

Agenda

Advisory Committee on Aging Friday, August 22, 2025 11:00 a.m. – 1:25 p.m.

Highlands Ranch Senior Center 200 E Highlands Ranch Pkwy, Unit 100 Highlands Ranch, CO 80126 Room MPR 3

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Times listed with each agenda item are approximate. It is requested that all cell phones be silenced during the Advisory Committee on Aging meeting. Persons in need of auxiliary aids or services, such as interpretation services or assisted listening devices, are asked to contact the Denver Regional Council of Governments at least 48 hours in advance of the meeting.

- 3 11:00 a.m. Call to Order and Introductions
- 4 11:05 a.m. 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.

- 5 11:10 a.m. Report of the Chair Bob Brocker
- 6 11:15 a.m. Report of the AAA Director Jayla Sanchez-Warren

Consent agenda

7 11:35 a.m. Move to Approve Consent Agenda

Minutes from June 27, 2025, meeting.

(Attachment A)

8 11:40 a.m. Working Lunch

Informational briefings

9 11:55 a.m. Highlands Ranch Senior Center Presentation –Jill Hall

(Attachment B)

10 12:00 p.m. Overview of DRCOG's Climate Pollution Reduction Grant – Mac Prather

(Attachment C)

August 22, 2025 Page 2 Advisory Committee

11 12:20 p.m. Cost of Aging in Colorado Presentation – Shana McClain and Kendall

Stephenson (Attachment D)

12 1:00 p.m. DRCOG Board Report

13 1:10 p.m. County Reports

For those wanting to stay there will be a tour of the center after the meeting.

Administrative items

14 Next meeting will be held virtually on September 26, 2025.

15 1:20 p.m. Other Matters by Members

16 1:25 p.m. Adjourn

Calander of future meetings

September 26, 2025 – Virtual

October 24, 2025 – In person

November 28, 2025 – Virtual

December 26, 2025 – Virtual

January 23, 2026 – Virtual

February 27, 2026 – Virtual

March 27, 2026 – Virtual

April 24, 2026 – **In person**

May 22, 2026 – Virtual

June 26, 2026 - **In person**

July 24, 2026 – Virtual

August 28, 2026 – **In person**

Advisory Committee on Aging (ACA) Meeting Summary

Friday, June 27, 2025

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Members Present

Andrea Suhaka Arapahoe County

Bob Brocker Denver

David Appel Jefferson County
Dawn Perez Adams County
Donna Mullins Jefferson County
Edward Moss Broomfield County

Kathy Hensen DRCOG Board Adams County

Paul Haseman DRCOG Board Golden

Paula Hillman Arapahoe County
Phil Cernanec Arapahoe County
Shari Haidvogl Clear Creek County
Val Robson Jefferson County

Wynne Shaw DRCOG Board-Lone Tree

Guests Present

No guests were present.

DRCOG Staff Present

AJ Diamontopoulos, Senior Management Analyst, Alvan-Bidal Sanchez, Program Manager Regional Transportation Planning Multimodal Transportation Planning, Desiree Boelte, Program Manager SHIP and I & A, Jayla Sanchez- Warren, AAA Division Director, Kelly Roberts, Community Resource Specialist, Ladia Htoo, Community Resource Navigator, Maggie Nazarenus, Compliance Specialist, Mindy Patton, Division Assistant, Susan Anderson Program Manager Case Management, Travis Noon, Manager AAA Business Operations.

Call to Order

Bob Brocker Committee Chair called the meeting to order at 11:03 a.m.

Public Comment Period (Non-ACA Members)

There was no public comment.

Report of the Chair – Bob Brocker

There was no report by the Chair.

Report of the AAA Director - Jayla Sanchez-Warren

Colorado Association of Area Agencies on Aging

Jayla participated in the Colorado Association of Area Agencies on Aging (C4A) training and meeting, where key topics included the state budget, federal advocacy efforts, and funding strategies. One major point of discussion was the existing funding formula used to allocate resources among the state's Area Agencies on Aging (AAAs). The State is currently proposing changes to this formula. Since DRCOG is the largest AAA in Colorado, the proposed reallocation would direct more funds to other regions and could impact the DRCOG area by reducing its current level of funding.

Ed Bowditch, DRCOG lobbyist, and Rich Mauro, Director of Legislative Affairs for DRCOG, delivered disappointing news regarding the State of Colorado's proposed budget for the upcoming fiscal year. They cautioned that securing any new funding will be extremely challenging, and that merely maintaining current funding levels would be considered fortunate. Ed shared with the C4A that his recent conversations with legislators indicate there may not be sufficient funds to support the Homestead Tax Exemption for older adults this year. This wouldn't be unprecedented, as there have been previous years when the state was unable to provide funding for the exemption.

There was a discussion among the C4A about whether to send a letter of support to the legislature regarding the Homestead Tax Exemption. While the C4A recognized the importance of the exemption and would certainly welcome its inclusion, they also understand that publicly supporting it could jeopardize their ability to secure state funding for senior services. As a result, they have chosen not to take an opposing stance, but instead to remain focused. Their top priority remains securing funding for Area Agencies on Aging and the essential services they provide. If, in the end, the state can also afford the Homestead Tax Exemption, that would be an added benefit.

Code of Federal Regulations

The new Code of Federal Regulations is set to take effect in October. The C4A has conducted a thorough review of the changes, many of which mark the first significant updates in over three decades. However, no fiscal note was passed alongside the regulations, meaning there is no additional funding allocated to support the implementation of these updates.

The definition of "most in need" is undergoing significant changes, which means that all assessment forms used for AAA services must also be updated to reflect these revisions. The State is currently providing training on the new assessment tools, and as a result, all DRCOG community partners, as well as systems like SUDS and ASPIRE, will need to be updated to align with the new requirements.

To ensure continued eligibility for services, the C4A has been discussing the anticipated impacts of these changes. Although the full details of the Medicaid legislation remain uncertain, there are early indicators. One such development is the likely introduction of a copayment for SNAP benefits by the state, a cost not included in the current state budget. If implemented, this could reduce available funding for AAA services.

At the same time, accessing Medicaid services is expected to become more difficult. With less funding the eligibility requirements for individuals will be stricter and some people will likely lose service. As a result, they are likely to turn to Area Agencies on Aging for help, further stretching already limited resources.

Federal Update

Jayla has been actively engaging in federal policy discussions to better understand the potential impacts of several major initiatives most notably the large-scale legislation currently in motion regarding the "Big Beautiful Bill," funding allocations for 2026, and early conversations around the reauthorization of the Older Americans Act.

She has participated in numerous federal meetings to stay informed and advocate on behalf of Area Agencies on Aging (AAAs). Her focus has been highlighting the value of community-based services, not only in terms of the direct benefit to individuals and families, but also in how these services improve overall health outcomes and contribute to lowering healthcare costs across the system.

AAA Updates

Currently, most AAA programs are operating at or beyond full capacity. With existing waitlists in place, only one program is positioned to accept new clients, leaving Area Agencies on Aging unable to meet the escalating demand for services. Without increased funding, and particularly if additional cuts are imposed, funding for many vital programs will be decreased.

In June, Jayla met with Federal legislative staff to discuss key issues affecting Area Agencies on Aging. The meetings were highly productive, with each staffer requesting specific details, such as funding needs, and expressing deep appreciation for the information provided. Many remarked on how valuable and timely the updates were, given the fast pace of developments, and requested to be kept informed moving forward.

Jayla emphasized the importance of AAAs participating in these discussions, noting that they represent just one piece of a much larger puzzle. To ensure continued engagement, she will be partnering with Steve Erickson from DRCOG's marketing department to produce a regular newsletter. This newsletter will help keep legislative staff and State legislature staff and members informed, with copies also shared with the ACA. Legislative staffers showed particular interest in understanding the potential impacts of upcoming Medicaid changes on AAAs.

Jayla continues to work closely with the DRCOG transportation team on the Ride Alliance program, which remains on track to achieve its goals. The team is optimistic about a second opportunity to apply for funding that would support the expansion of their efforts.

Recent cuts in state transportation funding have impacted local projects, including the Multimodal Mitigation Options Fund. A portion of this funding has supported AAA services; a cause Jayla continues to advocate for, she recently met with DRCOG transportation staff to emphasize the critical importance of maintaining funding for

AAAs, which provide life-sustaining transportation for individuals traveling to dialysis, cancer treatments, and essential medical appointments. Jayla expressed concern about potential losses affecting the voucher program and community-based providers who serve the most vulnerable populations in the DRCOG region. During those discussions, they worked to identify strategies for reducing the impact of potential cuts to these critical services. DRCOG staff pledged to engage with CDOT and other stakeholders to help ensure that any reductions, if necessary, would be as limited as possible.

Staff Evaluations

June marks the annual staff evaluation period, and this year's process has gone smoothly. Impressively, all evaluations were submitted on time, no small feat given the size of the team. Managers and program leaders worked diligently to ensure fairness and equity throughout, participating in training sessions and engaging in collaborative discussions to maintain consistency in ratings. Their recommendations were thoughtful and well-supported, backed by thorough documentation.

Move to approve consent agenda

Items on the consent agenda included: May 23, 2025, meeting summary.

Andrea Suhaka motioned for approval. Wynne Shaw seconded the motion; the consent agenda was unanimously approved.

Agendas and summaries are posted on the <u>DRCOG website</u> from this link 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.

Action Item Discussion on canceling the July ACA meeting – Chair Brocker

The Committee approved canceling the July meeting.

Informational Briefings

2050 Metro Vision Regional Transportation Plan Update – Alvan-Bidal Sanchez

Alvin Bidal Sanchez is a program manager with the DRCOG Transportation team. He leads the group responsible for developing the Regional Transportation Plan.

