programs the state agency will conduct a program of services consistent with relevant state law and coordinated with existing state adult protective service activities for--
(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the state will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order.

**REQUIRED ACTIVITIES**

**Sec. 307(a) STATE PLANS**

(1)(A)The state agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the state agency for approval, in accordance with a uniform format developed by the state agency, an area plan meeting the requirements of section 306; and

(B) The State Plan is based on such area plans.

**Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.**

(2) The state agency:
(A) evaluates, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the state;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the state agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the state under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The state agency:
(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and
(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The state agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the state agency or an area agency on aging in the state, unless, in the judgment of the state agency--
(i) provision of such services by the state agency or the area agency on aging is necessary to assure an adequate supply of such services;

(6) The state agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the state agency or an area agency on aging in the state, unless, in the judgment of the state agency--
(i) provision of such services by the state agency or the area agency on aging is necessary to assure an adequate supply of such services;
(ii) such services are directly related to such state agency's or area agency on aging's administrative functions; or
(iii) such services can be provided more economically, and with comparable quality, by such state agency or area agency on aging.

Mindy Kemp, Director
Division of Aging and Adult Services
Colorado Department of Human Services

6/30/15
Date

# APPENDIX B:

# INFORMATION REQUIREMENTS

**Section 305(a)(2)(E)**

*Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State Plan;*

The SUA monitors the AAAs to ensure preference is provided to individuals with the greatest social and economic needs through annual onsite evaluations or desk evaluations. The SUA requires the AAAs to address efforts to target underserved individuals in its Policy Directive for the Area Plans. Additionally, the SUA has policies and regulations requiring AAAs to identify targeting requirements in their requests for proposals to select providers of Older Americans Act services.

The State does not currently conduct cost sharing. The SUA and the AAAs will continue to explore this option and, if it is determined to implement cost sharing, the SUA will submit an amendment to the State Plan.

**Section 306(a)(17)**

*Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and state emergency response agencies, relief organizations, local and state governments and other institutions that have responsibility for disaster relief service delivery.*

The SUA monitors the Area Agencies on Aging (AAAs) to ensure emergency plans are in place through annual onsite evaluations or desk evaluations. The SUA requires the AAAs to facilitate continued health, safety and welfare of consumers, especially consumers deemed “vulnerable” during declared emergencies. AAAs shall designate staff as Emergency Preparedness and Continuity of Operations (EP) Coordinators. EP Coordinators are responsible for emergency preparedness and continuity of operations planning for the AAA and proactively bringing the likely needs of older adults in their regions to the attention of county emergency managers to ensure the health, safety, and welfare of Older Americans Act and Older Coloradans Act consumers. The EP Coordinator is the primary point of contact with the State Unit on Aging (SUA) and county emergency managers.

Each county has a unit designated as the Office of Emergency Management. A plan manager within the county office is responsible for overseeing the county emergency preparedness and continuity of operations plans developed under the direction of the Colorado Office of Emergency Management. The county emergency manager is the likely contact for coordination efforts by AAA EP Coordinator. The Division of Homeland Security and Emergency Management website contains information on emergency preparedness at http://www.dhsem.state.co.us/.

In the event of a disaster of such proportions that the President approves an Executive Order declaring any county within a Planning and Service Area (PSA) a "federal disaster area", the SUA may be notified by the Administration for Community Living (ACL) of the availability of "disaster funds". These funds, if awarded, are typically granted without match requirements. Additionally, the SUA has policies and regulations requiring AAAs to identify targeting requirements in their requests for proposals to select providers of Older Americans Act services.

**Section 307(a)(2)**

*The plan shall provide that the state agency will:*
*(C) Specify a minimum proportion of the funds received by each area agency on aging in the state to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) (Note: those categories are access, in-home, and legal assistance). Provide specific minimum proportion determined for each category of service.*

The SUA requires the AAAs to expend Part B funding in the following percentages:

1. Access: 25%
2. In-home: 15%
3. Legal: 3%

**Section (307(a)(3)**

*The plan shall:*
*(B) with respect to services for older individuals residing in rural areas:*
*(i) provide assurances the state agency will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.*
*(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services).*
*(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

The SUA incorporates a rural component into its Intrastate Funding Formula. The funding of rural areas of Colorado remains constant with this method. As funding increases through the Older Americans Act and SFSS, the funding component associated with the rural population is increased. Assuming flat funding, the component of appropriations associated with the rural population will be:

| Federal Fiscal Year | Total Funding Associated with Rural Populations |
|---|---|
| 2015-16 | $2,189,210 |
| 2016-17 | $2,189,210 |
| 2017-18 | $2,189,210 |
| 2018-19 | $2,189,210 |

**Section 307(a)(10)**

*The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.*

The SUA has worked with the AAAs to identify new service delivery models to ensure older adults residing in rural areas have access to services. Due to the geographic expanse in rural areas, the use of self-direct services has expanded to address the need for services. Consumers in rural areas are able to identify individuals to provide services that may or may not be associated with a formal provider. This method works well with in-home services and transportation. Additionally, the overhead associated with an agency is avoided through this practice.

**Section 307(a)(14)**

*(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—*
*(A) identify the number of low-income minority older individuals in the state, including the number of low income minority older individuals with limited English proficiency; and*
*(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

The SUA requires the AAA maintain current information about opportunities, benefits, and services available to older adults and their caregivers. In an area in which five percent or more of older adults speak a given language (other than English) as their principal language, information, and assistance service shall also be provided in that language.

Additionally, the SUA requires in the AAAs' Area Plans to outline specific steps to target consumers of the greatest economic and social need, low-income minority, frail, and rural consumers.

**Section 307(a)(21)**

*The plan shall:*

*(B) provide an assurance that the state agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (title III), if applicable, and specify the ways in which the state agency intends to implement the activities .*

The SUA requires information and assistance, and outreach activities are conducted in the principle language spoken in areas where Native American older adults comprise at least:

- One percent (1%) of a PSA's population age sixty (60) and over; or,
- Five percent (5%) or more of the state's age sixty and older Native American population reside within a PSA.

**Section 307(a)(29)**

*The plan shall include information detailing how the state will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, state agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.*

The SUA requires the AAAs to facilitate continued health, safety and welfare of consumers, especially consumers deemed "vulnerable" during declared emergencies. AAAs designate staff as EP Coordinators. EP Coordinators are responsible for emergency preparedness and continuity of operations planning for the AAA and proactively bringing the likely needs of older adults in their regions to the attention of county emergency managers to ensure the health, safety, and welfare of Older Americans Act and Older Coloradans Act consumers. The EP Coordinator is the primary point of contact with the SUA and county emergency managers.

Each county has a unit designated as the Office of Emergency Management. A plan manager within the county office is responsible for overseeing the county emergency preparedness and continuity of operations plans developed under the direction of the Colorado Office of Emergency Management. The county emergency manager is the likely contact for coordination efforts by AAA EP Coordinator. The Division of Homeland Security and Emergency Management website contains information on emergency preparedness at http://www.dhsem.state.co.us/.

In the event of a disaster of such proportions that the President approves an Executive Order declaring any county within a Planning and Service Area (PSA) a "federal disaster area", the SUA may be notified by ACL of the availability of "disaster funds". These funds, if awarded, are typically granted without match requirements. Additionally, the SUA has policies and regulations requiring AAAs to identify targeting requirements in their requests for proposals to select providers of Older Americans Act services.

**Section 307(a)(30)**

*The plan shall include information describing the involvement of the head of the state agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.*

The State Department of Public Safety, Division of Homeland Security develops the State of Colorado Emergency Operations Plan for the Governor. That order directs the Department of Human Services provides mass care, emergency assistance, housing, and human services for individuals in need throughout Colorado.

**Section 705(a)(7)**

*In order to be eligible to receive an allotment under this subtitle, a state shall include in the State Plan submitted under section 307:*
*(7) a description of the manner in which the state agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).*
*(Note: Paragraphs (1) of through (6) of this section are listed below)*

*In order to be eligible to receive an allotment under this subtitle, a state shall include in the State Plan submitted under section 307:*
*(1) an assurance that the state, in carrying out any chapter of this subtitle for which the state receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;*
*(2) an assurance that the state will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;*
*(3) an assurance that the state, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;*
*(4) an assurance that the state will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any federal or state law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;*
*(5) an assurance that the state will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);*
*(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--*
*(A) in carrying out such programs the state agency will conduct a program of services consistent with relevant state law and coordinated with existing state adult protective service activities for:*
*(i) public education to identify and prevent elder abuse;*
*(ii) receipt of reports of elder abuse;*

*(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and*
*(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;*
*(B) the state will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and*
*(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--*
*(i) if all parties to such complaint consent in writing to the release of such information;*
*(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or (iii) upon court order*

The SUA confirms that it has complied with the above assurances. The SUA has met the requirements of each of these assurances and continues to review policies, procedures and regulations to ensure services provided through the Older Americans Act comply with these and other requirements of the program.

# APPENDIX C:

# INTRASTATE FUNDING FORMULA

The State Unit on Aging (SUA) met with the Area Agencies on Aging (AAAs) this year to review possible changes to the Intrastate Funding Formula. After consideration of a variety of options and the input from AAAs, the SUA decided to continue to use the existing formula. The SUA will continue to review options for changes to the formula throughout the next four years. If a revision to the formula is developed, the SUA will submit the proposed changes to the Administration for Community Living for approval. The Intrastate Funding Formula for Colorado is based on the following demographic breakouts:

- 40% Population age 60 years and older
- 15% Rural population age 60 years and older
- 15% Minority population age 60 years and older
- 15% Low-income population age 60 years and older
- 15% Population age 75 years and older

The following table shows the resulting allocations for the planning service areas, the sixteen Area Agencies on Aging in Colorado, for State Fiscal Year 2016.

## COLORADO DEPARTMENT OF HUMAN SERVICES, DIVISION OF AGING AND ADULT SERVICES, STATE UNIT ON AGING
## STATE FISCAL YEAR 2015-16 AREA AGENCY ON AGING ALLOCATIONS

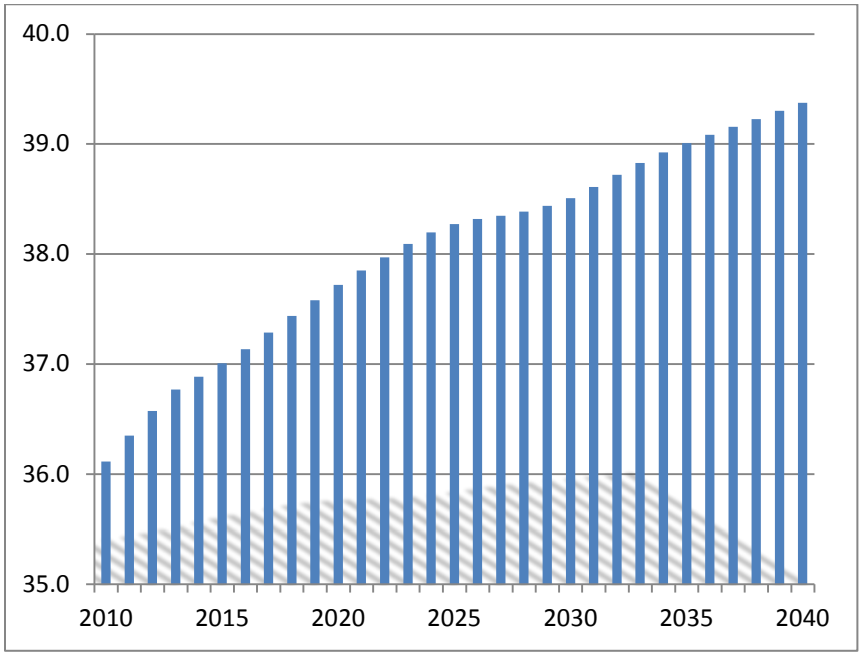
| Region | Part B | Part C-1 | Part C-2 | Part D | Part E | Ombudsman | Elder Abuse Prevention | Administration | Total |
|---|---|---|---|---|---|---|---|---|---|
| Region 1 | 85,807 | 131,113 | 66,940 | 5,196 | 35,384 | 5,095 | 923 | 33,830 | 364,288 |
| Region 2A | 198,133 | 302,789 | 154,568 | 13,053 | 88,899 | 11,846 | 2,086 | 78,957 | 850,331 |
| Region 2B | 182,780 | 279,323 | 142,591 | 11,978 | 81,585 | 7,419 | 1,984 | 72,791 | 780,451 |
| Region 3A | 1,479,934 | 2,262,050 | 1,154,540 | 102,798 | 700,152 | 93,852 | 20,272 | 593,923 | 6,407,521 |
| Region 3B | 161,951 | 247,529 | 126,343 | 11,246 | 76,593 | 10,752 | 1,844 | 64,995 | 701,253 |
| Region 4 | 400,546 | 612,186 | 312,477 | 27,212 | 185,335 | 20,623 | 4,491 | 160,266 | 1,723,136 |
| Region 5 | 56,586 | 86,440 | 44,143 | 3,151 | 21,463 | 1,296 | 277 | 22,096 | 235,452 |
| Region 6 | 73,566 | 112,402 | 57,390 | 4,339 | 29,552 | 3,144 | 887 | 28,913 | 310,193 |
| Region 7 | 170,308 | 260,276 | 132,862 | 11,104 | 75,643 | 8,486 | 2,286 | 67,773 | 728,738 |
| Region 8 | 88,127 | 134,651 | 68,749 | 5,358 | 36,490 | 1,524 | 993 | 34,765 | 370,657 |
| Region 9 | 120,152 | 183,600 | 93,734 | 7,598 | 51,748 | 2,977 | 858 | 47,631 | 508,298 |
| Region 10 | 135,404 | 206,918 | 105,631 | 8,665 | 59,014 | 4,003 | 1,334 | 53,756 | 574,725 |
| Region 11 | 189,523 | 289,638 | 147,851 | 12,450 | 84,798 | 10,705 | 2,446 | 75,495 | 812,906 |
| Region 12 | 89,050 | 136,055 | 69,470 | 5,422 | 36,930 | 198 | 736 | 35,140 | 373,001 |
| Region 13 | 95,093 | 145,303 | 74,184 | 5,845 | 39,809 | 3,602 | 1,105 | 37,562 | 402,503 |
| Region 14 | 49,607 | 75,774 | 38,698 | 2,662 | 18,137 | 1,228 | 506 | 19,291 | 205,903 |
| Total | 3,576,567 | 5,466,047 | 2,790,171 | 238,077 | 1,621,532 | 186,750 | 43,028 | 1,427,184 | 15,349,356 |

# APPENDIX D:

# COLORADO DEMOGRAPHIC DATA

As in many states and the nation as a whole, Colorado's population is aging. The median age in Colorado is expected to rise from 36.1 in 2010 to 39.4 in 2040. The population of adults over age 65 is expected to rise significantly in Colorado as more "Baby Boomers" (people born between 1946 and 1964) enter this demographic. Colorado's population increased 17 percent between 2000 and 2010, however the number of people over 65 increased by 32 percent during that decade.[1] This shift marks the first time in Colorado's history where the population over age 65 grew at a faster rate than the general state population.[2]

## COLORADO MEDIAN AGE 2010 – 2040

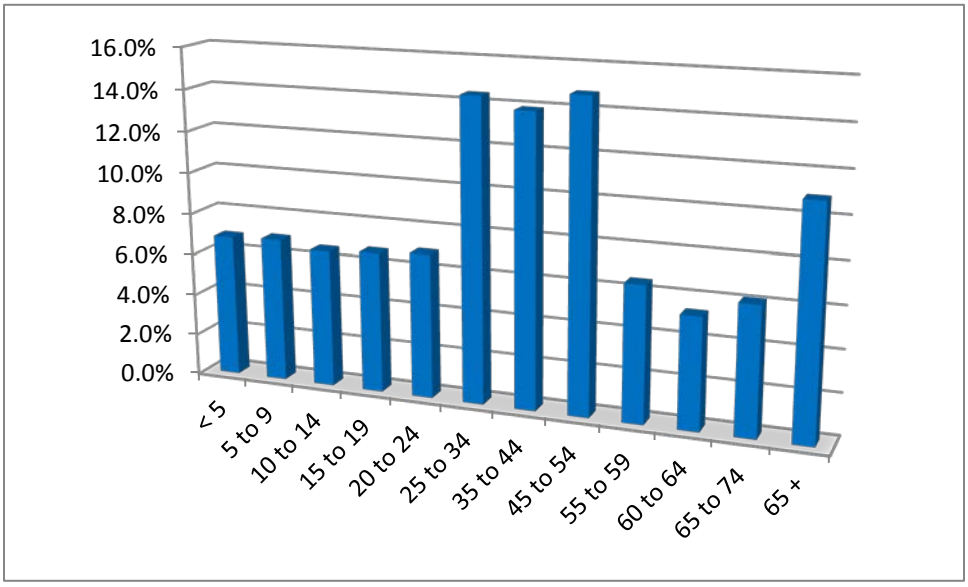



Source: Based on SUA analysis of Population Data from Colorado State Demography Office website

Colorado's population is rapidly becoming older and more diverse. In fact, the growth in Colorado's 65 and older population is estimated to be the fourth fastest in the nation.[6] Between 2010 and 2020, Colorado's 65 and older population is forecast to increase by 61 percent, growing from approximately 550,000 to nearly 900,000[4]. Between 2010 and 2030, the number of individuals age 65 and over is forecast to increase by 120 percent[7] to a total of more than 1.2 million[5].

The spike in the over 65 population will put a strain on the infrastructure needed to meet the needs of elderly individuals, in particular because the over-65 age group buys, works, lives and receives services differently from other age groups. Growth this population will impact the labor force, economic development, housing, transportation, health services and public finance[8].

## COLORADO's POPULATION BY AGE GROUP



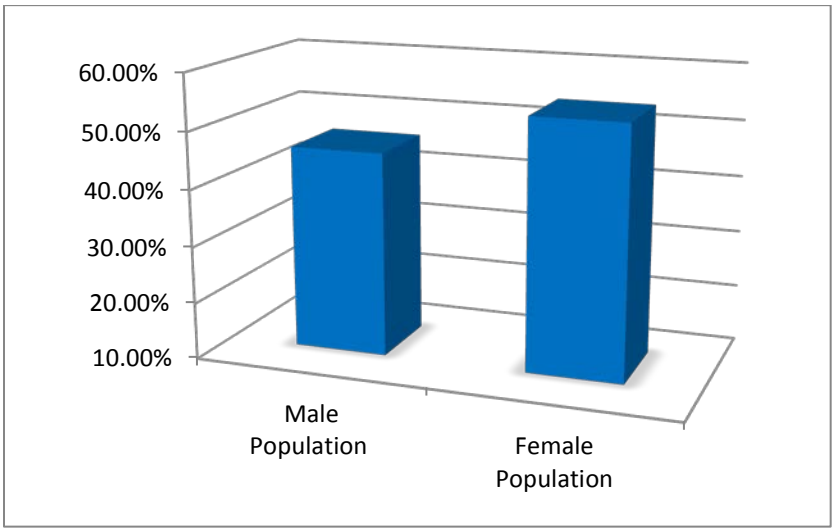

Source: Based on SUA analysis of Population Data from Colorado State Demography Office website

The following demographic information describes data related to specific subsets of the older adult population in Colorado such as gender, race/ethnicity, poverty and location (rural or urban) and older adults in the labor force. This information provides context and may be helpful in preparing for and meeting the needs of the aging population over the next four years.

## GENDER AND RACE/ETHNICITY

Colorado's over-60 population consists of 54 percent female to 46 percent male, compared with the national average of 55.5 percent female to 44.5 percent male.[9] Single female households will continue to be the dominant consumer of services to the elderly in the coming decades.

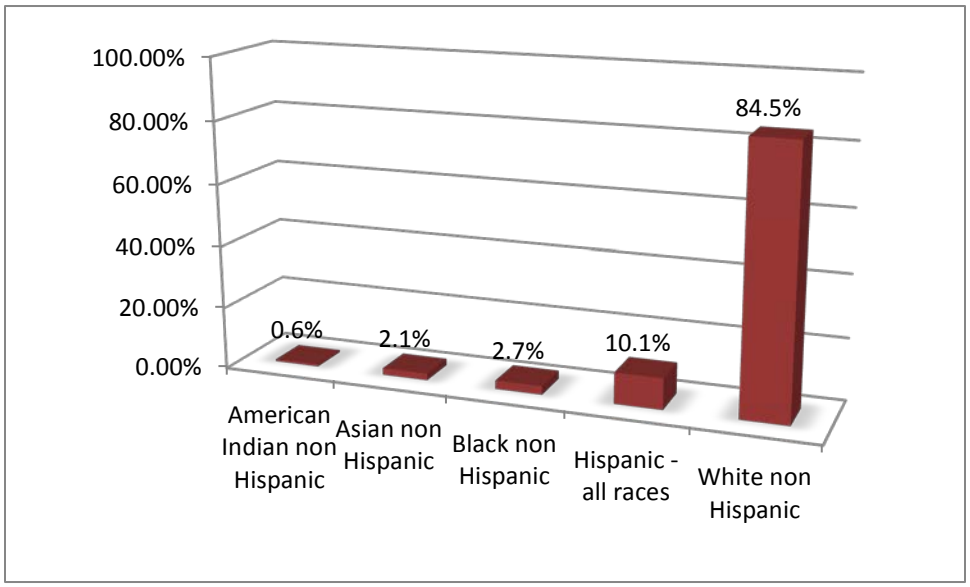
### COLORADO's OVER 60 POPULATION BY GENDER




Source: Based on SUA analysis of Population Data from Colorado State Demography Office website

Colorado's over-60 population is primary white non-Hispanic, comprising more than 84 percent of this cohort.[10] The elderly Hispanic population is expected to grow significantly, presenting a challenge to providers to reach communities currently not being served.

