

AGENDA
ADVISORY COMMITTEE ON AGING
Friday, February 24, 2023
11:00 a.m. – 1:25 p.m.
Via Webinar

- 1 11:00 Call to Order and Introductions
- 2 11:05 Public Comment
Up to 45 minutes is allocated now for public comment and each speaker will be limited to 3 minutes. If there are additional requests from the public to address the Committee, time will be allocated at the end of the meeting to complete public comment.
- 3 11:10 Report of the Chair – Karie Erickson
- 4 11:20 Report of the AAA Director – Jayla Sanchez-Warren

CONSENT AGENDA

- 5 11:35 Move to Approve Consent Agenda
 - Minutes of January 27, 2023, meetings.
(Attachment A)

INFORMATIONAL BRIEFINGS

- 6 11:40 Four Year Plan Overview – Jayla Sanchez-Warren
(Attachment B)
- 7 12:25 Update on the Hospital Transformation Program – AJ Diamontopoulos
(Attachment C)
- 8 12:40 Update on Transportation – Erika Dubray
(Attachment D)
- 9 12:55 DRCOG Board Report
- 10 1:05 County Reports

ADMINISTRATIVE ITEMS

- 11 **Next meeting March 24,2023**
- 12 1:15 Other Matters by Members
- 13 1:25 Adjourn

Attendees can request additional aids or services, such as interpretation or assistive listening devices, by calling 303-480-6723 or emailing mpatton@drcog.org. Please notify DRCOG at least 48 hours in advance so we can coordinate your request.



AAA Acronym Quick List

ACL/AOA	Administration for Community Living/Administration on Aging
ACO	Accountable Care Organization
ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
ADRC	Aging and Disability Resource Center
AHC	Accountable Health Communities
CAC	Citizens Advisory Committee
CASOA	Community Assessment Survey for Older Adults
CCT	Colorado Choice Transitions
CMS	Centers for Medicare and Medicaid Services
COA	Council on Aging
DCOA	Denver Commission on Aging
DORA	Department of Regulatory Agencies
DOLA	Department of Local Affairs
DRMAC	Denver Regional Mobility and Access Council
F&B	Finance and Budget Committee
GIS	Geographic Information System
HB	House Bill
HCPF	Health Care Policy and Financing
HIPAA	Health Insurance Portability and Accountability Act
HTP	Hospital Transformation Project
I&A	Information and Assistance
JBC	Joint Budget Committee
LTC	Long Term Care
MDS	Minimum Data Set
MIPPA	Medicare Improvement for Patient and Providers Act
MOU	Memorandum of Understanding
NASUAD	National Association of States United for Aging and Disabilities
OAA	Older Americans Act
PACE	Program of All-Inclusive Care for the Elderly
PHI	Personal Health Information
RFP	Request for Proposal
RFQ	Request for Qualifications
ROD	Record of Decision
RTC	Regional Transitions Committee (Aging)
RTC	Regional Transportation Committee*(Transportation)
SAPGA	Strategic Action Planning Group on Aging
SB	Senate Bill
SHIP	State Health Insurance Assistance Program
SMP	Senior Medicare Patrol
SRC	Seniors' Resource Center
SUA	State Unit on Aging
VDC	Veterans Directed Care
VOA	Volunteers of America

ATTACH A

**ADVISORY COMMITTEE ON AGING
MEETING SUMMARY
Friday, January 27, 2023**

Members Present

Ada Anderson	Douglas County
Andrea Suhaka	Arapahoe County
Barbara Boyer	Arapahoe County
Bob Brocker	At Large – Denver
Cary Johnson	Jefferson County
Cathy Noon	Arapahoe County
Connie Ward	Jefferson County
Dawn Perez	Adams County
Donna Mullins	Jefferson County
Gretchen Lopez	Douglas County
Houston “Tex” Elam	At Large – Arapahoe County
Jim Dale	Jefferson County
Karie Erickson	Douglas County
Perla Gheiler	City and County of Denver
Phil Cernanec	At Large – Arapahoe County
Steve Conklin	DRCOG Board – Edgewater
Wynne Shaw	DRCOG Board – Lone Tree

Guests Present

Allison Cutting, Douglas County, Debbi Haynie, Castle Rock Senior Center, Diana Castro, DRMAC, Shari Haidvogel, Kaiser Permanente

DRCOG Staff Present

AJ Diamantopoulos, Senior Management Analyst, Ana Lilia Lahowetz, Buffy Sophinos, Lead Community Resource Specialist, Cindy Grainger, ADRC Administrative Assistant, Doug Rex, Executive Director, Erika Dubray, Community Resource Manager, Fonda Buckles, ADRC Manager, Ivan Sosa, Case Manager, Jayla Sanchez-Warren, AAA Division Director, Julianna Malchman, AAA Intern, Kelly Roberts, Community Resource Specialist, Kelsie Jurin Community Resource Specialist, Liv Bergman, Sr. Community Resource Specialist, Malorie Miller, Transportation Program Manager, Mindy Patton, AAA Division Assistant, Rich Mauro, Legislative Director, Roshida Lewis-Johnson, Case Manager, Sara Murray, Ombudsman, Shannon Gimbel, Ombudsman Manager, Sharon Day, Business Operations Manager, Taylor Honeysette, Community Resource Specialist

Karie Erickson Committee Chair – Called the meeting to order at 11:00 a.m.

Public Comment Period (Non-ACA Members)

There was no public comment.

Report of the Chair – Karie Erickson

- Chair Erickson recognized and congratulated DRCOG staff member AJ Diamantopoulos who has been invited by the U.S. Department of Health and Human Services to participate

in a round table panel about the Academy Health Research. AJ has been a leader in this field and will attend.

- Chair Erickson also recognized AAA Director, Jayla Sanchez-Warren for 34 years of service to the DRCOG AAA. She said Jayla has a calling that has impacted thousands and thousands of people and thanked her for sharing that calling.

Report of the AAA Director – Jayla Sanchez-Warren

- Jayla is working on the four-year plan. There are two phases to the plan, phase one is the compliance phase which will be submitted to the state the end of March. Phase two is to use information from the state plan submittal to compile a consumer version that will be distributed to the public.
 - Within the plan, Jayla has ideas and goals for program development. The challenge will be funding, Jayla will be working to find more funding for community-based services for the AAA and its contractors.
 - Jayla will be presenting information on the four-year plan at the February ACA meeting.
- Jayla had several meetings at the state and federal level to talk about bills that will be coming up in the legislature.
 - There is a lot of talk about community-based services and Jayla continues to promote older adults when given the opportunity. She wants to be sure that decision makers are aware of the need for funding for community-based services like transportation, nutrition, and in-home services.
 - Most funding is being pushed towards healthcare and not for services that allow older adults to stay in their home.
 - At the federal level, AJ is working on a national committee to look at Medicare and Medicaid funding codes for community-based services to set things in motion when these services can be billed.
- Jayla had a meeting on the transitions program with Medicaid HCPF.
 - The AAA transitions program has a contract with HCPF to help move people who live in nursing homes back into the community. HCPF is remodeling this program and Jayla had concern on how the contract with AAA will be affected.
 - Jayla noted that HCPF has requested funding for over 5 million dollars. HCPF would like to set up a program to incentivize nursing homes to participate in the program.
 - Jayla said the original program was called “The Money Follows the Person” which is a federal grant program that allows Medicaid funding to follow a person from an institutional setting to housing in the community. If this funding followed the person as it should this would support them with community-based services.
- Jayla participated in the Colorado Association of Area Agencies on Aging (c4a). AJ and a representative from HCPF updated the c4a about the Healthcare Transformation program. Rich Mauro from DRCOG spoke about upcoming bills and Jarett Hughes from the Governor’s office was also invited.
- Jarett Hughes has been promoted to Deputy Director of Policy and Research. It is unknown if his position as Senior Policy Advisor will be filled but there will be another high-level position created for aging issues.

- There is a new Commission on Aging which was established under the authority of the Older Coloradans Act Section 26-11-101, C.R.S. to serve as the primary advisory body on all matters affecting older persons: <https://cdhs.colorado.gov/our-services/older-adult-services/state-unit-on-aging/colorado-commission-on-aging>. Jayla will be bringing more information about the commission at a future meeting.
- Jayla met with AAA contractors for their quarterly meeting. They spoke about the state client surveys that go out in February, compliance issues and check in to see how things were going. Contractors are still having staffing issues, cost of vehicles and service supplies, cost of food. Contractors are seeing more frail clients than pre pandemic both physically and cognitively, they are less mobile, and noticing more confusion and dementia.
- Jayla asked Shannon Gimbel to provide an update on nursing homes and assisted living facilities.
 - Shannon said Little Sisters of the Poor, a skilled nursing home that served 29 residents which were primarily Medicaid residents, closed in October.
 - Sunny Slope Estates a 32-bed Medicaid home, Verandas a 16-bed home and a small bed facility in Jefferson County were all closed by the health department. Sunny Slope was purchased by another provider, but had to move all the residents out prior to purchase
 - Porter Place a 42-bed assistant living that is attached to Porter Hospital will be closing February 15th. Porter is restructuring how they use that portion of the campus.
 - Vista View is another facility that is attached to a hospital in Adams County and will also be closing. These residents are attached to ventilators and are harder to place because of the need for respiratory therapists to oversee care.
 - Northglenn Heights a large assisted living is no longer accepting Medicaid beginning in March.

Move to approve consent agenda

Items on the consent agenda included: Summaries of the October 28 and November 14, 2022, meetings.

Barbara Boyer motioned for approval. Cathy Noon seconded the motion; the consent agenda was unanimously approved.

Agendas and summaries are posted on the DRCOG website located at <https://drcog.org/calendar> from there choose the month and date of the meeting, click on the event. Once clicked, you will find the link to the meeting for that month.

Informational Briefings

Review Updates/Changes to the Older Americans Act – Jayla Sanchez-Warren

- The Older Americans Act (OAA) was reauthorized in 2020, Jayla gave the history of the OAA and who is included.
- A big change to the 2020 revision was in the Advisory Committee on Aging (ACA) structure.
 - Previously County Commissioners had to approve who would represent them on the ACA, that structure is no longer a part of the OAA.

