



Area Agencies on Aging: Long-Term Funding Issues

*Filling current and future service gaps
while improving funding stability*



Executive Summary

Colorado is facing a growing gap between available revenues and funding needs to serve the state's at-risk senior population. The gap is expected to increase in the coming years, due to demographic, economic and social forces. The Colorado Association of Area Agencies on Aging and the Denver Regional Council of Governments urge the state to follow the recommendations in this document to increase and stabilize current and future funding for AAA services.

Historical Service and Funding Challenges

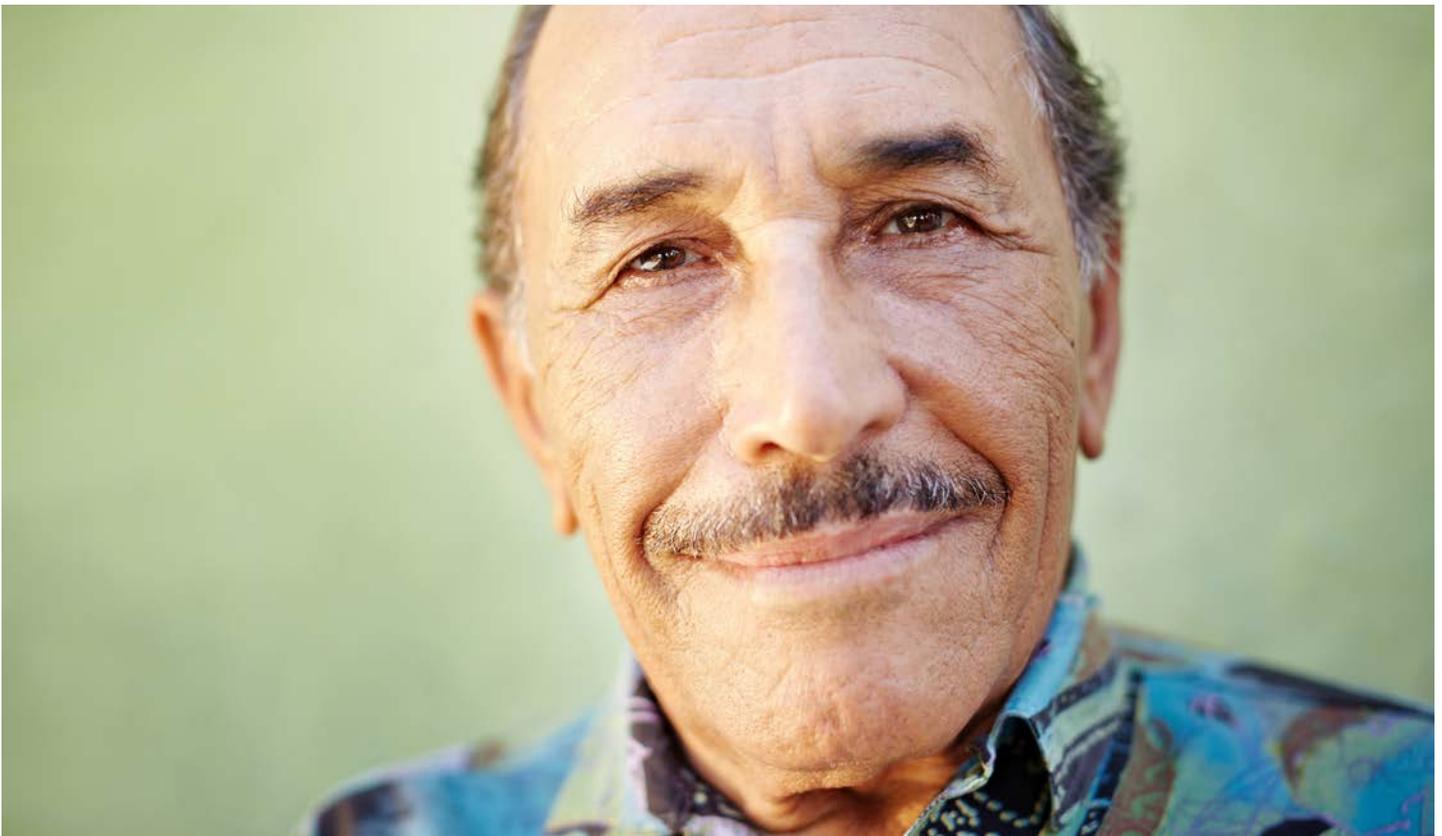
Prior to 2000, the state's area agencies on aging (AAAs) were funded mostly with federal Older Americans Act (OAA) money and a small state match. Over the last 20 years, the state has increased its funding in response to the efforts of aging advocates and in recognition of the growing need for community services as Colorado's older adult population has increased rapidly. However, funding has varied as it has relied on annual appropriations, which are subject to the uncertainties of budget conditions. **Based on the current appropriation for FY 2020-21, the funding for the State Funding for Senior Services faces a \$6 million cliff in FY 2021-22.**

The last five years of state AAA funding reveal the volatility that continues in the system. The swing between high and low over the past five years for the Older Coloradans Cash Fund has varied by more than \$6 million. Similarly, the state General Fund appropriation has seen swings in funding of more than \$3.5 million. Although overall funding has not been reduced, this level of volatility in the funding sources is not sustainable.

Growing Demands and Cost-Effective Responses

Demographic shifts, economic shocks, decreases in retirement saving rates and rising housing costs are creating a perfect storm of multiple forces working against older Coloradans. The 60-plus population in Colorado is increasing rapidly as the last of the baby boomers near retirement age. However, experts expect the growing service need will not be solely based on demographics. Older adults are increasingly facing retirement with minimal savings. The disappearance of employer-provided pensions and other defined benefit plans has left older adults relying on retirement savings that often cannot keep up with housing costs. Denver home prices have nearly doubled over the last decade. The demographics of a rapidly aging population in Colorado and challenging economic conditions will lead to growing demand for state services and supports for older Coloradans. **Given that these expected increases in needs will compound existing unmet needs for serving older Coloradans, staff of the Colorado Association of Area Agencies on Aging and the Denver Regional Council of Governments believe the state will avert a crisis by proactively considering the funding options outlined in this report.**

An additional dire need is also facing AAAs throughout Colorado. The COVID-19 pandemic has upended many of the means of service delivery as well as produced a crushing increase in service requests. Congregate meals sites have been shut down; Long-Term Care ombudsmen are only allowed outside facility visits which limit their ability to ensure proper care; in-home services have been curtailed or eliminated; and community service providers are struggling to stay open while simultaneously foreseeing a potentially crippling increase in referrals post-COVID-19.



Numerous studies and reports have found that AAA-provided community services perform as intended — they help older adults remain independent and active in their communities. Studies also have found indications of the cost-effectiveness of services provided to individuals in their homes and communities as compared to services provided in institutions. Because AAA services are significantly less expensive than other long-term care programs and reduce costly medical care, they keep older people healthier and living in their communities longer. In turn, older people who can stay safe and independent at home delay spending down their savings, so AAA-provided services keep recipients out of poverty and save the state money by reducing demand for other, more expensive programs and services. When community-based services allow older adults to live independently, state Medicaid services can be preserved for those who need them the most.

AAA-funded community services are tailored to the needs of the specific client, thus costing the state less per person. AAA/OAA services are targeted to those in the most economic and social need. With demonstrated cost effectiveness, the Aging Network (a collaborative national network of AAAs, state agencies and local providers, with counterparts in Colorado) must continue to play a central role in modernizing long-term care and community-based services for older individuals and assisting communities in helping people age successfully in place, thus preparing Colorado for the changing nature of aging in the 21st century.

Current State Funding for Senior Services

Colorado funds its non-Medicaid older adult services (authorized in the Older Coloradans Act, C.R.S. Section 26-11-205.5) through a variety of sources, including General Fund, sales tax diversions and federal funds.

These funds have supported the work of the Aging Network in Colorado. In recent years, because of the growth of the state’s older adult population, the legislature has increased its General Fund commitment to senior services, but overall funding still lags identified needs. And recent events have shined a spotlight on both the precarious nature of existing funding and the ongoing need for services.

Obtaining long-term, stable, sustainable funding for the State Funding for Senior Services (SFSS) line in the state budget has long been a goal of the Aging Network in Colorado. The economic downturn brought on by the COVID-19 pandemic and the resulting budget challenges have focused the attention of state policymakers on this issue more than at any other time. During Long Bill discussions on the FY 2020-21 budget, Joint Budget Committee members and staff expressed concern with capacity-building for AAAs and offered to engage in a forward-looking analysis of the effects of changing demographics and how funding can be tied to the expected increases in demand. Joint Budget Committee members and staff acknowledged that current funding sources have proven to be unpredictable and that it’s essential to explore long-term funding solutions.

The General Assembly preserved flat funding for the SFSS line in FY 2020-21 budget – in spite of reductions to almost every other program in state government. The Aging Network in Colorado is extremely grateful that the legislature preserved funding for FY 2020-21. Although \$18 million of the Older Coloradans Cash



Fund (OCCF) balance (from spillover Senior Property Tax Exemption funds) was transferred to help balance the General Fund, the Colorado Association of Area Agencies on Aging and the Denver Regional Council of Governments appreciate the Joint Budget Committee’s recognition of this valuable program. **Still, there are two funding challenges facing Colorado’s older adults. In the short term, the SFSS line currently is funded with \$6 million of non-recurring cash funds in FY 2020-21. In the longer term, Colorado’s aging population will require increases in funding for services that grow with increasing demand.**

Short-Term Budget Issue

The \$6 million of non-recurring cash funds will need to be replaced in next year’s budget to avoid a \$6 million funding cut for the AAAs for FY 2021-22. The amount remaining in the OCCF after FY 2020-21 budget balancing — approximately \$7 million — could be used to continue the same level of services for the state’s older adult population in FY 2021-22. Using \$6 million of the remaining cash funds would continue flat funding again. That would solve the problem for one year, but the problem would return for FY 2022-23.

Long-Term Budget Issue

The demographics of aging have serious implications for the ability of the state to adequately fund the expected growth in demand for services to older adults, often referred to as “long-term services and supports” (LTSS), particularly those provided by AAAs. Growth in demand for services is expected to continue for several decades. Current state funding is based on an assortment of annual appropriations, one-time funds and a small statutory appropriation. State funding is not currently based on strategic determinations of projected need. At best, it constitutes a delayed reaction to ongoing needs. The goal of the Colorado Association of Area Agencies on Aging and the Denver Regional Council of Governments is the establishment of a revenue stream with the following characteristics:

- **reliability** in annual revenue
- **stability** of annual revenue, regardless of outside economic fluctuations
- **certainty**, in that funding is not easily subject to elimination
- **sufficiency**, in that funding keeps up with increasing demand over time