## COLORADO's OVER 60 POPULATION BY RACE



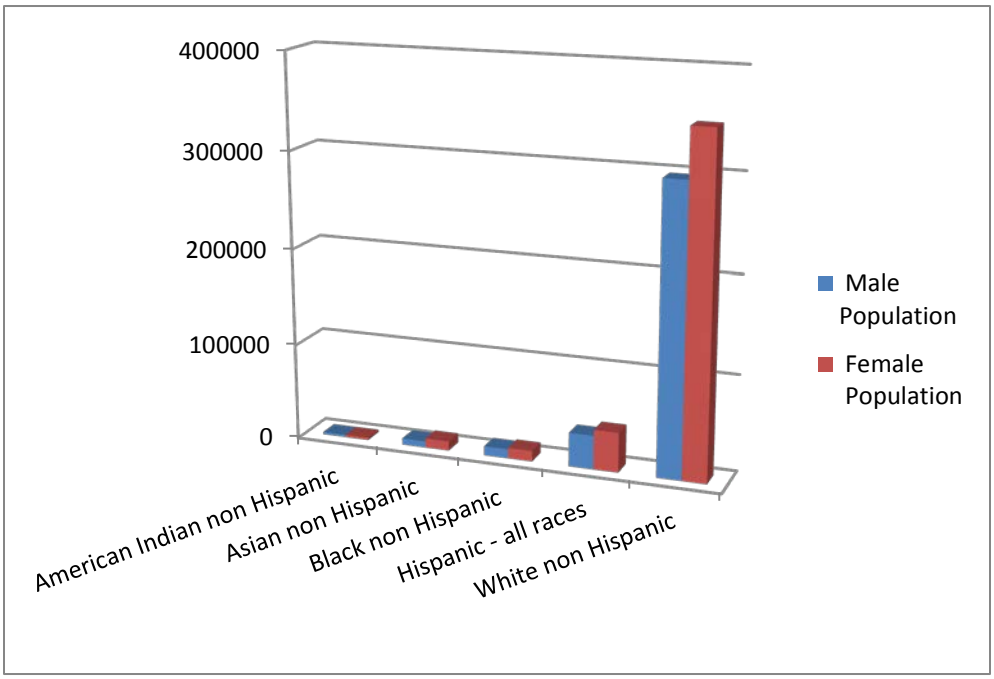

Source: Based on SUA analysis of Population Data from Colorado State Demography Office website

## COLORADO's OVER 60 POPULATION BY RACE AND GENDER

| Race | Male | Female | Total | Percent |
|---|---|---|---|---|
| American Indian non-Hispanic | 2,299 | 2,452 | 4,751 | 0.62% |
| Asian non-Hispanic | 6,644 | 9,682 | 16,326 | 2.14% |
| Black non-Hispanic | 9,624 | 11,171 | 20,795 | 2.72% |
| Hispanic - all races | 35,231 | 41,496 | 76,727 | 10.05% |
| White non-Hispanic | 296,896 | 347,659 | 644,555 | 84.46% |
| Total | 350,694 | 412,460 | 763,154 | 100% |

Source: Based on SUA analysis of Population Data from Colorado State Demography Office website

## COLORADO's OVER 60 POPULATION BY RACE AND GENDER

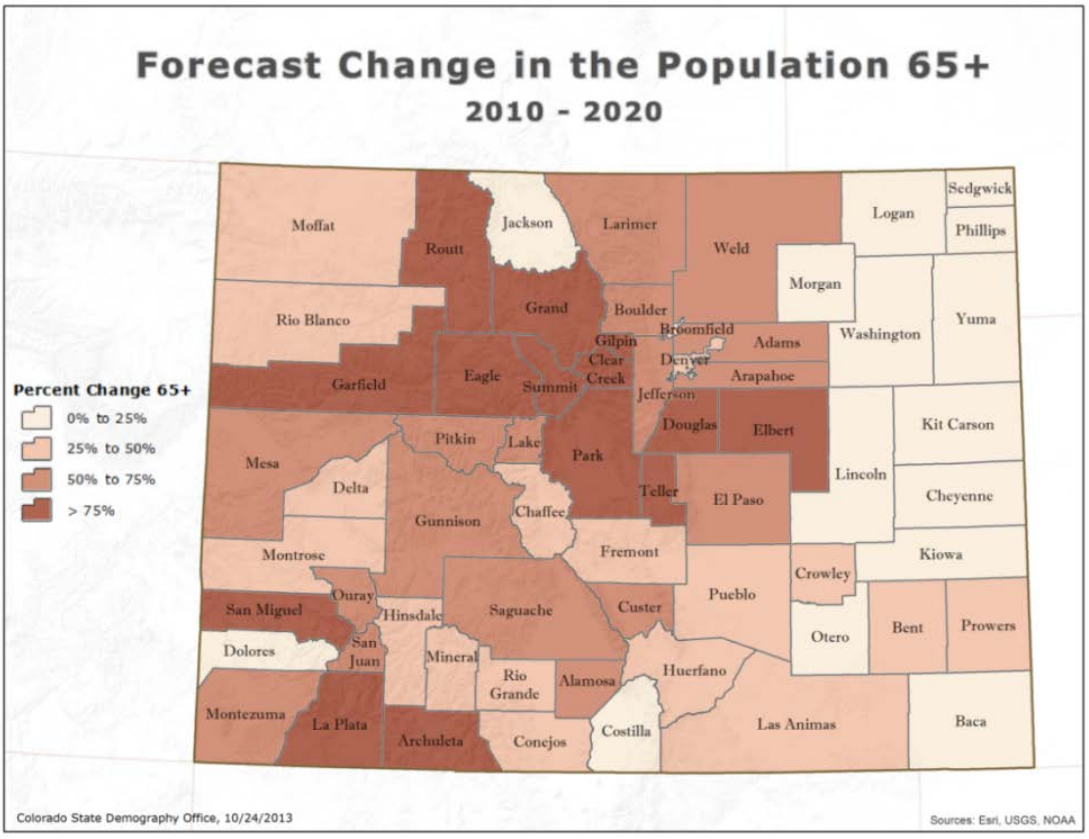



Source: Based on SUA analysis of Population Data, Colorado State Demography Office website

## URBAN/RURAL

Following the trend of the state's overall population, the population of seniors in Colorado will generally reside in urban and mountain areas. This presents challenges to those seniors living in rural settings as services may be limited, farther away than in urban settings or not available at all. This will also have an impact on the "metro-centric" nature of many consumer services. The service providers in urban areas and along the mountain corridor will see existing resources stretched to their limit as new providers and resources are developed to accommodate the increase in the senior population.

# COLORADO POPULATION CHANGE IN PEOPLE 65 AND OLDER, 2010 - 2020

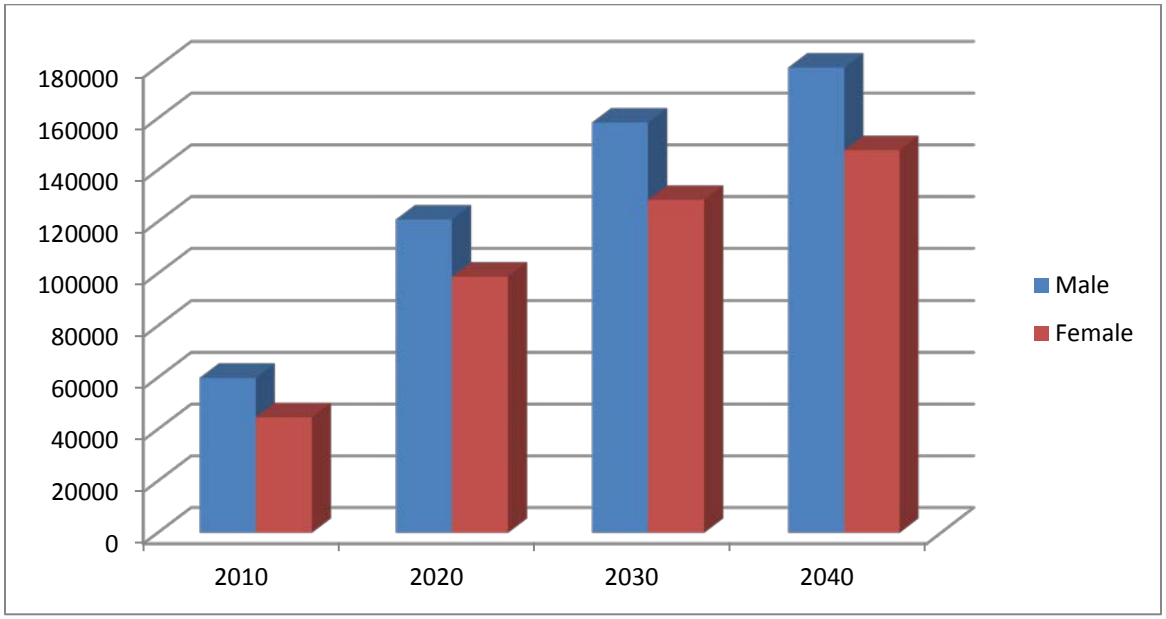



Source: Colorado State Demography Office, October 24, 2013

## Labor Force

Colorado attracted many Baby Boomers in the 1970s with its rapid growth and job opportunities. Even though many of these individuals have reached the traditional retirement age, many choose to continue working. The percent of the labor force in Colorado that is 55 and above will continue to grow, eventually reaching almost a quarter of the workforce in 2030.[12] In some cases, this increase in seniors working past retirement age may delay the need for certain services.

## NUMBER OF COLORADO'S 55+ POPULATION IN THE LABOR FORCE

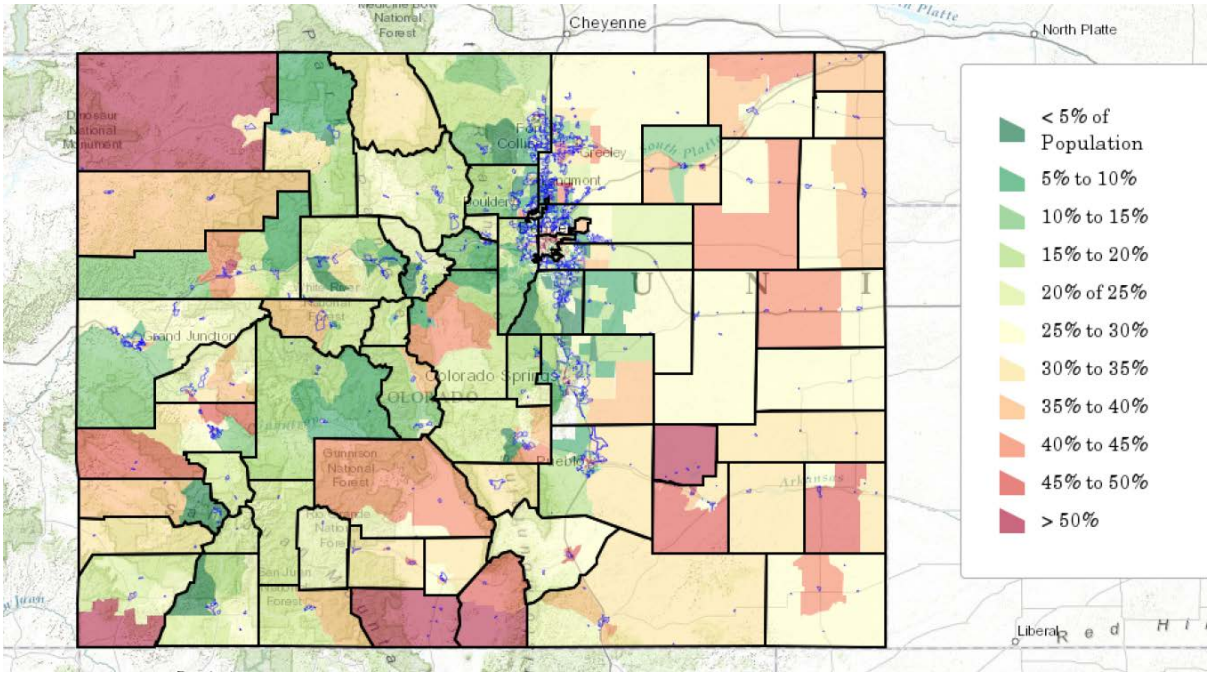



Source: Based on SUA analysis of Population Data, Colorado State Demography Office website

## POVERTY

The percent of Coloradans 65 and over that live under 185% of poverty levels is illustrated above.[13] Not surprisingly, the rural areas of the state are more impoverished than the urban areas and mountain corridor, resulting in a greater need for services. This presents challenges to service providers as well as consumers in rural areas, where it is often not cost-effective or even feasible to provide services such as congregate meals and transportation.

# PERCENT OF COLORADANS AGE 65+ WHO ARE BELOW 185% OF FEDERAL POVERTY LEVEL




Source: Based on SUA analysis of Population Data, Colorado State Demography Office website

## Demographic Data References

[1] Department of Local Affairs, State Demography Office, July 2012, page 1.
[2] Department of Local Affairs, State Demography Office, July 2012, page 1.
[3] United States Census Bureau, quick facts, US Census website.
[4] Department of Local Affairs, State Demography Office, July 2012, page 1.
[5] Department of Local Affairs, State Demography Office, July 2012, page 1.
[6] Department of Local Affairs, State Demography Office, July 2012, page 1.
[7] Ibid.
[8] Department of Local Affairs, State Demography Office, July 2012, page 8.
[9] Department of Local Affairs, State Demography Office website, Population Data.
[10] Ibid.
[11] Department of Local Affairs, State Demography Office website, The Economy and Labor Force.
[12] Department of Local Affairs, State Demography Office, Colorado Labor Force, January 2014, page 6.
[13] Department of Local Affairs, State Demography Office website, Poverty by Age.

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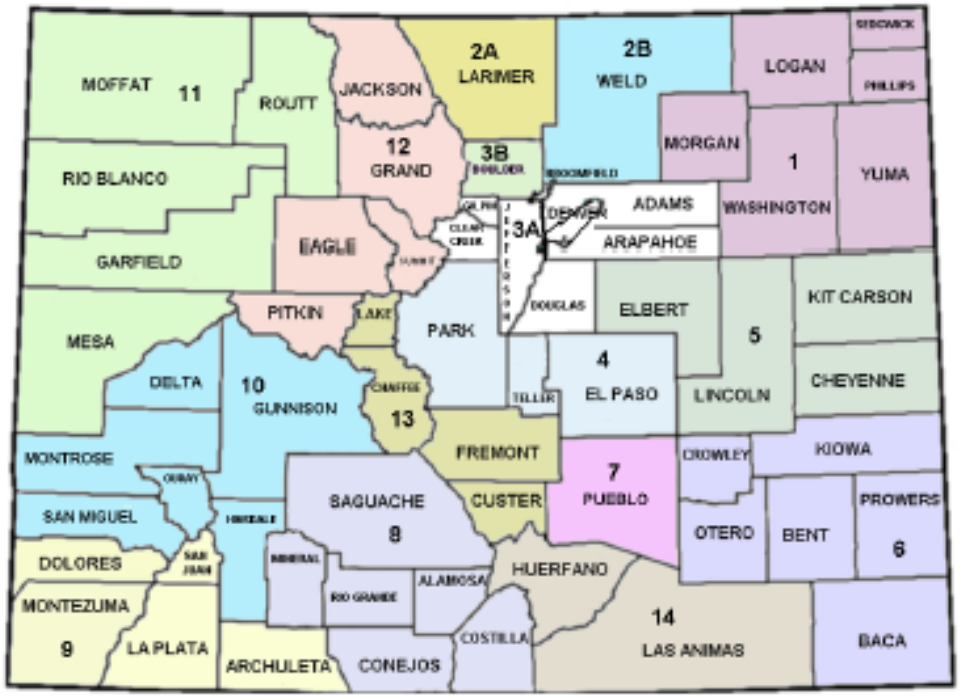


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# APPENDIX F:

# SUMMARY OF PUBLIC INPUT

# AND NEEDS ASSESSMENT

## SUMMARY OF PUBLIC INPUT - STATE PLAN 2015-2019

The State Plan is based on the collaboration and input of numerous older adults, providers and the sixteen Area Agencies on Aging. Public input and strategy sessions were conducted throughout the state by, for or in conjunction with the Division of Aging and Adult Services. A summary of these sessions follows.

**JUNE 2014**

June 9, 2014: Strategy Session: Outcomes

**JULY 2014**

July 15-20, 2014: Boulder Public Input

**AUGUST 2014**

August 14: Weld County Public Input
August 15: Public Input Poudre Valley Hospital, MCR AHEC
August 19: Legal Center for People with Disabilities and Older People (Outcomes and Performance Indicators)
August 20: Public Input - 22505 Hwy 384; Holyoke 80734 AHEC
August 25: New AAA Director's Training
August 29: Public Input - 166 Cedar Avenue, Akron, 80720 9 a.m. AHEC

**SEPTEMBER 2014**

September 10: Public Input - 100 E. Abriendo Ave., Pueblo 81004
September 15: SUA/AAA Strategy Session: Unserved and Underserved
September 16: Larimer County Consumer Information Assessment
September 22: Trinidad Public Input
September 26: Sandy Markwood (N4A) Strategic Planning Session with SUA and AAA
September 28: Garfield County Council on Aging Public Input

**OCTOBER 2014**

| | |
|---|---|
| October 7: | Larimer, Fort Collins Senior Center Public Input |
| October 8: | Nutrition Strategy Session webinar |
| October 16: | Nutrition Strategy Session |
| October 17: | DRCOG Regional Advisory Council Meeting |

**NOVEMBER 2014**

| | |
|---|---|
| November 3-4: | La Junta Public Input - LAVAAA |
| November 18: | Pagosa Springs Public Input |
| November 20: | DRCOG Provider Meeting |

**DECEMBER 2014**

| | |
|---|---|
| December 15: | Colorado Deaf and Hard of Hearing Commission |

**FEBRUARY 2015**

| | |
|---|---|
| February 6: | Boulder Regional Advisory Council |

**MARCH 2015**

| | |
|---|---|
| March 25-26: | Ute Mountain Ute/Southern Ute Public Input |

**APRIL 2015**

| | |
|---|---|
| April 10: | Colorado Deaf and Hard of Hearing Commission |

**May 2015**

| | |
|---|---|
| May 2015: | Review of 16 AAA Area Plans for themes, program and operational needs, service needs and population and demographic related needs, etc. |

# APPENDIX G:

## STATE UNIT ON AGING OUTCOMES LOGIC MODEL

**Older Adults in Colorado will have the opportunity to live and thrive in the community of their choice.**

Goal 1: Older adults in Colorado will have the opportunity to live in their homes and have a high quality of life by remaining active, healthy and meaningfully engaged in their communities.

Goal 2: Older adults in Colorado will be aware of and will have access to services and supports necessary to assist them.