- The new ACA structure calls for representation from minority individuals, older adults living in rural areas, family, caregivers, service providers, representatives from the business community, local elected officials, providers of veterans health care, and the general public.
- AAA's can now receive outside funding and can have other services that are not included in the Older Americans Act. This can include health payers, consumer private pay programs and other arrangements that increase the availability of home and community-based services and supports. This will help bring in more funding.
- Added areas of focus listed are person-centered trauma, assisted technology, vaccination, malnutrition, behavioral health, suicide risk and prevention, response to public health risks and health threats, isolation, women and retirement, and family caregivers.
- Additions to the service definitions include:
 - Sexually transmitted disease and chronic pain management that have been added to evidence-based and health promotion services.
 - Suicide screening, coordination of services for fall-related injuries and social isolation are now included in the definition of disease prevention and health promotion services.
 - Also provides for services related to public emergencies and emerging health risks.
- Revisions in 2020 established a national resource center for women and retirement that provides financial management, retirement planning, educational tools, promotes financial literacy, and will help identify and prevent fraud and exploitation of women.
- Other additions:
 - States are encouraged to work with AAAs to reduce the burden for transferring funds between the congregate and home delivered meals.
 - Allows for services to promote social connectedness and reduce the negative health effects associated with social isolation.
 - Promotes meal planning for culturally appropriate meals.
 - Allows programs to address traumatic brain injury.
 - Encourages multigenerational funding.
 - Requires outreach to Holocaust survivors.
- They encourage improving existing transportation programs and transportation coordination to find better and more ways to increase accessibility. An example of this is the Ride Alliance program DRCOG is working on currently.
- Encourages more elder justice activities for outreach and education, grandparents raising grandchildren, and best practice standards for community-based Ombudsman programs have been added.
- Best practice standards for community-based ombudsmen have been added as well as reauthorizing the ombudsman elder abuse, neglect, and exploitation prevention programs.
- A new requirement to the family caregiver program is to evaluate both the caregiver and the recipient to help support caregivers better.

Regional Summit Update – Kelly Roberts and Cathy Noon

- Kelly said people who participated in the summit have shown interest in having ongoing connections with others.
- Jayla created a work group to explore how to move forward. The work group includes Jayla Sanchez-Warren, Kelly Roberts, Mindy Patton, Fonda Buckles and Cathy Noon.
- The team met and produced recommendations based on input from the conversations conducted at the summit and surveys that were completed.
 - It became clear that the County Council on Aging we're severely impacted by COVID, their memberships dwindled, and current membership isn't representative of their communities.
 - In contrast, the aging and senior commissions housed in the various cities throughout our region are stronger. Aurora's aging commission is highly active. Commerce City and Thornton have good membership.
- Due to the involvement of the county councils and senior commissions and the revisions to the OAA, the team thought that the ACA should be expanded to include the additional suggested membership outlined in the OAA.
- Cathy Noon stated that currently there is not much response at the county level but if you include city and town levels you see more participation. She stated this was a good opportunity given the results of the summit and changes to the OAA to bring in the business community to expand outreach, funding, advocacy, and the ability to serve more people.
- This would mean some changes to the ACA bylaws, creation of some work groups, providing informational webinars and trainings and looking at grants to bolster funding.
- Kelly said the first phase of training would begin in February with an online seminar on demographics given by DRCOG staff. Followed by a presentation on the CASOA reports in March and the four-year plan in April.
- The four-year plan will identify the strengths and weaknesses of the older adults in our region and start planting the seed for how local organizations can be involved with actions to move projects forward and advocate.
- A final webinar in the fall would share information about advocacy, provide tools and tips and outline areas where advocacy is needed.
- As a side note, Cathy stated that no changes would be made to the Funding Subcommittee, it would still have the same representation from the eight regions.

Board Report

Wynne Shaw and Steve Conklin

Director Shaw noted that the Board continues to discuss how much to integrate housing into the transportation discussion. They want to look at the location of high-density housing needs for the workforce and the aging population looking to downsize but can't afford to because of the expense.

Director Conklin added that there would be more conversation regarding housing at the upcoming Board work session. They will talk about what might be the role of DRCOG in a regional conversation about housing, what is the smart regional strategy, and understand the

unexpected consequences that may hurt other populations in the long run. Director Conklin added that housing is a hot button issue and is being talked about at the State Legislature.

County Reports

Dawn Perez – Adams County

- Dawn thanked Erika Dubray and Lauren Bell of the AAA who directed the Adams County Survey and did a presentation on Choice Services.

Gretchen Lopez – Douglas County

- Gretchen let the group know that the Seniors Council of Douglas County is working on their education series. They have speakers planned for the first 2 quarters of 2023.
- Douglas County is having the housing partnership speak about new low income senior housing coming to Douglas County.
- Gretchen also mentioned that their monthly meetings will be held both virtually and in person on a quarterly basis. The first hybrid meeting will be in March

Other Matters by Members

- Tex reported to the group of revisions to RTD service in an effort to place more emphasis on service to low-income populations and higher frequency on the most popular routes.
- RTD has canceled the F-line (South to Downtown) and C-line (Littleton to Union Station). You may now have to get off the train and catch another train to your destination.
- Access-a-Ride is now using Uber to provide service and RTD will subsidize the first \$25. This is a substantial cost reduction compared to the cost of operating vans. RTD is also working to add Lyft.

Next meeting – **February 24, 2023**

Adjournment

The meeting adjourned at 12:56 p.m.

ATTACH B

To: Chair and Members of the Advisory Committee on Aging

From: Jayla Sanchez-Warren, Director Area Agency on Aging, (303) 480-6735 or jswarren@drcog.org

Meeting Date	Agenda Category	Agenda Item #
February 24, 2023	Information Briefing	6

SUBJECT

Review the 2023-2027 Area Plan on Aging

PROPOSED ACTION/RECOMMENDATIONS

Informational only

ACTION BY OTHERS

N/A

SUMMARY

The federal Older Americans Act requires state units on aging and local area agencies on aging to develop four-year area plans to identify priorities and objectives over the course of a four-year period.

DRCOG's Area Plan on Aging reflects both the strengths and needs of the region's population of older adults and people with disabilities, as well as relevant demographic information. The plan highlights accomplishments by the DRCOG Area Agency on Aging and community providers; examines anticipated challenges and provides information about service goals, advocacy efforts and partnership development.

PREVIOUS DISCUSSIONS/ACTIONS

N/A

PROPOSED MOTION

N/A

ATTACHMENT

Staff Presentation

If you need additional information please contact Jayla Sanchez-Warren, Director Area Agency on Aging, 720-375-1738 jswarren@drcog.org

Area Plan on Aging

Jayla Sanchez-Warren, director, Area Agency on Aging

February 15, 2023

Background

- **The Older Americans Act** requires area agencies on aging to develop a four-year **Area Plan on Aging** to identify priorities and objectives. This plan covers state fiscal year 2024-2027.
- **Area Plans** are used to create the **Colorado State Plan on Aging**.
- The **Administration for Community Living** uses state plans on aging to identify trends, identify needs, develop service priorities, spending allocations and demonstration projects.
- The **Administration on Aging** develops the plan's format and questions. The **state** may require additional questions.
- The plan is due to the state **March 30** and **may be amended** during the plan's term.

Areas of focus in the Area Plan on Aging



- Public input.
- Demographics.
- Community Assessment Survey for Older Adults results.
- Volunteers.
- COVID-19 pandemic response and impact.

During plan development, older adults were asked about:



- Core services.
- Social isolation
- Ombudsman program.
- Legal assistance program.
- Diversity, equity and inclusion.
- Targeting and outreach.
- Innovation and expansion of services.
- Other services.

Community Assessment Survey for Older Adults

The Community Assessment Survey for Older Adults **asks older adults** about 17 aspects of livability in their communities in six categories:

- Community design.
- Employment and finances.
- Equity and inclusivity.
- Health and wellness.
- Information and assistance.
- Productive activities.

Public input: regionwide community assessment survey

Community Assessment Survey for Older Adults

- Conducted the National Research Center at Polco.
- Statistically valid survey identifying the strengths and needs of the region's population of older adults.
- **4,595 older adults returned the survey** from 39,603 sent (12.5% response rate; 1.45% margin of error).

Community Conversations with 250 participants:

- From the **Eastern Plains** and the **mountains**.
- From **Spanish-speaking** and **refugee** communities.
- Who live in **low-income residences**, who are **homeless** and who are **veterans**.