Preparing AAAs and the State for the Future of Aging

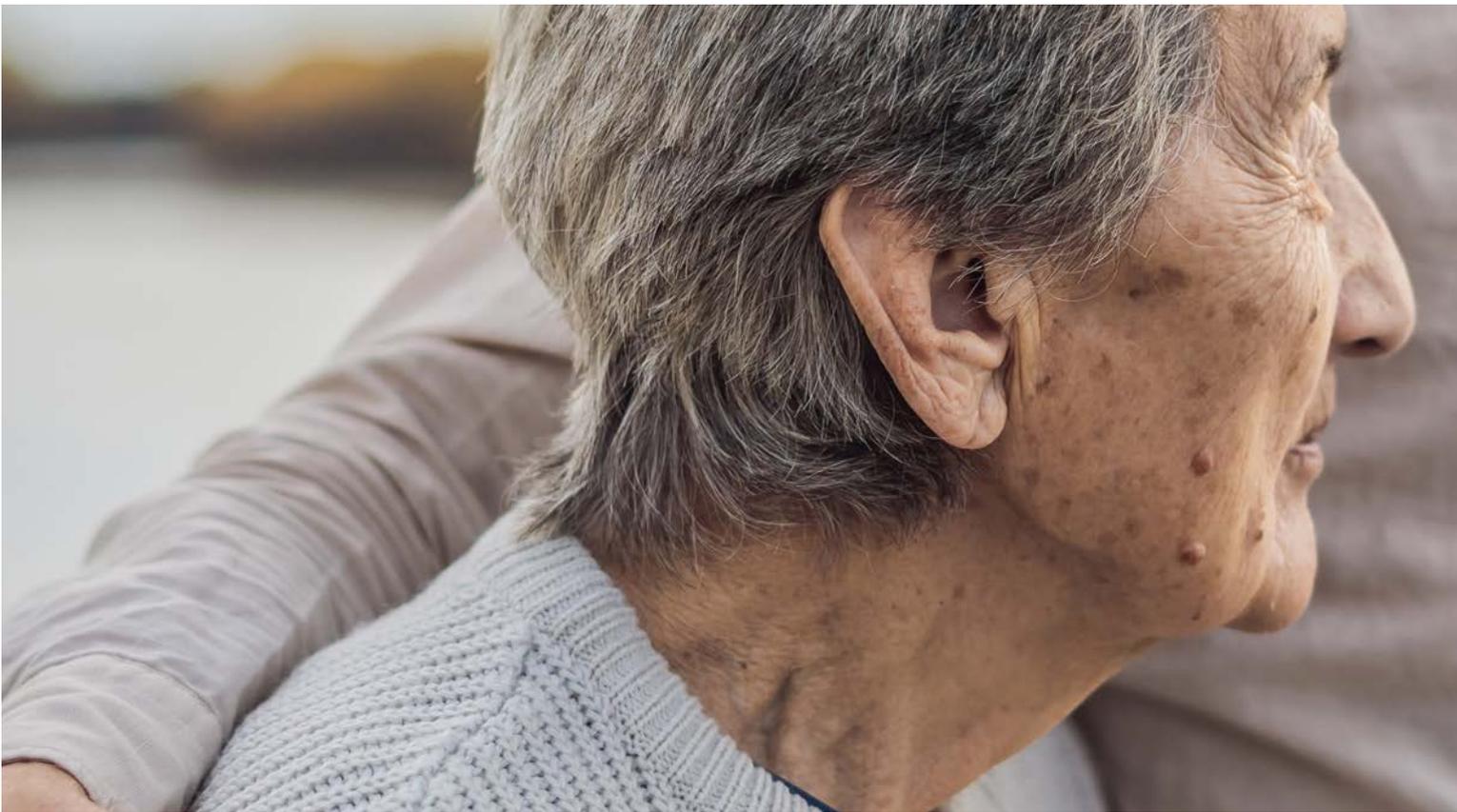
In this report, the **Denver Regional Council of Governments** and the **Colorado Association of Area Agencies on Aging** recommend the state, as a first step, provide sufficient funding to eliminate current waiting lists and establish an annual adjustment mechanism to ensure that annual funding will account for inflation and growth among the older adult population. We also recommend the state consider investment in pilot programs with the potential to create long-term funding streams outside of the General Fund. Specifically, we recommend authorizing creation of two pilot wellness funds, one in the metro area and one in rural Colorado. Finally, we recommend the state consider the role AAAs and the Aging Network in Colorado can serve in helping the state implement priority programs, especially in the area of health-related social needs. The influences of an aging population on every area of state government and policy are becoming more evident. A well-resourced Aging Network in Colorado, including AAAs with modernized organizational capacity, can be important partners in helping the state meet the challenges of the future.



Contents

Executive Summary

Introduction	8
Older Americans Act in Colorado (Colorado Aging Network)	9
An Example: The DRCOG Area Agency on Aging	11
DRCOG AAA by the Numbers	11
Current and Historical Colorado AAA Funding	12
Existing Service Gaps	12
COVID-19 Pandemic Response	15
A Perfect Storm — Multiple Forces Working Against Older Adults	16
Aging Baby Boomers, Smaller Households	16
Falling Retirement Savings	17
Rising Housing Costs	20
State Spending for Long-Term Care and Older Adult Services and Supports	21
Comparisons of Costs — Where and How Savings Can be Found	21
Where can AAAs help lower Medicaid costs? Calculating Return on Investment	23
Stabilizing AAA Funding	26
AAA Funding Options: First Step – Stabilize Appropriations	27
AAA Funding Annual Growth Adjustment	27
Clear Waiting Lists	27
Importance of AAA Funding Growth combined with Lump Sum Appropriation Adjustment	27
Outline of Funding Options	29
Resources	30
Appendix A: AAA Funding Working Group Participant Roster	34
Appendix B: State of Colorado Area Agencies on Aging (AAA)	35



Introduction

Colorado is facing the perfect storm of demographic and economic shifts for its older population. The demographic change — the projected extreme growth among the number of Coloradans over 60 — is colliding with their decreasing financial preparedness for retirement. Colorado’s area agencies on aging (AAAs) are also facing a deluge of new service requests because of the COVID-19 pandemic just as their usual means of service provision are unavailable due to social distancing and public health safety requirements.

Colorado is at a crossroads. The state can either invest more in services and supports to allow its older population to age in place — even thrive in place — or consign many more of its residents to increased economic, physical and mental health problems and premature admission into more costly institutional settings. The Colorado Association of Area Agencies on Aging and the Denver Regional Council of Governments recommend the first choice — increasing supports for older Coloradans as they age to enable them to remain in their homes and communities. Not only is this the preference of Colorado’s older people, it is also less costly for the state.

The Denver Regional Council of Governments established a working group of experts in older adult services and funding that met in the summer and fall of 2020 to consider options for legislative and executive branch consideration to stabilize State Funding for Senior Services (SFSS), which is the title of the line item in the



budget. The Colorado Association of Area Agencies on Aging was represented on the work group and has joined DRCOG as a primary sponsor of the effort. This report reflects the discussions of the work group.

Overview of the Older Americans Act in Colorado

The establishment of **Social Security** in 1935 represented the first nationwide steps in crafting protections for America's older adults. Thirty years later, protections were expanded through **Medicare, Medicaid** and the **Older Americans Act**, which was the first federal-level initiative that provided comprehensive services for older adults. The Older Americans Act (OAA) was passed in 1965 as part of President Johnson's Great Society initiative with the goal of supporting older Americans (60 and older) to live at home and in the community with well-being and independence for as long as possible.

The act's stated purpose was: An Act to provide assistance in the development of new or improved programs to help older persons through grants to the States for community planning and services and for training, through research, development, or training project grants, and to establish within the Department of Health, Education, and Welfare an operating agency to be designated as the "Administration on Aging".

It created the **National Aging Network** comprising the **Administration on Aging** in the Department of Health and Human Services at the federal level, the State Units on Aging at the state level and area agencies on aging (along with their grantee service providers) at the local level. Conceived of as a federal,

state and local partnership, the parameters are established by the federal government while state and local governments tailor implementation to their specific jurisdictions. As of 2020, there are 622 area agencies on aging nationwide, 16 of which are in Colorado.

Area agencies on aging (AAAs) were formally established in the 1973 amendments to the OAA as the on-the-ground organizations charged with helping vulnerable older adults live with independence and well-being in their homes and communities. All AAAs provide for five core service areas under the OAA:

- community-based services, such as adult day care, transportation and nutrition (congregate meals)
- elder rights, including assistance with financial and legal concerns and ombudsman services for individuals in long-term care settings
- information and assistance to access community resources and services
- in-home services, such as Meals on Wheels, food shopping, housekeeping, home modifications and personal care
- support for family and informal caregivers, including educational opportunities and respite care

However, AAAs are not limited to the five core services established in the OAA. AAAs are charged with planning and advocating for programs and services to meet the needs of older adults in their regions. Usually in partnership with other local, state and federal agencies and programs, additional programs and services often include case management, dental and vision assistance, partnerships with Medicaid and the Department of Veterans Affairs, and State Health Insurance Assistance Program Medicare counseling.

To implement the federal act, the Older Coloradans Act (C.R.S. Title 26, Article 11) establishes the duties of the AAAs and the **State Unit on Aging (SUA)**, which the statute describes as the “state office on aging.” The SUA develops and administers the state plan on aging with input from the AAAs. It also administers the OAA and OCA programs in collaboration with the AAAs. The partnership between the SUA and AAAs provides an array of supportive programs and services for older adults throughout the state. Program administrators prioritize services to older adults with the greatest social and economic need, paying particular attention to individuals with low incomes or from racial and ethnic minority communities and those who are frail, homebound or otherwise isolated. In addition, the SUA is involved in a variety of collaborative initiatives aimed at helping older adults remain safely in their homes and communities for as long as they can.

The OCA also establishes the **Colorado Commission on Aging (CCOA)** to serve as the primary advisory body on all matters affecting older people.

The **Long-Term Care Ombudsman Program** (C.R.S. Title 26, Article 11.5) is jointly implemented by the AAAs and the SUA (through a contract with Disability Law Colorado). The program encompasses the state Long-Term Care (LTC) Ombudsman office and local LTC programs that address complaints in assisted living residences, skilled nursing facilities and PACE programs and whose ombudsmen advocate for resident rights and for improvements in long-term care and in-home systems.

An Example: The DRCOG Area Agency on Aging

As the Denver Regional Council of Governments Area Agency on Aging enters its fifth decade working with and advocating on behalf of adults 60 and older, the Denver region and Colorado’s older adults and their caregivers face profound challenges. DRCOG’s AAA is the largest in the state of Colorado. It provides information and services to older adults and people with disabilities in Adams, Arapahoe, Clear Creek, Douglas, Gilpin and Jefferson counties, as well as the City and County of Broomfield and the City and County of Denver. Forty-seven percent of Colorado’s older population lives in the region.

Forty years ago, DRCOG worked to develop programs for older adults, fund construction of senior centers and purchase equipment for providing free or affordable nutritious meals in central locations. Today, the organization’s priorities include helping communities become more age-friendly and enabling older adults and people with disabilities to remain safely in their homes for as long as they desire. In addition, the organization works with its member governments to evaluate the age-friendliness of their communities and to make neighborhoods more livable for older adults.

Under an organizational vision that promotes “vibrant, connected, lifelong communities with a broad spectrum of housing, transportation and employment, complemented by world-class natural and built environments,” DRCOG champions choice in aging. Guided by a vision for the future in which every older adult chooses when, if and how they transition from the community into a care facility, DRCOG coordinates existing resources and partnerships to facilitate aging with choice for as many older people as possible.

DRCOG AAA by the Numbers

DRCOG AAA provided services to over 20,000 clients and received over 25,000 calls requesting assistance in state FY 2019-20. DRCOG AAA also provided more than 800,000 meals and over 144,000 transportation assistance trips.^{1,2} Roughly 15% of clients served by DRCOG AAA are younger than 65, 35% are 65 to 74, and 50% are 75 and older. Nearly two-thirds of clients are female, over half are living alone and most are living below the poverty line. Also, based on the most recent Community Assessment Survey for Older Adults (CASOA) completed by DRCOG, the majority of recipients of AAA services are frail or disabled. The fact that a large portion of clients are 75 and older, living alone, low-income, many of them frail or disabled, reveals why the need for AAA services is so high.

Most Vulnerable	75 and Older	Living Alone	Living Below Poverty Level	Frail/Disabled
Percent	more than 50%	more than 60%	more than 75%	More than 60%

1 Client counts are those served by DRCOG with Older Americans Act funds distributed by the State Unit on Aging and reported by Peerplace.

2 Including all DRCOG AAA programs, the DRCOG AAA served 63,896 individuals from July 1, 2019 through June 30, 2020. Total nutrition services provided by the DRCOG AAA, including counseling and education, was 848,613 units of service.

The highest counts of service provision are in transportation and meal services (see following table). Transportation services are essential to helping older adults access medical and other services. Nutrition services are equally necessary for low income and frail or disabled older adults, the majority 75 and older who are otherwise unable to shop for groceries or prepare their own meals.