Goal 3: Older adults in Colorado live with dignity, safety and respect.

| Program | Inputs/ Resources | Program Description/Activities | Short Term Outcomes | Long-term Outcomes |
|---|---|---|---|---|
| Transportation Services | OAA and SFSS funds, SUA oversight and monitoring, AAA administration, local service providers' volunteers | Transportation services provide older adults one of the keys to living and thriving in their communities – the ability to access essential services in the community. For older adults who do not drive or whose physical condition prohibits them from using public transportation, AAAs arrange rides for medical appointments, business errands, social activities, shopping and participating in senior activities such as congregate meals. | Older adults have access to activities and services important to their health and well-being that they would otherwise not have easy or any access to. Older adults attend medical appointments, congregate meals, senior centers, grocery stores and other locations that provide services to support their health and well-being. | Older adults are less isolated, healthier and engaged in their community. Older adults are able to remain a level of autonomy and independence, thereby allowing them to remain in the community of their choice. |

| Program | Inputs/ Resources | Program Description/Activities | Short Term Outcomes | Long-term Outcomes |
|---|---|---|---|---|
| ` | OAA and SFSS funds; AAA administration; local service providers and volunteers; SUA oversight and monitoring | Nutrition program congregate meal sites provide nutritious meals in a social setting while also serving as "aging hubs" in local communities, giving seniors access to resources and valuable information on important topics to help them maintain their health and well-being such as disease management. | Older adults eat a nutritious meal and engage is socialization. Older adults have better nutritional health and healthy behaviors such as less sedentary behavior. | Reduction in food insecurity and hunger, increased socialization and decreased isolation, improvements in overall health and well-being and delay of adverse health conditions for older adults. |
| Home-Delivered Nutrition Program | OAA and SFSS funds; AAA administration; local service providers and volunteers; SUA oversight and monitoring | Meals are delivered to the residences of older adults who are homebound, frail or geographically isolated and unable to participate in the congregate nutrition program. Meals provided are nutrient-dense and nutritionally appropriate for older adults and are designed to meet the local community's cultural and community preferences. | Older adults eat a nutritious meal and have better nutritional health and healthy behaviors. | Older adults have reduced food insecurity and hunger, increased socialization, promotion of health and well-being and delayed adverse health conditions resulting from poor nutritional health. |

| Program | Inputs/ Resources | Program Description/Activities | Short Term Outcomes | Long-term Outcomes |
|---|---|---|---|---|
| Oral Health Care | OAA and SFSS funds; AAA administration; local service providers and volunteers; SUA oversight and monitoring | Oral health is an important part of overall health and contributes to overall quality of life for older adults. The SUA has worked with the AAAs to identify ongoing gaps in access to dental services and to use OAA and state funding to serve individuals not eligible for dental services offered through HCPF. | Older adults oral health needs are met with dentures, tooth extractions, fillings and other needs. | Older adults have improved nutrition and overall health as a result of their ability to eat nutritious meals. |
| Health Promotion and Disease Prevention Programs | OAA and SFSS funds; AAA administration; local service providers; volunteers; SUA oversight | Evidence-based health promotion programs, such as A Matter of Balance and Healthy Moves for Aging Well, assist older adults to maintain their health and well-being. | Older adults develop skills and implement changes to prevent falls and manage chronic conditions, depression, medications and the stress of being a family caregiver. | Older adults have improved health and less risk of falls and adverse effects of illnesses such as chronic conditions and depression. |
| The Chronic Disease Self-Management Program (CDSMP) | CDSMP grant funding, SUA oversight and monitoring, program administration by contractors, local service providers, volunteers | The Chronic Disease Self-Management Program (CDSMP) is a six-week, evidence-based program developed by Stanford University to help participants take charge of their health through nutrition, exercise, meditation and other skills. | Participants who complete at least four of six classes are likely to have significant improvements in their levels of pain, physical activity, medication compliance, physician communication and less incidences of depression, emergency room visits and hospitalizations. | Older adults manage their chronic disease or illness and have better overall health and well-being which enables them to live longer in their home and maintain their independence. |

| Program | Inputs/ Resources | Program Description/Activities | Short Term Outcomes | Long-term Outcomes |
|---|---|---|---|---|
| Senior Community Service Employment Program (SCSEP) | U.S. DOL grant funding, SUA oversight and monitoring, contractor administration of the program (SER National), local service providers | The Senior Community Service Employment Program (SCSEP) provides employment training to people age 55 and older and at 125% of poverty or greater with multiple barriers to employment. The program is designed to upgrade the participant's employability skills to assist them to become gainfully employed. | Adults over age 55 gain skills and experience to assist them in finding meaningful employment. | Older adults are gainfully employed which enables them to live independently in the community of their choice. |
| Caregiver Support Program | ACL grant funding, SUA oversight and monitoring, contractor administration of the program, local service providers and volunteers | The Caregiver Support Program enhances caregiver skills and alleviates stress among caregivers by providing supporting them in five key areas: information, access to services, counseling and training, respite care and supplemental services. The program supports caregivers of adults age 60 or older who are determined functionally impaired as well as grandparents over55 raising grandchildren. | Caregivers feel less stress and able to provide better care. | Older adults are able to remain in their own home with the help of a caregiver |

| Program | Inputs/ Resources | Program Description/Activities | Short Term Outcomes | Long-term Outcomes |
|---|---|---|---|---|
| Alzheimer 's disease Supportive Services Program | ACL grant funding, SUA oversight and monitoring, contractor administration of the program (Alzheimer Association of Colorado), local service providers and volunteers | In September 2014, Colorado's SUA received a three-year Alzheimer's Disease Supportive Services Program grant from the Administration for Community Living to expand the availability of responsive, integrated and sustainable community-level service delivery systems for people with Alzheimer's disease and related disorders and their caregivers. The SUA is using these grant funds to create a "dementia-capable" model of long-term services and supports poised to meet the needs of individuals with Alzheimer's disease. | Information and assistance specialists and person-centered counselors will better understand the unique needs of individuals caring for people with dementia and that caregivers will receive the information and education they need to better care for themselves and individuals with Alzheimer's / dementia. | Older adults with dementia will be better cared for and have an overall increased well-being and quality of life. |

| Program | Inputs/ Resources | Program Description/Activities | Short Term Outcomes | Long-term Outcomes |
|---|---|---|---|---|
| Lifespan Respite Program | ACL grant funding, SUA oversight and monitoring, contractor administration of the program (Easter Seals), local service providers and volunteers | The Administration for Community Living (ACL) awarded the SUA a three-year Lifespan Respite Program grant in September 2014. The purpose of the grant is to establish a statewide, coordinated system to meet the respite needs of family members caring for adults or children with special needs. With this grant, the SUA is working to improve access to and quality of respite services and offering respite services. The SUA awards these funds to a contractor that funds respite agencies statewide. | Caregivers of older adults receive short-term breaks to rejuvenate and relieve stress so they can adequately care for the older adult. | Older adults and adults with disabilities are able to remain in their home longer due to the support of the family caregivers.<br><br>Additionally, the Program creates a network of respite providers and resources to provide easier access to respite services throughout Colorado. |
| Fall Prevention Programs | OAA and SFSS funds; AAA administration; local service providers and volunteers; SUA oversight | The SUA works with AAAs and other providers to implement evidence-based fall prevention initiatives such as A Matter of Balance. | Older adults have less falls and less fear of falls, increased strength and balance. | Older adults are less likely to fall and injure themselves, improving their overall health and quality of life. |

| Program | Inputs/ Resources | Program Description/Activities | Short Term Outcomes | Long-term Outcomes |
|---|---|---|---|---|
| Medicare / Medicaid Integration Ombudsman Program | Funding received by CMS and provided to CDHS to administer; 5 sub grantees; SUA oversight and monitoring | The purpose of the Medicare/Medicaid Integration Ombudsman Program is to ensure that individuals enrolled in the state of Colorado Demonstration Project to Integrate Care for Medicare and Medicaid enrollees have information and assistance needed to access and receive services supporting their health and well-being. Giving these individuals access to an Ombudsman makes a critical contribution to meeting the State Plan goal of helping older adults to live with dignity and respect. | "Dual-eligible" enrollees receive information and education on benefit options and enrollee rights and will advocate on behalf of beneficiaries who have complaints or grievances as a result of the demonstration project to integrate care for Medicaid and Medicare participants. | Older adults are able to get the supports and services they need to remain healthy and live in the community of their choice. |
| Aging and Disability Resources for Colorado | ACL grant funding; ADRCs in the state at AAAs, SEPS, etc.; volunteers; SUA oversight and monitoring; Currently, the SUA contracts with 13 AAAs and three SEPs to provide ADRC services. | ADRCs provide streamlined access for long-term services and supports for individuals age 18 and over with a disability and individuals age 60 and over and their caregivers. ADRC information and referral specialists provide information and assistance to consumers and caregivers, opening the door to essential long-term care services & supports. | Older adults and adults with disabilities receive information and referral for long-term services and supports. | Older adults and individuals with disabilities are better able to care for themselves and maintain living in their own home with the help of long-term services and supports. |

| Program | Inputs/ Resources | Program Description/Activities | Short Term Outcomes | Long-term Outcomes |
|---|---|---|---|---|
| Long-Term Care Ombudsman Program | OAA and SFSS funds; Contractor (Disability Law Colorado); AAA administration; local service providers and volunteers; SUA oversight and monitoring | The Long-Term Care Ombudsman Program is designed to provide advocacy on behalf of nursing home residents, assisted living residents and similar licensed adult long-term care residents and to investigate issues and complaints that affect their health, safety, rights, welfare and quality of life. Ombudsmen regularly visit long-term care facilities, monitor conditions and care and provide a voice for our most vulnerable populations. | Older adults rights and needs are met due to advocacy provided by Long-Term Care Ombudsmen | Older adults live with dignity and respect and have better well-being |
| Legal Assistance Program | OAA and SFSS funds; AAA administration; local service providers and volunteers; SUA oversight | The purpose of the Legal Assistance Program is to provide older adults access to legal advice and representation in matters affecting their safety and quality of life, including abuse and neglect, age discrimination, defense of guardianship, housing, utilities, income, long-term care, nutrition and adult protective services. | Older adults receive legal assistance | Older adults are more likely to be able to remain in their home, remain healthy, have access to necessary services and live with dignity and respect |

# APPENDIX H:

## ACRONYMS USED IN THE STATE PLAN ON AGING

| | |
|---|---|
| AAA | Area Agency on Aging |
| ADRC | Aging and Disability Resources for Colorado |
| ACL | Administration for Community Living, U.S. Department of Human Services |
| CASOA | Community Assessment Survey for Older Adults |
| CCERAP | Colorado Coalition for Elder Rights and Abuse Prevention |
| CDHS | Colorado Department of Human Services |
| CDPHE | Colorado Department of Public Health and Environment |
| CDSMP | Chronic Disease Self-Management Program |
| CLAG | Community Living Advisory Group |
| Division | Division of Aging and Adult Services, Colorado Department of Human Services |
| DRMAC | Denver Regional Mobility Access Council |
| EP | Emergency Preparedness and Continuity of Operations |
| Framework | "Framework for Aging Well in Colorado" publication |
| HCPF | Health Care Policy and Financing |
| NWD | No Wrong Door Grant Initiative |
| OAA | Older Americans Act |
| PSA | Planning and Service Area |
| SAMS | Social Assistance Management System (SUA data management system) |
| SCSEP | Senior Community Service Employment Program |
| SFSS | State Funding for Senior Services |
| State Plan | State Plan on Aging for Federal Fiscal Years 2016-2019 |
| SUA | State Unit on Aging |

# APPENDIX I:

# A FRAMEWORK FOR AGING WELL IN COLORADO

COLORADO
Department of Human Services

COLORADO COMMISSION ON AGING
CCOA
Advocating for Seniors

# *Colorado Aging Framework:*

## *A Guide for Policymakers, Providers, and Others for Aging Well in Colorado*

***A Partnership between the***
***Colorado Department of Human Services***
***and the Colorado Commission on Aging***
***July 2015***

# Colorado's Framework for Responding to the Changing Population of Older Adults in Colorado

## Contents

# I. Background

The *Colorado Aging Framework: A Guide for Policymakers, Providers and Others for Aging Well in Colorado* was developed in response to the currently increasing older adult population in Colorado. The Colorado Aging Framework (CAF) incorporates the findings of the 16 Area Agencies on Aging (AAAs) as they assess the needs of older adults in their communities. It includes information from other states and national organizations, such as the American Association of Retired Persons (AARP) and others, regarding the most up-to-date thinking on issues affecting older adults (e.g., housing, health care, employment, caregiving, etc.). It captures what state agencies in Colorado are doing, right now, to respond to the increasing population of older adults.

The Colorado General Assembly recently adopted House Bill (H.B.) 15-1033, which created a strategic planning group to study and address the challenges and opportunities created by the aging Baby Boomers. The Colorado Department of Human Services (CDHS) and the Colorado Commission on Aging (CCOA) believe the H.B. 15-1033 strategic planning group will find this document to be a useful starting point for its work.

The CDHS and the CCOA hope this document will serve as a reference for what is currently occurring in Colorado. It includes possible strategies that could be adopted to respond to this changing population and serve as a catalyst for communities to learn about and respond creatively to this increasing population. This document is not intended to serve as a strategic plan with stated goals and time lines. All actions included in this CAF are suggested for communities to consider and apply as appropriate.

### *The Baby Boomer Population*

Colorado's population is rapidly becoming older and more diverse. The majority of this change is expected to occur between the years of 2010 and 2030. As Colorado's 'Baby Boomer' population (i.e., those people born between 1946 and 1964) grows older, a number of dynamic changes can be expected among older adults such as:

- Longer life expectancies
- Decreasing incomes as Baby Boomers age out of the labor force
- Downward pressure on tax revenues
- Changes in purchasing patterns
- Increasing costs in health care
- New and different economic opportunities

This combination of variables will pose wide-ranging public and private challenges for Colorado in areas such as housing, transportation, health and long-term support services, public financing and labor force adaption. These challenges also bring a number of opportunities – for new businesses, public-private partnerships, and increased labor force participation by older Coloradans.

As an example, the Northwest Colorado Council of Governments (NWCOG) identified several key gap areas in their community in 2011.[1] These gaps are still true today and exist in other AAA regions and throughout Colorado. Key gap areas include:

[1] Northwest Council of Governments, Rural Resort Region, *Gap Analysis of Services for an Aging Population*, January 2011.

Access to Health Care

- Lack of medical providers
- Lack of mental health care
- Cost of insurance
- Insufficient knowledge of public insurance programs/options
- Lack of home health care providers
- Lack of assisted living facilities and nursing homes
- Inadequate access to facilities and providers vary by county

Housing

- High housing cost/lack of affordable housing
- Lack of variety in senior housing
- Lack of assisted living options

Employment

- Baby Boomers desire second careers
- Lack of job opportunities for older adults
- Lack of adult education/vocational training options
- High cost of living

Home services

- Need for assistance with home and yard maintenance
- Need for assistance with heavy or intense housework
- Need for home health care
- Lack of companion services

Support for caregivers

- Lack of in-home services
- Lack of in-home respite options
- Lack of adult daycare
- Lack of information/knowledge of services available
- Lack of information on how to provide best care

Information

- Lack of knowledge of services available for older adults
- Lack of information about public insurance programs/options
- Lack of information related to legal and financial issues

Transportation

- Lack of safe and affordable transportation

The NWCOG identified several strategies to respond to these issues, including creating liability protection for volunteers, developing services for an aging population that are not tied to an institutional setting, adopting the "three visitability standards of universal design," and expanding the Program for the All-inclusive Care for the Elderly (PACE) delivery model to the region.[2] Strategies such as these are sprinkled throughout this framework. The CDHS and the CCOA encourage communities throughout Colorado to be creative and innovative in examining and implementing the strategies presented here.

***The State Demographer***

The Colorado State Demography Office (SDO) estimates [the] "aging of the younger population, especially the "Baby Boomers" …., is forecast to increase the population over 65 by 150% between 2010 and 2030[3]...The significant growth in the population over 65 from 2010 through 2030 will impact Colorado in multiple ways primarily because the 65 and older age group on average, buys, works, lives and receives services differently from other age groups. Growth in the 65 population will impact the labor force, economic development, housing, transportation, health services and public finance just to name a few."[4] The households anticipated to be most in need of support are single older women, usually living alone; in 2014 38% of households with individuals over age 65 were living alone.[5] Multigenerational households are only 2.8% of the population.[6]

[2] Visitability standards are usually, affordability, sustainability, and inclusion, http:// www.udeworld.com/ visitability.html
[3] Department of Local Affairs, State Demography Office, July 2012, page 1.
[4] Ibid, page 8.
[5] Department of Local Affairs, State Demography Office, Elizabeth Garner, *Population and Aging Trends,* PowerPoint presentation, slide 22.
[6] Ibid, slide 20.

The SDO anticipates that these changes will be most acutely felt on the Front Range (South to El Paso County and North to Larimer and Weld counties) and on the Western Slope in Mesa, Garfield and La Plata counties.[7] Compared to other states, Colorado will not experience the greatest increase in the actual number of older adults, however the rate of change in Colorado is likely to be one of fastest in the nation. Colorado experienced the 4th fastest growth in the United States in the number of people over 65 years of age, between the years 2000-2010, due to the small existing population of people ages 65 and over.[8] The population over age 65 is expected to increase to 1.2 million by 2030 from approximately 555,000 in 2010.[9] This is an increase of almost 700,000 people over a 20-year period. In addition, "Colorado had [between 2000 and 2010] the 7th fastest growing population over 85 in the US;"[10] therefore, Colorado will need to develop strategies to support this cohort of older adults.

This trend is occurring across the nation. According to national estimates, 69% of persons over age 65 will have a disability at some point; 35% will enter a nursing home and 50% of those aged 85 and older will need assistance with everyday tasks.[11] The Alzheimer's Association estimates that approximately 10% of the over 65 population will experience Alzheimer's disease. In 2020, Colorado is likely to experience its greatest ratio of older adults to caregivers at 7.4 older adults to every one caregiver.[12] This ratio is expected to improve to 4.6 older adults for every caregiver in 2030. At the same time, the number of persons over age 65 below the federal poverty level is estimated to grow from approximately 55,000 in 2015 to roughly 110,000 in 2040.[13]

In Colorado specifically:

- Colorado ranks 24th in the United States in the number of households ages 50 years and older. [14]
- Almost ten percent (9.9%) of households over age 50 report that they are of Hispanic ethnicity; Colorado is ranked 8th in the nation in the percentage households that are of Hispanic ethnicity.[15]
- Less than three percent (2.9%) of Colorado households over age 50, are Black/African-American, and 1.5% are Asian/Pacific Islander.[16]
- Colorado ranks 8th in the nation in the number of men living alone, although men living alone over age 50 represent only 13.6% of the Colorado population.[17]
- Colorado ranks 49th in the nation for households ages 50 years and older living with a disability with 28.5% of Colorado households reporting some level of disability.[18]

[7] Department of Local Affairs, State Demography Office, July 2012, page 1.
[8] Ibid, page 1.
[9] Department of Local Affairs, State Demography Office, Elizabeth Garner, *Population and Aging Trends,* PowerPoint presentation, slide 14.
[10] Department of Local Affairs, State Demography Office, July 2012, page 2.
[11] Department of Local Affairs, State Demography Office, Elizabeth Garner, *Population and Aging Trends,* PowerPoint presentation, slide 29.
[12] Ibid, slide 31.
[13] Ibid, slide 32.
[14] AARP Public Policy Institute, *National Rankings, State Housing Profiles 2011,* page 3.
[15] Ibid.
[16] Ibid, page 4.
[17] Ibid, page 5.
[18] Ibid, page 7.

- Low-income households bear the greatest housing burden. For individuals over 65 years of age, 49% of renters and 26% of home owners are spending more than 30% or more of their income on housing.[19]

***CAF Purpose***

The purpose of the CAF is to identify actions that state agencies, local governments and the private and non-profit sectors can take to address the challenges and leverage the opportunities created by the growing number of older adults in Colorado. Regional and local differences and needs are considered in all activities presented here.

This framework is centered on the following core values:

- Enable older Coloradans to remain in their own homes and communities as long as possible;
- Reduce the costs, streamline and coordinate the provision of medical care and other services;
- Reduce the incidence of unnecessary institutionalization;
- Simplify complex governmental and other service systems;
- Address regional and local differences in solutions developed; and
- Take advantage of the new economic realities created by the changing demographics of the state.

***Past Efforts***

"*Silverprint Colorado* was conceived as an initiative by a core group of delegates to the 2005 White House Conference on Aging (WHCOA)..."[20] *Silverprint Colorado* identified the need for:

- Building awareness across the public, private, and non-profit sectors of the expansive aging population and the importance for all areas of Colorado to plan, prepare and be ready for its impact;
- Engaging a diverse range of stakeholders to form partnerships and coalitions in planning and preparing for the demographic transition;
- Serving as a clearinghouse for best practices and promising programs in aging from within Colorado and other states; and
- Providing technical assistance and coordinating age-readiness planning, networks and other efforts for businesses, local government, community organizations, and other key stakeholder groups. [21]

Many of the issues identified in 2004/2005 continue to be true in 2015. It is imperative that the private, public, and non-profit sectors come together to address the housing, transportation, and service needs of older adults. The citizens of Colorado must respond to the new economic realities created by this population including decreasing tax revenues, developing markets for products and services, and changing workforce levels, needs and skills.

[19] Department of Local Affairs, State Demography Office, Elizabeth Garner, *Population and Aging Trends,* PowerPoint presentation, slide 25.
[20] *Silverprint Colorado, Changing the Picture of Aging in Colorado, Silverprint* DRAFT Concept paper, page 3.
[21] Ibid, page 4.

***Local Efforts***

A number of communities are already tackling this pressing issue:

The Denver metro area has the *Boomer Bond* initiative – a toolkit for assisting communities with planning for the changing demographics of their communities. The *Boomer Bond* initiative intends to "arm the region's local governments with strategies and tools to support healthy, independent aging, allowing older adults to remain in their homes and communities as long as they wish."

Jefferson County began its *Aging Well* initiative in 2008. *Aging Well* is a collaborative of local officials, county agencies, citizens, and providers to modify services and supports in the community to assist older adults.

Boulder County developed its plan in 2006: *Creating Vibrant Communities in which We All Age Well,* which it updated in 2010 and 2014 and changed the name to *Age Well Boulder County: A Plan to Create Vibrant Communities*.

The City of Wheat Ridge recently began planning for its changing population by passing a city ordinance to encourage the development of Naturally Occurring Retirement Communities (NORCs).

Initiatives are also under way in Larimer, Douglas, Pueblo, Eagle, and Summit counties among others.

***Other States***

Other states in the nation are responding to the aging of their populations as well. The strategies employed by other states are as varied as the states themselves. Connecticut created a new state department on aging. Iowa reduced the number AAAs from thirteen to six. Maine has the largest number of Baby Boomers per capita and has authorized legislative round tables to develop common strategies and public awareness and education campaigns. Some states have authorized action associated with specific issues occurring in the older adult population, such as the creation of dementia units, authorization of healthy aging programs, or consolidation of single entry point agencies. Minnesota, New York, Washington, and Wisconsin are the best examples of comprehensive approaches to their state's changing population because they have multiple branches of government and multiple sectors of the economy engaged in addressing the challenges and opportunities presented by the aging Baby Boomer population.