Alvin provided a public facing easy to understand <u>short introductory video</u> that explains a Regional Transportation Plan, why it is updated every four years, what it includes, and why it matters to the Denver region.

The plan has two main parts. The Vision Plan looks ahead 20 to 30 years and considers future growth, jobs, and population. It focuses on serving both residents and visitors as the region changes. The Fiscally Constrained Plan is a realistic guide based on expected funding, developed with local governments and regional partners.

DRCOG also manages a short-term Transportation Improvement Program, which uses federal funds for projects over the next four years. Programs like the Multimodal Mitigation Options Fund are included in this process.

The Regional Transportation Plan covers every way people and goods travel, cars, buses, trains, biking, walking, and rolling. It also focuses on safety, designing roads for all users, and keeping freight moving to support the economy.

Projects must be in the plan before they can receive federal funding through the Transportation Improvement Program. The plan is updated every four years, in partnership with local and state organizations, to meet air quality requirements and maintain access to federal dollars.

The last update was in 2022 to meet new state rules on greenhouse gas emissions, followed by another update in 2024. DRCOG reviews priorities every four years and makes changes as needed.

DRCOG builds the plan using input from CDOT, RTD, local governments, and other regional agencies. It is guided by six priorities: safety, air quality, transit, active transportation, freight, and multimodal mobility.

Investments include \$970 million for bike paths, sidewalks, and trails, and a plan for ten bus rapid transit projects by 2050. The plan also tracks funding from cities, developers, and others to show full transportation spending.

The update process began last year and includes planning for future scenarios, funding forecasts, and modeling for air quality rules. Materials will be reviewed by the public in summer 2026, with final adoption later that year. Other efforts include reporting on emissions, public engagement, equity analysis, and reviewing older projects.

DRCOG began updating its Regional Transportation Plan last year and is currently working on a scenario planning efforts to help explore possible outcomes over the next 20 to 30 years. Results are being shared with technical groups and will soon go to the DRCOG Board and the Regional Transportation Committee.

Additionally, DRCOG is collaborating with partners to understand future funding and how to prioritize projects. A call for new project ideas will happen later this year, so knowing available resources is important.

Staff are updating key materials such as the main document, web maps, and the project database. These updates will be available for public feedback in summer 2026, with final adoption planned for later that year.

Other efforts include greenhouse gas reporting, public engagement planning, equity research, and a review of current transportation projects.

Growth is slower than expected since the last update in 2020, but the population is still expected to grow by 800,000 people. Some new financial resources may help, but future funding is still uncertain.

A partnership is working to deliver ten bus rapid transit projects, with five expected to move forward by 2030.

DRCOG is also updating plans focused on biking, walking, freight movement, and transit service to improve how different travel modes work together.

To make planning more inclusive, DRCOG formed two advisory groups. One includes residents who are new to the planning process. The other involves young people from across the region who are helping shape the vision for transportation in the future.

DRCOG Board Report

There was no DRCOG Board report.

County Reports

Adams County – Kathy Henson

Kathy Henson was the newest member of the ACA and is an Adams County Commissioner and former Thornton City Council member. She has been active in the Adams County Aging Network for several years and currently serves as an alternate representative to DRCOG for the county.

Kathy shared that Adams County is closely monitoring the Big, Beautiful Bill due to the county's high reliance on Medicaid. One in three residents receives Medicaid services, and two in three qualify. Any cuts to Medicaid would create serious budget challenges for the county.

To raise awareness, Adams County can reach out to its Congressional representatives, Gabe Evans and Lauren Boebert, to highlight how proposed changes could affect seniors in the community.

Douglas County – Wynne Shaw

Wynne Shaw announced that the Lone Tree Link has expanded its service area to include parts of Highlands Ranch. The updated route now reaches the northern section of the county, stretching from Meridian to Highway 85 and Mineral Station.

Jefferson County – Donna Mullens

Donna Mullens informed the committee that Chris Lynn is the new president of Jefferson County Council on Aging.

Other Matters by Members

There were no other matters discussed.

Next meeting – August 22, 2025.

Adjournment

The meeting was adjourned at 12:11 p.m.



Advisory Committee on Aging Meeting

Name of Committee: Advisory Committee on Aging

Meeting date: August 22, 2025

Agenda Item #: 9

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Highlands Ranch Senior Center Presentation

Agenda item type: Informational briefing

Summary

Staff from Highlands Ranch Senior Center will provide an overview of the center.

Background

The Highlands Ranch Senior Center welcomed the community in January 2025, providing a vibrant hub for older adults. The center features a wide array of offerings, including fitness classes, enrichment activities, health screenings, educational workshops, social gatherings, and day trips. It also serves as a valuable resource for seniors and their families seeking quidance on essential services and support.

Following the meeting, an optional tour will be available for anyone interested in seeing the facility.

Action by others

None'

Previous discussions/actions

None

Recommendation

None

Attachment

None

For more information

If you need additional information, please contact Mindy Patton, Division Assistant, Area Agency on Aging (303) 480-6723 or mpatton@drcog.org.



Advisory Committee on Aging Meeting

Name of Committee: Advisory Committee on Aging

Meeting date: August 22, 2025

Agenda Item #: 10

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Overview of DRCOG's Climate Pollution Reduction Grant

Agenda item type: Informational briefing

Summary

Overview of DRCOG's Climate Pollution Reduction Grant and the incentives, energy advising and low-income household programs.

Background

The \$199.7 million grant from the Environmental Protection Agency (EPA) will fund an ambitious and comprehensive regional program aimed at transforming the building sector in the Denver area, with focused investment in underserved low-income and disadvantaged communities.

This significant funding will support several coordinated initiatives that will reduce carbon pollution from buildings, foster workforce development and offer financial incentives for home services and electric appliances, such as heat pumps, water heaters, and electric cooktops and ranges. Each initiative will address specific environmental and industry challenges and improve air quality and public health in the Denver region.

DRCOG staff will provide an overview and budget for the program initiatives and discuss upcoming steps and milestones for the program.

Currently, no unified resource guides households and businesses through the complexities of building upgrades in Colorado. Even highly motivated customers struggle to navigate the process of upgrading their homes or buildings and understanding the suite of incentives available to them. Additionally, many building owners and contractors are unaware of available incentives and tax credits that make these electrification investments more cost effective.

To address these challenges, DRCOG is creating a centralized energy advising and incentives program designed primarily to support HVAC contractors and their workforce and guide home/building owners and tenants through the project process. A low-income household program will also provide no- and low-cost measures for vulnerable households who require additional support.

Page 2

These programs include \$17.5 million to support energy advising and up to \$42.6 million for an incentive management program and \$48.1 million to implement no-cost retrofit measures for low-income households. Energy advising will provide free, data-driven, client-focused advice to help residential, multifamily, and commercial building owners decarbonize their buildings. Incentives will provide funding to mitigate costs, accelerate adoption of electrification measures, and spur market growth. The low-income program will support vulnerable households at no cost to the client.

These programs will help Coloradans navigate a full suite of building upgrade opportunities, including, but not limited to, building efficiency measures and the replacement of heating, hot water, and cooking equipment with all electric options. The program will prioritize "trades and clients first, technologies second," recognizing that the needs and motivations of clients are often more important than ideal technical solutions.

Programs will be available starting in 2026. The information is presented to provide background on these new DRCOG programs and prepare for future outreach, engagement and collaboration opportunities with DRCOG's AAA and the populations served by AAA programs.

Action by others

None

Previous discussions/actions

None

Recommendation

None

Attachment

None

For more information

If you need additional information, please contact Mac Prather, Program Manager (Incentives, Advising, and Disadvantaged Communities) at mprather@drcog.org.



DRCOG Climate Pollution Reduction Grant Program

August 22th, 2025

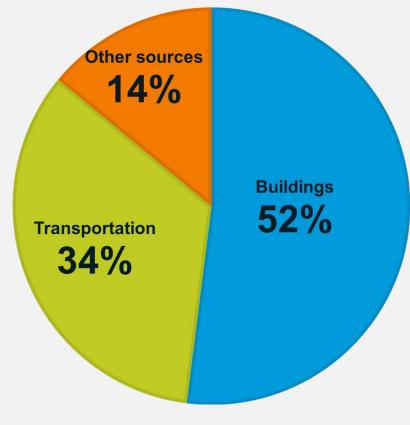


Decarbonize DRCOG: Program Overview



Why is this program important?

- Buildings account for 52% of end-use greenhouse gas emissions in the Denver region
- While solutions exist, barriers to adoption include:
 - Significant deficiencies in workforce and contractor readiness
 - There is a **patchwork** regulatory landscape
 - Residents and building owners having limited awareness of electric appliance options
 - Higher upfront costs to achieve long-term cost and emissions savings
- This program intends to transform the market by addressing building efficiency and electrification barriers holistically
- This program will directly impact 56% of Coloradans (~3.3M people) living across the DRCOG region

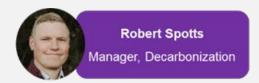


DRCOG Greenhouse Gas Emissions. 43,700,000 metric tons of CO2 equivalency per year

Program Goals and Objectives

- Implement ambitious measures that will achieve significant cumulative GHG reductions; achieve region wide zero operational emissions from buildings by 2050
- Achieve substantial community benefits, particularly in lowincome and disadvantaged communities; benefit these communities through improved indoor air quality and quality of life
- Incorporate high labor standards, emphasize job quality, and support equitable workforce development
- Pursue innovative policies and programs that are replicable and scalable

Decarbonize DRCOG Team





Building Policy

Greg Miao Program





Workforce & Industry

Development





Energy Advising, Rebates,

& Low-income Programs



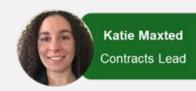
Chris Selk

Communications &

Community Engagement



Climate Pollution Reduction Planning



Administration and

Finance







Fernando Briones Senior Program Specialist







Vacant Senior Program Specialist



Emily Loker

Vacant

Contracts and Compliance Specialist

Vacant Contracts and Compliance Specialist

What is building decarbonization?