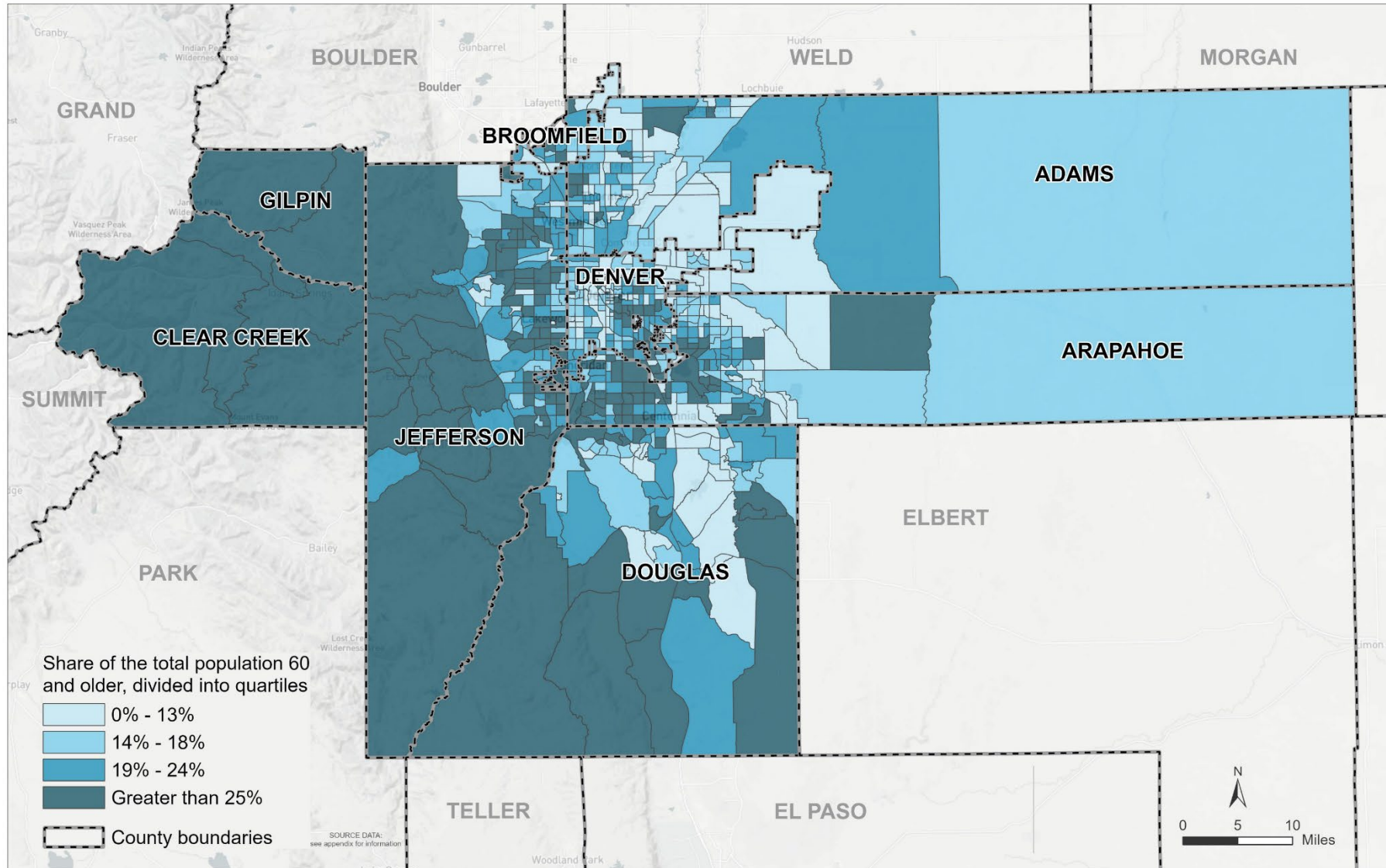
Key informant session with 61 community service providers.