Fiscal Year	Client Count: (Excluding Aggregate Event)	Transportation (One-Way Trips)	Home Delivered Meals	Congregate Meals
State FY 2017-18	18,400	114,741	592,591	191,285
State FY 2018-19	19,300	127,426	605,683	179,650
State FY 2019-20	20,611 ¹	144,480	624,471	183,600

Current and Historical Colorado AAA Funding:

Prior to 2000, the state’s AAAs were funded primarily through federal Older Americans Act money supplemented by a small amount of state matching funds. Over the past 20 years, the state has increased its funding in response to the efforts of aging advocates and in recognition of the growing need for community services as Colorado’s older adult population has increased rapidly. However, funding has varied as it has relied on annual appropriations, which are subject to the uncertainties of budget conditions.

The last five years of state AAA funding reveal the volatility that continues in the system. The swing between high and low over the past five years for the Older Coloradans Cash Fund has varied by more than \$6 million. Similarly, state General Fund appropriations has seen swings in funding of more than \$3.5 million. Although advocacy efforts with support from policymakers have kept overall funding from declining, such volatility is not sustainable over the long term.

Existing Service Gaps

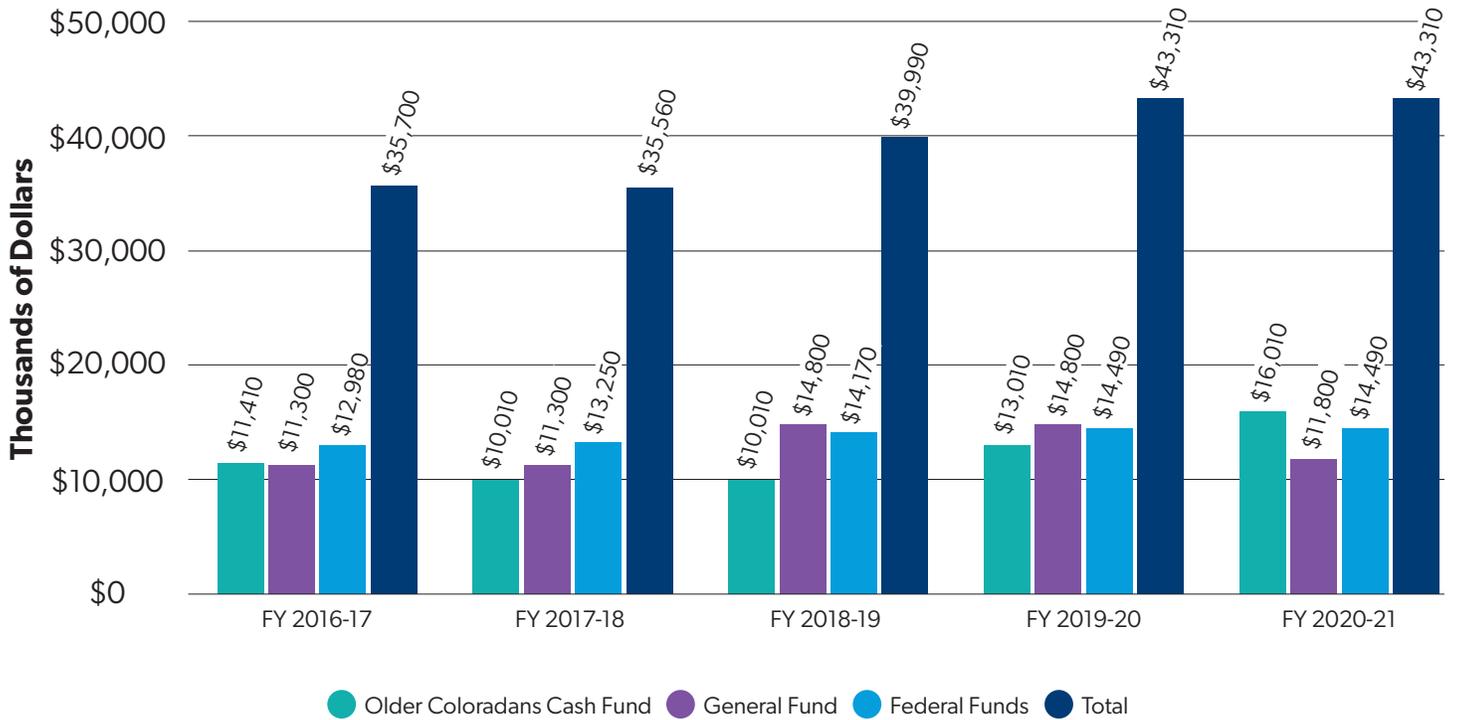
Even at current funding levels, significant waiting lists for services exist. Waiting lists will only become longer as socioeconomic factors increase the need among the state’s older adults.

In November 2019, the Colorado Department of Human Services responded to a request from the Joint Budget Committee to report an estimate of the cost to eliminate waiting lists for the 16 AAAs statewide. The department calculated a total of **\$4.8 million necessary to serve all people who requested assistance** as they were reported in June 2019.

AAA Service Type	Cost to Eliminate Waiting List
Adult Day Care/Health	\$22,866
Assisted Transportation	\$52,947
Blind and Visually Impaired Education	\$3,377
Case Management	\$251,440
Chore	\$579,861
Counseling	\$22,594
Counseling/Support Groups/Caregiver Training	\$7,780
Counseling for Visually Impaired	\$171
Home-Delivered Meals	\$434,291
Homemaker	\$894,323
Material Aid – Audiology	\$1,407,956
Material Aid – Glasses/Contacts	\$13,129
Material Aid – Optometry	\$184,544
Personal Care	\$331,033
Reassurance	\$14,482
Respite Care	\$225,382
Special Equipment for Visually Impaired	\$1,718
Transportation	\$24,154
Voucher – Chore	\$10,745
Voucher – Homemaker	\$137,447
Voucher – Material Aid – Dental/Oral Treatment	\$27,467
Voucher – Material Aid – Glasses/Contacts	\$13,404
Voucher – Material Aid – Hearing Aid	\$22,856
Voucher – Material Aid – Optometry	\$1,125
Voucher – Personal Care	\$30,966
Voucher – Respite Care	\$50
Voucher – Respite Care	\$65,030
Voucher – Transportation	\$10,666
Total	\$4,791,804

Source: Colorado Department of Human Services, November 2019

Funding for Senior Services



Note: FY 2017-18 through FY 2020-21 also include \$1 million in reappropriated funds.

DRCOG’s current waiting list totals 1,373 individuals (as of June 2020). The number of individuals by category is shown below:

Type of Service	Number of Individuals on the Waiting List	Average Number of Days on the Waiting List
Chore Services	222	64
Home Delivered Meals	257	64
Homemaker Services	185	314
Hearing Aids	420	376
Eyeglasses	160	184
Personal Care Services	103	212

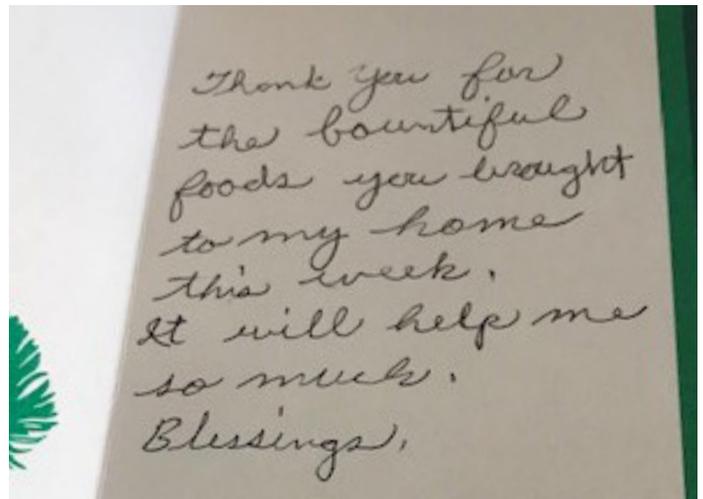
To summarize the information provided in the preceding table, the wait period for eligible individuals is almost a year for homemaker services and well over a year for hearing aids.

COVID-19 Pandemic Response

Colorado's area agencies on aging (AAAs) have adapted to a uniquely challenging role as part of the response to COVID-19, delivering essential services during a constantly evolving public health crisis, while planning for the long-term needs that communities will face in the recovery phase. Since the beginning of the pandemic, AAAs have rapidly responded to the new reality, deploying new services and transforming existing services to reflect public health requirements and the changing needs of older Coloradans, their caregivers and their communities. In addition to providing additional support to clients they have served for many years, area agencies on aging are now serving many new clients who were not previously using AAA-provided services and whose needs will not dissipate after the pandemic.

AAA services are essential for the health, life and safety of a population at particular risk from the virus. As of early November 2020, services provided in response to COVID-19 by AAAs have included:

- providing maximum support from ombudsman program staff, including information and resources to residents in skilled nursing and assisted living facilities and participants in the Program of All-Inclusive Care for the Elderly program
- providing technology (such as tablets) to long-term care residents to help them communicate with loved ones
- replacing in-home visits with reassurance calls to provide mental health support and combat loneliness among older adults
- pivoting from providing congregate meals to delivering hot, frozen and shelf-stable meals to older adults' homes
- shifting from providing rides to delivering groceries, prescriptions and other essential items to older people at home
- providing online and phone support groups for individuals, those living in long-term care facilities and caregivers
- moving programming of many services, including wellness, to online platforms
- continually and consistently supporting older adults and providing community partners with up-to-date information and resources



Given the ongoing challenges with COVID-19, a fully resourced AAA network in Colorado is even more important now. AAA services are the foundation of support for many of the state's population most at risk to the virus. In the long term, AAA services will be the cornerstone for rebuilding older adults' emotional, social, physical and financial well-being that the pandemic has weakened.

"This is such a blessing for us. Now I can afford to pay for my medications and incontinence supplies thanks to the food help we are getting."

— a client from Arapahoe County's eastern plains

A Perfect Storm – Multiple Forces Working Against Older Adults:

Demographic Shifts, Falling Retirement Savings and Rising Housing Costs

The 60-plus population in Colorado is increasing rapidly as the last of the baby boomers near retirement age. However, the service need is not based on demographics alone. **Older adults are increasingly facing retirement with minimal savings.** The disappearance of employer -provided pensions and other defined benefit plans has left older adults relying on retirement savings that often cannot keep up with housing costs. **Denver home prices have nearly doubled over the last decade.**

Aging Baby Boomers

According to the Colorado State Demography Office, the coming decades will see an overall slowing in population growth led by fewer people moving to Colorado and household size decreasing.³ **By 2040 nearly one in four Colorado residents will be 60-plus.**⁴