- Reducing end-use natural gas and propane
- 2. Reducing overall energy use and intensity
- 3. Materials selection

- Added cooling
- Increased resilience to weather extremes
- Healthier air at home and outside
- Can lower bills
- Fix broken or old appliances





Our challenges

While technology solutions exist, **barriers to adoption** include:

- Residents and building owners have limited awareness of building upgrade options.
- Significant deficiencies in workforce and contractor readiness.
- Upfront costs to achieve long-term cost and emissions savings.
- Patchwork regulatory landscape.
- Community trust



Decarbonize DRCOG Overview



Engagement, Website Communication,

Building Policy

Collaborative

Money and Time





Peer-to-Peer Learning

Education

Pilot Programs

Advising and

Support for Contractors

Increased

Access to

Quality Jobs



Regional Policy Roadmap



Incentives, advising and low-income Programs **Overview**

Goals:

- Highly efficient, all-electric buildings are status quo
- Building upgrades are easily navigable by all
- Programs are designed to meet participant needs

Achieved with:

- Incentives to promote better and more efficient technologies via a simple consolidated application designed with contractors.
- Advising to support customers in planning and executing projects.
- Programs to support limited income and vulnerable households with the best technologies.

Outcomes:

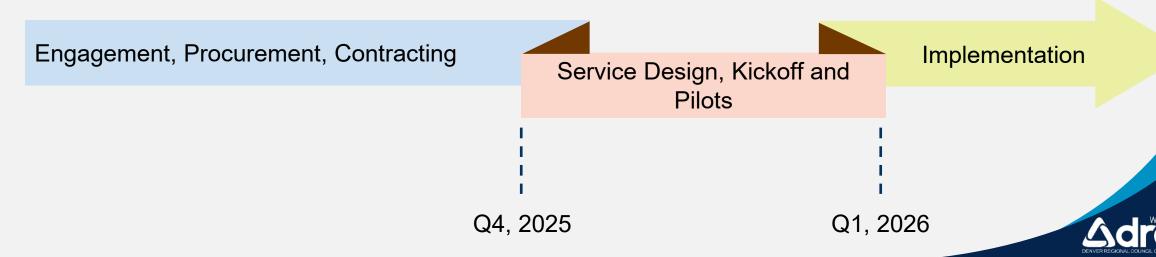
- 1,600+ Low-Income Households Served
- 625,000+ mT CO2e reduction (2025-2030)
- 40k households and businesses advised and supported with incentives



Innovation, Incentives and Energy Advising



Full Service LIDAC Program



Opportunities for Involvement and Support







Finding points of connection with AAA programs and service providers

Participation in feedback for Programs and Services

Community outreach and messaging about available services



Thank You

For more information contact

Mac Prather, Program Manager mprather@drcog.org

Fernando Briones, Sr. Specialist fbriones@drcog.org

Robert Spotts, Manager rspotts@drcog.org



Advisory Committee on Aging Meeting

Name of Committee: Advisory Committee on Aging

Meeting date: August 22, 2025

Agenda Item #: 11

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Cost of Aging in Colorado Presentation

Agenda item type: Information briefing

Summary

Colorado's population is aging at a swift pace, transforming the state's financial priorities and pressures. As the number of older residents climbs, so does the demand for services, from healthcare and housing to long-term care and public programs, outpacing the capacity of existing systems. Staff from the Colorado Fiscal Institute will present insights from a new report that examines demographic trends and state spending through the lens of aging. The analysis highlights where public investments are meeting the moment, and where they're failing to keep up.

Background

Without purposeful policy action, Colorado faces rising aging-related costs, slower revenue growth, and increasing gaps in support for older adults. However, by making targeted investments and addressing systemic barriers, such as constitutional revenue constraints that limit the state's flexibility, Colorado can shape a future that is more equitable, fiscally sound, and resilient for people of all ages.

This report presents key trends and projections, offering a clearer picture of where the state stands today and what challenges and opportunities may lie ahead. It provides essential context to help policymakers, advocates, and communities navigate the shifting landscape and make informed decisions.

Action by others

None.

Previous discussions/actions

None.

Recommendation

None.



Attachment

The Cost of Aging in Colorado Report

For more information

If you need additional information, please contact Jayla Sanchez-Warren, AAA Division Director, Area Agency on Aging, (303) 480-6735 or jswarren@drcog.org



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THE COST OF AGING IN COLORADO

Budget Trends and Gaps in Colorado's Public Programs

Report Highlight

As Colorado's population ages, the state must confront a dual challenge: rising service needs and slower revenue growth.



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Executive Summary

Colorado's population is aging rapidly, reshaping the state's fiscal landscape. From healthcare and housing to long-term care and public programming, the needs of older Coloradans are growing faster than the systems designed to serve them. This report analyzes current and projected demographics and state expenditures through an aging lens, focusing on where public investments are working and where they're falling short. Without intentional policy action, aging-related costs will rise, revenue growth will slow, and more older adults in Colorado will face unmet needs. But with targeted investments and addressing structural barriers—like constitutional revenue limits that constrain the state's ability to respond—Colorado has the opportunity to build a more equitable, fiscally sustainable, and resilient future for people of all ages.

Report Highlights

- While the working-age population (those between 19 and 65) is expected to grow by 11.9% between 2024 and 2035, the number of adults age 65 or older will increase by 29.6% over that same period. This implies a changing need for services, which varies considerably across the state.
- Weld County will face the steepest immediate increase in its older adult population, growing by over 46% between 2024 and 2035. Other regions of the state will see declining older-adult populations, including the sparsely populated counties of Hinsdale, Dolores, and San Juan.
- As the population ages, key state and local revenue sources will change in importance. Both income and sales taxes will increase at a slower rate than they do today.
- Based on current demographic projections and existing federal funding commitments, Colorado will need an additional \$419 million by 2035, and more than \$688 million by 2050, to meet its share of long-term care Medicaid costs (excluding capitations) for older adults. Ongoing federal support is crucial—without it, access to care and quality of life for aging Coloradans are at risk.
- Renting among older adults is rising, with some regions seeing double digit increases since 2012. Renters face fewer protections, higher instability, and are at greater risk of cost burdens and displacement—intensifying the need for targeted housing policy.
- Funding for most major public programs that serve older adults has either stagnated or declined over the past decade, failing to keep pace with growing public needs.

Insights

As Colorado's population ages, the state must confront a dual challenge: rising service needs and slower revenue growth. This report underscores the importance of:

- Protecting and expanding funding for Medicaid and housing supports
- Strengthening non-medical services that help older adults age in place
- Modernizing tax policy to ensure sustainability as spending and population dynamics shift
- Advancing access, sustainability, and equity in programming and service delivery across all regions

These trends offer more than projections, they help clarify where we are now and what may lie ahead. This report provides context to help policymakers, advocates, and communities understand the evolving landscape. Supplemental appendices (A-C) with full data tables referenced throughout this report are <u>available online</u>.

Introduction

Colorado is experiencing a significant demographic shift as its population ages. The number of older adults in the state has been rising rapidly, and this trend is expected to continue as baby boomers reach retirement age. This "graying" of Colorado carries substantial fiscal implications: the state must allocate more resources to healthcare, pensions, and social services for older adults—even as a growing retired population could slow workforce growth and tax revenue. This report provides a comprehensive analysis of Colorado's state budget and fiscal landscape in relation to its aging population, focusing on demographic changes and dependency, current budget data, future projections, key impact areas, and overall economic effects.

This report makes frequent reference to 16 designated planning regions in Colorado, known as Area Agencies on Aging (AAAs). Established under the Older Americans Act of 1973, these agencies coordinate and deliver a range of community-based programs that support older adults and their caregivers. AAAs serve their regions through advocacy, planning, direct services, and receive funding from federal and state sources. The following map shows these planning regions and the counties they encompass.



Source:

Part 1: Demographic Changes and Fiscal Projections Demographic Changes and Dependency Ratios by Region

Demographers typically examine three age cohorts within a population: youth, workingage adults, and older adults. In Colorado, the youth age population—those zero to 18 years of age—grew at an average rate of 1.4% annually from 1990, but began to decline in 2019. This population is not expected to experience positive growth until 2027. From 2024 to 2035, this cohort will grow by just 4.6% in total. The working age population—those age 19 to 64—will grow 11.9% from 2024 to 2035. Older adults, however, will grow by a whopping 29.6% over the same period. Colorado, like the country as a whole, is aging rapidly. This is visibly shown in Figure 1, which shows how these three cohorts have changed since 1990, and uses projections from the Colorado State Demography Office to show population estimates going out to 2050. For Area Agency on Aging (AAA)–specific regional graphs of historical demographics and projected growth or decline for these same cohorts, see <u>Appendix A</u>.

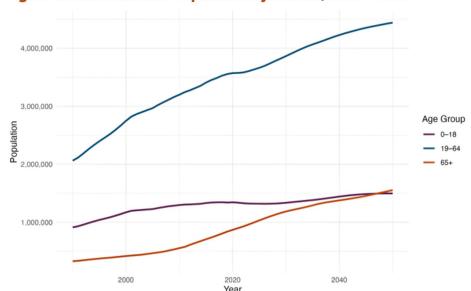


Figure 1. Total Colorado Population by Cohort, 1990 - 2050

Source: CFI analysis of State Demographer Office data

Explanation of Key Variables: OADR versus YADR versus TDR

To assess how demographic change may shape future fiscal pressures in the state, it is important to examine three key statistics known as dependency ratios. These ratios describe the number of non–working-age individuals relative to the working-age population, which is broadly defined as adults age 19 to 64. The old-age dependency ratio (OADR) measures the number of adults age 65 or older per 100 working-age adults. The youth dependency ratio (YADR) captures the number of children age 0 to 18 per 100 working-age adults. Together, they form the total dependency ratio (TDR), representing the full demographic burden on the working-age population.