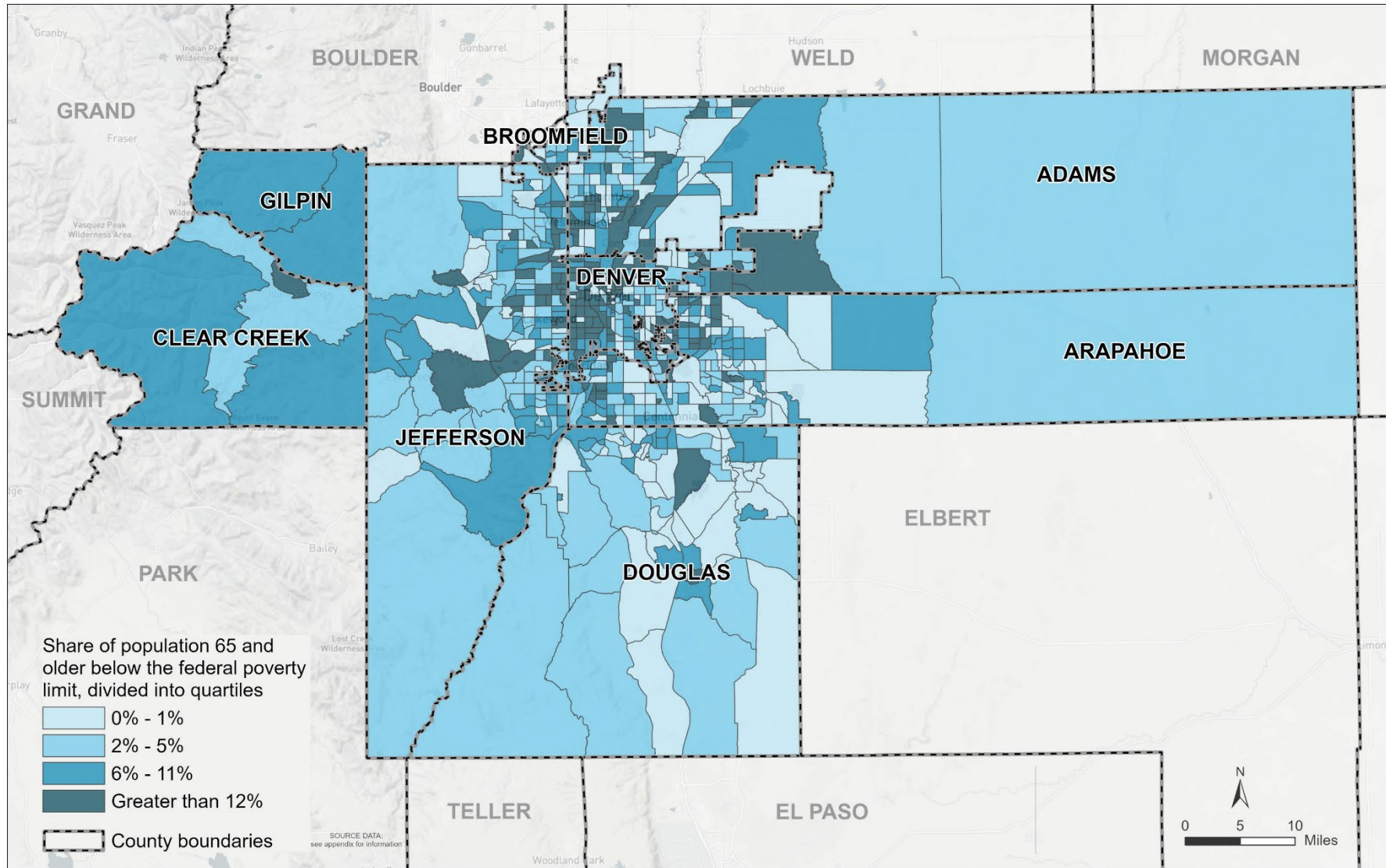
Demographics



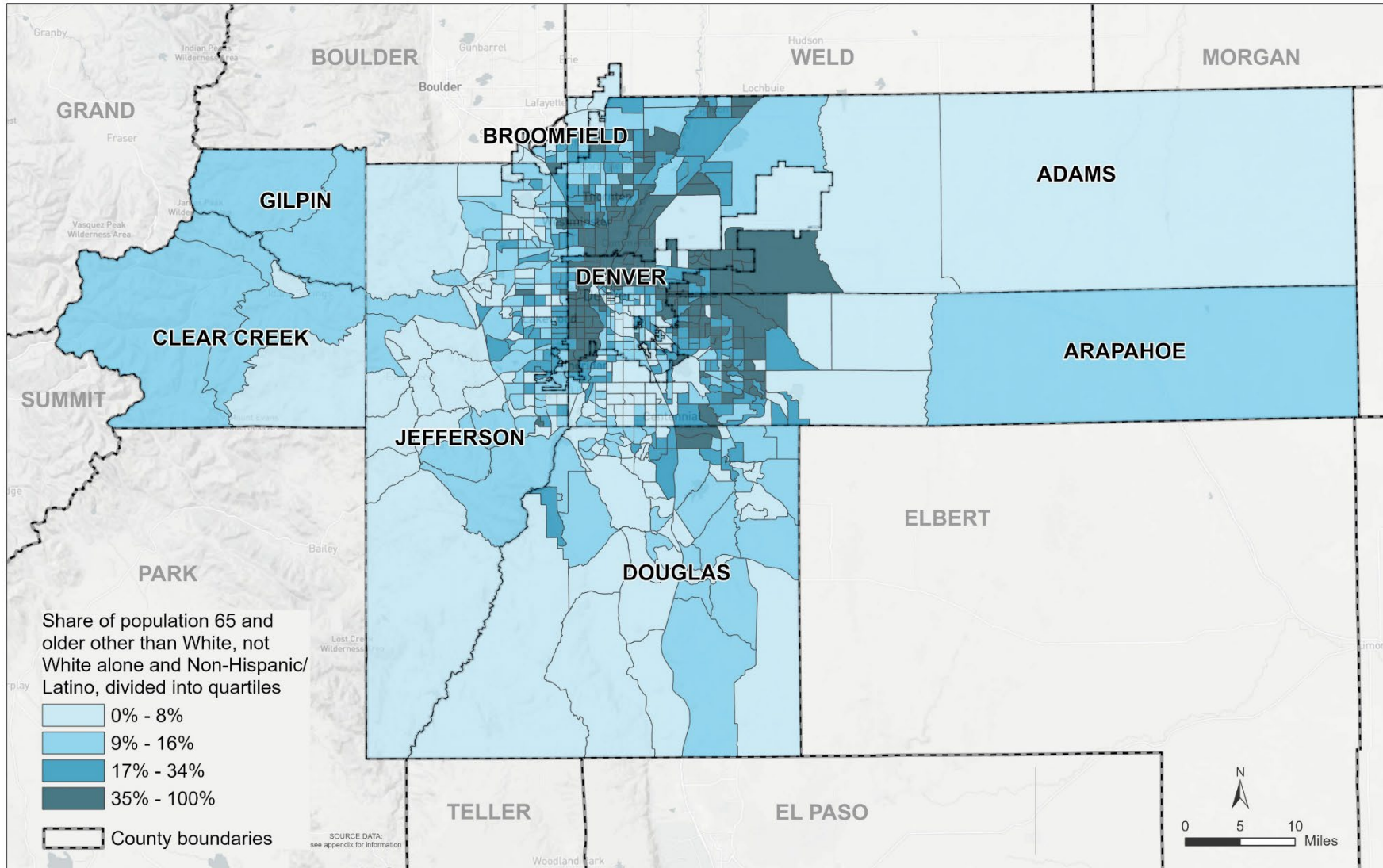
Older adult population by census tract



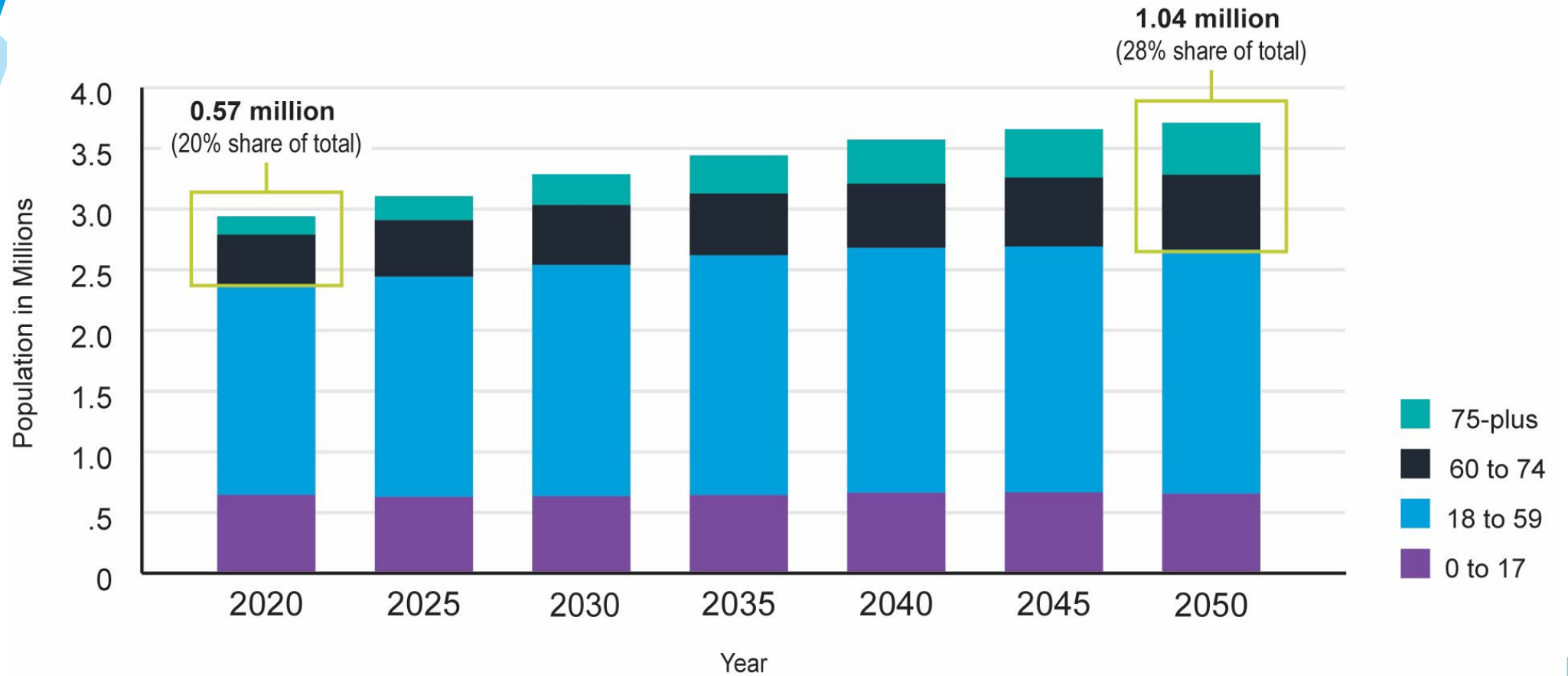
Population 65 and older below the poverty line



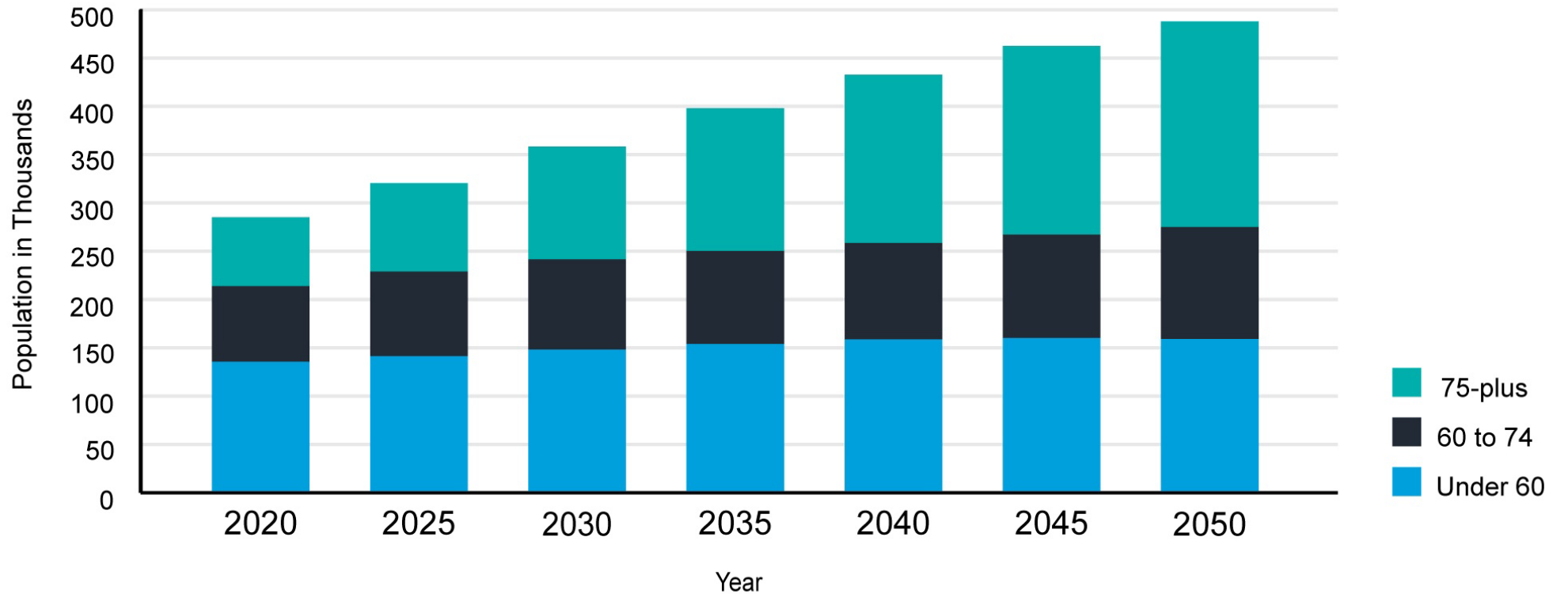
Non-white population 65 and older by census tract



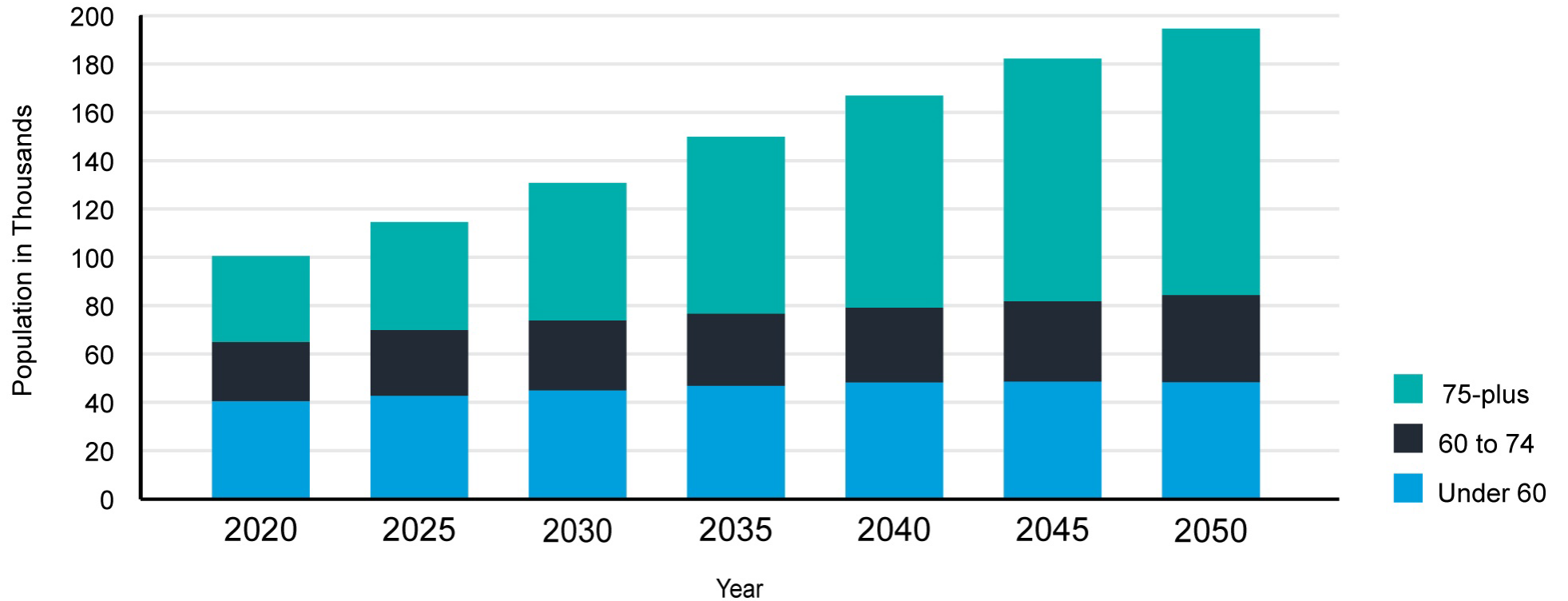
2020 to 2050 population forecast



Individuals with disabilities



Individuals with self-care or independent living difficulties





Community Assessment Survey for Older Adults

Objectives and methods

Objectives

- Identify community strengths to support successful aging.
- Articulate the specific needs of older adults in the community.
- Estimate contributions made by older adults to the community.
- Develop estimates and projections of resident need in the future.

Methods

- Random sample of older adult households.
- Multi-contact method mailed and online survey.
- Data statistically weighted to reflect older adult population.

Goals

Immediate

Make more informed decisions in:

- Planning.
- Resource allocation and development.
- Advocacy.
- Engagement.

Intermediate

Create and offer:

- Programs to meet community needs.
- Better-quality programs.
- More effective policies.

Long-term

Support a community of older adults that is more:

- Healthy.
- Engaged.
- Empowered.
- Independent.
- Productive.
- Vibrant.