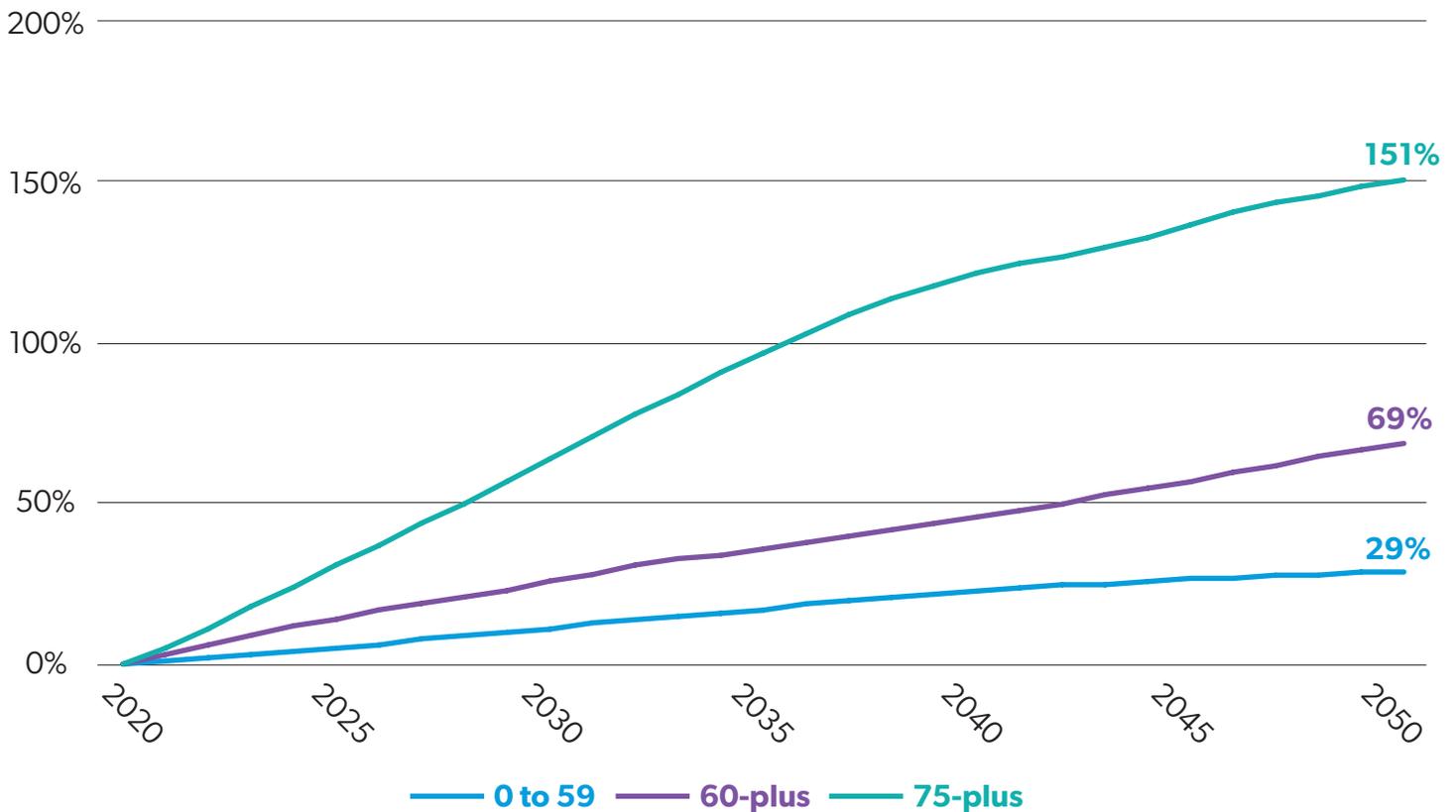
Year	Colorado 60-Plus Population	Percent of Colorado Population 60-Plus
1990	451,108	14%
2000	563,983	13%
2010	828,993	16%
2020	1,203,442	21%
2030	1,526,075	23%
2040	1,784,691	24%
2050	2,068,272	26%

Statewide, while the 59-and-younger population is forecast to grow 29% from **2020 to 2050**, the **60 and older population is forecast to increase by 69%** and the **75 and older population is forecast to increase by 151%**. The 60 and older population in the DRCOG region is projected to nearly double by 2050 and the 75 and older population is projected to nearly triple.

3 Colorado Department of Local Affairs State Demography Office, <https://drive.google.com/uc?export=download&id=1ftugvPGk5GDFzxn0XAJKq9ytGr7sdCg>
4 Colorado Department of Local Affairs State Demography Office, <https://demography.dola.colorado.gov/population/data/sya-county/>

The chart that follows compares the projected growth in population of Colorado residents younger than 60, older than 60, and older than 75. The dramatic increase in the population of people older than 75 will require a significant investment in state funding to allow older adults to thrive as they age in place.

Percent Change in Population from 2020: Colorado

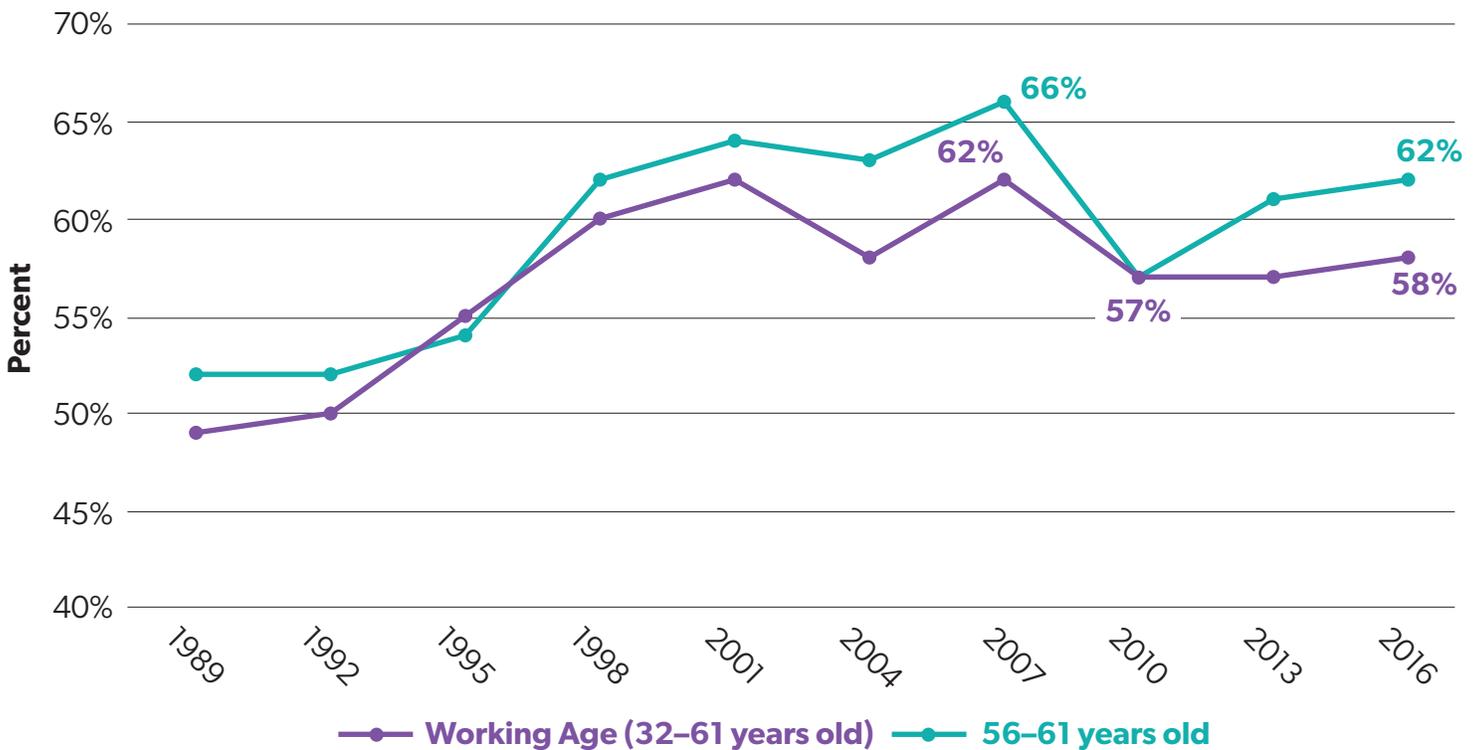


Falling Retirement Savings

The decline of employment-based defined benefit retirement plans has meant an increasing reliance by older adults on government-based retirement account savings. However, even among the cohort of **people 56 to 61 years old, more than a third have no retirement account. Individuals with little retirement savings are more likely to use assistance programs during their retirement.** The Colorado Secure Savings Plan Board found that even with SB20-200 passing and establishing the Colorado Secure Savings Plan **there will still be thousands of Coloradans older than 50 who will not have adequate retirement savings over the next 10 to 20 years.**

The number of families with retirement account savings fell drastically during the financial crisis of 2009 and have still not completely recovered. This is especially troubling given that the cohort of families with the head of household between 56 and 61 years old are now all eligible for AAA services. Based on the demographic shift, the cohort of people currently 56 to 61 years old is made up of a larger number of people who will need a greater amount of services to avoid higher-cost services like long-term care.

Share of Families with Retirement Account Savings



www.epi.org/publication/the-state-of-american-retirement-savings/

Combined with the data on households with a retirement account, the chart that follows illustrates a few very ominous facts. In 2016 the head of households age 56 to 61 recovered some savings, but only to an extremely low level of \$21,000. That is nowhere close to the amount that is needed for retirement.

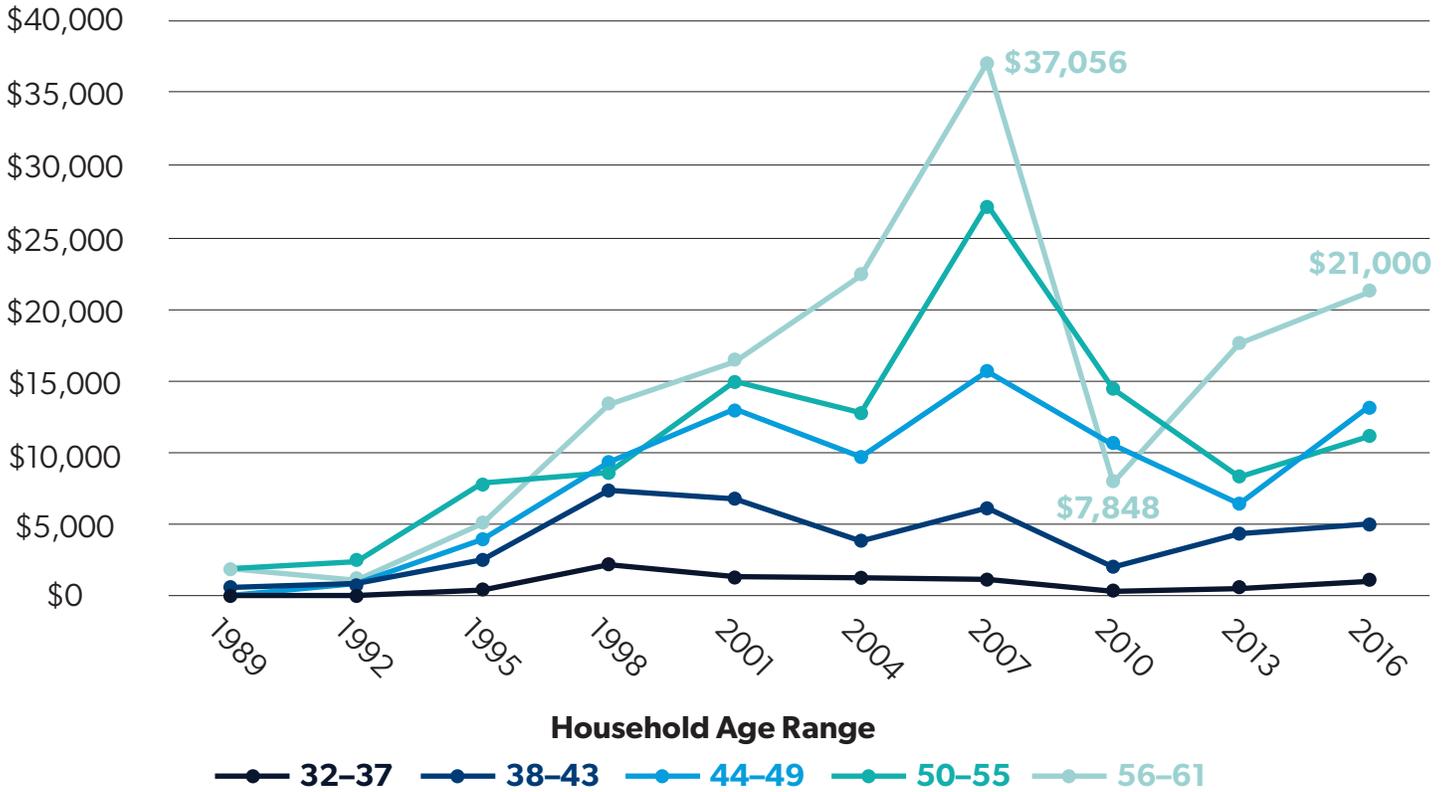
The Highland Group, Inc., in a report produced for the Strategic Action Planning Group on Aging (*Housing Report: Strategic Action Planning Group on Aging*, Aug. 22, 2016) stated:

- Virtually every report or projection of retirement assets and income for baby boomers indicates that most do not have enough assets and income to live comfortably or for many years in retirement. Similarly, a large proportion of baby boomers report they do not believe they have enough assets or income to retire.
- According to the Social Security Administration, among U.S. households age 55 and older, about 71% have retirement savings or a defined benefit plan and about 29% have neither. For those with retirement accounts and/or other stock and bond holdings, market performance has been somewhat volatile for several years.
- Social Security provides most of the income for about half of households age 65-plus, with current projections that the Social Security trust funds will be depleted by 2034, when baby boomers are age 70 to 89.⁵

In addition to declining retirement account savings, household net worth has also not recovered from drops following the housing crisis. Even for households with the head of the household nearing retirement age the median net worth is only 60% of pre-recession levels.