These ratios matter because they reflect the relative demand for services—such as education, health care, and long-term care—versus the size of the population most likely to pay for them through taxes and labor. A rising OADR, for example, suggests growing pressure on health and aging-related services.

In Colorado, the OADR has already increased from 15.1% in 2001 to 27.4% in 2024 meaning there are now about 27 adults over 65 for every 100 working-age residents. As shown in Figure 2, this ratio is projected to continue rising, reaching 35% by 2050, signaling a significant shift in the state's demographic structure and fiscal outlook.

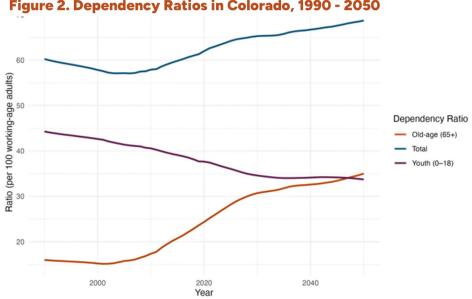


Figure 2. Dependency Ratios in Colorado, 1990 - 2050

Source: CFI analysis of State Demography Office data

While the OADR is increasing rapidly for the state, the YADR is declining, indicating fewer youth per working-age population. Nonetheless, the TDR will grow from 63.8% in 2024 to 65.7% in 2035. By 2050, there will be roughly 69 children and older adults for every 100 working-age Coloradans. This distribution of youth and older adults to the working-age population varies dramatically across the state. In Planning Region 14 (Huerfano and Las Animas counties), for example, the TDR reaches 96% in 2030, indicating a nearly equal number of workers to youth and older adults. Table 1 shows the growth rate in the olderadult population from 2012 to 2024, as well as the growth rate in dependency ratios over that time period. Planning Region 12—which encompasses the counties of Routt, Jackson, Grand, Eagle, Summit, and Pitkin—has seen its older-adult population increase by 86% since 2012. In other words, less than one in 10 individuals in this region was 65 or older in 2012, but by 2024 that figure had risen to roughly one in six.



Table 1. Percent Change in Select Demographic Variables by Planning Region, 2012 to 2024

| Planning Region | Population 65+ (2024) | Population 65+ | Old-Age Dependency Ratio | Young Age Dependency Ratio | Total Dependency Ratio |
|-----------------|--------------------------|----------------|--------------------------------|----------------------------------|------------------------------|
| 1 | 14,109 | 23% | 29% | 3% | 13% |
| 2A | 70,135 | 75% | 54% | -6% | 15% |
| 2B | 49,815 | 82% | 33% | -6% | 4% |
| 3A | 451,777 | 61% | 44% | -11% | 5% |
| 3B | 57,704 | 71% | 66% | -15% | 12% |
| 4 | 125,651 | 67% | 49% | -9% | 8% |
| 5 | 8,845 | 68% | 62% | 6% | 27% |
| 6 | 9,569 | 17% | 29% | -3% | 10% |
| 7 | 37,677 | 46% | 44% | -10% | 11% |
| 8 | 10,601 | 46% | 56% | -1% | 21% |
| 9 | 25,383 | 78% | 84% | -1% | 34% |
| 10 | 28,334 | 58% | 60% | -7% | 22% |
| 11 | 51,917 | 67% | 66% | -5% | 20% |
| 12 | 24,605 | 86% | 91% | -6% | 24% |
| 13 | 22,209 | 53% | 53% | -2% | 26% |
| 14 | 6,461 | 35% | 53% | -5% | 25% |

Source: CFI analysis of State Demography Office data, State and Regional Population Estimates by Single Year of Age, 1990 to 2050

Table 2 shows the projected growth rate from 2024 to 2035 for the same demographic variables. All but four planning regions will see growth in their older-adult population of 10% or higher, with varying effects on their dependency ratios. Two regions—Planning Region 6 (Crowley, Kiowa, Otero, Bent, Prowers, and Baca counties) and Planning Region 14 (Huerfano and Las Animas counties)—will experience a decline in their older-adult population from 2024 to 2035.



Table 2. Percent Change in Select Demographic Variables, 2024 to 2035

| Planning Region | Population 65+ (2024) | Population 65+ | Old-Age Dependency Ratio | Young Age Dependency Ratio | Total Dependency Ratio |
|-----------------|--------------------------|----------------|--------------------------------|----------------------------------|------------------------------|
| 1 | 15,149 | 7.4% | 2.4% | -4.4% | -1.4% |
| 2A | 87,880 | 25.3% | 9.6% | -8.0% | 0.5% |
| 2B | 72,906 | 46.4% | 15.1% | -6.9% | 0.5% |
| 3A | 584,656 | 29.4% | 15.0% | -11.2% | -0.7% |
| 3B | 76,323 | 32.3% | 26.6% | -15.1% | 5.2% |
| 4 | 155,677 | 23.9% | 6.2% | -9.8% | -3.3% |
| 5 | 10,902 | 23.3% | 11.9% | 3.2% | 7.2% |
| 6 | 9,269 | -3.1% | 0.0% | -4.6% | -2.4% |
| 7 | 47,963 | 27.3% | 22.6% | -11.2% | 5.8% |
| 8 | 11,099 | 4.7% | 3.7% | -4.9% | -0.7% |
| 9 | 31,151 | 22.7% | 14.9% | -16.5% | 1.3% |
| 10 | 35,814 | 26.4% | 18.1% | -7.3% | 7.3% |
| 11 | 72,222 | 39.1% | 24.6% | -11.8% | 5.9% |
| 12 | 30,579 | 24.3% | 15.2% | -14.5% | -O.5% |
| 13 | 25,842 | 16.4% | 15.5% | -O.5% | 9.4% |
| 14 | 6,232 | -3.5% | 6.2% | -2.2% | 3.2% |

Source: CFI analysis of State Demography Office data, County Population Estimates by Single Year of Age, 1990 to 2050

Revenue and Fiscal Effects

The aging of Colorado's population carries broad economic implications for the state, including effects on economic growth and productivity. As a larger fraction of Coloradans reach retirement age, the state may see slower growth in gross state product due to reduced labor supply and spending by this age cohort. At the same time, older adults tend to shift their spending away from taxable goods toward services like healthcare and housing, which are often exempt from sales tax revenue, a key source of state and local funding. As Phyllis Resnick, executive director and chief economist at the Colorado Futures Center at Colorado State University, found in previous work, annual growth rates in real (inflation-adjusted) sales and income tax revenues will slow due to aging.² In other words, while both sales and income tax revenue will increase for the state year after year, the growth rate from year to year will shrink.

While exact figures for Colorado households are unavailable, Table 3 shows the average before- and after-tax incomes of various age cohorts in the U.S. and their average annual expenditures, including the percentage breakdown for key spending categories such as housing and transportation. It also shows the average taxes paid by age cohort. Unsurprisingly, individuals age 65 or older spend only \$929 annually on state and local taxes, roughly one-fifth as much as the 55- to 64-year-old cohort.

Table 3. Consumer Expenditure Survey, 2023

| ltem | All consumer units | Under 25years | 25–34 years | 35–44 years | 45–54 years | 55-64 years | 65 years or older |
|---|--------------------------|------------------|----------------|----------------|----------------|----------------|----------------------|
| Average income before taxes | \$101,805 | \$56,107 | \$96,514 | \$126,466 | \$137,601 | \$117,905 | \$64,326 |
| Federal Taxes | \$10,912 | \$3,573 | \$8,778 | \$13,358 | \$17,381 | \$16,294 | \$4,343 |
| Federal Taxes - percent of income | 10.7% | 6.4% | 9.1% | 10.6% | 12.6% | 13.8% | 6.8% |
| State and Local Taxes | \$2,942 | \$1,211 | \$2,742 | \$3,963 | \$4,470 | \$4,226 | \$929 |
| State and Local Taxes - percent of income | 2.9% | 2.2% | 2.8% | 3.1% | 3.2% | 3.6% | 1.4% |
| Average income after taxes | \$87,869 | \$51,278 | \$84,939 | \$109,075 | \$115,653 | \$97,276 | \$58,969 |
| Average annual expenditures | \$77,280 | \$49,560 | \$71,867 | \$90,939 | \$97,319 | \$83,379 | \$60,087* |
| Percent of total expend | ditures sper | it on | | | | | |
| Food | 12.9% | 12.0% | 13.5% | 13.2% | 13.3% | 12.1% | 12.8% |
| Housing | 32.9% | 35.5% | 35.2% | 33.2% | 29.9% | 30.7% | 35.7% |
| Transportation | 17.0% | 21.6% | 17.9% | 16.9% | 17.8% | 17.3% | 15.0% |
| Healthcare | 8.0% | 3.5% | 4.9% | 6.1% | 6.5% | 8.6% | 13.4% |
| Entertainment | 4.7% | 3.7% | 4.2% | 5.2% | 4.7% | 4.7% | 4.8% |

Source: Bureau of Labor Statistics, Consumer Expenditure Surveys, 2023, Table 1300 *The higher average expenditure than average after-tax income for the age 65 and older population reflects the fact that older households are spending down accumulated wealth, the drawdowns of which are not captured in reported after-tax income.