Community readiness

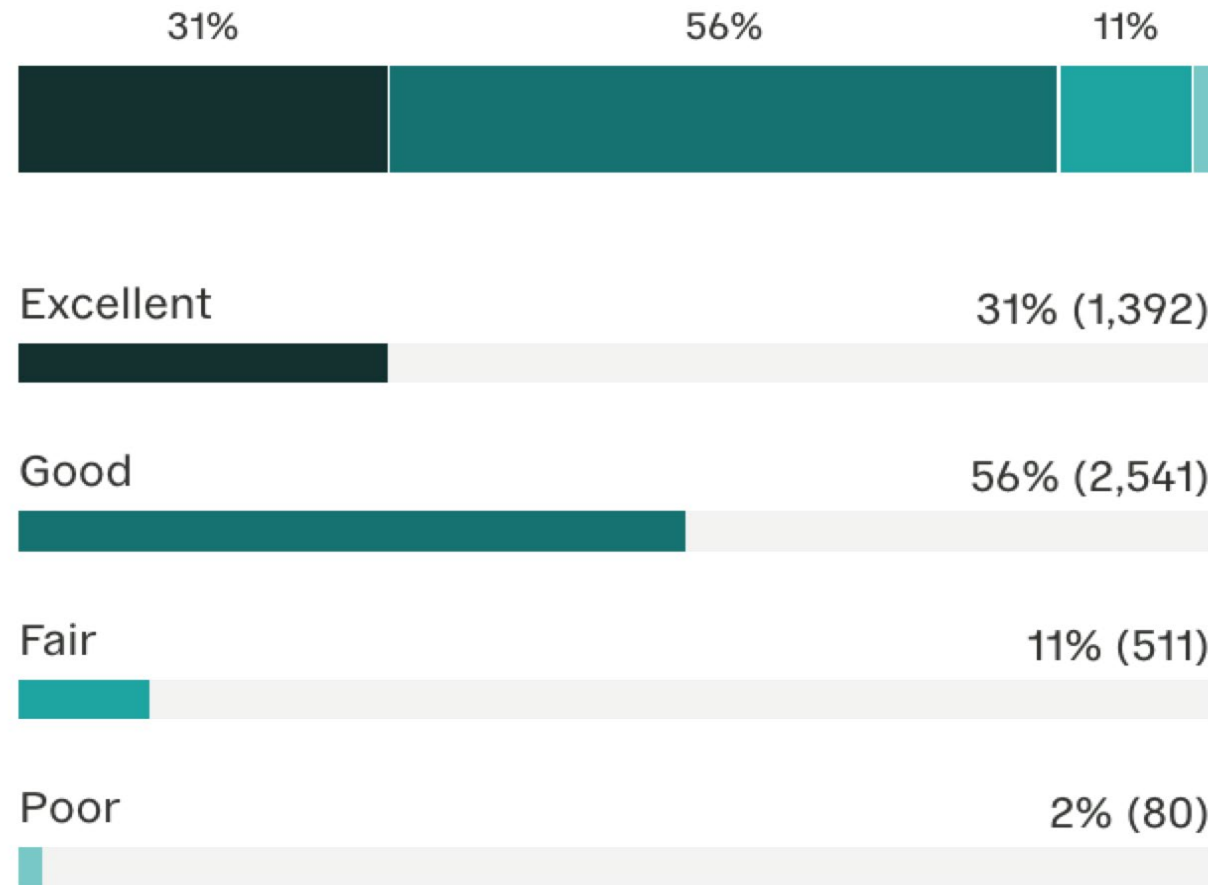
Dimension	Community livability topics	Score (of 100)
Overall community quality	Place to live and retire Recommend and remain in community	66
Community design	Housing Mobility Land use	46
Employment and finances	Employment Finances	27
Equity and inclusivity	Equity Community Inclusivity	46

Community readiness (continued)

Dimension	Community livability topics	Score (of 100)
Health and wellness	Safety Physical health Mental health Health care Independent living	43
Information and assistance	Quality of older adult services Information on available older adult services	30
Productive activities	Civic engagement Social engagement Caregiving	48

Overall quality of life

Denver region older adults response to “Your overall quality of life”:



Community characteristics: strengths



Highest scores

70% or higher

- Ease of travel by car.
- Ease of getting to the places you usually have to visit.
- Opportunities to attend religious or spiritual activities.
- Fitness opportunities including exercise classes and paths or trails.
- Ease of walking in your community.

60% to 69%

- Ease of bicycling.
- Recreation opportunities including games, arts, library services.
- Opportunities to volunteer.
- Availability of preventive health services such as health screenings, flu shots, educational workshops.

Community characteristics: challenges

More than 75% of Denver region older adults identified the following challenges:

- Availability of accessible housing (such as homes with a no-step entry, single-floor living, wide hallways and doorways)
- Cost of living in your community.
- Availability of affordable quality housing.

Lowest scores

Community characteristics: additional challenges

More than 50% of Denver region older adults reported having problems with:

- Not knowing what services are available to older adults in your community.
- Doing heavy or intense housework.
- Maintaining your home.
- Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid.

Low
scores

Community characteristics: additional challenges

40% to 50% of Denver region older adults identified the following challenges:

- Physical health.
- Yardwork.
- Staying physically fit.
- Feeling like your voice is heard in the community.
- Having enough money to meet daily expenses.

Low
scores

Needs of older adults in the Denver region

Need type	Percent	Individuals
Housing	39%	288,000
Information about services	37%	272,000
Health care	32%	233,000
Physical health	32%	233,000
Finances	26%	189,000
Mental health	25%	185,000
Civic engagement	24%	176,000
Mobility	22%	162,000
Social engagement	21%	154,000

Other older adults indicated a need for community inclusivity (19%, 143,000), safety (16%, 114,000), caregiving (11%, 80,000 and equity (9%, 65,000).



Effects of COVID-19 and social isolation



Negative effects of the pandemic

The **Area Agency on Aging** and its contracted **community-based service providers**:

- Scaled back **services**. (Some stopped providing services and others closed entirely.)
- Services **adapted** and **changed** to meet evolving need.
- Laid off **staff**, or had staff quit.
- Lost **volunteers**.
- Had **clients die**.
- Had **staff get sick**.
- Had to significantly **reduce contact** with clients.
- Had to provide **personal protective equipment** and **cleaning supplies**.

Positive effects of the pandemic on providing services

As a result of COVID-19, the **Area Agency on Aging:**

- Received significantly **more funding**.
- Was **allowed flexibility** to respond to needs quickly due to the relaxation of Older Americans Act and state regulations.
- **Encouraged innovation** in service delivery.
- Developed **new services**.
- Developed **new partnerships**.
- **Strengthened relationships** with county health and human services departments.

Lasting challenges of the pandemic

Among the **Area Agency on Aging** and its contracted **community-based service providers**, the ongoing effects of the pandemic have resulted in:

- Service reductions.
- Suppressed staff and volunteer levels among contracted service providers compared with pre-pandemic levels.
- Increased cost for **labor, food and gas** and **supply chain issues** have resulted in greater costs per unit of service.
- **Loss of contracted service providers** and difficulty in partnering with new contractors.
- Continued **COVID-19 outbreaks** and related **safety protocols**.

Effect of social isolation

- Older people were told to **shelter in place**, shop at designated times and **avoid visiting family and friends** to reduce their exposure to COVID-19.
- Nursing homes and assisted living residences **banned all visitors**. Residents were cut off from all social contact.
- Individuals living in nursing homes and assisted living residences were **confined to their rooms** due to infection control policies.
- Some residents were **moved out of their rooms** to facilitate the creation of COVID-19 units in facilities.
- Many **lost friends** or **loved ones** to COVID-19.

Ongoing challenges caused by social isolation

- **Increased anxiety** and **depression** can be attributed to the lack of social interaction during the pandemic.
- Increase in diagnosed cases of **agoraphobia** — the fear of leaving home or entering crowded spaces.
- **Decreased physical abilities**, and **increased levels of confusion**.
- Older adults report having **increased feelings of sadness, mourning** and **frustration** at the loss of time.

Plans to address social isolation over the next four years

As resources allow, the Area Agency on Aging plans to:

- **Provide funding** for solutions like voice assistant technology, medical alerts and assistive technology.
- Develop more **virtual education, counseling and engagement** activities.
- Start a **nutrition voucher program and partnering with restaurants** to underserved parts of the Denver region to provide nutritious meals and **increase social activity**.

Plans to address social isolation over the next four years

Revitalize congregate meal programs and encourage people to return by:

- Providing **transportation** to meal sites.
- Offering **entertainment** during meals.
- Providing services like **education, health clinics, blood pressure checks, foot clinics.**



Diversity, equity and inclusion

Diversity, equity and inclusion

As resources allow, the Area Agency on Aging plans to:

- **Tailor outreach and messaging to targeted populations** and in underserved areas.
- **Translate materials and provide translation services** to increase in access and engagement.
- **Increase virtual services** as applicable and allowable to increase access to care, mental health support, education and engagement.
- **Train contracted service providers** on cultural competency, supporting LGBTQ individuals and implicit bias training to improve their knowledge, understanding and skills.

Diversity, equity and inclusion (continued)

- **Increase transportation services and remove barriers to transportation.**
- Continue to provide medical diets and offer meals that **consider cultural preferences.**
- **Translate the Aging Mastery Program** curriculum into two additional languages and provide annual training.
- **Support participant-directed and person-centered planning for older adults** and their caregivers in case management, options counseling and in-home assistance.
- Work to make the **Area Agency on Aging regional advisory committee more diverse.**



Ombudsman Programs

Ombudsman Program priorities

Staffing issues: Increases of abuse and neglect of older adults are a direct result of the staffing crisis and affect all areas of residents' care and quality of life. We plan to **increase systemic advocacy surrounding the staffing crisis.**

Consider steps to **reestablish basic rights for residents** by holding the Colorado Department of Public Health and Environment accountable for citing facilities that disregard residents' rights when violated.

Advocate for formalized oversight of guardians: Develop a process to ensure oversight of guardianship responsibilities and penalties for guardians who mistreat, abuse or exploit their wards.

Increase consumer education by raising awareness of the Long-Term Care Ombudsman program and the types of abuse and neglect in long-term care facilities that the Ombudsman can help identify and resolve.