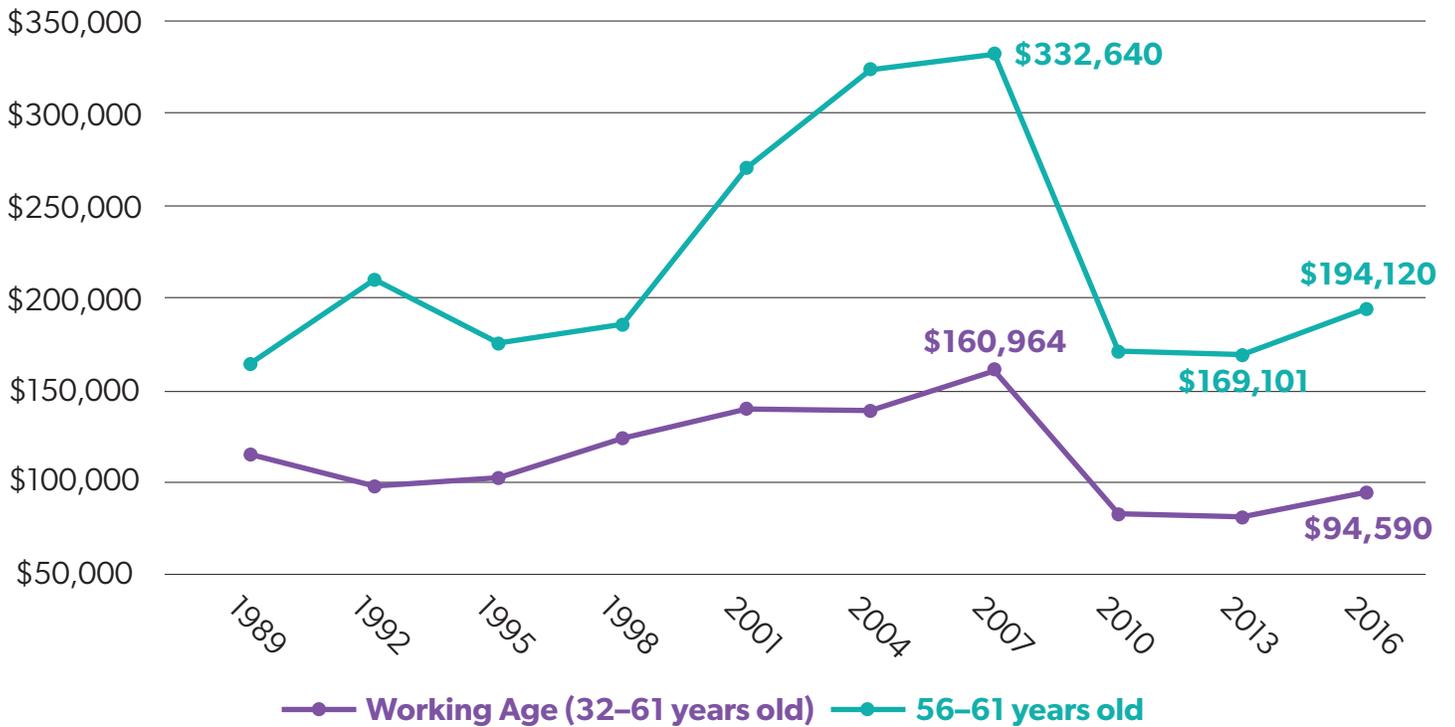
⁵ <https://www.ssa.gov/oact/tr/2020/tr2020.pdf>

Median Retirement Account Savings of Families by Age



www.epi.org/publication/the-state-of-american-retirement-savings/

Median Household Net Worth



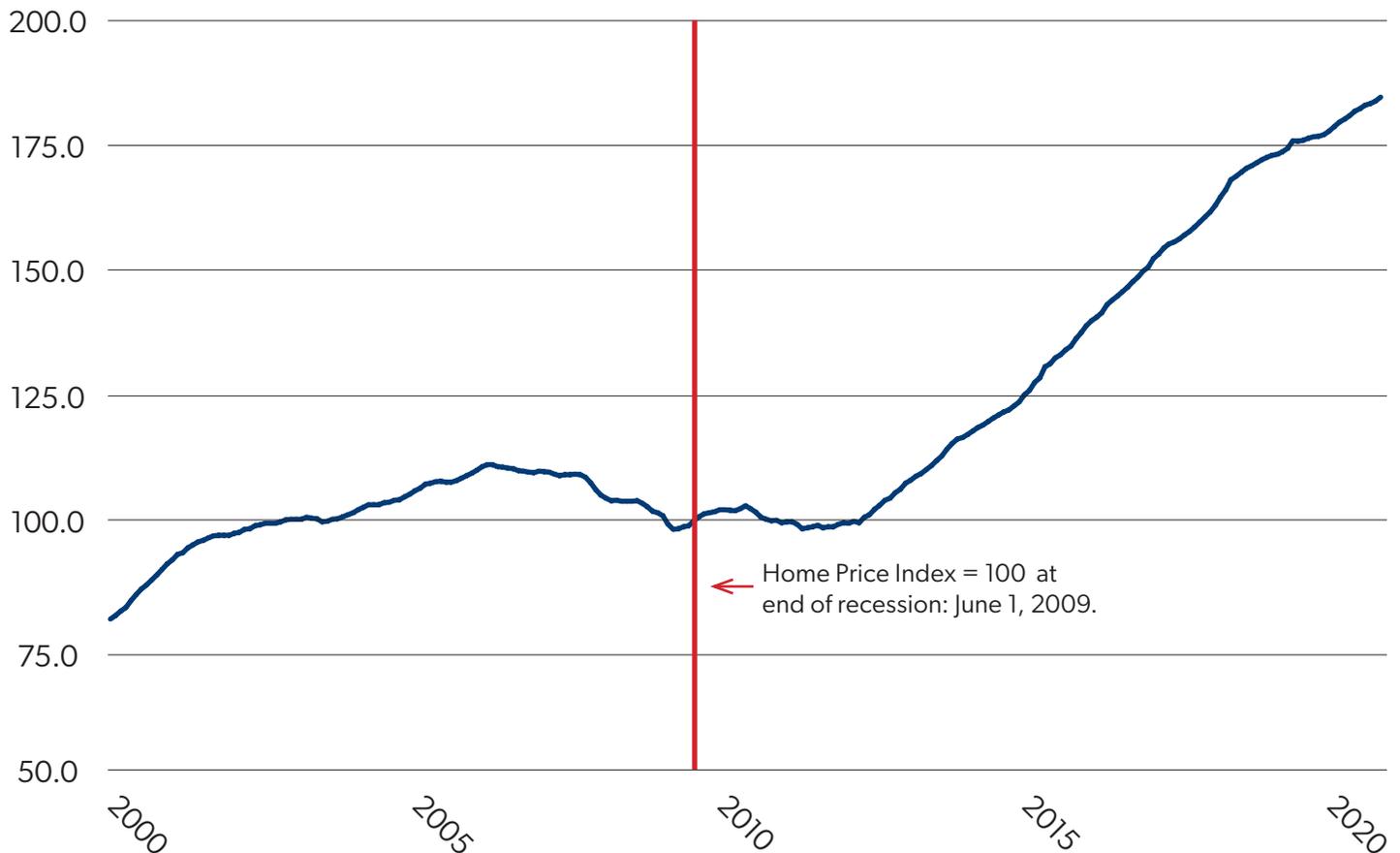
www.epi.org/publication/the-state-of-american-retirement-savings/

Rising Housing Costs

Colorado's residents include **many more older adults** with **declining retirement savings** that will find it increasingly difficult to afford housing. Since the end of the housing crisis, **home prices have nearly doubled between 2010 and 2020**. Also, from The Highland Group report:

- Relative to those who do not already own a home, housing prices and market rents continue strong growth in the urban/suburban portions of the state, increasing housing costs for current and future renters and future buyers.
- Baby boomers have less equity in their homes and a greater percentage have mortgages after age 65 than the previous generation. On the other hand, in strong housing markets, this is balanced at least partially by higher home values.
- Earnings on retirement savings, as well as cost of living adjustments for Social Security and pensions, are not keeping pace with rising expenses.
- Home values and rental housing costs have increased dramatically over the past two to three years, at least in Colorado's Front Range.

Denver Home Price Index



S&P Dow Jones Indices LLC, S&P/Case-Shiller CO-Denver Home Price Index [DNXRSA], retrieved from FRED, Federal Reserve Bank of St. Louis; <https://fred.stlouisfed.org/series/DNXRSA>, October 7, 2020.

State Spending for Long-Term Care and Older Adult Services and Supports

Comparisons of Costs – Where and How Savings Can be Found

Colorado Medicaid **spending on long-term care is approaching \$2.5 billion a year.**⁶ An opportunity exists to slow the growth of, or even lower, Medicaid costs to the state. Through multiple programs and methods of service delivery, AAA services can lower the state’s long-term care burden. Additionally, AAA services are provided at a fraction of the cost of skilled nursing facilities, alternative care facilities (Medicaid assisted living facilities), the Program of All-Inclusive Care for the Elderly (PACE) and Home and Community-Based Services (HCBS).

Fiscal Year	Community-Based Long-Term Care and Long-Term Care	DRCOG AAA	State AAA
FY 2017-18	\$2.03 billion	\$12.5 million	\$34.8 million
FY 2018-19	\$2.21 billion	\$13.4 million	\$39.2 million
FY 2019-20	\$2.40 billion	\$13.7 million	\$42.5 million

A report commissioned by the Strategic Action Planning Group on Aging from the Colorado Health Institute, found the following⁷:

Adults 65 and older are among the most expensive Medicaid recipients, accounting for 3% of those with Medicaid (FY 2015-16) but representing almost 17% of total Medicaid expenditures. Shifting to less expensive settings, such as home-based care, could significantly reduce state spending pressure. For example: In 2018, the Colorado Health Institute found that if 20% of people projected to be served by skilled nursing were instead served through home and community-based services, there would be no funding gap in 2020, but a \$5 million surplus instead.

Aging Services Cost Comparisons⁸

Numerous studies and reports have found that AAA-provided community services perform as intended: They help older adults remain independent and active in their communities. Performance assessments employing statistical models predicting nursing home delay or diversion, the analysis of emergency room and hospital utilization data have compared for OAA and non-OAA clients the effectiveness of family caregiving, senior centers or congregate meals programs in terms of improved nutrition, health, and social and emotional well-being.