As the population ages, a smaller share of income is subject to taxation. More residents rely on Social Security, pensions, and retirement savings—sources that are often lower than wages and partially exempt from income tax. In Colorado, individuals age 55 or older may claim a pension and annuity subtraction of up to \$20,000, or \$24,000 if age 65 or older.³ As a result, even if total personal income remains stable or rises, a growing portion may fall outside the income tax base, slowing revenue growth. Combined with rising age-related expenditures, this shift contributes to a more volatile and fiscally constrained outlook for the state. As shown in Table 3, individuals age 65 or older devote a larger share of their budgets to housing and healthcare. While older adults shift their spending toward these two areas, so too does the state. In other words, the state collects less revenue from the very sectors where it must increase investment. Housing and healthcare are not just private expenses; they are areas in which the state plays a direct role—for example, housing assistance, Medicaid, and long-term care programs. As the population ages, publicly funded services will inevitably account for an increasing share of state expenditures.

The Role of TABOR in Shaping Colorado's Fiscal Future

Colorado's ability to meet the needs of its aging population is shaped not only by demographic and economic trends but also by constitutional constraints—most notably the Taxpayer's Bill of Rights (TABOR). Under TABOR, the state cannot raise tax rates or enact new taxes without voter approval, and revenue growth is capped based on inflation and population growth. As age-related spending pressures grow, policymakers face a narrowing set of options: either reallocate funds from other core services like K-12 education, infrastructure and environmental protection, or pursue voter-approved measures to raise new revenue. Yet history shows that securing such approval is an uphill (and expensive) battle. When fiscal choices are placed on the ballot, voters often weigh them against their own short-term financial interests, making it difficult for the state to sustain or expand the kinds of social protection investments that require collective action beyond individual concerns. In this way, TABOR not only limits how much Colorado can spend, but it also influences whose needs are met and whose are left behind.

Part 2: Key Areas of Impact: Healthcare and Housing Healthcare and Medicaid

As a private expense, healthcare accounts for a significant portion—13.4%—of total spending for adults age 65 and older, compared to 8% for all age groups and 3.5% for consumers under 25 (see Table 2). Particularly for those with declining incomes, this can be a substantial barrier to accessing and receiving the necessary care that comes with aging. Even though a large percentage of older adults' expenses go toward healthcare, the actual costs for the services they need are far higher and are subsidized by public programs covered by the state, such as Medicaid.

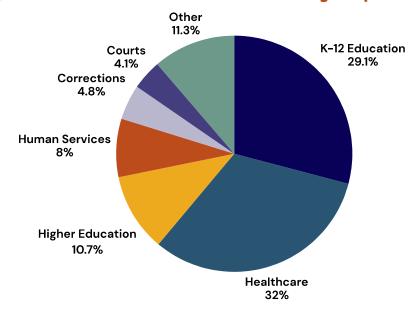


Figure 3. Fiscal Year 2024–25 Colorado State Budget Expenditures

Note. Other includes Agriculture, Labor & Employment, Law, Legislature, Local Affairs, Governor, Veteran Affairs, Natural Resources, Personnel, Revenue, State, and Treasury

In the current fiscal year, healthcare accounted for the largest share of total operating appropriations in Colorado's budget—approximately \$16 billion—including general funds, cash funds and federal funds. In fiscal year 2024–25, 32 cents of every General Fund tax dollar was allocated toward healthcare, primarily Medicaid, the joint state-federal health insurance program for low-income families, people with disabilities or older adults with long-term care needs. The Department of Health Care Policy and Financing (HCPF), which administers Medicaid (Health First Colorado), is now the biggest department funded by the General Fund, surpassing K-12 education. Its share of the General Fund grew from a 26.1% allocation in 2014 to 37% in fiscal year 2024–25. Most HCPF appropriations for Medicaid come from federal sources (56.9%) and the General Fund (30.6%). The Federal Medical Assistance Percentage (FMAP) for adults age 65 or older is 50%, meaning the federal government covers half of their Medicaid costs.⁴

Healthcare spending is rising due to both increased Medicaid enrollment among older adults and higher per capita health costs. For adults age 65 or older, the average annual Medicaid cost is approximately \$38,863, compared to \$3,053⁵ for a child on Medicaid. Older adults, especially those needing long-term care, account for a disproportionate share of Medicaid spending. As a result, HCPF's total appropriations for fiscal year 2024–25 reached more than \$16 billion.

The number of older adults enrolled in Medicaid or other means-tested public health insurance varies by region and has changed in both directions (more and fewer enrollees) since 2012. Planning regions 6 (Crowley, Kiowa, Otero, Bent, Prowers, and Baca counties) and 7 (Pueblo County) have seen the largest increases (15.7% and 30.7%, respectively), while planning regions 8 (Saguache, Mineral, Rio Grande, Alamosa, Costilla, and Conejos counties) and 2B (Weld County) have seen the largest declines (21.2% and 34.3%, respectively).

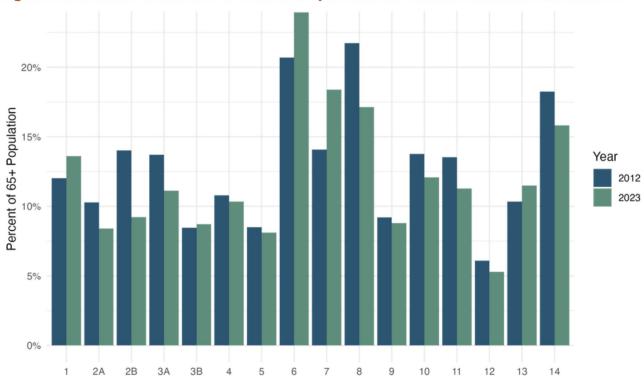


Figure 4. Percent of Colorado's 65 or Older Population Enrolled in Medicaid, 2012 and 2023

Source: CFI analysis of U.S. Census Bureau, American Community Survey (ACS) 5-Year Estimates, Public Health Insurance Coverage by Sex and Age, Table C27007

Long-Term Services and Supports

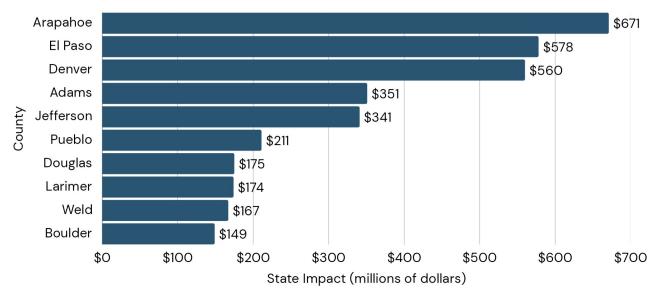
Long-term services and supports (LTSS) encompass a wide range of medical and personal care services that assist individuals with daily activities, including personal care (such as bathing and dressing), meal preparation, medication management, and household tasks. These services are primarily used by older adults, individuals with chronic illnesses, or people with disabilities. In 2022, Medicaid covered about 61% of all LTSS spending in the U.S. and remains the single largest payer of LTSS services. While only 4% to 5% of Medicaid enrollees used LTSS, they accounted for 42% of federal and state Medicaid spending, reflecting the extensive health needs and higher costs associated with LTSS. Per-person Medicaid costs are nearly nine times greater for people receiving LTSS than for those who do not, particularly when provided in institutional settings. Additionally, Medicare, which is generally available to almost all people age 65 or older, does not typically cover LTSS. The Department of Health and Human Services estimates that, on average, an American turning 65 in 2022 would incur \$120,900 in future LTSS costs, of which Medicaid would cover a significant portion of the services and the services and the services and the services and the services are nearly not the services and the services are nearly nine times greater for people age 65 or older, does not typically cover LTSS. The Department of Health and Human Services estimates that, on average, an American turning 65 in 2022 would incur

As of fiscal year 2022–23, enrollment in Medicaid LTSS for older adults increased by 20% since fiscal year 2014–15, reflecting Colorado's consistency with national trends. In fiscal year 2023–24, Colorado served 80,823 individuals with LTSS, 45% of whom were adults age 65 or older. Of the Coloradans with LTSS, 50,034 were served by Home- and Community-Based Services (HCBS) waivers, and 12,628 were served by institutional care settings, such as nursing facilities, intermediate care facilities, and hospital back-up programs. Older adults disproportionately utilize both services, and HCBS, specifically, is essential to enabling access to care in less restrictive, community-based settings.

Long Term Care Spending and Projections

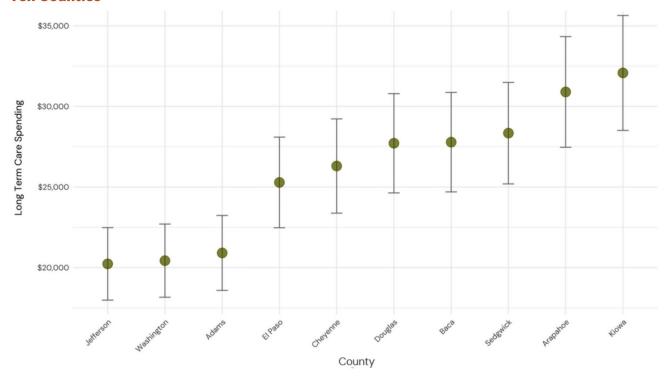
Long-term care (LTC)¹² spending (excluding capitations) totaled close to \$4 billion in 2024, according to claims data provided by Health First Colorado. The 10 most populous counties in the state accounted for roughly 85% of total spending. These counties, shown in Figure 4, have a higher number of older adults, and thus a higher number of older adults enrolled in Medicaid. When viewed on a per capita basis—or rather, per older adult enrolled in Medicaid—here are certain counties where costs are much higher. As shown in Figure 5, LTC spending per older adult enrolled in Medicaid was over \$32,000 in Kiowa County, more than double the statewide (county) average.¹³ This comes as no surprise: a recent Cost of Care Survey ranked Colorado as having the seventh-highest cost for a home health aide in the country, with a median annual cost of \$96,096 in 2024. Care in assisted living communities also carries a high price, with a median cost of \$70,521.¹⁴ These can be some of the most expensive types of long-term care covered by Medicaid, and they help explain why per-person costs can far exceed even the estimated \$32,000 in Kiowa County—especially for those with higher care needs who rely on regular in-home support..