***Framework Focus***

The youngest Baby Boomers will turn 85 years of age in 2049. Those 85 years of age and older are frequently big users of services such as transportation, in-home supports, etc. Looking long-range, the "millennials," those born around the turn of the 21st century, will begin turning 67 just as the last of the Baby Boomers enter their high-need years. This CAF is intended to convey that the aging of the population is a major demographic story for the 21st century.

The CDHS, the CCOA, multiple other state departments, and stakeholders hope the CAF represents a solid foundation from which to launch critical efforts. The CAF is one of many tools designed to improve the state's ability to meet the needs and aspirations of Colorado's older adults. As is the case with any issue as complex as the aging of Colorado's Baby Boomers, the goals and possible strategies outlined in the CAF represent an

imperfect attempt to project work well into the future. Each strategy suggested in this document warrants further consideration and exploration.

Colorado will need public-private partnerships and collaborations at the state and local levels to prioritize needs and develop solutions. The CDHS and the CCOA hope this framework will inform state agencies, private businesses, local governments, and system stakeholders of the myriad initiatives and projects underway, but will also help launch critical efforts that are necessary for the adequate care of Colorado's older adults.

## II. GOALS and POSSIBLE STRATEGIES

### Goal 1: Increase public awareness of Colorado's demographic age shift and its implications

As discussed on page four, the Baby Boomer population is estimated to increase significantly over the next several decades. The 65 and older age group on average, buys, works, lives, and receives services differently from other age groups. Growth in the 65 and older population is expected to impact the labor force, economic development, housing, transportation, health services, and public finance in many Colorado communities.

It will be important for all communities to understand the local impact of broader population shifts. As stated in the SDO 2012 report, not all communities will experience this change equally. Some communities in Colorado will experience a dramatic shift associated with the aging Baby Boomers, while others will experience continuing patterns of in-migration and out-migration of specific cohorts of their population. This means some communities may need to make adjustments in services, housing, transportation, and in their local economies and others may not.

The CAF seeks to find mechanisms to increase public awareness of Colorado's age shift so that policy makers and the public can make informed choices and develop programs and services accordingly. The strategies suggested below include options to increase public awareness of Colorado's demographic shift.

| **Goal 1: Increase public awareness of Colorado's demographic age shift and its implications** |
|---|
| **Possible Strategies** |
| 1.1 Conduct county or community-specific public forums on the implications of Colorado's changing population. |
| 1.2 Engage Colorado's academic and non-profit research communities to produce white papers on changing demographics and attendant implications. Include topics important to older adults. |
| 1.3 Engage Colorado's media outlets to produce stories on Colorado's changing demographics and topics important to older adults. |
| 1.4 Identify an entity to develop and maintain a central, publicly accessible database of best practices and promising programs that address the challenges and opportunities created by an aging population. |
| 1.5 Analyze existing data to identify needs and gaps to inform the development of programs and services. |

### Goal 2: Encourage the development of an array of affordable housing options to address the needs of individuals as they age

According to the AARP *State Housing Profile for 2011:*[22]

- Housing costs are becoming more burdensome for older adults. Those who rent or own with mortgages are at greater risk of affordability challenges than those who own their homes debt-free.

[22] AARP Public Policy Institute, *State Housing Profiles: Housing Conditions and Affordability for the Older Population,* Rodney Harrell, Ari Houser, September 2011.

- The percentage of homeowners who own their homes and no longer have a mortgage has decreased and the percentage still paying mortgages after age 50 has increased.

Looking at national statistics from 2010, it appears that the greatest "housing burden" is on individuals in the two lowest income brackets and renters bear a greater housing burden than home owners. The SDO shows that renters overall spend approximately 49% of their income on rent.[23] In 2010, Baby Boomers accounted for 26% of the population in Colorado.

The following strategies have been developed to help individuals remain in their own homes and communities as long as possible. Concepts such as *Livable Communities*, *Naturally Occurring Retirement Communities (NORCs)*, and *Universal Design* are methods of changing housing or community infrastructure to assist older adults to remain in their own homes and communities as long as possible.

**Livable Communities:** Livable communities improve older adults' quality of life by developing safe, accessible, and vibrant environments. Livable communities' policies address issues such as land use, housing, transportation, and broadband — all of which facilitate aging in place.[24]

**Naturally Occurring Retirement Communities (NORCs):** NORCs are housing complexes where longtime residents, many of whom are now older adults, are committed to remaining in their own homes but need essential support services to do so.[25]

**Universal Design:** Universal Design involves designing products and spaces so that they can be used by the widest range of people possible (e.g., children to older adults). Universal Design evolved from Accessible Design, a design process that addresses the needs of people with disabilities. Universal Design goes further by recognizing that there is a wide spectrum of human abilities. Everyone, even the most able-bodied person, may face periods of temporary illness and injury. Old age may be accompanied by cognitive or physical frailty. By designing for this human diversity, items can be created that will be easier for all people to use.[26] Universal Design can be applied to tools and individual living spaces, and/or can become a part of broader urban planning.

To help people remain in their own homes and communities as they age, Area Agencies on Aging (AAAs), through the federal Older Americans Act (OAA) and the Older Coloradans Act (OCA), provide assistance with meals, homemaker services (e.g., cleaning), chores, and other support services. Maintaining one's own home becomes more difficult with age and these types of supports enable maintenance of a current home or other appropriate home in the community. The Department of Local Affairs (DOLA), Division of Housing (DOH), provides incentives to builders to construct affordable senior housing and is piloting state-funded vouchers to

[23] Department of Local Affairs, State Demography Office, Elizabeth Garner, *Population and Aging Trends,* PowerPoint presentation, slides 15 and 25.
[24] AARP Public Policy Institute, http://www.aarp.org/ppi/issues/livable-communities
[25] www.selfhelp.net/community-services/norcs
[26] http:// www.UniversalDesign.com, What is Universal Design?

provide rental assistance for people with disabilities and older adults who are renters.

Private businesses are springing up to support individuals to remain in their own homes and communities as long as possible, assuming they are financially able to do so. *Capable Living* is a private-pay concierge service that provides personal, surgery, and travel concierge services that support the seven dimensions of wellness: physical, spiritual, intellectual, emotional, vocational, social, and environmental.[27] Also Village-to-Village Networks are developing across the country where members can pay monthly or yearly dues to: 1) Access volunteer services to assist with tasks at home (e.g., repairs, maintenance, etc.); and 2) Participate in social events in their community.[28]

The strategies suggested below include options that allow individuals to remain in their own homes as long as possible and prevent people from becoming homeless or displaced from their homes.

| **Goal 2: Encourage the development of an array of affordable housing options to support individuals as they age and prevent people from becoming homeless or displaced from their homes** |
|---|
| **Possible Strategies** |
| 2.1 Collect data and existing research on housing options for older adults. |
| 2.2 Collect information about and share national and local best practices on creating a diverse array of housing options for older adults. |
| 2.3 Develop methods to incentivize best practices in the creation of a diverse array of housing options for older adults. |
| 2.4 Conduct public forums to discuss options for creating a diverse array of housing options. |
| 2.5 Improve the efficiency and effectiveness of housing information, resources, and organizations. |
| 2.6 Develop information and resources to facilitate home modifications or renovations to allow individuals to remain in their own homes or communities. |
| 2.7 Connect AAAs to regional housing organizations to expand use of the Department of Local Affairs' (DOLA's) Single Family Owner Occupied home Rehabilitation/Modification program. |
| 2.8 Encourage the implementation of communal/shared housing options for independent living. |
| 2.9 Identify barriers to the development of affordable housing and recommend actions to reduce these barriers. |
| 2.10 Support funding requests to create state housing vouchers to allow older adults and others transitioning from nursing homes. |
| 2.11 Encourage modifications to city ordinances to support the ability of older adults to remain in their own homes and communities as long as possible (e.g., Universal Design, NORCs, Livable Communities, and others). |
| 2.12 Encourage regional and local governments to incorporate best practices for supporting older adults when planning land use and development projects. |
| 2.13 Adjust zoning ordinances to facilitate the creation of more housing options for older adults (e.g., allowing home owners to add suites to their houses for older adults, allow unrelated older adults to live together, etc.). |
| 2.14 Expand percentage of new construction that must be available and appropriate for older adults. |
| 2.15 Streamline the availability and accessibility of home modification programs. |

[27] http://www.capableliving.com
[28] http://www.vtvnetwork.org.

| |
|---|
| 2.16 Provide incentives to coordinate weatherization and home modification resources. |

## Goal 3: Strengthen support systems and environments that enable individuals to remain in their homes and communities as they age

The aging of Colorado's population will increase the demand for supportive services for older adults. This demographic shift will require the efficient and effective use of traditional funding for services for older adults, as well as the development of creative and entrepreneurial approaches for the delivery of services to older adults. Two of the more common funding streams for services for older adults are:

***Federal Older Americans Act***

Enacted in 1965, the Older Americans Act (OAA) provides essential services to our most vulnerable seniors. People who are age 60 and older are eligible to receive OAA services. However, states are required to target services to "older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals, older individuals residing in rural areas, low-income individuals, and frail individuals."

Each state receives OAA funds according to a formula based on the state's share of the U.S. population age 60 and older. The OAA targets services to older adults by helping them "age in place" in their homes and communities as their health and function decline.

***Older Coloradans Act***

The Older Coloradans Act (OCA) is designed to provide state General Funds to mirror the services provided by the federal OAA. The funding is distributed to the 16 AAAs to be used for OAA services, using OAA eligibility categories.

The strategies suggested below include options to enable older adults to remain in their homes and communities as long as possible.

| **Goal 3: Strengthen support systems and environments that enable individuals to remain in their homes and communities as they age** |
|---|
| 3.1 Collect data and existing research on supportive systems for older adults. |
| 3.2 Collect and share national and local best practices on developing supportive environments for older adults. |
| 3.3 Develop methods to incentivize best practices in the creation of a diverse array of support services for older adults. |
| 3.4 Conduct public forums to discuss options for creating a diverse array of support services for older adults. |
| 3.5 Streamline access to the resources available and the organizations that provide support services for older adults as appropriate. |
| 3.6 Improve the efficiency and effectiveness of information, resources, and organizations involved in creating supportive environments for older adults. |
| 3.7 Implement graduated fee-for-service structures for older adult services where viable. |

| |
|---|
| 3.8 Explore the benefits and costs of consolidation or expansion of AAA regions and/or networks. |
| 3.9 Encourage the development of Village-to-Village Networks within Colorado. |
| 3.10 Develop an assessment of the needs of adults over age 60 to determine the supports necessary to prevent their need for higher-end/more expensive services. |
| 3.11 Make home-making services available to support individuals' ability to remain in their own homes and communities as long as possible. |

## Goal 4: Support transportation options that connect older adults to necessities and community

The Colorado Department of Transportation (CDOT) is required by the federal government to develop a *Statewide Transit Plan*; the latest version was developed in September 2014. Regional transit councils in each of 15 transportation planning regions throughout the state gather input from their communities to contribute to the *Statewide Transit Plan*. These regional plans identify additional public transportation needs, as well as the need for specialty services.

These regional transportation plans highlight an array of specialized transportation services offered through other agencies. For 2014, CDOT surveyed people with disabilities and older adults. Overall, this survey identified the following top issues among survey participants:

- There is a lack of information and referral services regarding transportation options;
- Seniors and people with disabilities need lower fares for transportation services;
- Seniors and people with disabilities need more community transportation services; and
- Seniors and people with disabilities need more services to regional destinations.

In response to the survey findings, CDOT established a comprehensive resource directory of transportation providers throughout the state and is encouraging the creation of transportation coordinators in each transportation region, so trips to metropolitan or regional destinations can be leveraged by other members of the community and can be coordinated and shared by the broader population.

Overall, CDOT recognizes that the transportation needs for the maintenance of existing systems and service expansion far outweigh the financial resources available for transportation now and in the future. Therefore, according to CDOT, supplemental transportation resources need to be coordinated and leveraged to stretch each community's resources further.

The AAAs are funders of supplemental transportation. Also, the Medicaid program offers transportation to medical appointments for its enrollees. These services represent just two of the resources that may be available to communities that could be better coordinated with regards to the timing of trips, the consolidation of trips and coordinating regional or metropolitan destinations.

In addition, changes to the built environment (e.g., adding sidewalks or curb cuts) can facilitate access to necessities (e.g., grocery stores, pharmacies, etc.), transportation resources, and the community at large.

Creating additional transportation options is not a problem CDOT can address on its own. Concepts that coordinate transportation services or the adoption of strategies such as those included in "Livable Communities" concepts appear to be the most far reaching in their ability to make tangible changes that can affect the lives of older adults.

AAAs provide many services which allow individuals to remain in their own homes and communities and can offset the burden of expenses for many older adults on fixed incomes. The creation of vouchers for many Older Americans Act (OAA) services offered by the AAAs can provide a choice of qualified service providers (including transportation providers), provide the individual with assistance when and where they need it, and offset the cost of basic necessities (e.g., transportation to get groceries or attend medical appointments).

The strategies suggested below increase transportation options for older adults so that they may remain connected to their community as they age.

| **Goal 4: Support transportation options that connect older adults to necessities and community** |
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| **Possible Strategies** |
| 4.1 Improve the availability and accessibility of transportation options. |
| 4.2 Collect data and existing research on innovative transportation options for older adults. |
| 4.3 Collect and share national and local best practices on transportation for older adults. |
| 4.4 Develop methods to incentivize best practices in transportation for older adults. |
| 4.5 Conduct public forums to discuss innovative transportation options for older adults. |
| 4.6 Streamline the resources available and organizations that provide transportation options for older adults. |
| 4.7 Improve the efficiency and effectiveness of transportation options for older adults. |
| 4.8 Encourage local land use policies that support the development of affordable and older adult-friendly housing located with easy access to public transportation. |
| 4.9 Encourage local transportation services and/or others to offer classes on using public transit (e.g., "We Get Around!" in San Diego, CA). |
| 4.10 Encourage the creation of low-cost transportation options such as vetted "Uber-like"/ "jitney" services (e.g., "Senior-A-Go-Go" in San Diego, CA and "Rides4Neighbors" in La Mesa, CA). |
| 4.11 Partner with non-profits and the insurance industry to expand and promote driver safety training for older adults. |
| 4.12 Encourage AAAs to develop options to increase or improve transportation services in rural and urban areas. |
| 4.13 Encourage cities to adopt ordinances that support the creation and/or coordination of transportation options. |
| 4.14 Encourage participation in CDOT–sponsored Regional Transportation Councils. |
| 4.15 Develop Regional Transportation Mobility Managers per CDOT reports. |

## Goal 5: Support health care programs and services that provide a continuum of care to Colorado citizens as they age to give people the right services at the right time

Governor Hickenlooper's *State of Health* report includes four goals to make Colorado the healthiest state in the nation: Promoting Prevention and Wellness; Expanding Coverage, Access and Capacity; Improving Health System Integration and Quality; and Enhancing Value and Strengthening Sustainability. These goals benefit

older adults in addition to the broader population by supporting improved health services to older adults.

In 2012, the Governor issued an Executive Order authorizing the creation of an Office of Community Living in the Department of Health Care Policy and Financing and redesigning all aspects of Colorado's long-term services and supports (LTSS) system. In September 2014, the Community Living Advisory Group (CLAG) provided a report on recommended changes to the LTSS system.[29] This report provided a number of recommendations that apply to older adults, such as:

- Improve the Coordination and Quality of Care in the LTSS system
- Streamline and Simplify Access to LTSS
- Simplify the State's Home-and Community-Based Services (HCBS) Waivers
- Grow and Strengthen the Paid and Unpaid LTSS Workforce
- Harmonize and Simplify LTSS Regulations
- Promote Accessible, Affordable, Integrated Housing
- Promote Employment Opportunities for All
- Support Implementation [of CLAG report recommendations]

In 2013, the departments of Health Care Policy and Financing, Human Services and Local Affairs worked together to finalize a state plan in response to the 1999 *Olmstead v. L.C.* United States Supreme Court decision. The final approved plan for Colorado resulted in *Colorado's Community Living Plan*, which outlined steps the three departments will take to allow individuals living in institutions (e.g., nursing homes, the state's Mental Health Institutes, and the state's Regional Centers for Persons with Intellectual and Developmental Disabilities) the option of moving to supportive community settings.

The Colorado Department of Public Health and Environment (CDPHE) is coordinating the development of a healthy aging plan with input from other state departments and stakeholders. This plan is also scheduled to be completed by July 1, 2015.

The CDPHE along with local health agencies and system partners developed Colorado's 10 winnable battles in 2011. *Colorado's 10 Winnable Battles* are public health and environmental priorities that have known effective solutions. These winnable battles have been incorporated into CDPHE's strategic plan for the state called *Colorado's Plan for Improving Public Health and the Environment, Healthy Colorado: Shaping a State of Health, 2015-2019*.

Injury Prevention and Oral Health are two of *Colorado's 10 Winnable Battles* with specific relevance to older adults.

The Injury Prevention winnable battle includes older adult fall prevention with a long-term goal of decreasing fall-related hospitalizations among adults age 65 and older. Its accompanying strategy is to increase the number

[29] *Community Living Advisory Group Report*, *Final Recommendations, September 2014*.

of organizations that offer evidence-based fall prevention programs, as well as increase the number of health-care providers that make successful referrals to evidence-based community fall prevention programs. For adults ages 65 and older, falls are the leading cause of nonfatal injuries, hospital admissions for trauma, and injury-related deaths. Each year, an average of 400 Coloradans ages 65 years or older die from fall-related injuries and more than 10,000 are hospitalized for nonfatal injuries.

Oral health is an essential part of overall health. Poor oral health can escalate into far more serious problems later in life. An estimated 42% of working-age Coloradans and approximately 67% of adults over 65 years of age do not have dental benefits. Access to regular preventive care and interventions is necessary to help Colorado win the battle against oral diseases.

Historically, Medicaid offered covered dental services for children, but not for adults. Lack of preventive dental coverage can contribute to a range of serious health complications and drives Medicaid costs for both emergency and medical services.

In 2013, HCPF created a new limited dental benefit in Medicaid for adults age 21 and over. The new dental benefit provides Medicaid members up to $1,000 in dental services per year. In July of 2015, HCPF will begin funding dental services for low-income, non-Medicaid eligible older adults.

While there are many types of health plan coverage available to older adults, two of the most common are Medicare and Medicaid.

### *How Medicare and Medicaid Work for Seniors*[30]

- **Seniors Rely on Medicare—** In 2006, 43.9 million American seniors were getting Medicare benefits. Women made up 56% of the beneficiaries, while men accounted for 44%. Most lived in urban areas, and were in a community setting. Forty-two percent (42%) were between the ages of 65 and 74, 30% were between 75 and 84, and 12% were 85 years of age or older.

- **Seniors Rely on Medicaid—** In addition to providing health care for pregnant women, children, and adults with disabilities, Medicaid also covers one in five seniors. Many seniors "spend down" their assets during retirement, making them eligible for Medicaid services as well as Medicare. Medicaid helps fill in gaps for low-income Medicare beneficiaries, such as cost-sharing requirements and some services that Medicare does not cover, including vision and dental care. Medicaid also pays for over 40% of total long-term care services provided in homes, the community and nursing homes. In fact, seven in ten nursing home residents are covered through Medicaid. In Colorado, older adults access Medicaid for long-term services and supports through the Single Entry Points. Single Entry Points provide assessment, program approval, case management and service evaluation for those receiving home- and community-based services (HCBS). People in HCBS far outnumber people receiving care in skilled nursing facilities, making Colorado a leader in "rebalancing", serving more people in the community than in nursing facilities. The nine million Americans who are eligible for both Medicare and Medicaid are sometimes called "dual eligibles."

[30] http://obamacarefacts.com/wp-content/uploads/2014/10/obamacare-seniors.pdf, page 3.

- **Seniors Live on a Fixed Income—** In 2010, half of all people with Medicare lived on household incomes of less than $22,000 and with less than $53,000 in personal savings. Among the Baby Boomer generation, the average household income is below $27,000.

According to the Centers for Disease Control and Prevention, "Safe and well-designed community environments support healthful behaviors that help prevent chronic conditions and unintentional injuries and enable older adults to be active and engaged in community life for as long as possible."[31]

Using data from the 2011 National Health and Aging Trends Study, the *Journal of Gerontology* published a study showing that older adults reported difficulty with daily activities, but did not live in nursing homes. The study went on to define "unmet needs" as "things they [the respondents] had to go without in the past month, because they didn't have the help they needed or it was too difficult to do those things on their own."[32] The article reports the national median cost for assisted living is $3500 per month while Colorado's State Unit on Aging (SUA) reported in federal fiscal year 2013-14 that an average of $996 per person per year was spent on the array of services provided by OAA and SOCA services to assist individuals in their own homes. These figures imply that the state could save approximately $2,500 per person per month by providing services that help people to stay at home as long as possible and by coordinating health related services.

Care for older adults related to sexual health also cannot be ignored when responding the needs of our aging population. HIV/AIDS is an epidemic that disproportionately affects individuals within the Baby Boomer population. Additionally, an estimated 1% of Baby Boomers are infected with Hepatitis C. While both conditions have proven treatment regimens to prolong life and the quality of life, living with HIV/AIDS or Hepatitis C compounds issues such as housing, employment, and the need for long-term care options.