6 <https://www.colorado.gov/pacific/hcpf/premiums-expenditures-and-caseload-reports> (CBLTC = Community Based Long-Term Care)

7 State Costs and Revenue Related to Long-Term Care for Older Coloradans, Colorado Health Institute, November 2018

8 Colorado Department of Health Care Policy and Financing (65-plus/PACE 55-plus), FY 2017-18 and Colorado State Unit on Aging and Joint Budget Committee Figure Setting (60-plus), FY 2019-20; ACF = Alternative Care Facilities; also see Resources section



The studies have found indications of the cost effectiveness of services provided to individuals in their homes and communities as compared to services provided in institutions. Because AAA services are significantly less expensive than other long-term care programs and reduce costly medical care, they keep older people healthier and living in their communities longer. In turn, older people can stay safe and independent at home and delay spending down their savings, so AAA-provided services keep recipients out of poverty and save the state money by reducing demand for other, more expensive programs and services. When community-based services allow older adults to live independently, state Medicaid services can be preserved for those who need them the most.

Nursing home predictor modeling has consistently shown that receiving additional services increases the time older adults can live in the community. A comparison of home-delivered meal clients and non-clients shows fewer hospital admissions and emergency room visits for older people receiving home-delivered meals⁹.

In 2008 and 2009, federal Administration on Aging studies¹⁰ examined the Older Americans Act Title III-B Home and Community-Based Supportive Services and found the Title III-B program had successfully extended services

9 Recognition of Excellence in Aging Research Committee Report, Report of the Special Committee on Aging, United States Senate, pursuant to S. Res. 89, Sec. 17(D), Feb. 28, 2007, Resolution Authorizing A Study of The Problems of The Aged And Aging” <https://www.govinfo.gov/content/pkg/CRPT-110srpt527/html/CRPT-110srpt527.htm>

10 Administration on Aging, FY 2008 Annual Performance Report and FY 2012 Annual Performance Report

to the targeted population — vulnerable older adults at risk for nursing home placement. For the purposes of the study, older adults at high risk of nursing home placement either lived alone, had three or more activities of daily living impairments and were 75 or older. Overall, the study found that Title III-B community services perform as intended by helping vulnerable older adults remain independent and active in their communities.

AAA-funded community services are tailored to the needs of specific consumers, thus costing the state less per person. AAA and OAA services are targeted to those most in need, what aging experts and providers refer to as “right service, right person, right time.” In the table below, we further illustrate the point by presenting statewide comparisons of participation rates and annual per capita costs for Medicaid Long Term Services and Supports (LTSS) programs and non-Medicaid LTSS (area agencies on aging services). **With demonstrated cost effectiveness, the Aging Network in Colorado must continue to play a central role in modernizing long-term care and community-based services for older individuals and helping communities equip older adults to age successfully in place.**

	Number of Enrollees or Participants	Annual Per Capita Costs
Area Agencies on Aging	56,898	\$799 ¹¹
Home and Community-Based Services	18,500	\$17,876 ¹²
Skilled Nursing Facilities	11,496	\$47,261 ¹²
Program of All-Inclusive Care for the Elderly	4,753	\$39,310 ¹²
Alternative Care Facilities	2,359	\$13,632 ¹²

How Can AAAs Help Lower Medicaid Costs? Calculating Return on Investment

OAA community services serve some of the frailest older adults, many of whom are homebound. Despite their lack of mobility, community services enable them to remain in their homes and communities even as their health and functioning decline. Services generally are targeted to individuals who exhibit certain characteristics — such as being older than 75, being more likely to live in poverty, not being married, having difficulty performing three or more activities of daily living, or displaying patterns of health care use — that mark them as more susceptible to nursing home admission.¹³ AAA services help lower state Medicaid long-term care costs by:

1. delaying individuals spending down their savings for admittance to long-term care (which also keeps individuals out of poverty longer)

11 DRCOG calculation of average per person expenditure using Long Bill appropriations for Older Americans Act and State Funding for Senior Services divided by State Unit on Aging unduplicated client count, both for FY 2019-20.

12 DRCOG calculations based on Colorado Department of Health Care Policy and Financing data for Medicaid Long Term Services and Supports using number of enrollees and portion of services spent both for 65 and older for FY 2019-20.

13 Administration on Aging Research Brief Number 1, July 2010, “Aging in Place: Do Older Americans Act Title III Services Reach Those Most Likely to Enter Nursing Homes?”

2. lowering medical spending through nutrition and transportation services, especially for those who are under 65 and on Medicaid or 65-plus and dual eligible
3. lowering costs for those using long-term care services by reducing hospital admissions, reducing hospital readmissions, preventing falls and contributing to better overall health

AAAs Shown to Lower Medicare Spending and Long-Term Care Admission Rates

There is a growing collection of evidence that area agencies on aging decrease health care expenditures and improve patient outcomes. Brewster et al. examined partnerships between area agencies on aging and hospitals located in their service counties and determined the partnerships were associated with a reduction of \$136 in average annual Medicare spending per beneficiary.¹⁴ Further, they found that when AAAs “were funded participants in livable community initiatives – multisector coalitions to promote the well-being and health of older adults – potentially avoidable nursing home use fell by nearly one percentage point.”¹³

AAA Services and Reduction in Nursing Home Admissions

For scale, using the DRCOG AAA’s 25,000 clients, DRCOG estimates a nursing home admittance rate of 4.1% based on estimated utilization rates from Joanne Spetz et al.^{15,16} Using the demographics of DRCOG AAA clients and this nursing home utilization rate estimate, a one percentage point reduction in nursing home admissions would mean 250 fewer nursing home admissions. Medicaid pays for 50% of nursing home admissions among DRCOG AAA clients, the savings to the state for 125 admissions at a cost to the state of \$46,000 per admission becomes **\$5,750,000**.¹⁷ Even if the nursing home diversion rate was half a percentage point, there still would be a one year savings of \$2,875,000.

Given the \$799 the state (through the AAAs) spends on average per client on service provision, roughly a third of the cost to provide services is paid back in savings to Medicaid through reduced and delayed nursing home admissions.

Nutrition Services Lower Emergency Department Visits and Inpatient Admissions:

In its Review of Evidence for Health-Related Social Needs Interventions, the Commonwealth Fund lists studies and associated results compiled by several service categories.^{18,19} Relevant results include Berkowitz et al., which examined meal delivery programs and found that people receiving home-delivered meals compared to a control group experienced a 44% reduction in emergency department visits and a 12% reduction in inpatient admissions.²⁰

14 Brewster, A.L. et al. (2020) Linking Health and Social Services Through Area Agencies on Aging Is Associated with Lower Health Care Use and Spending, *Health Affairs*, 39:4, 587-594.

15 Client count includes those served via aggregate event.

16 Joanne Spetz et al. (2015) Future Demand for Long-Term Care Workers Will Be Influenced By Demographic And Utilization Changes, *Health Affairs*, 34:6, 936-945. <https://doi.org/10.1377/hlthaff.2015.0005> (2015) Future Demand for Long-Term Care

17 This assumption is conservative given the high-need, low-income, low-savings population typical of DRCOG AAA clients.

18 <https://www.commonwealthfund.org/>

19 <https://www.commonwealthfund.org/sites/default/files/2019-07/ROI-EVIDENCE-REVIEW-FINAL-VERSION.pdf>

20 Seth A. Berkowitz et al. (2018) Meal Delivery Programs Reduce the Use of Costly Health Care In Dually Eligible Medicare And Medicaid Beneficiaries, *Health Affairs*, 37:4, 535-542. <https://doi.org/10.1377/hlthaff.2017.0999>



Transportation Services Increase Health Care Access

Transportation can be of significant benefit to people experiencing health issues. A study by Chaiyachati et al., provided prescheduled, free rides and determined a statistically significant improvement in the rate at which patients kept appointments.²¹ The appointment show rate improved from 54% to 68%.

AAA Clients are More Likely to be High-Cost, High-Utilization Clinical Patients if on Medicaid

The Commonwealth Fund conducted a retrospective cohort analysis of the 2015-2017 Medical Expenditure Panel Survey Household Component, a set of large-scale surveys of families and individuals, their medical providers and employers across the United States.^{22,23} Estimates of average cost and utilization were created for age and need cohort as well as insurance type. The Commonwealth Fund defined the cohort of adults with three or more chronic conditions and a functional limitation as “high need,” and compared the high-need cohort to the general adult population on health care utilization and health care spending patterns by sociodemographic characteristics.

Researchers found that the average number of annual emergency department visits for the high-need population of Medicaid beneficiaries was 1,149 per 1,000 people and the number for the general adult population of Medicaid beneficiaries was 366 per 1,000 people. The Commonwealth Fund also provided the cost associated with these visits, the average cost to Medicaid for those with high needs was \$705 per emergency department visit and \$666 for the general adult population. Estimated hospital inpatient

21 Chaiyachati, K.H. et al. (2018) Rideshare-Based Medical Transportation for Medicaid Patients and Primary Care Show Rates: A Difference-in-Difference Analysis of a Pilot Program, *Journal of General Internal Medicine*, 33, 863–868. <https://doi.org/10.1007/s11606-018-4306-0>
22 https://www.commonwealthfund.org/sites/default/files/2020-08/meps_average_cost_utilization_table.pdf
23 https://meps.ahrq.gov/mepsweb/survey_comp/household.jsp

admissions is 563 per 1,000 people among the high-need population on Medicaid and 134 per 1,000 people among the general population on Medicaid. Estimated cost per hospital inpatient stay is \$14,989 for the high-need population of Medicaid beneficiaries and \$10,294 for the general population of Medicaid beneficiaries.

Nutrition Services and Medicaid Savings Estimates

The Commonwealth Fund analysis provides estimates of utilization rates and costs by insurance type. The national average utilization rate for emergency department visits for high-need Medicaid beneficiaries is 1,145 visits per 1,000 individuals per year with an estimated average cost of \$705. Utilization rate for inpatient admissions for high-need individuals with Medicaid is 563 admissions per 1,000 individuals per year with an estimated average cost of \$14,989.^{24,25}

Nutrition services were estimated to reduce emergency department visits by 44% and inpatient admissions by 12%.¹⁷

For every **1,000 clients with Medicaid who also receive nutrition services**, the resulting decrease in emergency department and inpatient utilization is **an estimated savings of \$1,369,077 to Medicaid** with savings of \$684,538 to the state.²⁶

Explanation of Estimates in this Section

The preceding calculations were prepared using conservative estimates. They are based on the growing body of evidence that validates what service providers have long believed to be true, that making sure people have access to food and other services improves health, prevents unnecessary acceleration of care and ultimately saves taxpayers and older Coloradans money. These calculations demonstrate that millions of taxpayer dollars are currently saved by community-based services every year. Moreover, as the demographics in Colorado shift to include more older, less financially secure residents, its leaders have a distinct choice: State leaders can preserve the status quo and serve its older adults in the Colorado's emergency departments, hospitals and long-term care facilities, or they can invest in area agencies on aging and other community-based organizations and spend much less money to support people as they age in their homes and communities.

Stabilizing AAA Funding

Possible Funding Options: Principles for Establishing Stable, Reliable, Sustainable Funding

The demographics and economics of aging have serious implications for the ability of the state to adequately fund the expected growth in demand for services to older adults, particularly those provided by its 16 AAAs. Growth in demand for services is expected to continue for several decades. Current state funding is based on

24 AAA clients are determined to be high-need based on the consumer assessment completed by all clients receiving services

25 Because emergency department and inpatient admission utilization rates increase with age, these are low estimates because Medicaid estimates are not stratified by age.