Program for All-Inclusive Care for the Elderly Ombudsman

Increase funding to develop more local programs and establish funding for existing local Program for All-Inclusive Care for the Elderly programs.

Advocate at the state and federal levels for thoughtful growth and explore how growth will be managed to ensure participants receive quality services.

Increase partnerships with Colorado Department of Public Health and Environment related to the home health portion of the Program for All-Inclusive Care for the Elderly to better leverage the department's oversight.

Continue to **increase outreach to targeted audiences** (for example, using community town halls or other innovative methods to reach residents of low-income senior high-rises).

Evidence-based services

The Area Agency on Aging currently funds **evidenced-based programs for fall prevention, health and wellness and nutrition.**

It currently funds evidence-based programs including **Healthy Moves to Aging Well, Community Aging in Place—Advancing Better Living for Elders, Aging Mastery Program and Fresh Conversations.**

As resources allow, the Area Agency on Aging will provide evidence-based services to **caregivers** and will evaluate programs such as the **Program to Encourage Active and Rewarding Lives and Powerful Tools for Caregivers.**



Innovation to improve services

Collaborative advocacy: work with contracted partners, community service providers, older adults, the Advisory Committee on Aging and national groups to include payment for community service into Medicare.

Use **new data systems, survey information** and **in-house gap analysis** to analyze service needs, develop new services and monitor service performance and delivery.

Improve access to services by providing and funding more **virtual services**.

Streamline assessments and reduce administrative burdens on contracted service providers.

Innovation to improve services (continued)

Increase coordination, data collection and outcomes of referrals made between AAA and contracted service providers.

Participate in the Administration for Community Living's **Community Care Hub** and other national and state initiatives related to **social determinants of health and payment for community-based services**

Work with health providers and payers to demonstrate that **investments in the overall well-being of older adults reduces health care costs and improves health outcomes.**





**Thank you!
Questions?**

**Jayla Sanchez-Warren,
director, Area Agency on Aging**

ATTACH C

To: Chair and Members of the Advisory Committee on Aging

From: AJ Diamontopoulos, Integrated Health Manager, 303-480-6767 or adiamontopoulos@drcog.org

Meeting Date	Agenda Category	Agenda Item #
February 24, 2023	Informational Briefing	7

SUBJECT

The State of Colorado's Hospital Transformation Program – How new Medicaid requirements will impact community-based organizations.

PROPOSED ACTION/RECOMMENDATIONS

N/A

ACTION BY OTHERS

N/A

SUMMARY

Area Agency on Aging staff will provide an overview of the State of Colorado's Hospital Transformation Program. The presentation will focus on two components of the program that will specifically impact the aging network and other community-based organizations.

PREVIOUS DISCUSSIONS/ACTIONS

N/A

PROPOSED MOTION

N/A

ATTACHMENT

N/A

ADDITIONAL INFORMATION

For additional information please contact AJ Diamontopoulos, Integrated Health Manager, 303-480-6767 or adiamontopoulos@drcog.org.

ATTACH D

To: Chair and Members of the Advisory Committee on Aging

From: Erika Dubray, ADRC Manager at 303-480-5652 or edubray@drcog.org

Meeting Date	Agenda Category	Agenda Item #
February 24, 2023	Informational Briefing	8

SUBJECT

Changes and updates of Choice Services Program for Transportation

PROPOSED ACTION/RECOMMENDATIONS

N/A

ACTION BY OTHERS

N/A

SUMMARY

Provide a year-to-date update on transportation services, current volume and trends and future goals of the program.

PREVIOUS DISCUSSIONS/ACTIONS

N/A

PROPOSED MOTION

N/A

ATTACHMENT

Staff presentation.

ADDITIONAL INFORMATION

For additional information please contact Erika Dubray, ADRC Manager at 303-480-5652 or edubray@drcog.org

Choice Services Program (Transportation)

Erika Dubray, Aging and Disability Resource Center Manager

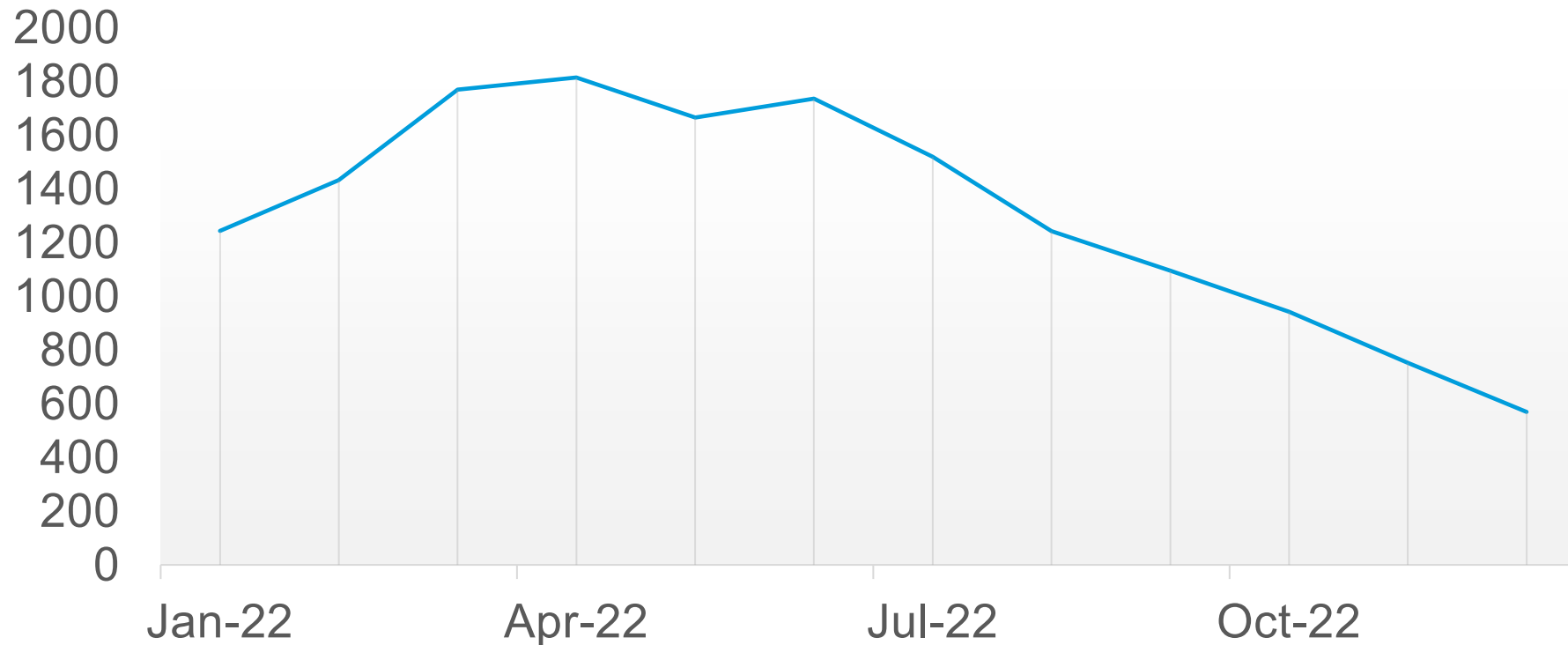
Malorie Miller, Program Manager- Choice Services Program (Transportation)

2022 in review

- Made large changes to the model AAA was using
- Total unique Riders- 570
- Total 1-way trips with all programs- 26,803
- Total single RTD bus tickets issued- 32,877
- Total spending in 2022- \$816,868

HopSkipDrive program progression

1 Way HSD Trips 2022



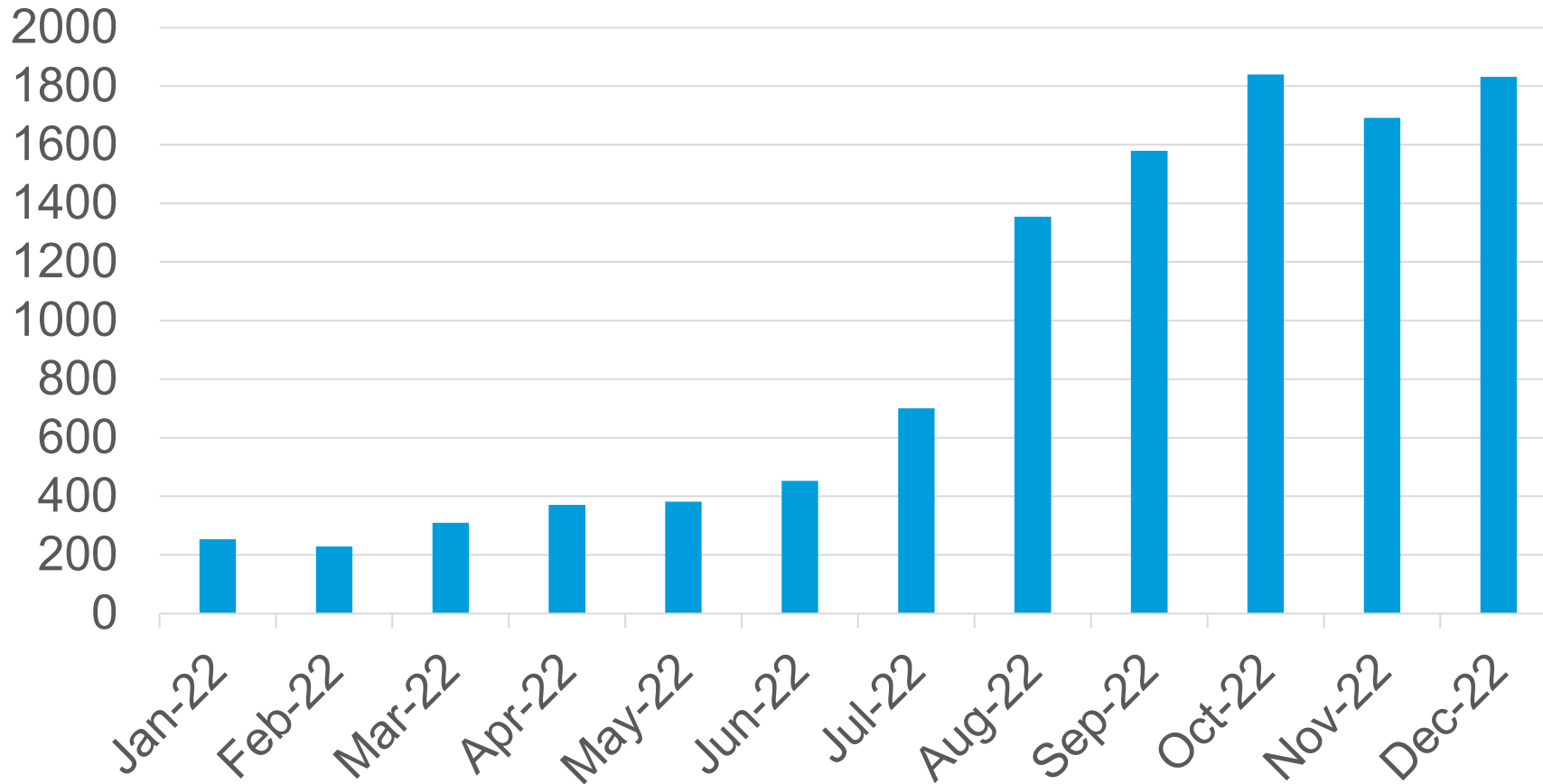
15,778 total trips in 2022.