An additional three key areas that public health professionals are beginning to address among older adults are binge drinking, emergency preparedness, and health literacy.[33] Additional data about the need for these programs is evidenced by the following:

- "Older adults have the highest rates of poor physical health and activity limitation compared with other age groups."[34]
- "About 25% of adults aged 65 years or older have some type of mental health problem, such as a mood disorder not associated with normal aging."[35]
- "The chance of having a disability goes up with age, from less than 10% for people aged 15 years or

[31] Centers for Disease Prevention, Preventing Chronic Disease, *Environments for Healthy Aging: Linking Prevention Research and Public Health Practice*, page 1.
[32] The New York Times, *Unmet Needs Continue to Pile Up*, Paula Span, December 9, 2014.
[33] National Center for Chronic Disease Prevention and Health Promotion, Division for Population Health, The State of Aging and Health in America 2013, page 8.
[34] Ibid, page 16.
[35] Ibid, page 17.

younger to almost 75% for people aged 80 or older."[36]

Heart disease and cancer pose great risks as people age, as do other chronic diseases and conditions, such as stroke, chronic lower respiratory diseases, Alzheimer's disease, and diabetes.[37] "Research has shown that people who do not use tobacco, who get regular physical activity, and who eat a healthy diet significantly decrease their risk of developing heart disease, cancer, diabetes and other chronic conditions."[38]

According to the National Center for Chronic Disease Prevention and Health Promotion, five focus areas are important for healthy aging: promoting regular physical activity; addressing mental health needs; supporting the development of health-promoting environments and policies; managing chronic disease; and disseminating research findings and effective interventions and programs.

Also the National Council on Aging (NCOA) estimates that over 95% of patient care is administered by the patient and family at home rather than by a professional provider, and:

- Chronic diseases account for 75% of the nation's health-care spending;
- About 70% of the rise in health care spending is due to the rise in the prevalence of chronic disease;
- Ninety-five percent (95%) of Medicare and 83% of Medicaid are spent on the treatment of chronic conditions; and
- Chronic conditions directly contribute to functional limitations for 12 million older adults.[39]

Also, from the NCOA report, "There are a growing number of evidenced-based interventions developed by NIH [National Institute of Health], CDC [Centers for Disease Control] and other public and private agencies that have been shown to improve health and reduce the costs of care for older adults. The Chronic Disease Self-Management Program (CDSMP) is the most widely recognized."[40]

The strategies outlined below support the Governor's State of Health, CDPHE's plans, the Community Living Plan and Community Living Advisory Group reports, national trends on healthy aging, chronic disease prevention and health care system changes to lower health care costs.

The strategies suggested below include options to increase the efficiency and effectiveness of health care.

| **Goal 5: Support health care programs and services that provide a continuum of care to give older adults the right services at the right time** |
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| **Possible Strategies** |
| 5.1 Reduce duplication in information and referral, service delivery and medical systems. |

[36] Ibid, page 18.
[37] Ibid, page 3.
[38] Ibid, page 5.
[39] National Council on Aging, *Health Promotion, Disease Prevention and Healthy Aging, 2011 Older Americans Act Reauthorization*, page 1.
[40] Ibid.

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| 5.2 Collect data and existing research on innovative health-care delivery options for older adults. |
| 5.3 Collect and share national and local best practices on health-care delivery and outcomes for older adults. |
| 5.4 Develop methods to incentivize best practices in health-care for older adults. |
| 5.5 Conduct public forums to discuss innovative health-care options for older adults. |
| 5.6 Where appropriate, streamline the resources available and organizations that provide health care for older adults. |
| 5.7 Provide advocates to aid in the acquisition of appropriate services. |
| 5.8 Evaluate and promote mechanisms to prevent repeat hospitalizations. |
| 5.9 Increase access to long-term care support services. |
| 5.10 Support the Governor's 10 Winnable Battles, including CDPHE's efforts in fall prevention and oral care for older adults. |
| 5.11 Evaluate and promote mechanisms to coordinate medical and other services for older adults. |
| 5.12 Assist people in nursing homes to return to their communities if they so desire (per the *Community Living Report* on the Olmstead Supreme Court decision). |
| 5.13 Promote evidence-based physical activity programs, which help prevent chronic disease and increase the longevity of older adults (e.g., Chronic Disease Self-Management, Fit and Strong, A Matter of Balance, EnhanceFitness). |
| 5.14 Promote preventive, evidence-based screening and treatment services for older adults where appropriate (e.g., substance abuse, anxiety, depression, mammograms, pap tests, colorectal cancer, cholesterol, blood pressure, Hepatitis C, HIV, and vaccines including influenza, pneumonia, shingles, tetanus, diphtheria, and pertussis). |
| 5.15 Provide appropriate service options for people with dementia and other challenging behaviors. |
| 5.16 Support the proposals in CDPHE's healthy aging plan. |
| 5.17 Encourage a gerontology stipend program for a wide range of health professions. |

## Goal 6: Support individuals' capacity to achieve and maintain basic financial security in retirement

According to the AARP 2012 Member Opinion Survey, the top five most common concerns for retirement stability were: 1) Having access to Medicare; 2) Staying mentally sharp; 3) Having access to Social Security; 4) Having health insurance; and 5) Health care expenses.[41]

"While there were some differences related to concerns for both age groups [over and under age 65] and multicultural concerns, the top 10 interests for both groups were quite similar….[the] top 10 AARP member concerns tightly clustered around financial and health issues, with the exception of staying in one's home (70%)."[42]

*The Economic Security Initiative Demonstration: Lessons Learned* conducted by the NCOA in March 2013 found:

"The recession hit low-income seniors hard. Millions of older adults have seen their hard-earned retirement savings diminish…..The core strategy was to help seniors make better use of all available resources, both private and public, that can improve their finances and get them on a pathway to economic security."

[41] AARP, Research and Strategic Analysis, 2012 Member Opinion Survey, Issue Spotlight, page 1.
[42] Ibid, page 2.

This demonstration:

- Took all of a senior's financial, housing, health, employment, and transportation needs into account;
- Assisted seniors in drawing on a range of available financial services;
- Provided help navigating supports; and
- Followed up to ensure that individuals received the support they need to follow through in pursuing options.

From this information, the NCOA developed a framework for providing assistance to older adults. One finding from the demonstration that applies to many areas of this CAF includes developing a trusted resource in the community and "follow up, follow up, follow up" to ensure individuals receive the support they need.

In Colorado, the AAAs provide services to older adults through the federal Older Americans Act. In addition, Colorado has a Senior Property Tax Exemption, which is available for individuals ages 65 years and older who have resided in Colorado for 10 years. The property tax exemption applies to 50% of the first $200,000 of the value of an individual's primary residence.

The *Middle Class Security Project* estimates that if "current economic trends continue-- living standards in retirement will decline; rising health care costs will pose a significant threat to middle-class security and Social Security will be the main source of income for almost all retirees in the future." [43]

The strategies below provide outline suggestions to consider for supporting older Coloradans to save and build sufficient resources for retirement.

| **Goal 6: Support individuals' capacity to achieve and maintain basic financial security in retirement** |
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| **Possible Strategies** |
| 6.1 Make financial assessments and the development of financial plans a standard activity for all income categories. |
| 6.2 Collect data and existing research on financial security programs for older adults. |
| 6.3 Collect and share national and local best practices on developing financial security for older adults. |
| 6.4 Develop methods to incentivize best practices in developing financial security options for older adults. |
| 6.5 Conduct public forums to discuss innovative financial security programs for older adults. |
| 6.6 Where appropriate, streamline the resources available and organizations that provide financial security advice for older adults. |
| 6.7 Develop a volunteer network to provide pro bono financial assessments and financial planning, including basic investment counseling and strategies for developing retirement income and savings. |
| 6.8 Provide information to the public on the signs of financial exploitation and establish resources to assist victims of financial exploitation. |
| 6.9 Examine the viability of different mechanisms to boost retirement earnings for all incomes (e.g., longevity annuities, automatic IRAs, matching strategies for retirees). |
| 6.10 Explore changes to the Colorado tax code that would improve financial security in retirement. |

[43] Redfoot, Donald L., Reinhard, Susan C., Whitman, Debra B., AARP Public Policy Institute, *Middle Class Security Project*, *Building Lifetime Middle-Class Security*, page 1.

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| 6.11 Include older adults in workforce development and retraining with the goal of increasing labor force participation by adults age 50 and older. |
| 6.12 Encourage employers to interview and hire older workers. |
| 6.13 Monitor and analyze employment trends for older Coloradans and incorporate with workforce development efforts. |
| 6.14 Develop outreach to older Coloradans for inclusion in Colorado's incentive program for entrepreneurs and businesses. |

## Goal 7: Promote support for caregivers, including family caregivers, to support citizens as they age

"Future long-term policy will benefit from taking into account the role of family caregivers…"[44] Today more than 10,000 Baby Boomers are turning 65 years of age each day.[45] The study, *Caregiving in the U.S.,*[46] a replication of a study conducted in 1997, 2004 and again in 2014, conducted by the National Alliance for Caregiving, interviewed 1,480 caregivers chosen at random, and found:

- Twenty-nine percent (29%) of the U.S. adult population, or 65.7 million people, are caregivers, including 31% of all households;
- Family caregivers are predominantly female (66%) and are an average of 48 years old;
- Most caregivers care for a relative (86%), most often a parent (36%);
- Seven in ten caregivers care for someone over age 50;
- Caregiving lasts an average of 4.6 years; and
- The percentage of people who are caregivers does not appear to have changed significantly since 2004.

Family caregiving could be a less expensive option than relying on home health or assisted living facilities to care for older adults. Paying a family caregiver $8 per hour for an average of 20 hours per week for 52 weeks a year equals $8,320 per caregiver per year. A reasonable rate and a reasonable number of hours per week could be established to incentivize caregivers to work, but to also care for an aging family member. Home health-care rates are roughly $19.50 per hour; family caregiving could be established at a rate less than home health-care rates.[47] In contrast, care for older adults in institutional settings is significantly more expensive; assisted living generally costs an average of $3,200 per month and nursing facilities cost approximately $6,000 per month.[48]

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[44] *Caregiving Costs to Working Caregivers, Double Jeopardy for Baby Boomers Caring for Their Parents,* MetLife Mature Market Institute, June 2011, page 19.
[45] National Alliance for Caregiving, Advancing Family Caregiving through Research, Innovation and Advocacy, http://www.caregiving.org/research/general-caregiving, page 1.
[46] Ibid, pages 1 and 2 and Matthew Greenwald & Associates, *Caregiving in the U.S.,* National Alliance for Caregiving in collaboration with AARP, November 2009.
[47] Home Health Care Agencies, http://www.homehealthcare agencies.com/directory/co.
[48] AARP, http://www.longtermcarecolorado.com/wp-content/uploads/2010/04/Long-Term-Care-Rates-2009.pdf, Genworth 2009 Cost of Care Survey.

A study in 2006 looking at the cost to employers of absenteeism, workplace disruptions, and reduced work status of employed family caregivers found that nationwide, businesses lose between $17.1 and $33.6 *billion* per year based on its assessment of the impact of family caregiving on work.[49]

If family caregiving is not an option, direct care workers who work in assisted living, nursing facilities and home-health care are generally some of the lowest paid workers in the economy. "Direct-care workers provide an estimated 70% to 80% of the paid hands-on long-term care and personal assistance received by Americans who are elderly or living with disabilities or other chronic conditions."[50] Direct care workers generally work part-time and earn between $8 and $11 an hour.[51] In 2009, "about 45% of direct-care workers live in households earning below 200%of the federal poverty level income, making them eligible for most state and federal public assistance programs."[52] However, direct care professions "are projected to be the third and fourth fastest growing occupations in the country between 2008 and 2018…"[53]

Data from the federal Administration on Aging's (AOA) national survey of caregivers of older adult clients shows:[54]

- The Older Americans Act (OAA) services, including those provided through the National Family Caregiver Support Program, are effective in helping caregivers keep their loved ones at home;
- Nearly 40% of caregivers report they have been providing care for 2-5 years while approximately 29% of family caregivers have been providing care for 5-10 years;
- Seventy-seven percent (77%) of caregivers of program clients report that services definitely enabled them to provide care longer than otherwise would have been possible;
- Eighty-nine percent (89%) of caregivers reported that services helped them to be a better caregiver;
- Nearly half the caregivers of nursing home-eligible care recipients indicated that the care recipient would be unable to remain at home without support services; and
- Nearly 12% of family caregivers reported they were caring for a grandson or granddaughter.

In order to support or encourage caregiving by family members or loved ones, systemic support programs and incentives must be developed to relieve the physical, emotional, and financial toll on caregivers. For example, the State of Pennsylvania has its own caregiver support program. The *Family Caregiver Support Program* provides a monthly maximum allowance of $200 or a lifetime home modification maximum allowance of $2,000. Advocates in Pennsylvania are trying to increase these amounts, which have not been increased since the program's inception in 1990.

An analysis by the Health, Education, Labor and Pensions Committee of the United States Senate found that

[49] MetLife Mature Market Institute, National Alliance for Caregiving, *The MetLife Caregiving Cost Study: Productivity losses to U.S. Businesses*, July 2006, page 17.
[50] PHI Quality Care Through Quality Jobs, Facts 3, February 2011 Update, page 1.
[51] Ibid, page 2.
[52] Ibid, page 3.
[53] Ibid.
[54] http://www.aoa.acl.gov/AoA_Programs/HCLTC/Caregiver/#purpose

"Thirty-eight studies published from 2005 to 2012 found that providing HCBS [Home- and Community-Based Services] is less costly than providing institutional care."[55]

The CDHS is exploring the option of providing stipends for social work and health services students to specialize in gerontology. "Research … shows a lack of interest among social work students in working with older adults. However, research and other state models indicate that an academic stipend program can have a significant impact on student interest and in filling the workforce gap."[56]

The strategies suggested below include options to create incentives and support family and other caregivers.

| **Goal 7: Promote support for caregivers, including family caregivers, to support citizens as they age** |
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| **Possible Strategies** |
| 7.1 Implement a single-point of access to information on local health care and wellness services. |
| 7.2 Collect data and existing research on caregiving options for older adults. |
| 7.3 Collect and share national and local best practices on models of caregiving support. |
| 7.4 Develop methods to incentivize best practices in the creation of models to support caregivers and incentivize caregiving. |
| 7.5 Conduct public forums to discuss the opportunities and challenges associated with caregiving. |
| 7.6 Streamline the resources available and organizations that provide caregiving services as appropriate. |
| 7.7 Improve the efficiency and effectiveness of caregiving information, resources, and organizations. |
| 7.8 Provide advocates to aid in the acquisition of appropriate services. |
| 7.9 Examine strategies to promote family caregiving (vouchers, tax credits, other). |
| 7.10 Examine strategies to develop incentives for cross-generational caregiving (e.g., college credit or volunteering by high school students). |
| 7.11 Promote work-place flexibility for caregivers such as flexible schedules, job sharing, and virtual or home-based options. |
| 7.12 Adopt a family caregiver program similar to the State of Pennsylvania, but update payment amounts for 2015. |
| 7.13 Promote fiscal security for caregivers. |
| 7.14 Explore the use of tax credits, income/pension replacement, additional paid medical leave, or other strategies for establishing supports for caregiving. |

## Goal 8: Support communities to modify their economic development plans to address the changing demographics of their communities

As mentioned earlier, communities can make adjustments to their local ordinances to help older adults remain in their own homes and communities as long as possible. Ordinance changes that encourage modifications to

[55] United States Senate Committee on Health, Education, Labor and Pensions, Separate and Unequal: States Fail to Fulfill the Community Living Promise of the Americans with Disabilities Act, July 2013, page 1.
[56] Colorado Department of Human Services, FY 2015-16 Funding Abstract, Gerontology Stipend Program.

older communities (e.g., NORCs [Naturally Occurring Retirement Communities]) and create sidewalks, reduce curbs, and enhance access to services (e.g., Livable Communities concepts) can significantly help older adults to stay in their own homes.
Cities and counties can do their part by anticipating changes in tax revenue (e.g., changing sales and property tax collections) and older adult spending patterns (e.g., examining consumption patterns).

Significant changes to the labor force can be expected such as older workers wanting encore careers, older workers leaving the workforce, and increased need for caregivers and every level of health care worker. Consider this:

- "At 39.8%, the labor force participation rate for those 55 years of age and over is the lowest it's been since April 2009"[57]; and
- "Millions of "baby boomers" – a generation typically defined as those born during the post-war baby boom that took place between 1946 and 1964 – have retired from the workforce over the past six years."[58]
- An AARP study (June 2011) found that almost 50% of Baby Boomers see themselves working until the age of 70 or more. Thirty-six percent said they will never be able to afford retirement.[59]
- Seventy-six million Baby Boomers will be facing retirement in the future [beyond June 2011].[60]
- The Bureau of Labor Statistics predicts that by 2018, 25% of the workforce will be 55 and older. One area that will undoubtedly be affected is expenses related to health care.[61]
- A poll by AARP revealed that 48% of companies have not, and will not, do any strategic planning to analyze the impact on their businesses of retirement by their Baby Boomer employees.[62]

A February 2014 study of older adult labor force participation found:

- As expected, as older adults retire from the work force, they have lower labor force participation and push down overall labor force participation.
- This aging effect accounts for more than 40% of the decline [in labor force participation] since the onset of the Great Recession.
- An aging population also lowers unemployment slightly because older individuals who remain in the labor force are more likely to have a job.
- The aging trend will continue for the rest of the decade and will show up in monthly labor force statistics.

The strategies suggested below include options for communities to examine all sectors of their economies regarding the aging of the population.

| **Goal 8: Support communities to modify their economic development plans to address the changing demographics of their communities** |
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| **Possible Strategies** |

[57] http://businessinsider.com/baby-boomers-are-retiring-2014-2.
[58] Ibid.
[59] Tappero, Julie, http://www.westsoundworkforce.com/employer-articles/how-are-baby-boomers-affecting-the-workplace, page 3.
[60] Ibid, page 1.
[61] Ibid, page 2.
[62] Ibid, page 3.

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| 8.1 Incentivize cross-sector collaboration within city, county, or community economies. |
| 8.2 Collect data and existing research on the economic impacts of an increasing older adult population. |
| 8.3 Collect and share national and local best practices in economic development relating to an increasing older adult population. |
| 8.4 Establish incentives for best practices in economic development. |
| 8.5 Conduct public forums to discuss the opportunities and challenges of economic development in the era of an increasing older adult population. |
| 8.7 Examine and publish the economic impacts of changing demographics for each county. |
| 8.8 Meet with cities and local chambers of commerce to discuss demographic changes and economic trends. |
| 8.9 Develop opportunities for community conversations about local changing demographics. |
| 8.10 Identify and plan for impacts on workforce sectors related to changing demographics. |
| 8.11 Develop incentives (e.g., gerontology stipends) to increase older adult specialties in the health-care workforce. |
| 8.12 Identify changes to local ordinances to increase one's ability to remain in their own home and community as long as possible. |

## Goal 9: Facilitate improved access to information, services, and technology to support individuals as they age

Increasingly, older adults expect to remain in their own homes as long as possible. Therefore, organizations are looking at improving or consolidating access to information and services that assist individuals with remaining in their own homes and maintaining access to their community as long as possible.

In interviews with the 16 AAA organizations in Colorado, access to information was reported as one of the primary issues shared across multiple communities. Aging and Disability Resources for Colorado (ADRCs) provide a good, existing mechanism to consolidate information and referral services for all older adults.

ADRCs cover all 64 counties in Colorado. In most cases, ADRCs are connected to the local AAA and may also be connected to local county departments of human/social services or local "211" networks (211 is modeled after the 411 information system as a single phone number to call to get information about resources in one's community). ADRCs represent existing infrastructure that Colorado could designate as the single point for information and referral to other needed services. "[T]here are over 300 Aging and Disability Resource Centers (ADRCs) nationwide operating in 50 states, three territories, and DC."[63]

The Department of Health Care Policy and Financing recently secured a "No Wrong Door" (NWD) grant, which funds 12 months of planning to design a single, high-performing access system to LTSS that effectively serves all populations in need of LTSS, including private-pay individuals. The NWD system should coordinate and integrate all the various entry point functions. Some constituents believe a NWD system is duplicative of the

[63] *Strengthening the Effectiveness of Services for Older Americans: Establishing Research, Demonstration and Evaluation Leadership and Standards for Aging Services under the Older Americans Act,* Gerontological Society of America, page 9.

activities of Colorado's ADRCs.