26 Based on the Federal Medical Assistance Percentage (FMAP) the State of Colorado pays half of Medicaid costs.

an assortment of annual appropriations, one-time funds and a small statutory appropriation. State funding is not currently based on strategic determinations of projected need. At best, it constitutes a delayed reaction to ongoing needs. The goal of the Denver Regional Council of Governments and the Colorado Association of Area Agencies on Aging is the establishment of a revenue stream with the following characteristics:

- **reliability** in annual revenue
- **stability** of annual revenue, regardless of outside economic fluctuations
- **certainty**, in that funding is not easily subject to elimination
- **sufficiency**, in that funding keeps up with increasing demand over time

AAA Funding Options: Priority – Stabilize Appropriations

AAA Funding Annual Growth Adjustment

Establish an annual adjustment factor for the SFSS line. This could be through statute or by informal Joint Budget Committee rule. Similarly, the governor could request such an annual adjustment as part of the annual budget request. The factor could be an annual calculation of 60-plus population growth based on the Colorado State Demography Office forecast combined with a designated inflation index. Increasing AAA funding to account for increased demographic need will help AAAs maintain current levels of service. However, this option does not address the current or future backlogs in service provision exemplified by the existing long waiting lists for needed services.

Clear Waiting Lists

Provide a lump-sum appropriation to eliminate current AAA waiting lists. Annual reassessment of waiting lists could be done to prevent service provision gaps. A lump-sum appropriation will allow AAAs to clear waiting lists but will not prevent those lists from growing again in the future without continued lump-sum appropriations. As of June 2019, an estimated \$4.8 million is needed to eliminate the current waiting lists maintained by AAA clients statewide.

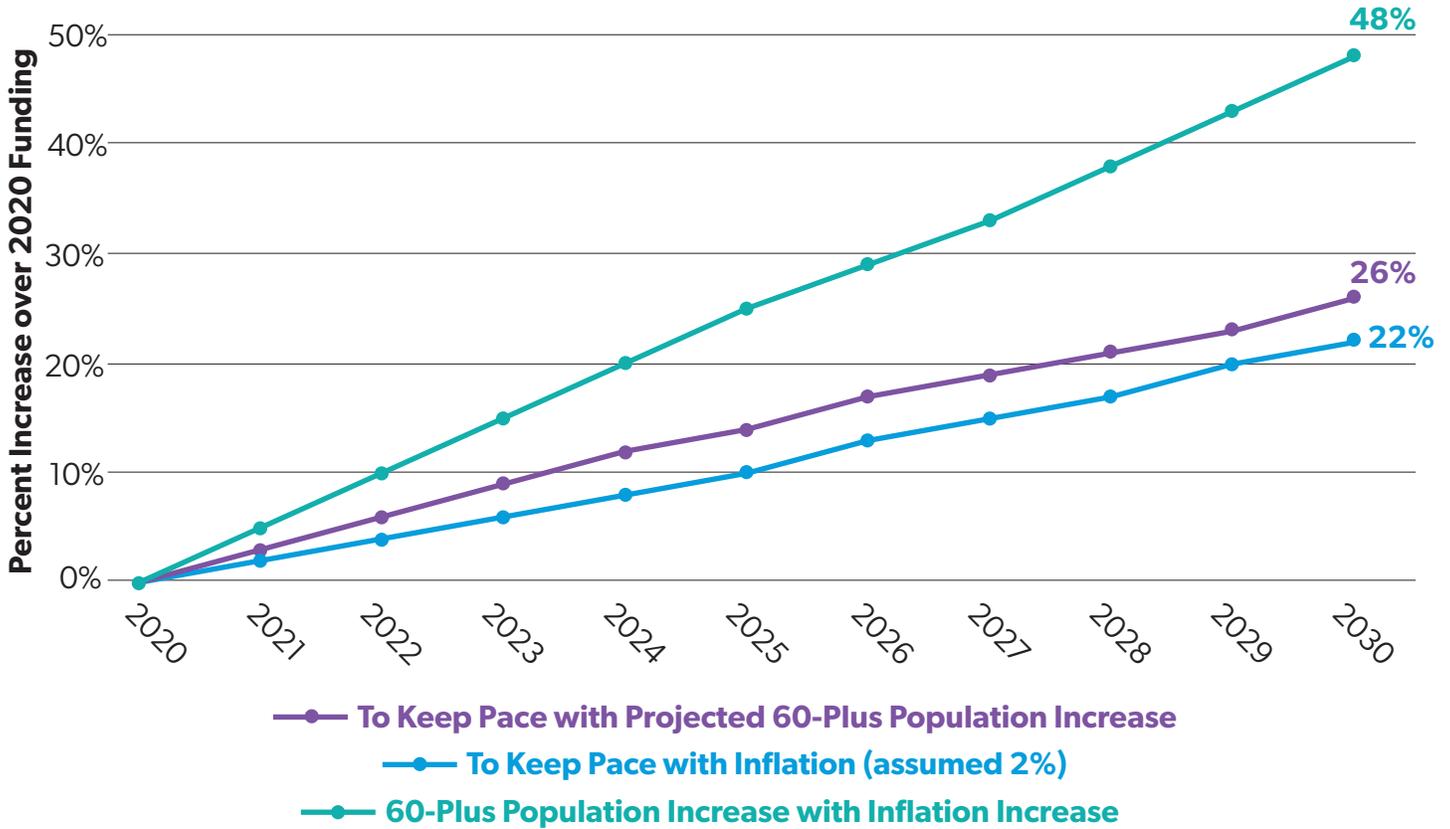
Importance of AAA Funding Growth combined with Lump Sum Appropriation Adjustment

The combination of a funding growth adjustment factor and lump sum appropriation will ensure AAA funding grows sufficiently to meet the expected increase in need while also preventing the growth of waiting lists for necessary services.

Two forces are undermining the ability of Colorado AAAs to provide services under flat or flattening appropriations. First, the demographic shifts described earlier mean the number of older adults in the state is rapidly increasing. Second is the reduced buying power from inflation (DRCOG staff assumes a 2% annual consumer price increase).²⁷ The table that follows shows the increase in funding needed to account for the increasing number of older adults in Colorado and for the assumed 2% inflation rate. Combined, DRCOG staff estimates that a 50% increase in funding over the 2020 appropriation is needed just to keep up with increasing demand and inflation.

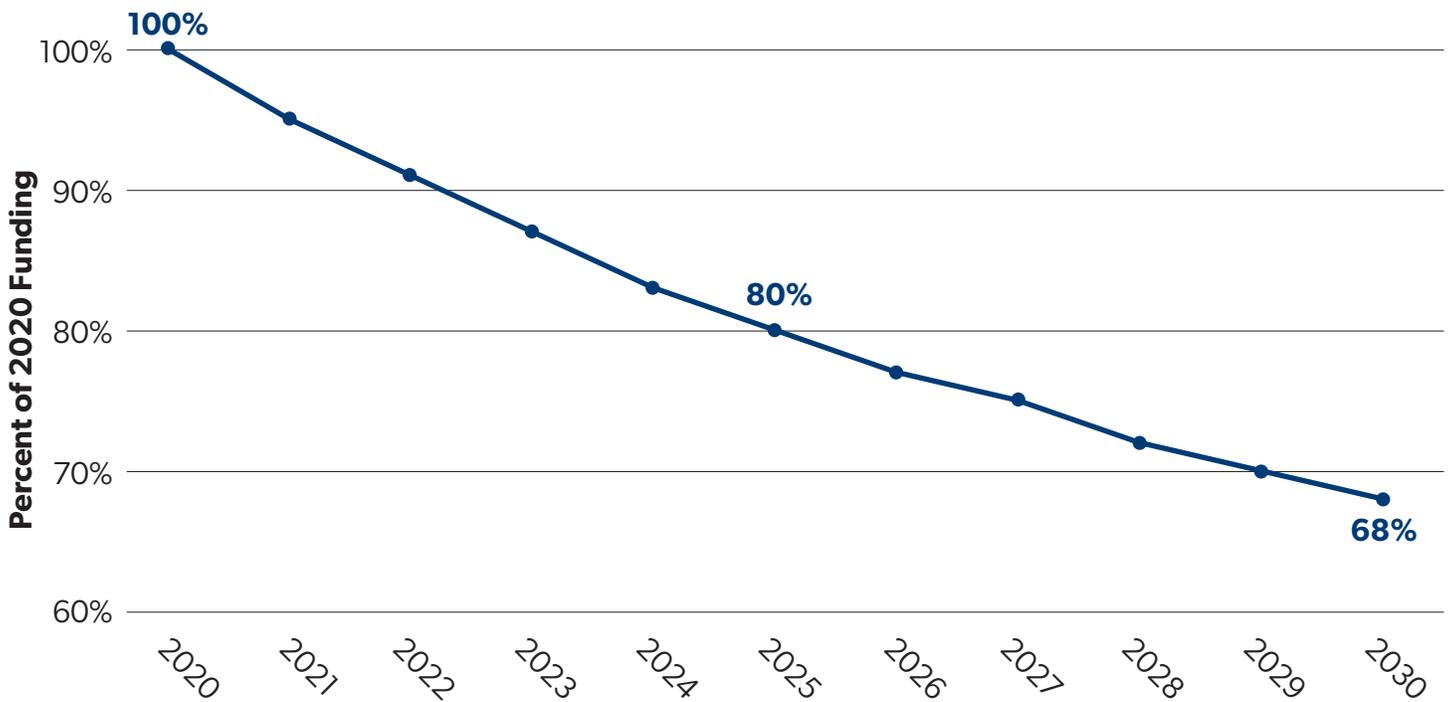
27 DRCOG staff considers 2% a conservative estimate going forward. For reference, inflation was 3.1% for the 12 months ending July 2020. https://www.bls.gov/regions/mountain-plains/news-release/consumerpriceindex_denver.htm, accessed October 2020. This is an especially conservative estimate, given that costs of housing and health care have increased at higher rates than consumer goods.

Necessary AAA Funding Increase



With flat funding through 2030, accounting for increased demand and decreased buying power, the effective funding for Colorado AAAs will have fallen to 68% of current levels.

Flat Funding Level: Adjusted for Projected Demand and Inflation



Outline of Funding Options

The table that follows (Long-Term Funding Options: State Funding for Senior Services) compiles a variety of funding options to address the medium- and long-term needs of serving older Coloradans in their communities. The approaches outlined in the table are not necessarily exclusive of one another; it is possible that two or more could be combined. Option 1, the status quo, is not considered to be a prudent policy choice. Options 2 and 3 are reasonable and necessary approaches to stabilize existing levels of service and should be considered, possibly along with option 4, for implementation as soon as state budgetary conditions permit.

The Denver Regional Council of Governments and Colorado Association of Area Agencies on Aging assert that multiple priorities must be met with increased future funding, as well as that:

1. Year-to-year stability must be improved to prevent nondiscretionary spending on health care (by individuals and by Medicaid) from increasing even more than currently expected. Based on the preponderance of evidence, investing in community services like those provided by area agencies on aging has a financial benefit both to the state and to individuals and in the short and long terms.
2. Funding increases are needed to eliminate existing service gaps and waiting lists, and enable adequate response to the demographic surge.
3. Funding must increase in a reliable and consistent manner to account for the large and predictable increases in need from the current population of people 60-plus and those that will age into that group during the next decades.

If the preceding requirements are met, in addition to improving the economic, physical and mental health of Colorado's older adults, considerable savings could be made in long-term care spending by the state.

The work group reviewed the following options for long term, stable, sustainable funding for AAA services and provided input to DRCOG staff. As noted earlier, the Colorado Association of Area Agencies on Aging and DRCOG propose the first step is to stabilize existing funding and make sure it is structured to keep pace with growing demand. At the same time, the other General Fund options merit further study. The Colorado Association of Area Agencies on Aging and DRCOG also invite state policymakers to join their work to further evaluate the options for partnerships, especially wellness funds.