Average of **1,314** trips per month.

Average trip cost is approximately **\$36**.

Uber program progression

Uber Trips 2022



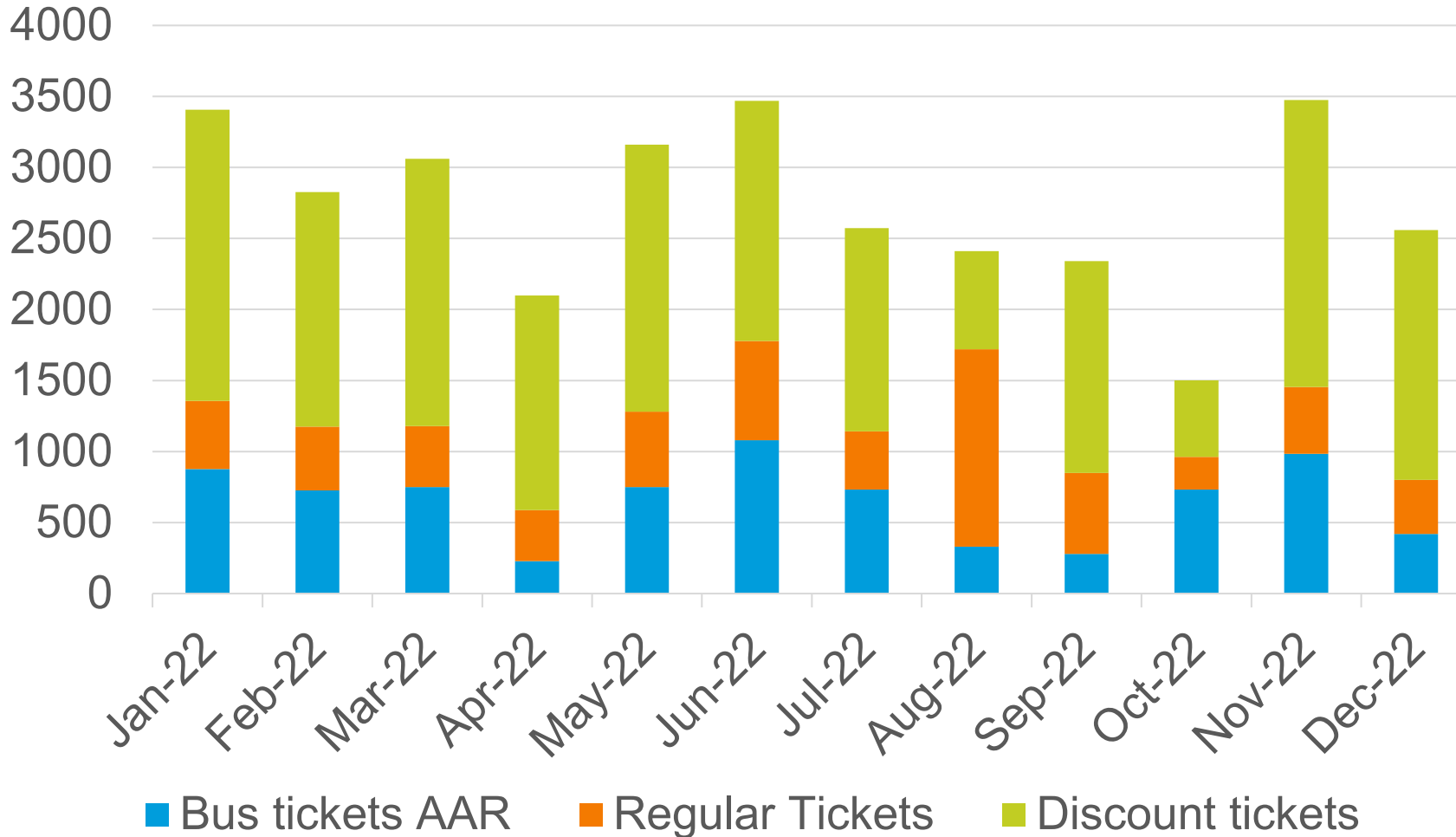
10,995 trips for 2022.