Another method of keeping individuals connected to their communities is promoting the "Virtual Village" concept in Colorado.[64] Virtual retirement villages are supported by members who pay a yearly fee to gain access to vetted resources and social events in their communities. "These villages are low-cost ways to age in place and delay going to costly assisted-living facilities...At the core of these villages is concierge-like service referrals for members….Members can find household repair services, and sometimes even personal trainers, chefs, or practitioners of Reiki, the Japanese healing technique. Most important, the villages foster social connections through activities like potlucks, happy hours, and group trips…as people get older, they face the major dilemma of isolation…having a local network of people to engage with opens up whole new worlds."[65]

Many communities use devices to monitor the well-being of local residents. "Ninety-five percent of people 75 [years of age] and older say they want to stay in their homes indefinitely."[66] The following gadgets can assist older adults to remain in their own homes and communities as long as possible:[67]

| Gadget | Purpose |
|---|---|
| Simple, Big-Button Cell phones | For Emergencies: Allows older adults to see buttons and screens. |
| House-cleaning robots | Allows older adults to clean small spills or wash floors (these devices cannot complete thorough cleaning). |
| Temperature-activated flow reducer | Prevents burns from scalding water - A screw-on faucet attachment prevents burns by shutting off the water from a sink or shower if it gets too hot. |
| Safe-T-element Cooking System | Prevents burns from cooking – Cover plates installed over existing stove-top burners that limit how hot the burners can get. |
| Automatic pill reminders | "By the time a person reaches age 70..she's probably taking about 12 medications. The inability to take them unsupervised accounts for up to 40% of nursing home admissions. Fortunately, many devices available now can remind older adults to take their pills and keep them from getting their prescriptions scrambled." |
| Personal Emergency Response System (PERS) | A neck pendant or bracelet that allows an older adult to push a button after a fall or any type of emergency. |
| Doorbell-telephone flashing-light | If a person is becoming hard-of-hearing, this device |

[64] http://www.nytimes.com/2014/11/29/your-money/retirees-turn-to-virtual-villages-for-mutual-support.html.
[65] Ibid.
[66] Bernstein, Nell, Aging Care and Aging Solutions, *Useful Gadgets for Elderly Parents;* http://www.caring.com/checklists/useful-gadgets-for-older-adults.
[67] Ibid.

| | |
|---|---|
| signaler | triggers a flashing light for the doorbell or phone. |
| Monitoring System | A number of high-tech monitoring systems provide regular reports to make sure nothing out of the ordinary is occurring. |

The state's *Community Living Advisory Group Report*[68] recommends streamlining and simplifying access to long-term services and supports (LTSS). The report endorses a common entry point regardless of age or disability, where individuals can obtain information and assistance and be assessed for community LTSS. "These access points would assess level of need and provide options counseling to help individuals choose the best service delivery model."[69] The report also supports the idea that consumers choose their case management agency, so case managers can act more as partners with consumers, rather than as gatekeepers of services.

The strategies suggested below include options to increase access to information, services, and technology for older adults.

| **Goal 9: Facilitate improved access to information, services, and technology to support individuals as they age** |
|---|
| **Possible Strategies** |
| 9.1 Encourage communities to develop "Virtual Villages" (e.g., Village-to-Village networks) (web-based networks of volunteers and activities) for older adults. |
| 9.2 Collect and share national and local best practices on information, technology, and other supports that enable older adults to remain in their own homes and communities as long as possible. |
| 9.3 Establish incentives for best practices in information, services, and technologies that enable older adults to remain in their own homes as long as possible. |
| 9.4 Conduct public forums to discuss information, services, and technologies for older adults. |
| 9.5 Consider ADRCs as the one-stop-shop for older adults to gain access to information (also in Spanish) and the resources/benefits available to them. |
| 9.6 Evaluate the feasibility of AAAs becoming the primary access point for older adult services prior to individuals becoming eligible for Medicaid. |
| 9.7 Adopt a common assessment tool for older adults to determine the services they need to remain in their own homes and communities as long as possible. |
| 9.8 Encourage AAAs to utilize and purchase technology solutions to help older adults to remain in their own homes and communities as long as possible. |
| 9.9 Explore options to automate existing data on older adults. |
| 9.10 Explore options to better use/interpret data gathered through assessments of the needs of older adults. |
| 9.11 Promote and encourage older adults to develop and keep current (every three months) Advanced Directives or Living Wills. |
| 9.12 Develop strategies and incentives to encourage the use of assistive devices. |

[68] State of Colorado *Community Living Advisory Group Report*, *Final Recommendations, September 2014,* page 11.
[69] Ibid, page 12.

## Goal 10: Prevent abuse and/or exploitation (e.g., financial and physical) of individuals as they age

In 2013, Colorado adopted mandatory reporting (S.B. 13-111) of abuse and neglect of adults over age 70. (Reporting of abuse and neglect of at-risk adults, age 18-69 remains encouraged rather than mandated.) The first six months of implementation (January 1, 2015) show:

- An increase in reports of abuse and neglect of about 40% (for the total population) since mandatory reporting took effect July 1, 2014.
- 4,664 of the total reports were on individuals over age 70 (56%)
- Of the reports on individuals 70 and older, 2,148 reports required an investigation (46%)
- The oldest alleged victim was 103 years old
    - 42% of investigations involved people age 70-79
    - 44% of investigations involved people age 80-89
    - 14% of investigations involved people age 90-104
- Of reports that have been assigned for investigation with victims age 70 and older:
    - 40% of cases had an allegation of self-neglect
    - 28% of cases had an allegation of caretaker neglect
    - 26% of cases had an allegation of exploitation
    - 6% of cases had an allegation of physical abuse or sexual abuse
    - 11% of cases have multiple allegations of mistreatment.
- For reports on persons age 70 and older, 168 cases have been substantiated for exploitation with an estimated loss of assets of more than $14.8 million.

S.B 13-111 was the result of the Elder Abuse Task Force created by S.B 12-078. The Elder Abuse Task Force recommended further study of the creation of an Office of Public Guardianship. As a result of this recommendation, the Chief Justice of the Colorado Supreme Court issued an order establishing a public guardian advisory committee to:

- Assess the current system and the unmet need for public guardianship services in Colorado;
- Identify workable options and models to address the need for public guardianship services;
- Analyze the options identified including the cost, availability of viable funding sources, potential staffing needs, ethical considerations, and unintended consequences; and
- Recommend a model and implementation strategies that best address statewide public guardianship needs in Colorado.[70]

This advisory committee recommended a legislative study to:

- Quantify the unmet need and average cost of a public guardianship system;
- Assess options for funding this type of office;
- Consider an Office of the Child's Representative (OCR) model and determine whether this model is preferable and feasible statewide;
- Determine whether the Office of the Public Guardian (OPG) should be a part of CDHS;

[70] Supreme Court of Colorado, Office of the Chief Justice, Order: Establishing the Public Guardian Advisory Committee

- Determine whether OCR should be expanded to include the OPG; and
- Determine how the public guardian and staff would be paid.

Only one of these recommendations appears to have been implemented: A legislative study to quantify Colorado's unmet need for public guardian services for the incapacitated, indigent and isolated population, as well as to assess the average cost associated with providing these services.

Arapahoe County is developing a program modeled after services provided in its Child Protection program to proactively assess and provide for the needs of older adults. The goals are to prevent re-referrals to Adult Protective Services and to prevent people from moving deeper into the system. The program has been in operation only nine months, but so far it is producing promising results.

Financial exploitation is a complex form of exploitation. At times, it requires forensic accountants to gather enough evidence to prove financial exploitation has occurred. This is a relatively new area for both law enforcement investigators and accountants, but it will be a critical skill for the adult protection system to develop. In March 2012, the Huffington Post crafted an article thoroughly describing the rise of this type of exploitation.[71]

"While underreported, the annual financial loss by victims of elder financial abuse is estimated to be at least $2.6 billion dollars."[72]

The strategies suggested below include possible strategies to prevent abuse and exploitation of older adults.

| **Goal 10: Prevent abuse and/or exploitation (e.g., financial and physical) of individuals as they age** |
|---|
| **Possible Strategies** |
| 10.1 Collect data and existing research on the abuse, neglect, and exploitation of older adults. |
| 10.2 Collect and share national and local best practices on preventing abuse, neglect, and exploitation of older adults. |
| 10.3 Develop methods to prevent the abuse, neglect, and exploitation of older adults. |
| 10.4 Conduct public forums to discuss the prevention of abuse, neglect, and exploitation of older adults. |
| 10.5 Improve the efficiency and effectiveness of efforts to prevent the abuse, neglect, and exploitation of older adults. |
| 10.6 Track trends of abuse, neglect, and exploitation of older adults to identify the need for intervention strategies. |
| 10.7 Determine the need for improvements in safety and service quality at elder care facilities. Implement regulatory and administrative changes for improvements as needed. |
| 10.8 Determine options for collecting data on assessments for older adults and making redacted data available to analyze the needs. Include health screening, behavioral health screening, service needs, etc. |
| 10.9 Establish a state Office of Public Guardianship to provide guardianship and conservatorship as needed. |
| 10.10 Develop a network of older and retired attorneys and other adult volunteers to provide pro bono legal or financial services to other older adults. |
| 10.11 Identify promising practices to proactively serve older adults in need (e.g., Arapahoe County - Adult First program). |

[71] Crary, David, Huff[ington] Post: Business, O*lder Americans Suffering Huge Losses from Scams,* March 3, 2012.
[72] MetLife Mature Market Institute, *Broken Trust: Elders, Family, and Finances*, March 2009, page 4.

| |
|---|
| 10.12 Inform public and older adults about financial scams (e.g., support public awareness campaign by the Dept. of Law). |
| 10.13 Encourage older adults to develop and update Living Wills or Advanced Directives. |
| 10.14 Consider clarifying Colorado's Mandatory Reporting bill (SB 12-078). |
| 10.15 Promote interdisciplinary elder justice coalitions to raise awareness and provide training about elder abuse and neglect. |

## Next Steps

Colorado's CAF should be viewed as a complex set of interdependent strategies that help to improve systems, practices, and service efforts to positively impact the lives of older adults in Colorado.

It will be critical for state and local officials, members of the public, private and non-profit sectors, and community stakeholders to work together in ways that consider the independent activities of one sector or community and its relationship to other segments of society. It will be important to analyze how sections of the CAF document impact one another and the ways in which CAF activities affect larger social and economic systems.

The Colorado General Assembly adopted H.B. 15-1033 during the 2015 legislative session. H.B. 15-1033 created a strategic planning group to study and address the challenges and opportunities created by the aging Baby Boomers. The CDHS and the CCOA recommend that the H.B. 15-1033 strategic planning group use this document as a guide for beginning its work and for identifying areas requiring further exploration and expansion.

# APPENDIX 1: State Agency Activities

# Colorado Department of Health Care Policy and Financing (HCPF)

The Colorado Department of Health Care Policy and Financing (HCPF) is the state's single Medicaid agency. The Department operates many programs for older adults, children, families, and persons with disabilities. It also sets rates for hospitals, nursing homes, assisted living facilities, home health providers and others for the cost of care associated with Medicaid-eligible individuals.

To become eligible for Medicaid programs, usually one must have an income near the federal poverty level, require nursing home care, or have a significant disability. Due to its broad scope, HCPF helps the Governor set health policy and practice to control the cost of care and streamline service delivery throughout the state. Many of HCPF's programs affecting older adults are outlined below:

- **State Demonstration to Integrate Care for Medicare-Medicaid Enrollees (the Demonstration):** In February 2014, HCPF and the Centers for Medicare & Medicaid Services (CMS) partnered to implement a state demonstration project to Integrate Care for Medicare-Medicaid Enrollees (the Demonstration). It is estimated that nearly 50,000 full-benefit Medicare-Medicaid enrollees in Colorado are not participating in an integrated system of care, and therefore are not receiving appropriate services and supports. The Demonstration, which will integrate and coordinate physical, behavioral and social health care for these full-benefit clients, was implemented in the summer of 2014.

  The Demonstration builds upon the infrastructure and resources of the Accountable Care Collaborative (ACC), a central part of Colorado's Medicaid health care delivery system. Since 2011, the ACC has worked to transform the health care delivery system from an unmanaged fee-for-service model to an outcome-focused, client- and family-centered coordinated system of care. The goals of the Demonstration are to:
    - Improve health outcomes for full benefit Medicare-Medicaid enrollees.
    - Improve enrollee experience through enhanced coordination and quality of care.
    - Decrease unnecessary and duplicative services and the resulting costs.

  HCPF is implementing several key strategies that will help meet the goals of the Demonstration. One of those strategies is to establish a single, statewide **Ombudsman program** (Ombudsman) that provides comprehensive rights and protections to Medicare-Medicaid enrollees participating in the Demonstration. The Department partnered with CDHS to apply for the CMS funding opportunity "*Support for Demonstration Ombudsman Programs Serving Beneficiaries of Financial Alignment Models for Medicare-Medicaid Enrollees*."

  CDHS and HCPF received approximately $675,000 over three years to operate the Ombudsman program. The State's long-term care Ombudsman (administered by CDHS) through The Legal Center (now The Disability Law Center), serves as the designated entity for the grant.

- The Department also operates the **Program Of All-Inclusive Care For the Elderly (PACE)**, which provides

comprehensive health care and support services to individuals 55 years of age and older who would otherwise receive care in a nursing home. The goal of PACE is to help frail individuals live in their communities by providing services based upon their needs.

- The **nursing facility benefit** primarily serves older adults and costs approximately $600 million dollars per year. In the event an individual requires nursing care 24 hours a day, 7 days per week (24/7), the state will pay nursing homes and other types of facilities a daily rate for Medicaid-eligible individuals.

- **Colorado Choice Transitions (CCT):** CCT, part of the federal "Money Follows the Person (MFP) Rebalancing Demonstration," is a five-year, $22 million dollar grant awarded to Colorado in 2011. The primary goal of the grant is to facilitate the transition of 490 Medicaid clients from nursing homes or other long-term care (LTC) facilities to the community using home- and community-based services and supports.

  While **Community Transition Services** are now available through CCT, these services have been available for several years through the HCBS waiver for older adults, blind individuals and people with disabilities. These services provide funds to Medicaid clients in nursing facilities to set-up a household in the community, and support a transition coordinator who assists the client with reintegration into the community of the client's choice.

- **Changes to the Preadmission Screening and Resident Review Program (PASRR) Assessment:** The PASRR assessment is used to determine the services needed to support an individual with either an intellectual disability or mental illness who will be residing in a nursing facility. These services must be provided by nursing homes, or through a partnership with a local mental health center or Community Centered Board. Recently, HCPF and CDHS modified the PASRR to include a section that assesses transition potential and promotes development of a transition plan for individuals who may be able to thrive in the community with the right services and supports.

- **Colorado's Community Living Plan: Colorado's Response to the Olmstead Decision:**
  In 1999, the United States Supreme Court found in Olmstead v. L.C. that unnecessary segregation of individuals with disabilities in institutions is a form of discrimination based on disability.[73] Colorado's Community Living Plan is a joint effort of the Colorado departments of Health Care Policy and Financing, Human Services and Local Affairs to:
  - Successfully help individuals who want to transition from institutional settings to community settings;
  - Ensure that individuals living in community settings can do so in a stable, dignified, and productive manner;
  - Prevent initial entry or re-entry into institutional settings when this is unnecessary; and
  - Ensure the achievement of outcomes and responsive plan modifications through transparent oversight and evaluation efforts.

[73] Olmstead v. L.C., (98-536) 527 U.S. 581 (1999).

While the Community Living Plan goals apply to the issues of older adults, a few goals stand out:

- Proactively prevent unnecessary institutionalization;
- Increase availability and improve accessibility of appropriate housing options;
- Support successful transition to community settings; and
- Increase the skills and expertise of the Direct Service Workforce (DSW).

- **Community Living Advisory Group:**[74] This report was initiated as part of Governor's Executive Order D 2012-027, and was designed to create a Long-Term Services and Supports (LTSS) "system that responds to the needs of all people, regardless of where they are on the age/ability continuum." Recommendations from this report include:
  - Improving the coordination and quality of care in the LTSS system;
  - Streamlining and simplifying access to LTSS;
  - Simplifying the state's Home- and Community-Based (HCBS) waivers;
  - Growing and strengthening the paid and unpaid LTSS workforce;
  - Harmonizing and simplifying LTSS regulations;
  - Promoting accessible, affordable, integrated housing; and
  - Promoting employment opportunities for all.

- **Colorado Dental Health Program for Low-Income Seniors:** Senate Bill 14-180 created the Colorado Dental Health Program for Low-Income Seniors (the Dental Program) under HCPF. The purpose of this Dental Program is to promote the health and welfare of Colorado's low-income seniors by providing access to dental care to individuals age 60 and over who are not eligible for dental services under any other dental health care program, such as Medicaid or the Old Age Pension Health and Medical Care Program.

- **Home- and Community-Based Services (HCBS):** Colorado continues to be a leader in providing HCBS to multiple populations at-risk for institutionalization. Colorado was one of the first states to implement an HCBS waiver program when it became available through the federal government. Presently, Colorado serves more people in the community than it does in nursing homes. The primary HCBS waiver for the older adult population is the Elderly, Blind, and Disabled (EBD) waiver operated by HCPF, through contracts with the Single Entry Points which implement the program in communities. A waiver is an extra set of Medicaid benefits that individuals can qualify for in certain cases. These benefits can help individuals stay in their homes and communities.

  The HCBS waiver for persons who are Elderly, Blind, or Disabled provides assistance to people ages 65 and older who have a functional impairment or are blind, and to people ages 18-64 who are physically disabled and require long-term services and supports in order to remain living in a community setting.

- **Family Caregiver Support:** The HCBS waiver for people with intellectual and developmental disabilities, typically referred to as "DD-Comp," provides 24/7 residential and in-home services and supports. In the past,

[74] Community Living Advisory Group Report, Final Recommendations, September 2014.

the waiver program required that the eligible individual move to an out-of-home placement in order to receive services. Recently, the Division for Developmental Disabilities (DDD) added a family caregiver component to the program that allows individuals accessing this waiver to receive comprehensive 24/7 services while living in the family home.

- **Medicare Savings Program (MSP):** The MSP helps people with limited income and resources pay for some or all of their Medicare premiums and may also pay their Medicare deductibles and coinsurance. Medicare Savings Programs are a group of programs Colorado residents can apply for if they are eligible for Medicare. "Medicaid Buy-In" is one of the benefits of the Medicare Savings Programs. Medicaid Buy-In allows people with disabilities, who may be working and exceed the income guidelines for Medicaid, to "buy-in" to Medicaid and purchase Medicaid as their primary health insurance.

- The **Old Age Pension Health and Medical Care Program** provides limited medical care for Coloradans receiving Old Age Pension (OAP). The OAP Health and Medical Program is also known as the Modified Medical Plan, State Medical Program, Limited Medicaid, and OAP State-Only Program.

- The **Complex Service Solutions** work group is trying to find appropriate service options for individuals with complex medical and behavioral service needs. The group has developed a guide book for case managers to use to explore all the possible resources to assist individuals in need.

- The **Testing Experience and Functional Tools (TEFT)** grant focuses on creating a system for electronic records for the Long-Term Services and Supports (LTSS) population that would be accessed through a Personal Health Record (PHR). The system would also aid in the development of national standards for interoperability (computers and data systems talking to one another) for the LTSS population.

# Colorado Department of Higher Education

Colorado's public institutions of higher education are actively delivering programs that support the older adult population. Examples include programs for career retooling, intellectual enrichment, tuition discounts, and programs of study in the area of gerontology/elder care. The following examples represent a variety of programs available from colleges and universities across Colorado:

### Colorado Community College System

- **Arapahoe Community College (ACC)** and **Northeastern Junior College (NJC)** are participating in the American Association of Community College's "Plus 50" initiative. Below are links to the Plus 50 program and to ACC's and NJC's web pages for their Plus 50 programs.
  - http://plus50.aacc.nche.edu/aboutplus50/Pages/default.aspx
  - http://www.arapahoe.edu/news-story/2014/acc-selected-a-plus-50-champion-college
  - http://www.njc.edu/Extended-Studies/Plus50

- **Aims Community College** offers a certificate program in Gerontology. In addition, the college offers a Healthcare Navigator Certificate with one class in Gerontology.

### University of Colorado – Colorado Springs (UCCS)

- The "Listening In" program allows residents 55 years of age and older to "listen in" on selected courses on campus. Seniors fully participate in the course, but do not submit assignments or receive credit. More information may be found at: http://www.uccs.edu/~extendedstudies /life_listeningin.html
- The UCCS American Psychological Association (APA)-accredited PhD in Clinical Psychology includes a focus in geropsychology, one of only a handful of such programs in the country. Accordingly, aging is a major research focus in the department, which has multiple nationally-recognized faculty in this area and annually produces new PhDs prepared to contribute to research in this field. More information may be found at: http://www.uccs.edu/psych/graduate/phd-program/phd-program-geropsychology.html.
- The UCCS Gerontology Center, part of the UCCS Health Circle in the Lane Center for Academic Health Sciences, is a multi-disciplinary center that provides education, including a gerontology minor for undergraduates, professional development and research in cooperation with community and institutional partners across the state of Colorado. More information can be found at: http://www.uccs.edu/~geron.
- Another unit of the UCCS Health Circle, closely associated with the Department of Psychology, the UCCS Aging Center provides a clinical setting for graduate student training under the supervision of UCCS faculty in the provision of assessment, treatment and clinical services for a variety of cognitive issues associated with aging. More information may be found at: http://www.uccs.edu/~agingcenter.
- Two other units of the UCCS Health Circle providing services of particular value to seniors, as well as others, are the Peak Nutrition Clinic (http://www.uccs.edu/healthcircle/peak-nutrition-clinic.html) and the Center for Active Living (http://www.uccs.edu/healthcircle/center-for-active-living.html).
- Finally, the Peak Vista Community Health Senior Clinic (http://www.peakvista.org/locations/lane) is hosted by the campus in the Lane Center for Academic Health Sciences.

## University of Colorado (CU)– Denver

- **CU Denver Senior Citizen Program**

  Area residents who are 60 years of age or older may enroll at UC Denver on a no-credit audit basis without tuition.