Figure 5. Total Annual Long Term Care Spending (millions of dollars), 2024—Top Ten Counties



Source: CFI analysis of State Demography Office population data, Health First Colorado claims data, and U.S. Census Bureau, Amer

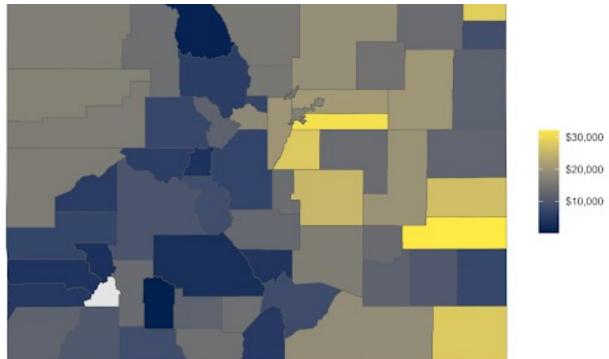
Figure 6. Total Long Term Care Spending, Per Older Adult Enrolled in Medicaid, 2024—Top Ten Counties



Source: CFI analysis of State Demography Office population data, Health First Colorado claims data, and U.S. Census Bureau, American Community Survey (ACS) 5-Year Estimates, Public Health Insurance Coverage by Sex and Age, Table C27007

Note. Error bars represent ±5% of long-term care spending per Medicaid-enrolled senior in each county.

Figure 7. Total Long Term Care Spending, Per Older Adult Medicaid Enrollee, by County 2024*



Source: CFI analysis of State Demography Office population data, Health First Colorado claims data, and U.S. Census Bureau, American Community Survey (ACS) 5-Year Estimates, Public Health Insurance Coverage by Sex and Age, Table C27007

*Note. San Juan County had no reported older adults enrolled in Medicaid.

As Colorado's population continues to age, spending on long-term care will increase precipitously over the next 10 to 25 years. Statewide Medicaid long-term care (LTC) expenditures on older adults (excluding capitation) are expected to increase from nearly \$1.8 billion in 2024 to over \$2.6 billion in 2035, and approximately \$3.2 billion in 2050. Table 4 shows total spending by planning region for the latest available year (2024) as well as CFI's projections for 2035 and 2050. Projections are based on the older adult population in each county, the assumed percentage of that population likely to be enrolled in Medicaid, and the most recent LTC cost per older adult Medicaid enrollee. Each planning region is expected to experience increasing costs through 2035, and all but two regions are expected to see increasing costs through 2050. Appendix C provides a county-level breakdown of LTC expenditures, including projections.

Importantly, some counties will see costs surge, including Douglas, Broomfield, Weld, Adams and Mesa counties. Other counties—including Hinsdale, Dolores, Jackson and Huerfano—will face declining total expenditures for long-term care as the projected number of seniors (and thus seniors enrolled in Medicaid) declines.

If the federal government continues to fund half the cost of Medicaid for older adults, Colorado will need an additional \$419 million by 2035—and \$688 million more by 2050—to meet its share. However, if Congress reduces the federal match rate (FMAP), which is 50% in Colorado—or changes the structure of Medicaid—the state could face even higher costs or be forced to cut services to make up the difference.

Table 4. Actual and Projected Long Term-Care Spending on Adults 65 and older (millions of dollars), By AAA Planning Region

| Region | 2024 | 2035 | 2050 |
|--------|---------|---------|---------|
| 1 | \$22 | \$28 | \$28 |
| 2A | \$78 | \$115 | \$139 |
| 2B | \$75 | \$129 | \$184 |
| 3A | \$960 | \$1,412 | \$1,747 |
| 3B | \$67 | \$101 | \$120 |
| 4 | \$271 | \$385 | \$433 |
| 5 | \$9 | \$12 | \$12 |
| 7 | \$95 | \$144 | \$173 |
| 8 | \$16 | \$20 | \$19 |
| 9 | \$20 | \$28 | \$31 |
| 10 | \$19 | \$28 | \$30 |
| 11 | \$79 | \$132 | \$159 |
| 12 | \$10 | \$14 | \$16 |
| 13 | \$23 | \$33 | \$34 |
| 14 | \$13 | \$14 | \$10 |
| Total | \$1,781 | \$2,620 | \$3,158 |

Source: CFI analysis of State Demography Office population data, Health First Colorado claims data, and U.S. Census Bureau, American Community Survey (ACS) 5-Year Estimates, Public Health Insurance Coverage by Sex and Age, Table C27007 *Note*. Rounded to the nearest million.

Housing

Older adults are more likely to live on fixed incomes and face higher out-of-pocket medical costs, making them especially vulnerable to the state's worsening housing affordability crisis. Colorado now ranks as the sixth-least-affordable state in the country, up from eighth in 2024, and the burden is particularly acute for older adults who wish to age in place. Colorado adults age 65 or older often face a mismatch between housing needs and market availability, with many homes not equipped for the changing mobility and functional limitations that come with age. For example, only one-third of Colorado homes have a step-free entrance, and fewer than 1% of U.S. homes are fully wheelchair accessible, despite one in three older Coloradans having a disability and two in three who will develop one in their lifetime. The scarcity of accessible, affordable housing increases housing instability, and even older adults who own their homes may be forced into institutional care prematurely due to inaccessible living environments.

Despite these challenges, the desire to remain in one's community is nearly universal. A 2019 statewide survey found that nine in 10 adults age 65 or older preferred to stay in their homes as they age; however, just 15% of respondents over age 62 said affordable, quality housing was available in their area. In some high-cost mountain counties, this figure dropped to as low as 4%. The discrepancy between housing costs or older adults' incomes is stark: Since 2010, median rent in Colorado has increased by roughly 30%, while incomes for those 65 or older have grown by only 10%. The cost of a new home has risen by nearly 50% over the same period. Without targeted intervention, more than half a million older adults in Colorado could be housing cost-burdened by 2030, meaning they will spend more than 30% of their income on housing, often at the expense of food, prescriptions, or transportation.

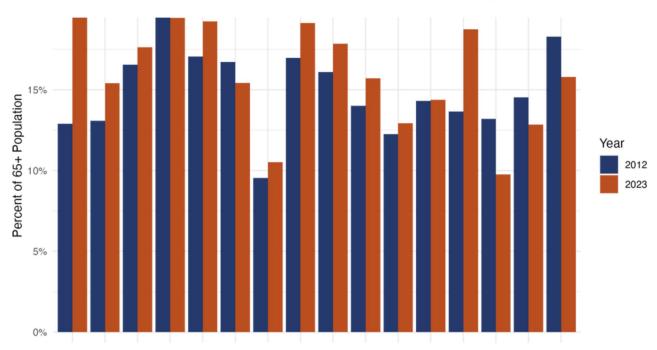


Figure 8. Share of Older Adults (65 or older) Who Rent, by Planning Region, 2012 and 2023

Source: CFI analysis of U.S. Census Bureau, American Community Survey (ACS) 5-Year Estimates, Tenure by Age of Householder, Table B25007

Current public investments in affordable housing are insufficient to meet demand. Federally funded programs, such as Housing Choice Vouchers, project-based Section 8, and Section 202 housing, serve only a fraction of income-eligible older adults. Many remain on waitlists for years, and some regions lack dedicated older adult housing options altogether. While the state has taken some action, such as supporting home repair, weatherization, and aging-in-place services through the Department of Local Affairs (DOLA), these programs are under-resourced relative to the scale of need. These gaps are especially consequential for older adults who rent, as they face fewer protections and greater vulnerability to displacement.

As shown in Figure 8, the share of older adults who rent varies considerably from region to region, as does the change within individual regions since 2012. For example, in Planning Region 1—which includes the counties of Sedgwick, Logan, Phillips, Morgan, Yuma, and Washington—the share of older adults who rent rose from 12.9% in 2012 to 20% today. There are multiple reasons for these sharp changes in certain regions, but the trend is toward more older renters, not fewer.



Part 3: Major Publicly Funded Programs Supporting Older Coloradans

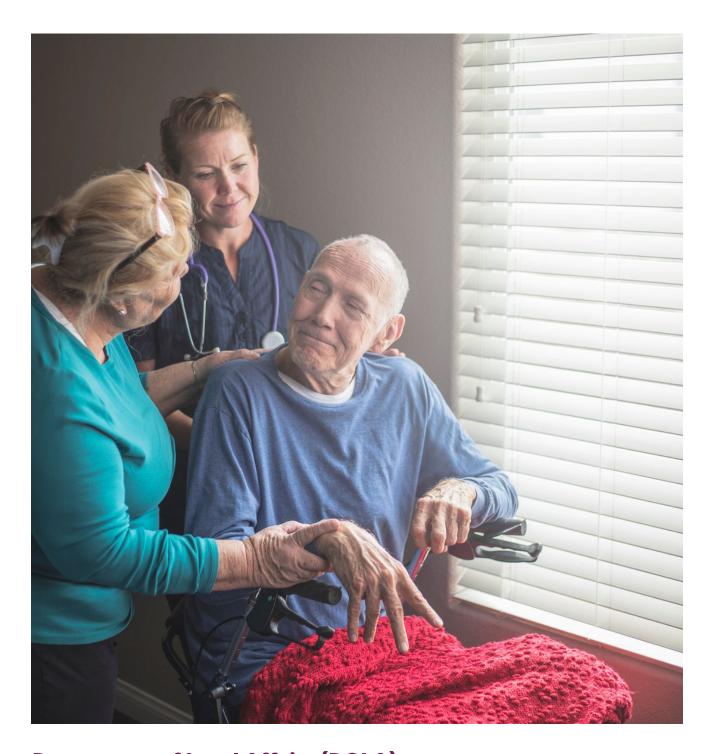
As Colorado's population ages, public investments—primarily through state and federal funding—support a range of programs aimed at promoting the health, independence, and well-being of older adults. This section highlights programs that have (or had, in recent years) annual appropriations exceeding \$10 million across the Department of Health Care Policy and Financing (HCPF), the Department of Local Affairs (DOLA), and the Colorado Department of Human Services (CDHS). While these programs represent critical infrastructure for meeting the needs of older Coloradans, they remain constrained by limited and, in most cases, stagnant funding. Understanding the scale and scope of existing investments is a necessary first step in identifying where resources are lacking and where additional support is most needed.