Active riders: 155

Average trip cost for 2022 is approximately **\$17.**

Regional Transportation District program

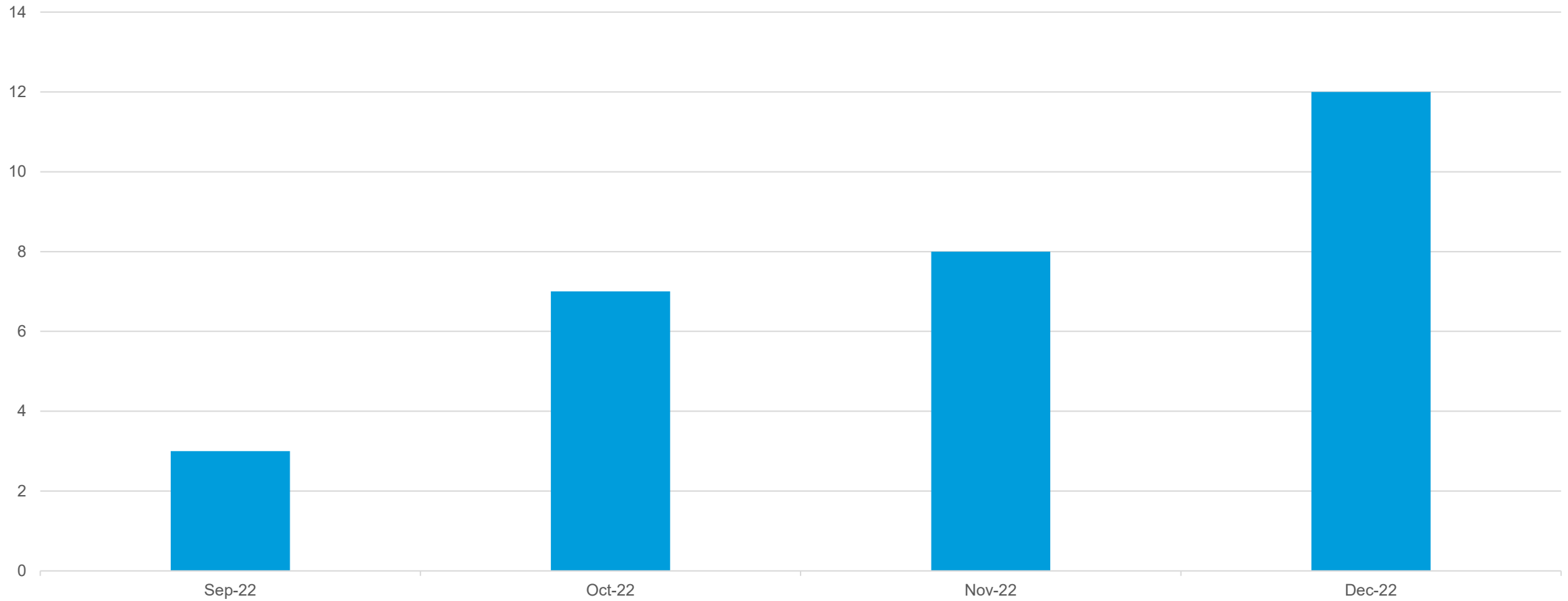
Bus Tickets



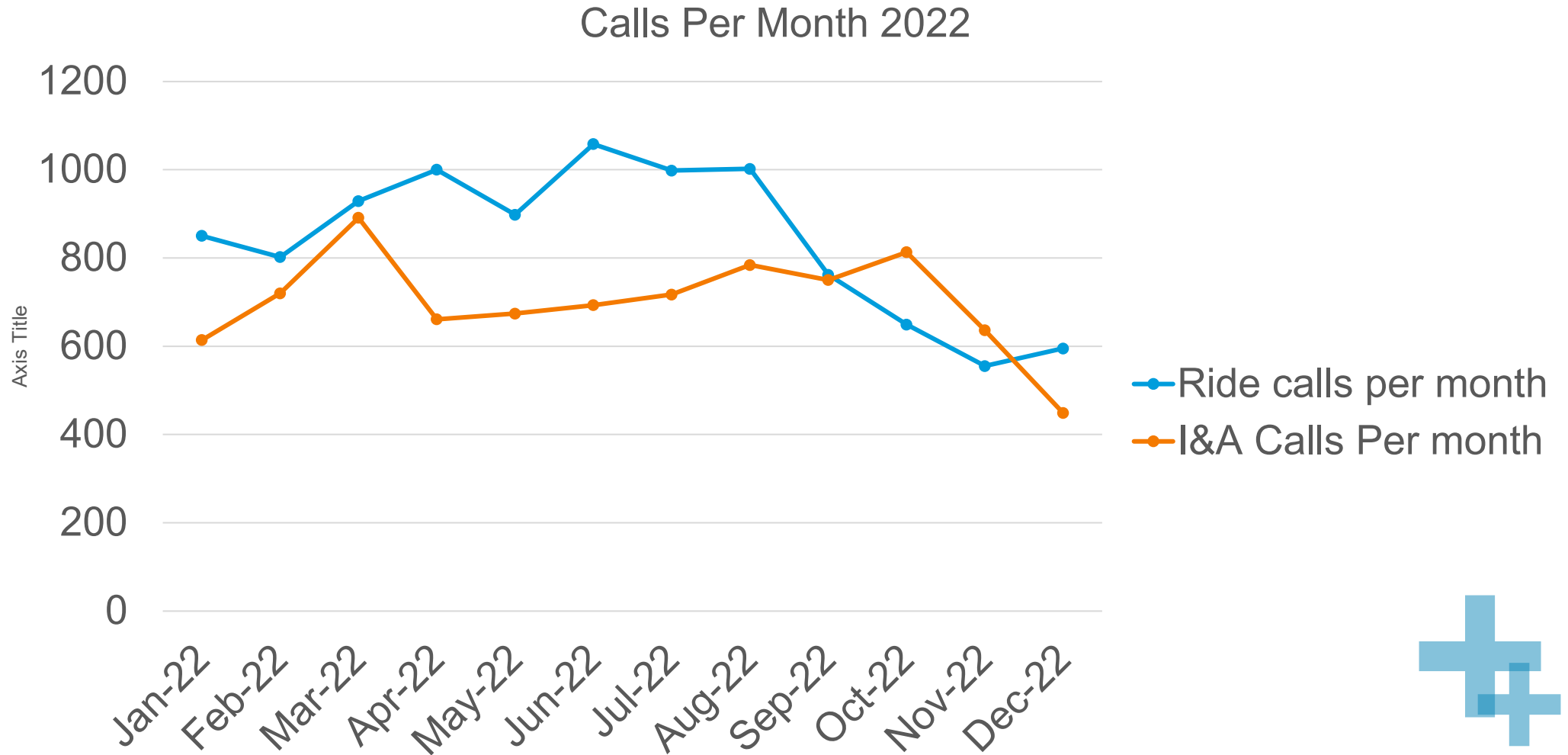
32,877 tickets for 2022.

Active riders: 155

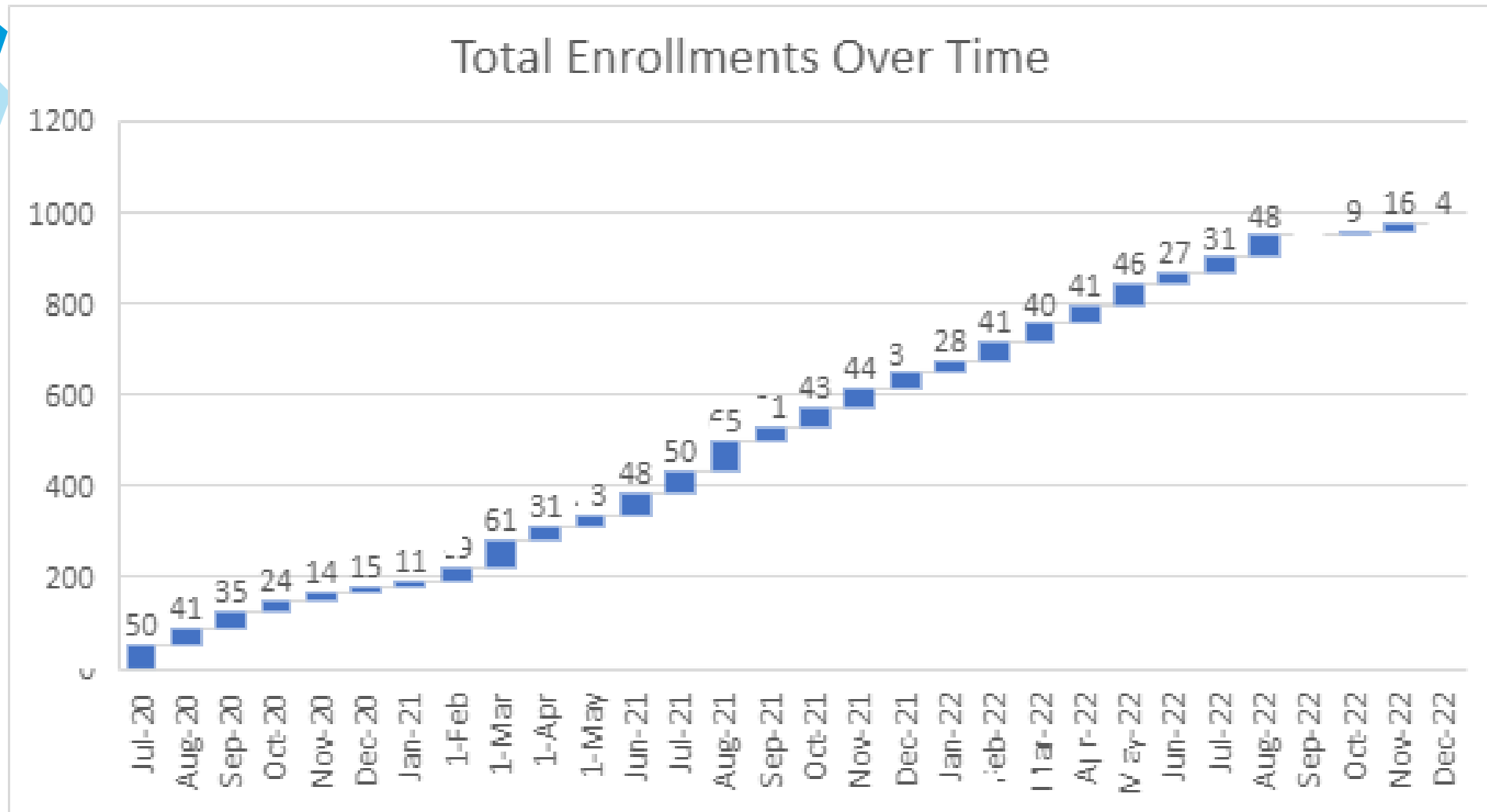
Carepool



Ride Calls in 2022

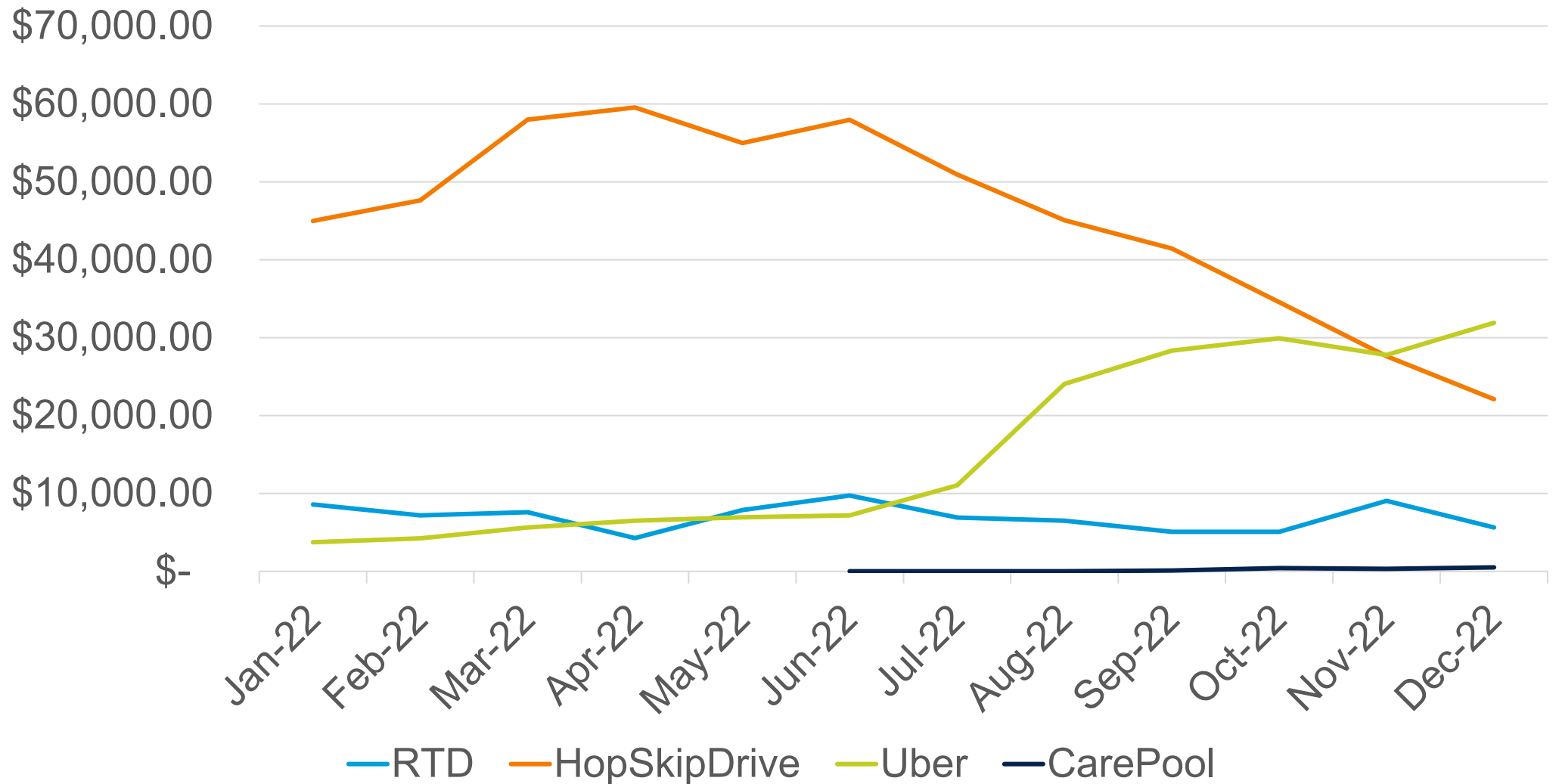


Overall program growth since initiation



2022 total program costs

2022 Program Spending



+

Add an additional 2 mobility coordinators.

+

Double the amount of consumers.

+

Train current staff to be certified in travel training.

+

Roll out travel training program.

+

Ride Alliance grant and continue development.



THANK YOU!
QUESTIONS?

Erika Dubray
Aging and Disability Resource Center Manager, Area Agency on Aging
edubray@drcog.org
303-480-5652