  Senior citizens may take any course listed in the Schedule of Courses, except:
  - courses which require laboratory or special equipment use,
  - computer courses,
  - courses offered through the Division of Extended Studies.

  Acceptance in class will be determined by the instructor based on space availability, and the previous level of education obtained by the older adult student. There is no limit to the number of courses an older adult may take.

  For any additional information contact Bellverie Ross, Senior Citizens' Program Coordinator at 303-315-3509 or stop by the Lynx Center, Student Commons Building, 1201 Larimer Street, Suite 1107, Denver.

## Metropolitan State University of Denver (MSU)

- The Metro Meritus program invites the growing number of older adults in the community to engage in lifelong learning by participating for free in courses offered by the University on a non-credit basis, subject to space availability and the approval of the professor.
- Through Mark Potter, Assistant Vice President for Academic and Civic Collaboration, MSU Denver has been working in partnership with AARP on an upcoming "Mentor Up" event that will pair student volunteers with AARP members to help with technology questions.
- "LearnOn" is a new MSU Denver initiative that offers short, low-cost, not-for-credit, on-campus enrichment courses for the curious adult.
- An interdisciplinary team is applying for a Health Resources and Services Administration (HRSA) grant to address Geriatrics Workforce Enhancement.

  In addition to the above programs, MSU Denver offers the following classes and concentrations:
  - Human Development Major with a concentration in Gerontology.
  - Sociology Major with a concentration in Gerontology.
  - Social Work Major with an Aging concentration.
  - Nursing Major offers a class, but no concentration.
  - The Health Professions Department offers the following relevant courses:
    - HCM 3800 Management in Long-Term Care
    - ITP 3700 Physiology of Aging
    - RECR 2330 Advocacy, Leisure and the Aging Adult
    - RECR 3070 Health and Movement Problems in the Aging Adult

## Colorado State University (CSU) - Fort Collins

- The Osher Lifelong Learning Institute at CSU is a member-based, member-driven learning community for

adults aged 50 and older. Osher provides classes that are designed to challenge and inform on a wide variety of topics, including: global and cultural awareness, environmental issues, history, current events, the arts, health and wellness, and personal skill development. There are no prerequisites or degree requirements for the courses.

CSU does not grant degrees in gerontology specifically. However, the degrees in Human Development and Family Studies, Health and Exercise Science, Social Work, Food Science and Human Nutrition, and Psychology all have significant content in gerontology and aging research as part of the major. CSU also offers a Gerontology Interdisciplinary Minor – with 64 students enrolled in AY2013-14. Twenty eight students graduated in AY2013-14. Columbine Health Systems supports scholarships to the College for Gerontology, and they are available (though not exclusive) to Social Work students.

### Fort Lewis College

At Fort Lewis College, initiatives to serve the 50-year and older population include:

Intellectual enrichment:

- The Life Long Learning Program is a free lecture series offered every Thursday evening during the academic year, excepting winter and spring breaks, spanning the breadth of intellectual interests. http://www.fortlewis.edu/professionalassociates/CommunityPrograms.aspx
- KDUR Fort Lewis College Community Radio provides opportunities for community members to develop and DJ shows expressing their musical passions. "Our youngest DJ's are teenagers; our oldest are over 60. The DJs are the reason KDUR remains one of the most diverse stations in the nation." http://www.kdur.org/AboutKDUR.aspx

Career retooling:

- A Master of Arts in Education program designed for adult learners prepares experienced teachers for the new career field of instructional coaching. http://graduate.fortlewis.edu/teacher-leadership/
- An undergraduate Certificate in Geographic Information Systems, which offers focused preparation in a high-demand skills area for those holding an associate's or baccalaureate degree. http://www.fortlewis.edu/geology/AboutOurProgram/GISCertificate.aspx
- Non-credit courses to develop skills for a career change are offered by Ed2Go Online in partnership with the Office of Continuing Education. Career areas: health care, business, information technology, media and design, hospitality, and sustainable energy. http://careertraining.ed2go.com/fortlewis/

Volunteer Opportunities:

- Professional Associates are retired professionals who serve as a volunteer corps in support of the college's mission. http://www.fortlewis.edu/professionalassociates/
- The Center for Southwest Studies volunteer program engages retirees in helping prepare artifacts, papers, and books for use by researchers. https://swcenter.fortlewis.edu/Footer/Volunteer.aspx

- The Community Concert Hall volunteer program taps retirees to assist in concert hall operations on show nights by manning will call, taking tickets, and ushering patrons to their seats. http://www.durangoconcerts.com/FAQs.aspx
- The Engineers Without Borders program provides opportunities for retired professionals to sustain the organization's infrastructure and to assist with planning and on-site implementation of each year's projects. http://www.fortlewis.edu/ewb/JoinEWBatFortLewis.aspx

**Colorado Mountain College**

Colorado Mountain College (CMC) partners with other agencies in its community to provide intellectual enrichment, tuition discounts, various programs of study, and career retooling services. Through the Life-long Learning Program: http://coloradomtn.edu/classes/continuingeducationclasses interested citizens can learn about:

- Retirement Planning Today
- Long-Term Care Planning
- Relating to Your Grown-Up children
- Senior Fitness Classes designed for seniors of all levels of health and fitness. [Silver Sneakers program]

High Country RSVP has been sponsored by Colorado Mountain College since 1978 and provides volunteer opportunities to residents of Garfield County High Country RSVP (Retired Senior Volunteer Program) to recruit, train, and promote volunteers, age 55 and older. Volunteers provide Medicare assistance for seniors; prepare income taxes for seniors, the disabled and persons with low to moderate income; help seniors and the disabled with small home repairs; teach driver safety classes, deliver Meals on Wheels; distribute food to the needy; mentor youth; serve senior meals; dispatch the Traveler; care for rescued pets; give out information at museums; work in health-care settings; and learn to become storytellers.

Tuition discounts include: Persons aged 62 or older at the time of registration who meet the in-district residency requirements pay a reduced in-district tuition rate of 50% of the full in-district tuition cost plus any applicable fees. (For credit courses only.)

Programs of study: As part of the community college mission, all ages are welcome to any of CMCs programs of study. CMC does not offer programs specific to older adults.

Various partnerships with Colorado Mountain College exist for career retooling such as:

- ed2go: http://www.ed2go.com/; an online Career Training Center.
- Go2Workshops are offered by Colorado Mountain College in partnership with Colorado Workforce Center. This free, drop-in workshop is ideal for job seekers, as well as students. A qualified instructor is available to assist with resumes, job applications and career exploration.
- Gateway http://coloradomtn.edu/partnerships.

# Colorado Department of Human Services

### *Office of Community Access and Independence, Veterans Community Living Centers*

The *Veterans Community Living Centers (VCLCs)* provide nursing home services to veterans and Gold Star parents (i.e., parents who lost a child during military service). These facilities operate "Eden Alternative" culture-change initiatives in the tradition of having the VCLCs operate and feel more like home. The Eden Alternative means each VCLC strives to "enhance well-being by eliminating the three plagues of loneliness, helplessness and boredom." Each VCLC has been Eden certified, meaning each VCLC has been evaluated as meeting certain home-like conditions in a nursing home setting.

### *Office of Community Access and Independence, Division of Aging and Adult Services*

- **State Unit on Aging:** The State Unit on Aging (SUA) administers the Older Americans Act (OAA) and State Funding for Senior Services (SFSS) programs through the 16 regional Area Agencies on Aging (AAAs). OAA programs include: home-delivered meals, congregate meals, homemaker services, chore services, transportation, information and referral, and legal services.

  SUA programs and services are available to persons aged 60 and over (age 55 for the Senior Community Service Employment Program (SCSEP)) and their caregivers on a statewide basis to assist them to thrive in their own homes and communities for as long as possible. For all of the OAA programs described below, state statutory authority can be found in Title 26, Article 11, Parts 1 and 2 of the Older Coloradans' Act. Federal regulatory authority is found at 12 CCR 2510-1 Rule Manual Volume 10, Older Americans Act (OAA) programs. SUA programs include:

  - **Congregate Nutrition Services**: This program provides meals to persons aged 60 and over in a congregate setting to assure a nutritionally balanced diet and to provide the opportunity for socialization among older adults. Participants receive services through local service providers and AAAs. Spending on this service in Colorado in FFY 2014 was approximately $7 million through OAA, State, and local funds, with 17,061 individuals receiving services.

  - **Home-Delivered Nutrition Services**: This program provides meals to persons age 60 and over in a home setting for those unable to leave the home to assure a nutritionally balanced diet and care in home. Participants receive services through local service providers and AAAs. Spending on this service in FFY 2014 was approximately $7 million through OAA, State, and local funds with 8,744 individuals receiving services.

  - **Transportation Services**: This program provides transportation to persons aged 60 and over for medical appointments, grocery shopping, to go to meal sites, etc. Participants receive services through local service providers and AAAs. Spending on this service in FFY 2014 was approximately $6 million through OAA, State, and local funds.

- **In-Home Services**: This program provides homemaker and personal care services to persons who are aged 60 and over who are in need of assistance with daily activities of living primarily because of functional impairments. Participants receive services through local service providers and AAAs. Spending on this service in FFY 2014 was approximately $2 million through OAA, State, and local funds, with 1,539 individuals receiving services.

- **Legal Services for Older Persons**: This program provides legal services on behalf of persons aged 60 and over. Local service providers assist older adults in resolving their legal problems and advocate for their rights. Participants receive services through legal services providers and AAAs. Spending on this service in FFY 2014 was approximately $670,000 through the OAA, State, and local funds and approximately 14,000 instances of legal assistance were provided.

- **Other Community-Based Services for Older Adults**: Other community-based services include home maintenance and repair, health screening, respite care, health education, information and referral, employment assistance, adult day care, interpreting services, counseling, individual follow-up, material aid, recreation, skilled nursing, visitors/telephone reassurance, and case management. Individuals receive services through local service providers and AAAs. Spending on these services in FFY 2014 was approximately $9 million in OAA, State, and local funds.

- **Family Caregiver Support:** This program provides services and supports to caregivers of older adults, adult children with disabilities, individuals with dementia, and grandchildren. The services include counseling and training, respite care, supplemental services, access assistance, and information services. Spending these services in FFY 2014 was approximately $2.6 million in OAA, State, and Local funds with approximately 4,356 individuals receiving services.

### *Other grant-funded programs administered by the State Unit on Aging*

- **Long-Term Care Ombudsman Services for Older Persons:** This program provides ombudsman services on behalf of individuals aged 60 and over who reside in nursing homes or assisted living residences. Ombudsmen identify, investigate and resolve complaints filed by nursing home residents and advocate for their rights. Participants receive services through local ombudsmen and AAAs. Spending on this service in FFY 2014 was approximately $2.1 million in OAA, State, and local funds.

- **Federal Aging and Disability Resource Centers (ADRCs):** In Colorado, ADRCs are named Aging and Disability Resources for Colorado and are designed to provide seamless access (including information and assistance services) through available long-term services and supports to adults with disabilities and older adults. Currently, there are 16 ADRCs in Colorado.

  The federal government identified six criteria for ADRCs. They must provide the following:

1. Information, Referral and Awareness
2. Options Counseling and Assistance
3. Streamlined Eligibility Determination for Public Programs
4. Person-Centered Transition Support
5. Consumer Populations, Partnerships and Stakeholder Involvement
6. Quality Assurance and Continuous Improvement

Federal ADRC funding is time-limited and the state will need to determine whether these agencies should be supported for the long-term.

- **A Matter of Balance intervention**: This grant, from CDPHE, is used to purchase training materials for the evidence-based fall prevention program "A Matter of Balance." The Traumatic Brain Injury Trust Fund has provided approximately $15,000 for this program.

- **Chronic Disease Self-Management**: The SUA administers the Chronic Disease Self-Management Program (CDSMP) an evidence-based program designed by Stanford University that gives people tools to manage health conditions such as diabetes, arthritis, heart disease, and high blood pressure.

  The SUA received a three-year grant from the U.S. Department of Health and Human Services, Administration for Community Living to provide CDSMP classes at no charge to:

  1) Low-income individuals over age 60 with chronic health conditions, and
  2) Adults over age 18 with disabilities.

  Classes are 2.5 hours per week for six weeks. Participants learn self-management skills in many areas, including nutrition, exercise, medication, breathing techniques, relaxation, and management of emotions, pain and fatigue.

- **Senior Community Services Employment Program (SCSEP):** The SCSEP places low-income persons (125% of the federal poverty level) aged 55 and over in subsidized employment with local service providers. Participants receive training, job counseling and coaching services with the goal of assisting them to eventually find employment outside of the program. This program was funded with approximately $900,000 of OAA Title V funds in SFY 2015.

- **Community-Based Care Transition Program:** This program is an evidence-based care transitions program with a goal of reducing re-hospitalizations for individuals with certain identified medical conditions. The evidence-based intervention, developed by Dr. Eric Coleman with the University of Colorado, provides coaching and follow-up with individuals being discharged from hospitals to ensure the individual understands his/her discharge plan and is able to follow through with the plan. Through its partnership with several local area hospitals, the program has reduced

avoidable re-hospitalizations from 16% at the beginning of the program to 6% today. This program has been identified as a successful method to reduce avoidable re-hospitalizations and the Division of Aging and Adult Services is working with other communities in the state to replicate this program.

- **Adult Protective Services:** The Division of Aging and Adult Services administers the state's Adult Protective Services unit. The State oversees county departments of human or social services in their administration of adult protective services, including investigation of allegations of abuse, neglect or exploitation of vulnerable adults. The Adult Protective Services Unit provides training to counties in best practices and collects and reports statewide data on adult protection activities.

  - **Implementation of Mandatory Reporting for Adult Protective Services:** Senate Bill 13-111 established mandatory reporting of abuse, neglect, or exploitation of adults age 70 and older. S.B. 13-111 went into effect July 1, 2014 and provided funding for county case workers and training, as well as $1 million in funding for community services to stabilize the victim in the most appropriate setting. These services include: shelter, in-home services, legal assistance, medical assistance, and utilities. The legislation also provided funding for a new data system to track outcomes of Adult Protective Services programs across Colorado.

### *Office of Community Access and Independence, Division of Regional Center Operations (DRCO)*

- ***Community Support Team:*** Colorado's Regional Centers (RCs) serve persons with developmental disabilities who have the most intensive needs. Recently, the DRCO established a community support team at the RCs to provide technical support and training to community providers working with individuals transitioning from the RCs into community placements. This program is designed to divert individuals from an RC admission if possible, to promote stabilization to those in crisis through a short-term stay, and to provide technical assistance to community providers.

### *Office of Economic Security, Employment and Benefits Division*

- **Financial Security Programs** provide financial assistance to people with disabilities or older adult consumers with limited incomes.

  - **Old Age Pension (OAP).** The Office of Economic Security now administers the state's OAP program (the Division of Aging and Adult Services formerly administered this program), which provides financial assistance and may provide medical benefits for low-income adults age 60 years and older. The OAP program provides financial benefits up to $771 per month. Other income such as wages, Social Security, and Veterans Assistance benefits may reduce the amount of the OAP benefit. To qualify to receive OAP benefits, individuals must be 60 years of age or older and a Colorado resident, a citizen of the United States, a naturalized citizen, or an eligible legal resident.

- **Adult Foster Care (AFC)** pays for residential care in an approved facility, an Assisted Living Residence. The individual must require assistance with some or all of their daily living activities and require 24-hour supervision. The maximum monthly benefit for AFC is $1,365.
- **Home Care Allowance** provides cash assistance to older adult and disabled individuals for unskilled care services paid directly to a home-care provider of the client's choice. Here, the maximum monthly benefit at the highest level of need (Tier 3) is $475.
- **Personal Needs Allowance** provides a payment to individuals in facilities to cover additional hygiene costs not usually supplied by the provider. The maximum monthly benefit is only $77.
- **Burial Benefit** provides $1,500 to providers for burial or cremation services. A person must have been receiving public assistance and/or medical assistance at the time of death.

- **Re-Hire Colorado** is a transitional employment program for veterans, people over age 50, and non-custodial parents. During the first 14 months of programming (January 6, 2014 - February 28, 2015), the Re-Hire Program helped 363 Coloradans find permanent employment and placed 596 people in transitional employment. The average hourly rate for permanently employed Re-Hire participants is $10.44, which is $2.44 higher than the minimum wage (as of February 2015). Two hundred thirty-three (233) businesses actively participate in training and hiring Re-Hire participants. Five local agency contractors provide Re-Hire Program services in Larimer, Denver, El Paso, Teller, Pueblo, and Mesa counties.

- **Supplemental Nutrition Assistance Program (SNAP)** provides an individualized dollar amount each month to be used on food products only. Some low-income older adults may be eligible for and receive financial assistance for food (i.e., formerly food stamps), which may supplement other nutrition programs such as congregate or home-delivered meals. Individual benefit amounts vary by county and household composition.

- **Low-Income Energy Assistance (LEAP)** is a federally funded program that helps eligible hard working Colorado families, seniors and individuals pay a portion of their winter home heating costs. It is not intended to pay the entire cost of home heating, but rather to help alleviate some of the burden associated with the colder months.

### *Office of Behavioral Health, Community Programs*

Community Programs in the Office of Behavioral Health provides mental health and substance abuse services to low-income populations.

- **Governor's Plan for Strengthening Behavioral Health - Initiative to Improve Community Capacity.** Colorado has expanded community-based services and supported housing to promote the inclusion and independence of people with mental illness and enable them to participate fully in community life.
  - **Colorado Crisis Support Services –** The Governor's plan created a coordinated behavioral health crisis response system for communities throughout the state. Colorado Crisis Support Services

improve access to the most appropriate treatment resources and decrease utilization of emergency departments and jails. Components of the Colorado crisis support system include:

- Statewide 24-hour crisis help line – Telephone lines staffed by skilled professionals and peers to assess and make appropriate referrals to resources and treatment.
- Walk-in crisis services / crisis stabilization unit(s) – Urgent care services with capacity for immediate clinical intervention, triage, and stabilization.
- Mobile crisis services – Mobile crisis units with the ability to respond to a behavioral health crisis anywhere in the state within one-hour in urban areas and one to two hours in rural areas (e.g., homes, schools, or hospital emergency rooms).
- Crisis Respite/Residential – A range of short-term crisis residential services (e.g., supervised apartments/houses, foster homes, and crisis stabilization services).
- Statewide awareness campaign and communication – A multi-media campaign/branding and communication strategy to increase awareness of behavioral health illness and crisis resources.

- **Trauma-Informed Services -** Efforts have been made to improve patient outcomes at the State Mental Health Institutes through the implementation of a best practices trauma informed care approach.
- **Older Adult Initiatives -** The Office of Behavioral Health, Community Programs has dedicated a half-time FTE for the sole purpose of managing older adult initiatives in Colorado. The Office of Behavioral Health has funded the evidence based program, Senior Reach. This program may be included in future behavior health efforts.

# Colorado Energy Office (CEO)

- The Colorado Energy Office's **Low-Income Weatherization Assistance Program** provides free energy efficiency retrofit services to income qualified clients (<200% Federal Poverty Level) in all 64 counties of Colorado. The program has been in operation since 1977. Through a sub-grantee network of seven regional agencies serving single-family structures and one statewide agency serving multi-family structures, the program installs cost-effective weatherization measures to: 1) Save clients' money on their utility bills; 2) Reduce their reliance on cash assistance for home heating; and 3) Improve the safety and overall comfort of their homes. Approximately 15% of clients served are aged 60 years and over. Qualified homeowners or renters can apply for these free services by contacting their local weatherization agency and following the steps below:

  1. Client completes an application with the local agency.
  2. After application approval, agency schedules a free home energy audit. The home energy audit identifies the most appropriate and cost-effective improvements to be applied to client's home.
  3. After appropriate measures are identified, client's agency schedules the service appointment. A qualified crew of weatherization technicians installs the appropriate improvements in to home, such as furnace repair or replacement, furnace safety test, air sealing, insulation in attic, floors and walls, refrigerator replacement, and new storm windows and doors.
  4. Once the work is complete, an inspector assesses the work for quality and completion.

  More information is available at www.colorado.gov/energy. Contact Joe Pereira, Director of the Weatherization Program for any additional information: 303-866-4663.

- The **Residential Energy Efficiency Program** conducts training to educate real estate stakeholders (e.g., code officials, builders, lenders, appraisers, realtors, and contractors) on the value of home energy efficiency and available incentives in the home buying process. The training also gives realtors and appraisers the incentive of continued education credits toward their respective professional licenses as well as an advantage in serving their clients.

  For additional information, please contact Pete Rusin, Senior Program Manager of Residential Programs: 303-866-2343.

# Colorado Department of Law

The Colorado Department of Law (CDOL), which includes the Colorado Office of the Attorney General, has the primary responsibility in the state for enforcing the Colorado Consumer Protection Act. The CDOL developed a website and marketing campaign in late 2014, www.stopfraudcolorado.gov, which provides resources and information on fraud and "scams" that target Coloradans, including older adults. The CDOL does not provide any direct legal advice to older adults, but partners with the *AARP Foundation ElderWatch Colorado* to educate consumers on how to research scams and protect oneself against fraudulent activity. From the AARP ElderWatch website:

> *AARP Foundation ElderWatch Colorado* is a program with the Colorado attorney general and the AARP Foundation; its mission is to ensure that no older adults are left to suffer, alone and in silence, at the hands of those who exploit them. The program fights the financial exploitation of older Coloradans through education and outreach, data collection, and other assistance.
>
> Adults over the age of 50 are significantly more likely than the general population to become victims of fraud and other forms of financial exploitation. Some studies estimate that older Americans are cheated out of more than $3 billion a year. But the problem is vastly underreported, and there is no way to quantify the great emotional distress financial exploitation can cause.