Department of Health Care Policy & Financing (HCPF)

The Department of Health Care Policy and Financing administers Colorado's public health insurance programs, including Medicaid (Health First Colorado) and the Child Health Plan Plus (CHP+). For older Coloradans, HCPF plays a central role in funding and delivering long-term services and supports (LTSS), nursing home care, home- and community-based services, and other medical benefits. As the aging population grows, HCPF represents a significant and expanding share of the state's budget due to the high costs associated with caring for older adults.

Medical Services Premiums/Medicaid

| Description & Benefits: | Provides acute care, long-term services and supports (LTSS), and community-based care for low-income older adults. |
|----------------------------|---|
| Eligibility: | Individuals age 65 or older who qualify for the Old Age Pension (OAP) or are Partial Dual Eligible (PDE) with Medicare coverage and limited income. |
| Service Statistics: | As of fiscal year 2022–23, enrollment in Medicaid LTSS for older adults increased by 20% since fiscal year 2014–15, reflecting the growing aging population. In fiscal year 2023–24, Colorado served approximately 36,370 older adults age 65 or older with LTSS. ²⁰ |
| Funding and Growth: | Medicaid spending has increased due to higher enrollment and service utilization among older adults in Colorado. In fiscal year 2024–25, total appropriations for HCPF were \$16.9 billion, a 13% increase from fiscal year 2023–24. Most HCPF appropriations for Medicaid are sourced from federal funding (fiscal year 2024–25, 56.9%) and the General Fund (30.6%). |
| Recent Developments: | As part of the post-pandemic Medicaid unwind, 776,200 Coloradans lost Medicaid coverage, with an estimated 65%—504,530—disenrolled due to procedural reasons despite likely remaining eligible. ²³ Additionally, proposed federal cuts to Medicaid through various mechanisms (e.g., work requirements, reducing matching rates, and capping funding) ²⁴ would shift significant financial responsibility to states and could severely impact Colorado's aging population, which relies heavily on Medicaid, particularly for long-term services and supports (LTSS). |



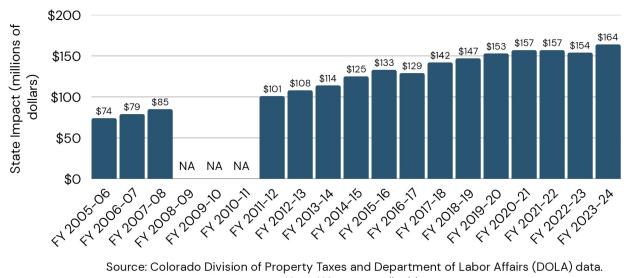
Department of Local Affairs (DOLA)

The Department of Local Affairs supports Colorado communities through funding, planning, and technical assistance, with an emphasis on housing, local infrastructure, and disaster recovery. In the context of aging, DOLA plays an important role in expanding affordable, accessible housing options, as well as administering grants and programs that help older adults remain safely housed. As housing affordability and stability become increasingly urgent for Colorado's aging population, DOLA's work is critical in enabling aging in place within the community.

Senior Homestead Exemption

| Description & Benefits: | Provides a 50% exemption on the first \$200,000 of actual value of a qualified senior's primary residence, reducing property tax burdens. |
|-------------------------|---|
| Eligibility: | Homeowners age 65 or older (or the surviving spouse of an eligible senior who has not remarried) who have owned and occupied their residence for at least 10 consecutive years. Generally, the deadline to apply for the exemption is July 15. |
| Service Statistics: | In the 2022 tax year, 269,454 ²⁵ individuals claimed the exemption, up from the roughly 242,341 properties owned by older adults and disabled veterans that qualified for the exemption in 2015. ²⁶ |
| Funding and Growth: | The state reimburses local governments for the lost revenue due to the exemption. The program's cost has increased in tandem with the aging population and rising property values. The Senior Homestead Exemption is contingent upon state funding and has been suspended during economic downturns (fiscal year 2003–04 through fiscal year 2005–06), or provided to only subsets of eligible applicants, such as in fiscal year 2009–10 through fiscal year 2011–12, when only the disabled veteran program was funded. |
| Recent Developments: | In fiscal year 2024–25, bill HB25–1111 to increase the value of the average homestead exemption from \$540 to \$1,317 was introduced but lost. Colorado faced a \$1.2 billion deficit that the General Assembly had to contend with when balancing the budget this year. Since the homestead exemption is contingent upon state funding, attempts to increase it during a large deficit or economic downturn will likely yield similar results. |

Figure 9. Senior Homestead Exemption Expenditures (millions of dollars), 2005 - 2024²⁷



Source: Colorado Division of Property Taxes and Department of Labor Affairs (DOLA) data. Note. NA = not applicable.

Department of Human Services (CDHS)

The Colorado Department of Human Services oversees a wide range of programs that support the health, well-being, and independence of older adults. This includes the State Unit on Aging, which administers Older Americans Act (OAA) programs through Area Agencies on Aging (AAAs), as well as adult protective services, assistance with daily living, caregiver support, and nutrition programs. CDHS is a key partner in delivering nonmedical support that helps older adults age in place and maintain quality of life.

Many of the public programming and services for older adults are housed within CDHS, including the Office of Adults, Aging, and Disability Services (OAADS). Despite the increasing aging population and the need for further services, Colorado's most recent Long Bill includes a net decrease of \$4.1 million total funds from several programs within OAADS including: \$2.6 million cash funds from the Older Coloradans Cash Fund, \$1.3 million cash funds from the Senior Service Contingency Reserve Fund, and \$46,650 total funds (\$25,291 from General Fund) from programming and administrative line items.²⁷

Old Age Pension

| Description & Benefits: | A state-funded safety-net program that offers cash assistance to low-income Coloradans age 60 or older, ensuring a minimum income level. Additionally, the Old Age Pension Health and Medical Program serves elderly people with low income who qualify for a state pension but do not qualify for Medicaid or Medicare. |
|----------------------------|--|
| Eligibility: | Individuals age 60 or older with incomes below \$1,005 per month (as of 2025). |
| Service Statistics: | In 2017, OAP served 26,707 distinct individuals, or 2.5% of Coloradans age 60 or older. Shifting developments and limitations on publicly available data make recent service statistic estimates difficult to obtain. |
| Funding and Growth: | Funded through the General Fund via the OAP cash fund. Recent appropriations have shown a decline in the fund's balance, from \$92.9 million in fiscal year 2021–22 to \$78.9 million in fiscal year 2024–25. |
| Recent Developments: | Effective Jan. 1, 2025, the total OAP grant standard is \$1,005 per month. This is the maximum amount per month and is reduced dollar-for-dollar for any other sources of income. |

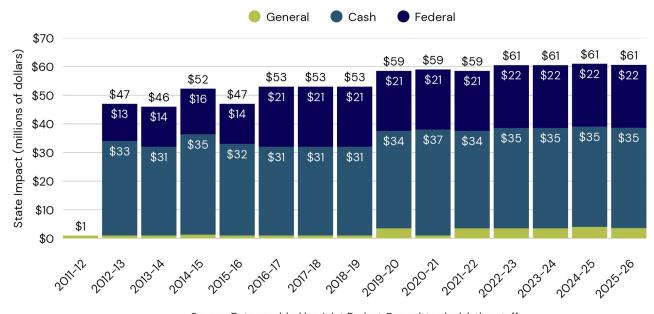


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Veterans Community Living Centers

| Description & Benefits: | State-operated living centers providing long-term care, short-term rehabilitation, domiciliary cottages (similar to assisted living), memory care services, short-term "respite" care, and end-of-life and hospice services to veterans and eligible family members. |
|-------------------------|--|
| Eligibility: | Honorably discharged veterans, their spouses, widows, or Gold Star parents. An eligible person does not need to be a resident of Colorado. |
| Service Statistics: | The average daily census at all Living Centers experienced significant declines during the COVID-19 pandemic, and by 2023, none had returned to their pre-pandemic capacity. In fiscal year 2023, facilities operated at below-capacity levels, with average occupancy rates ranging from 51% to 73%. |
| Funding and Growth: | Veterans Community Living Centers with enterprise status are primarily funded by cash from private-pay residents for their room and board, as well as federal funds from Medicare, Medicaid, and the Veterans Administration. Some of the Living Centers are also funded from General Funds, albeit in small amounts (e.g., Fitzsimons received \$980,000 from the General Fund in 2023, or 3.9% of its total budgeted expenditure of \$24.82 million) ²⁹ . Due to the low resident census levels since the pandemic, revenue at the living centers is unable to keep pace with the expenses, resulting in total operating revenue dropping by 18% (from \$57 million in fiscal year 2020 to \$47 million in fiscal year 2023). ³⁰ |
| Recent Developments: | In 2025, the Colorado Office of the State Auditor released a performance audit of the financial sustainability of the Veterans Community Living Centers. The audit revealed that they have not achieved resident census levels sufficient to remain self–sustaining over the last three fiscal years, from 2022 to 2024. Recommendations, primarily administrative, evaluative, and marketing, along with the Department of Human Services's responses and implementation dates, can be found in the <u>report</u> . |