Long-Term Funding Options: State Funding for Senior Services

Option	Description	Comments – Pros and Cons
Status Quo	no change to existing funding levels or sources	<ul style="list-style-type: none"> existing waiting lists will expand each year new waiting lists will emerge and grow older adults who don't receive services will be forced into more costly (and less desirable) institutional care more older adults will become Medicaid beneficiaries sooner, costing the state more for their care in this era of COVID-19, any additional older adults who are prematurely admitted into institutional care may be at greater risk of COVID-19 infection
APPROPRIATIONS STABILITY		
1. Growth Factor	Establish an annual adjustment factor for the SFSS line item. This could be through statute or by informal Joint Budget Committee policy. Similarly, the governor could be directed to request such an annual adjustment as part of the annual budget request — then it would be up to the General Assembly to decide whether to remove it from the budget. The factor could be an annual calculation of 60-plus population growth plus a designated inflation index.	<ul style="list-style-type: none"> enables AAAs to maintain current levels of services does not address backlogs and may not address future growth in demand
2. Lump Sum, plus Growth Factor	Provide a lump-sum appropriation to eliminate current AAA waiting lists, then apply an annual adjustment factor beginning with the new base. Annual reassessment of waiting lists could be added to annual adjustment factor.	<ul style="list-style-type: none"> clears existing waiting lists, which are estimated to cost \$4.8 million statewide to eliminate enables AAAs to maintain the newly established levels of service

Option	Description	Comments – Pros and Cons
OTHER GENERAL FUND RELATED		
3. Fund Through Savings	Fund annual increases in SFSS with calculated savings in Medicaid Long Term Care (LTC) and Long-Term Services and Supports (LTSS) programs.	<ul style="list-style-type: none"> • modeled after HCPF Transitions Services program (HB18-1326) • There are also other examples of this, including a Boulder County contract several years ago with the Colorado Department of Human Services Division of Youth Services allowing Boulder County to retain all savings earned due to placing youth in the community versus residential secured facilities.
4. Allocate a portion of excise tax revenues	Dedicate a certain percentage (or flat amount) of excise tax revenues similar to the Old Age Pension (OAP) program and Older Coloradans Cash Fund.	<ul style="list-style-type: none"> • Statutory appropriation is somewhat more reliable than General Fund line item. • Colorado’s sales tax was created in 1935 primarily to fund a program offering financial assistance and medical benefits to low-income adults age 60 and older (the same age of eligibility for AAA services) who meet eligibility requirements (the Old Age Pension: Article XXIV, Section 2 of the Colorado Constitution). • The number of older adults eligible for OAP has declined in recent years, while demand for AAA services has increased.

Option	Description	Comments – Pros and Cons
PARTNERSHIPS		
5. Wellness Funds	Support for creation of wellness funds with a state investment that would leverage private investment.	<ul style="list-style-type: none"> • regional programs led by community-based organizations in partnership with investors • could be a pilot program with state seed money • Wellness funds are being developed in a several parts of the country. • This type of fund can be used to pay for community services to address the social determinants of health. • Wellness funds are capitalized by a fee on health insurance plans and certain health care providers; in addition, the state Medicaid agency pays for a portion. • The wellness fund is managed by neutral third parties, such as AAAs, that do not profit from health care dollars or compete with for-profit or non-profit insurance companies, or health care providers.
6. Incentives for Referrals	Incorporate payments to AAAs and other community-based organizations for the costs of processing referrals and providing services associated with the community-based incentive proposals of the Colorado Department of Health Care Policy and Financing’s Hospital Transformation Program and the state’s Social Health Information Exchange.	<ul style="list-style-type: none"> • These programs’ well-intentioned provisions encouraging hospitals to refer certain patients to less-expensive community care will add to the demand for community services, which already is growing. • If these proposals are not adapted to incorporate payments to AAAs and other community-based organizations, the capacity to provide the services will be severely taxed.

Option	Description	Comments – Pros and Cons
7. Medicaid	Establish contracts with other state programs, such as Medicaid Long-Term Services and Supports/Home and Community-Based Services.	<ul style="list-style-type: none"> • The Medicaid agencies in several states (Ohio, for example) have partnered with AAAs to provide lower cost community services. • DRCOG AAA currently is under contract with the Colorado Department of Health Care Policy and Financing to help administer the Transitions Services program.
8. Private Insurance	Incentivize private insurance companies to include Long-Term Services and Supports benefits in their plans and contract with AAAs to provide related services (similar to Medicare Advantage plans).	<ul style="list-style-type: none"> • This is an arena of growing promise, especially because the federal government recently adopted policies enabling partnerships between Medicare Advantage plans and AAAs. • Colorado could enact statutes encouraging insurance companies to explore partnerships with AAAs as a condition of licensing.
9. Public Option	Incorporate AAA services and Long-Term Services and Supports benefits into any state Public Option.	<ul style="list-style-type: none"> • This is similar to the private insurance option.
INDEPENDENTLY FUNDED		
10. Trust Fund	Enact a law similar to the Washington Long-Term Care Trust Act, which creates a lifetime long-term care benefit for qualified beneficiaries.	<ul style="list-style-type: none"> • funded with a premium deducted from wages that are deposited into a global trust account • allows family caregivers to be paid after meeting certain requirements • Medicaid savings will come from trust act as first payor for LTSS
11. Statewide Tax Measure	Submit a proposal to Colorado voters to approve a dedicated funding stream for aging services.	<ul style="list-style-type: none"> • there is precedent for such proposals in other areas of state responsibility • example in aging: Senior Property Tax Exemption adopted by the voters in 2000

Option	Description	Comments – Pros and Cons
<p>12. Local Funding</p>	<p>Submit a proposal to local voters to approve a dedicated funding stream for aging services.</p>	<ul style="list-style-type: none"> • There is precedent for such proposals in other areas of local responsibility. • example in aging: mill levies several Colorado counties have adopted • these could be done by jurisdiction or by AAA region

Additional Resources: Aging Services Cost Comparisons

- U. S. Department of Health and Human Services, Administration on Aging
 - » Program Results and Evaluation
 - » Advanced Performance Outcomes Measurement Project (POMP)
 - » Online Performance Appendix
 - » Research Brief No. 1, July 2010, “Aging in Place: Do Older Americans Act Title III Services Reach Those Most Likely to Enter Nursing Homes?”
- South Carolina’s Advanced POMP (6) Project, Year 3: The Search for Causality (Updated July 2007)
- South Carolina State Plan on Aging, Oct. 1, 2008
- University of Northern Florida, Advanced Performance Outcome Measures Project (POMP): Estimates of Medicaid and General Revenue Cost-Avoidance from HCBS Utilization (August 2010)
- Scripps Gerontology Center, Miami (Ohio) University, Research Brief Reports, 4-11, 6-11, 7-11
- Ohio State Plan on Aging, FY 2012-13
- New York State Office for the Aging, State Plan on Aging, 2011-2015

Appendix A: AAA Funding Working Group Participant Roster

Geoff Alexander, Senior Budget and Policy Analyst, Colorado Office of State Planning and Budgeting

Janice Blanchard, Senior Policy Adviser on Aging, Governor’s Office

Ed Bowditch, Bowditch and Cassell Public Affairs (Denver Regional Council of Governments lobbyist)

Bob Brocker, President, Senior Lobby

Jennifer Cassell, Bowditch and Cassell Public Affairs (Denver Regional Council of Governments lobbyist)

Todd Coffey, State Unit on Aging Manager, Colorado Department of Human Services

Kelli Fritts, Associate State Director, AARP

Hayley Gleason, Strategic Outcomes Division Director, Colorado Department of Health Care Policy and Financing

Kara Harvey, Division of Aging and Adult Services
 Director, Colorado Department of Human Services

Jarett Hughes, Former Staff, Strategic Action Planning
 Group on Aging

Christian Itin, Chair, Strategic Action Planning Group
 on Aging

Andrea Kuwik, Policy Analyst, Bell Policy Center

Kevin Neimond, Colorado Department of Human
 Services

Cathy Noon, Chair, Denver Regional Council of
 Governments Advisory Committee on Aging

Dawn Perez, Chair, Denver Regional Council of
 Governments Advisory Committee on Aging Funding
 Subcommittee

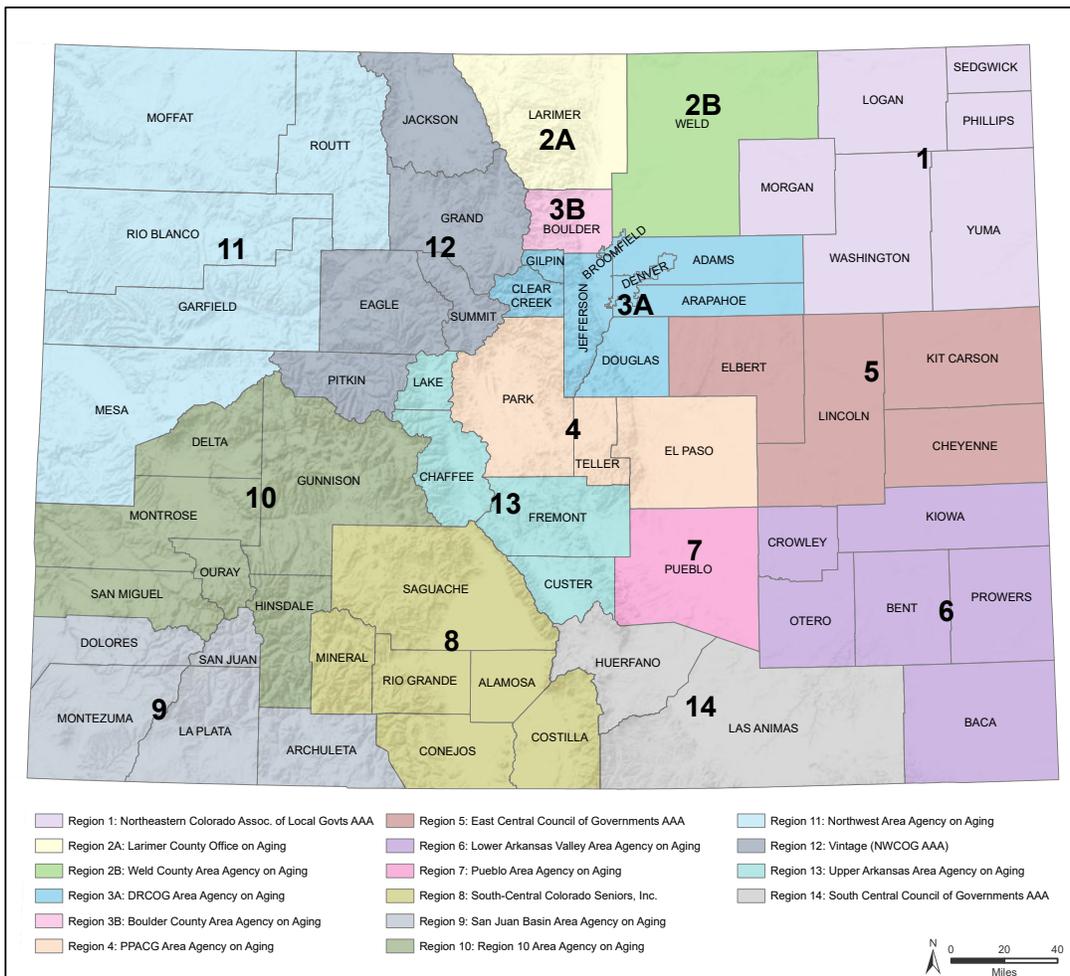
Jayla Sanchez-Warren, Area Agency on Aging
 Director, DRCOG

Ash Shankar, Intern, Colorado Office of State
 Planning and Budgeting

Greg Smith, Division of Aging and Adult Services
 Director, Colorado Department of Human Services

Christine Vogel, Area Agency on Aging Director,
 Boulder; Vice-President, Colorado Association of
 Area Agencies on Aging

Appendix B



State of Colorado Area Agencies on Aging (AAA)

DRCOG makes no claims, representations or warranties, express or implied, concerning the validity (express or implied), the reliability or the accuracy of the data herein, including the implied validity of any uses of such data. DRCOG shall have no liability for the data or lack thereof, or any decisions made or action not taken in reliance upon any of the data.

Source Data: DRCOG
 ESRI Basemap; SR 6428
 Creator: CC, 11, 11, 20
 Location: cogshare/IGIS/AAA/AAARequests





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