For adults over the age of 70, Colorado's elder abuse law requires county departments of human/social services to work with law enforcement to investigate instances of abuse, neglect, or exploitation. In some cases, counties may be able to provide services and assistance to older adults facing confirmed abuse, neglect, or exploitation. This legislation was developed in partnership and supported by the Colorado Office of the Attorney General.

# Colorado Department of Local Affairs, Division of Housing

The Department of Local Affairs (DOLA), Division of Housing (DOH) consulted with the Highlands Group and the Colorado Housing and Finance Authority (CHFA) to estimate that by 2020, Colorado will need an additional 15,158 units of affordable rental housing for older adults, and by 2035 this number could grow to 26,190. The DOH continues to look for opportunities to expand funding sources for housing for older adults.

Specific programs the DOH provides include:

- **Single Family Owner-Occupied Rehabilitation Program:** The DOH works with 14 non-profit organizations throughout the state to connect with homeowners in need of repairs through its pool of single family rehabilitation dollars. These funds can be used for any health and safety defects and repairs including roofing, plumbing, and wiring repairs. They can also provide energy-efficient and home-accessibility modifications. The funds are available for low-income households earning less than 80% of the area median income. These funds can sometimes be coupled with funds provided by the Weatherization Program administered by the Governor's energy office.

- **Housing Choice Voucher Program (HCV):** There are almost 30,000 Housing Choice Vouchers in Colorado, many of which are used for older adults. These vouchers include Public Housing Authorities (PHAs) that have committed HCVs to provide housing for persons with disabilities and older adults. For example, the Colorado DOH administers over 2,700 HCVs for older adults in addition to its Non-Elderly Disabled (NED), Mainstream, and Project Access vouchers.

- **Affordable Housing Development:** There are over 60,000 units of affordable housing in approximately 906 buildings in Colorado. There are over 6,600 units designated for older adults of which, over 1,000 were developed with accessible features. Finally, there are almost 430 units in the process of being developed that are for older persons.

- **Transit-Oriented Housing Development (TOD):** TOD is the development of affordable housing close to public transit lines and includes areas within walking distance of offices and shops. This type of housing is a great option for older adults. The DOH has worked with affordable housing developers to provide over $10 million to develop 15 TOD projects with 1,297 units since January 2010.

- **State Housing Vouchers (SHVs):** There are approximately 159 housing subsidies (i.e., vouchers) for persons with mental health disorders who are either currently living in the state Mental Health Institutes or are chronically homeless. These subsidies are funded through a combination of Substance Abuse and Mental Health Services Administration (SAMHSA) dollars and funding appropriated by the Colorado Legislature, which has funded another 75 SHVs for participants of Colorado Choice Transitions (i.e., CCT, Colorado's Money Follows the Person program.)

    - **Housing and Colorado Choice Transitions (CCT):** HCPF and DOLA have collaborated to provide housing

staff through the CCT grant to provide training and technical assistance and to develop housing resources for participants and agencies in CCT under an interagency agreement. As a result of this agreement, there are housing providers that are members of the CCT Regional Transitions Committees. These committees are local groups that coordinate CCT implementation. This partnership is considered a best practice by the Centers for Medicare & Medicaid Services (CMS).

- **Medicaid Home Modification:** The DOH and the HCPF collaborated on a plan to increase the quality and efficiency of the Medicaid Home Modification program. HCPF and DOLA signed and implemented an Interagency Agreement (IA) in 2014 to collaborate on management of the Home Modification program. This IA will increase the efficiency and effectiveness of the program while leveraging other funding to assist in providing safe, accessible homes.

- **Medicaid Crosswalk:** The Medicaid Crosswalk is a review of current and potential opportunities for Medicaid to fund services that support housing. The Governor's Office has worked with all state departments to gather information for the Crosswalk report which will help guide Medicaid Waiver Simplification.

- **Low-Income Housing Tax Credits:** The Colorado Housing and Finance Authority (CHFA) implements the Low Income Housing Tax Credit program. This program helps to finance the creation of affordable housing units, and currently houses 8,339 units for older adult citizens of Colorado 55 years and older. Many DOH-funded affordable housing development projects use this financing.

- **The Colorado Permanent Supportive Housing Toolkit:** The DOH, in partnership with CHFA and the Enterprise Foundation, has implemented the Permanent Supportive Housing Toolkit for special needs populations in rural communities in Colorado. The Toolkit is an intensive, 12-week program to increase the capacity of local communities to develop permanent supportive housing with a goal of adding over 100 new units in non-metro Colorado communities by the end of 2015. This Toolkit can be used to develop new permanent supportive housing for older adults.

- ***ColoradoHousingSearch.org*:** *ColoradoHousingSearch.org* is a free resource that allows owners of affordable housing to list, and Colorado residents to find, affordable housing in Colorado. With the assistance of DOH staff, *ColoradoHousingSearch.org* has almost doubled its listings of affordable housing, many of which may have improved accessibility for older adults. In addition, *ColoradoHousingSearch.org* has been working with DOH staff to develop a customer interactive map that will allow citizens to search for affordable housing, Public Housing Authorities (PHAs), transitional housing, emergency housing and home modification resources by city and county. This map will be implemented in early 2015.

- **Senior Property Tax Exemption: Senior Property Tax Exemption:** The senior property tax exemption (Also known as the Homestead Exemption for Qualifying Senior Citizens and Disabled Veterans) is available to senior citizens and the surviving spouses of senior citizens over age 65. The State reimburses local governments for the loss of property tax revenue due to the exemption. When the State's budget allows, 50% of the first $200,000 of actual value of the qualified applicant's primary residence is exempted. For the

purpose of the exemption, a primary residence is the place at which a person's habitation is fixed for 10 consecutive years. For property tax year 2014, the State paid just over $114 million to local governments for the Senior Property Tax Exemption.

# Colorado Department of Natural Resources (DNR)

The Colorado Department of Natural Resources, **Division of Parks and Wildlife (DPW)** has a number of discounts for seniors related to hunting and fishing licenses, parks passes, and camping discounts.

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|---|---|
| Senior Annual Fishing License | This license is available to persons aged 64 years and older at a cost of $1 compared to $26 for a standard license. Approximately 77,000 people received this license in 2013. |
| Low-income Senior Lifetime Fishing | This license is available to those aged 64 years and older and was issued to 628 people in 2013. |
| Aspen Leaf Annual Pass | Individuals ages 64 and older receive unlimited entrance to state parks. In 2013, 5,486 passes were issued. Each pass costs $60 compared to the full price of $70. |
| Camping Discount | Individuals ages 64 years and older can receive a $3 nightly discount (excluding weekends and holidays) for any state park. |
| Hunter Education Classes | Hunters born before 1949 are not required to complete a Hunter Education class prior to purchasing a license. |

# Colorado Department of Public Health and Environment (CDPHE)

The mission of CDPHE is to protect and improve the health of Colorado's people and the quality of its environment.

- **Health Facilities and Emergency Medical Services Division (HFEMSD)**

  Since HFEMSD regulates over 2,000 health facilities and 17,000 emergency medical services providers, many of its programs touch Colorado's older adult population. In all of HFEMSD's work, there are rules, regulations, and policies designed to support the technical medical needs of all citizens, including older adults. Ancillary support services also require all information to be available to patients/residents in a form and language that is understandable to the individual receiving services. The HFEMSD understands the expanded needs and diversity of this population and continually works closely with various organizations and groups to ensure that system oversight requirements are adequate and appropriate for patients/residents and service providers.

  - The HFEMSD oversees facilities that serve a significant number of older adults, including:
    - 200+ nursing homes, which provide housing, protective oversight, and nursing services.
    - 600+ assisted living residences, which provide housing, protective oversight, and assistance with activities of daily living.
    - 600+ home care agencies, which provide services in the person's home ranging from nursing to housekeeping. These agencies support the needs of persons with short- and long-term needs, thereby allowing individuals to remain in their homes and communities.

  - The HFEMSD is responsible for the oversight of hospitals, end stage renal dialysis centers and ambulatory surgical centers. Although these facilities serve all Coloradans, they also are important service providers for older adults. Of note, services such as specialized emergency department centers designed to minimize inconvenience for senior citizens are becoming common place across the state's hospitals.

  - The HFEMSD oversees many community-based providers who serve persons with intellectual and developmental disabilities (IDD), many of whom are older adults. The services aim to integrate the IDD population into the larger community through a person-centered approach.

  - The HFEMSD oversees various emergency medical services - which deliver care to all persons including older adults. The Division is responsible for:
    - Certifying over 17,000 EMS providers;
    - Licensing over 20 air ambulance services;
    - Establishing equipment standards for ground ambulances; and
    - Designating over 70 trauma centers.

- HFEMSD's Emergency Medical and Trauma Services Branch provides over $7 million in grant funds annually to support rural, frontier, and urban emergency medical services (EMS) and trauma systems. A wide variety of initiatives are supported including injury prevention programs such as fall prevention initiatives for the older adult population. Funds are used to support the development of these programs in many of Colorado's rural and frontier communities where services for the older adult are sometimes scarce.

## ➢ Prevention Services Division

The mission of the Prevention Services Division is to improve the health, well-being, and equity of all Coloradans through health promotion, prevention of illness, and access to health care.

- CDPHE is a state-level partner and supporter of a federal grant received by the Colorado Department of Human Services (DHS) to manage **Colorado's Chronic Disease Self-Management Program (CDSMP).** The CDSMP is an evidence-based program designed by Stanford University to help participants manage chronic health conditions and/or disabilities. Also, specialized classes are offered for Spanish-language participants and for individuals with diabetes.

  The CDSMP grant is from the U.S. Department of Health and Human Services, Administration on Aging / Administration for Community Living and has the purpose of providing classes at no charge to low-income Coloradans ages 60 years and older with chronic health conditions and adults age 18 years and older with disabilities. CDPHE is helping support and guide grant implementation. Although the grant is due to expire August 31, 2015, CDHS, CDPHE, and others are working to identify strategies to sustain the program long-term.

  Program participants attend six weekly classes where they implement individual action plans. Participants learn self-management skills in nutrition, exercise, medication, breathing techniques, relaxation, and management of emotions, pain and fatigue. Stanford University found that participants who completed at least four of the six classes reported significant improvement in pain levels, physical activity, medication compliance and physician communication. The research also found a 5% reduction in emergency room visits six and twelve months after the classes and a 3% reduction in hospitalizations at six months. These reductions in health care utilization are estimated to create a potential net savings of $364 per person.

  **Injury Prevention Winnable Battle: Older Adult Fall Prevention Program** activities include descriptions of two fall prevention grants.

  The **Older Adult Falls Prevention Program** is housed in the Injury and Substance Abuse Prevention Section within the Violence and Injury Prevention-Mental Health Promotion Branch (VIP-MHP). While falls threaten the health and independence of older adults, research supports the use of specific exercise courses to keep seniors on their feet and self-sufficient. There are proven interventions that can reduce falls and help older adults live better and longer. The Older Adult Falls

Prevention Program trains and promotes evidence-based fall prevention classes and physician interventions throughout the state.

This project aims to achieve a 10% reduction in falls hospitalizations in the five-county Denver Metro region by 2017. The project focuses efforts on providing evidence-based programs to older adults in community settings, working with health care providers on fall prevention assessments and linking to community services.

- **Oral Health Winnable Battle:** The programs administered by CDPHE in oral health that touch older adults are:
  - **The fluoridation program** touches seniors around the state as studies demonstrate up to 27% reduction in tooth decay in adults due to community water fluoridation. Dental disease is known to disproportionately affect Hispanic, low income, and older adult populations making access to this public health intervention for the reduction of dental disease an important piece in health aging.
  - **Program staff** (Dental Director) is collaborating with a number of state partners on an advisory group that has created the Colorado Older Adult Oral Health Action Plan, which seeks to address several priorities including integrated care, prevention, provider outreach, education, training, and financing all focused on improving access to quality oral health care for older adults in Colorado.
  - **The Healthy Living and Chronic Disease Prevention Branch** along with the Health Services and Connections Branch and the Public Health Informatics Unit are working with multiple community health centers and primary care providers across the state to implement the Clinical Quality Improvement Project which systematically increases preventive screening and disease management for cancer (breast, cervical and colorectal screening), cardiovascular disease, diabetes and tobacco cessation in clinics for appropriate populations including the older adult population which is disproportionately affected by multiple chronic conditions.
  - **Patient Navigation and Community Health Work** is also supported by the Prevention Services Division, mainly through the Cancer, Cardiovascular Disease and Chronic Pulmonary Disease Grants Program (CCPD), as a way to connect individuals to appropriate health and community services and well as increase equity in health outcomes.

- **The Child and Adult Care Food Program (CACFP)**

The Nutrition Services Branch houses the Child and Adult Care Food Program (CACFP), which is funded by the United States Department of Agriculture. The CACFP provides reimbursement to eligible non-residential adult day care programs for nutritious meals served to adults who are functionally impaired or over the age of 60. The CACFP contributes to the quality of these programs, which help older and disabled adults to remain in their own homes or the homes of family members, guardians, or other caregivers. The CACFP staff provide nutrition education to the adult day care program operators as a benefit of participation. Currently the CACFP serves 23 adult day care programs in Colorado, which serve nutritious meals to an average of

over 700 adults per day. The CACFP spent $625,227 on meals for adult day care programs during the 2014 federal fiscal year to support good nutrition for adults in care.

- **Disease Control and Environmental Epidemiology Division**

  The Disease Control and Environmental Epidemiology Division serves Colorado's older adult community through the following:

  - The **Colorado Immunization Branch (CIB**) and its clinical advisors engage in the following activities that support healthy aging:

    - Convenes the Colorado Adult Immunization Coalition (CAIC) to bring together partners to discuss hot topics and trends in adult immunizations and vaccine preventable diseases.
    - Collaborates with the NCOA on immunization education and outreach at community events and through media opportunities.
    - Provides Section 317 vaccine to Local Public Health Agencies (LPHAs) to administer to uninsured and underinsured adults 19 years of age and older. Section 317 vaccine is also provided for administration to adults (regardless of insurance status) during VPD outbreaks.
    - Operates the Colorado Immunization Information System (CIIS), Colorado's statewide, lifelong immunization registry. CIIS houses immunization data for more than 2.7 million adults. Additionally, CIIS contains an algorithm that forecasts lifelong immunizations based on the person's immunization history, age and documented contraindications.
    - Supports implementation of Colorado Board of Health Rule 6 CCR 1011-1 Chap 02 regarding influenza vaccination of employees in health care facilities. The rule applies to hospitals, assisted living facilities, long-term care facilities, home health agencies, and other facilities licensed by CDPHE. CIB provides technical assistance to reporting facilities, publishes an annual report of facility influenza immunization rates, and beginning in July 2015, will provide funding to LPHAs to support implementation of the rule in local facilities.
    - Provides clinical information (presentations, site visits, etc.) about vaccines and vaccine administration to clinical staff working in health care provider offices, clinics, hospitals, assisted living facilities and long-term care facilities and provides general adult immunization education to adult associations and advisory committees such as CDPHE's Long-Term Care Advisory Committee.
    - Serves on meningococcal and adult immunization workgroups of the Advisory Committee on Immunization Practices (ACIP).

  - The **Communicable Disease Branch** provides guidance to long-term care facilities each year on preventing and responding to outbreaks of norovirus and influenza, and protecting the health and safety of residents. Local or state public health staff are available to assist facilities with control measures as needed. The branch also monitors reports of Group A, Streptococcal Infections in long-term care facilities and provides guidance on control measures if transmission is occurring.

  - The **STI/HIV/VH Branch** funds multiple HIV care and prevention community providers who work with populations infected with, or at risk of infection with HIV. The financial eligibility threshold in general is below 400% of the federal poverty level, and enrollees have to be enrolled in third party

insurance. The largest component of their programming is within the AIDS Drug Assistance Program (ADAP). There are four component groups under the ADAP offering wrap-around payment of costs related to private, Medicare, or Medicaid insurance, and to those who are unable to access insurance. This includes premiums, deductibles, co-insurance and copays for medical and prescription drugs.

- Other services are available at case management/social work agencies, HIV/mental health/substance abuse clinics, and others, offering emergency financial assistance, food bank, medical transportation, housing, and other support services.
- Other STI/HIV/VH Branch efforts include disease investigation and partner notification services for individuals who test positive for STI and HIV, linkage to, and retention in care services for newly infected HIV individuals. It promotes culturally and linguistically appropriate Hepatitis C screening among Baby Boomers. In addition, the branch recently helped create the Resident Intimacy and Sexuality Best Practice Guidelines for older adults living in facility settings. These guidelines were developed by an interdisciplinary task force of providers, ombudsmen, representatives from the Alzheimer's Association, the Health Facilities Branch, STI/HIV/VH staff, and representatives of the legal field.

- The **Laboratory Services** Division collaborates with DCEED to provide laboratory testing during outbreaks in long-term care facilities each year.

  In the event of a viral outbreak in a facility, older adults require support and guidance through the process and Laboratory Services provides outbreak testing for nursing homes as part of that process. Most of the division's interactions are in the context of testing samples as part of outbreak investigation, providing support and guidance around water testing, interpreting test results, and inspecting and certifying laboratories that perform testing.

- The **Center for Health and Environmental Data** collects surveillance data on various populations, including older adults. In the 2015 Behavioral Risk Factor Surveillance System (BRFSS) survey, a module has been added on "Cognitive Decline."

- The **Office of Health Equity (OHE)** within the Community Relations division includes the aging population as one of the populations within its scope of services. The OHE is coordinating the development of a healthy aging plan with other departments and stakeholders as part of Association of State and Territorial Health Officials' (ASTHO's) 2014-2015 President's Challenge to states to promote healthy aging.

# Colorado Department of Public Safety (CDPS)

The Colorado Department of Public Safety operates a number of programs that impact all of Colorado's population, including older adults.

- **Colorado Background Investigations (CBI)**: The CBI provides victim assistance for the growing older adult population. (Contact: Hazel.Heckers@state.co.us)

- **Division of Criminal Justice (DCJ):** Victimization issues that disproportionately affect the older adult are addressed in victim advocacy efforts and influence some of the grants of DCJ (e.g., the federal Violence Against Women Act grants are administered in DCJ, and grants may be sought for agencies that provide services to seniors.).

- **Division of Homeland Security and Emergency Management (DHSEM):** DHSEM provides special needs emergency transportation, and shelter, which includes services for an increased proportion of persons in need of geriatric services.

- **Division of Fire Prevention and Control (DFPC):** DFPC provides consultative services to local jurisdictions and other state agencies on the special fire and life safety needs of aging populations living in the state's licensed health facilities. Also, since older adults have a greater risk of being involved in and losing their life in a fire, DFPC periodically conducts public education media campaigns with a focus on the older adult population.

- **Colorado State Patrol (CSP):** CSP troopers may be called upon to interact with the Division of Motor Vehicles (DMV) if concerns are raised regarding aging drivers. Re-examination procedures are discussed on DMV's website. A DMV re-examination occurs when a person's driving skills must be reevaluated based on one or more factors, including the driver's physical or mental condition, circumstances in the individual's driving record such as: 1) involvement in two or more accidents in three years, 2) involvement in an accident that was fatal, 3) any law enforcement agency reported incident, 4) a medical report from a specialist, or 5) a written request submitted by a family member. Re-examinations may be recommended by a family member, physical or emergency medical technician, or peace officer.

# Colorado Department of Transportation

The Colorado Department of Transportation (CDOT) has developed its "first ever comprehensive Statewide Transit Plan, providing a framework for creating an integrated transit system that meets the mobility needs of Coloradans." As part of the effort, CDOT conducted a comprehensive survey called the *Statewide Transit Survey of Older Adults and Adults with Disabilities,*[75] which reached a total of 3,113 respondents. A portion of respondents were individuals over the age of 65. These survey results were used to develop Regional Coordinated Transit and Human Services Plans for the 15 designated transportation planning regions in Colorado, which contributed to the department's Statewide Transit Plan. Survey results indicated:

- About half (52%) of older adults and adults with disabilities surveyed depended on family, friends, aides, or volunteers for transportation for at least some of their trips, while half (48%) did not depend on others for any of their trips.

- Approximately half (47%) of respondents reported having trouble finding transportation for trips they wanted or needed to make.

- Respondents most often had difficulty finding transportation for medical appointments and shopping trips.

- The most frequently cited barriers to using public transportation and paratransit (i.e., curb-to-curb public transportation for individuals who cannot take the bus) were a lack of service and wanting to use the services during hours it was not available.

- The two issues deemed of highest importance for the statewide transit plan by those completing the survey were supporting the development of easily accessible and understandable transportation information and referral services and providing lower fares for seniors and disabled riders.

The list above represents only a portion of the survey findings. A full list of survey results can be found at https://www.codot.gov, *Statewide Transit Survey of Older Adults and Adults with Disabilities.*

[75] "Colorado Department of Transportation, *Statewide Transit Survey of Older Adults and Adults with Disabilities*, Report of Results, April 2014."