Figure 10. Veterans Community Living Centers Expenditures (Millions of Dollars), 2011 - 2026

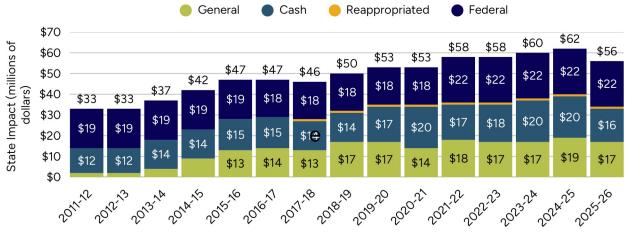


Source: Data provided by Joint Budget Committee legislative staff

State Funding for Senior Services (SFSS) and Older Americans Act (OAA)

| Description & Benefits: | While State Funding for Senior Services (SFSS) primarily flows through the State Unit on Aging within CDHS, the Older Americans Act (OAA) provides federal funding to states for a variety of senior services, including nutrition, caregiver support, and more; upon receiving this funding states then allocate these funds to AAAs and other organizations to deliver the services. The Department of Human Services contracts with 16 AAAs around the state, which in turn contract with local service providers to deliver support services to older Coloradans who generally live in their homes. |
|----------------------------|---|
| Eligibility: | Coloradans age 60 or older, regardless of income. |
| Service Statistics: | In fiscal year 2023–24, these programs supported over 50,000 older Coloradans by delivering social services, nutrition, transportation, and more. |
| Funding and Growth: | While the federal funding from OAA has been consistent at \$26 million since fiscal year 2024 and is projected to remain that way through fiscal year 2026, other funding streams for senior services in Colorado have seen drastic declines. The State Funding for Senior Services (SFSS) from the General Fund and Cash Fund has seen an almost 25% decline from fiscal year 2023 to fiscal year 2024 with an expected further decrease of approximately 5% by fiscal year 2026. ³¹ |
| Recent Developments: | As Colorado's older adult population grows and the cost of supportive services rises, AAAs across the state are facing demand that exceeds their current capacity. While total funding fluctuated during the COVID-19 pandemic, supported temporarily by one-time federal stimulus dollars, core funding through the OAA and SFSS remained flat. With the expiration of temporary funds, inflation, and other cost pressures, service capacity has declined, despite increasing need. According to the Nov. 1, 2024, Adult Assistance Waitlist RFI, 13 of the state's 16 AAAs currently report waitlists due to insufficient funding. ³² |

Figure 11. Community Services for Seniors (Millions of Dollars), 2011 - 2026



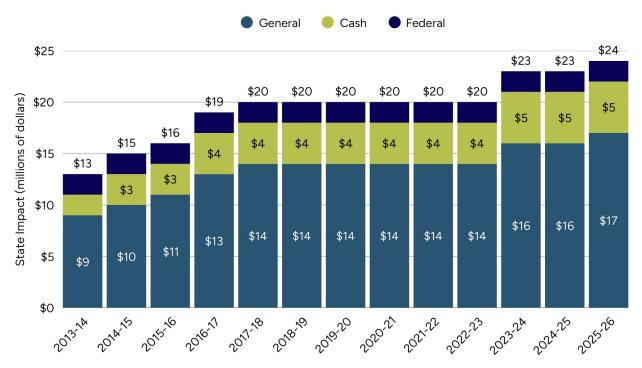
Source: Data provided by Joint Budget Committee legislative staff, rounded to the nearest million.

Note. "Community Services for Older Adults" includes line items from the Office of Adult, Aging, and Disability Services. While SFSS and OAA comprise the majority of funding, others line items include: program administration, Colorado Commission on Aging, Senior Community Services Employment, National Family Caregiver Support Program, State Ombudsman Program, Contingency Funding for Senior Services, Area Agencies on Aging Administration, Respite Services, and the Strategic Action Plan on Aging.

Adult Protective Services

| Description & Benefits: | Investigates and addresses abuse, neglect, exploitation, and harmful acts (referred to as "mistreatment") of at-risk adults, using community-based services and resources. These resources can include health care services, family and friends (when appropriate), and other support systems to reduce risk and improve safety. |
|----------------------------|---|
| Eligibility: | Adults age 18 or older, susceptible to mistreatment or self-neglect because the adult is unable to perform or obtain services necessary for his or her health, safety, or welfare, or because they lack sufficient understanding or capacity to decide or communicate to others responsible decisions concerning themselves or their affairs. |
| Service Statistics: | In general, APS receives over 25,000 reports of self-neglect or mistreatment annually. In the most recent publicly available APS annual report (fiscal year 2021), 75% of APS clients were age 60 or older, and 57% were age 70 or older. ³³ |
| Funding and Growth: | APS is funded primarily by the state General Fund, combined with a set amount of federal funding that typically does not change (~\$2 million), and a small subset by Cash Funds. |
| Recent Developments: | Spending from General and Cash Funds has grown significantly over the past 15 years, and is expected to continue as Colorado ages and APS caseload increases. |

Figure 12. Adult Protective Services Expenditures (millions of dollars), 2013 - 2026



Source: Data provided by Joint Budget Committee legislative staff, rounded to the nearest million.

Home Care Allowance (HCA)

| Description & Benefits: | Financial assistance program that provides cash assistance to individuals 5 years of age or older with a disability to pay a home care provider. HCA is used to pay for services that help people remain in their homes and support independent living (such as bathing, dressing, meal preparation, etc.). For those who are financially eligible, the benefit amount is determined by a combined assessment of functional capacity and frequency of needed assistance, with the maximum cash payment not exceeding \$605 a month. As of 2025, there are three benefit tiers: \$330/month, \$472/month, and \$605/month. |
|----------------------------|---|
| Eligibility: | To be financially eligible, a person must be approved for Supplemental Security Income (SSI), meet all eligibility criteria for the Aid to the Needy Disabled—State Only (AND-SO) program, or have been receiving both Old Age Pension (OAP) and HCA as of Dec. 12, 2013 and remain continuously eligible for both benefits. |
| Service Statistics: | In 2017, HCA served 1,886 individuals, or 11% of the individuals who receive Supplemental Security Income (SSI). ³⁴ Shifting developments and limitations on publicly available data make recent service statistic estimates difficult to obtain. |
| Funding and Growth: | In the fiscal year 2024-2025, total appropriation for HCA was \$2 million, with \$1.85 million from the General Fund and \$116,800 from Cash Funds. The state contributes 95%, and the counties are required to fund the remaining 5% of costs. |
| Recent Developments: | The fiscal year 2025–2026 Long Bill recommendations include budget reduction funding for the HCA program by \$1.05 million, with \$1 million allocated from the General Fund, due to declining caseloads and a \$50,000 reduction from Cash Funds. A rule change adopted in April 2022 by the State Board of Human Services designated the program as a last resort option. Individuals with disabilities seeking in–home support are now primarily directed to more comprehensive services available through Medicaid's Home– and Community–Based Services (HCBS) waivers. 35 |

Figure 13. Home Care Allowance Expenditures (millions of dollars), 2011 - 2026



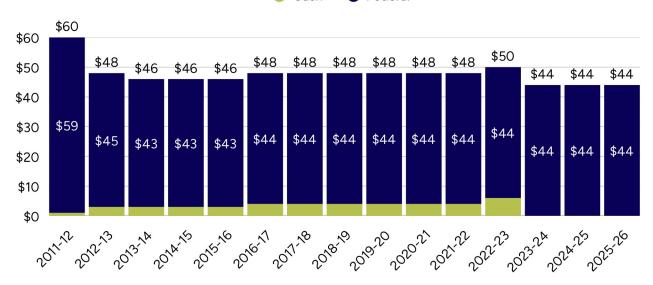
Source: Data provided by Joint Budget Committee legislative staff, rounded to the nearest million.

Low-Income Energy Assistance Program (LEAP)

| Description & Benefits: | Federally-funded, state-supervised, and county-administered program that helps eligible Colorado families, seniors, and individuals pay a portion of their winter home heating costs, equipment repair, and/or replacement of inoperable heating tools. LEAP benefits are paid directly to the household energy supplier, and upon payment, a notice is sent to the approved beneficiary informing them of the benefit amount. |
|----------------------------|---|
| Eligibility: | Individuals who (1) pay home heating costs, either directly to a utility company or to a landlord as part of rent, (2) earn a maximum family household income that does not exceed 60% of the state median income level, and (3) provide proof of lawful presence in the U.S. for applicant and household members. |
| Service Statistics: | In fiscal year 2024–25, LEAP served 86,620 applicants (with an approval rate of 63.5%) for a total of \$30.76 million and an average benefit per applicant of \$355.12. This represents a significant decrease in total and per-person spending from fiscal year 2023–24, which had a total benefit of \$38.9 million and an average applicant benefit of \$455.23, while still serving roughly the same number of people (85,478). |
| Funding and Growth: | LEAP is primarily funded by a federal block grant, with additional support from a small amount allocated from the Cash Fund. |
| Recent Developments: | While fiscal year 2013–14 noticed a 4% annual growth in LEAP spending, the most recent fiscal years (see service statistics above) have seen a decline. |

Figure 14. Low-Income Energy Assistance Program (LEAP) Expenditures (millions of dollars), 2011 - 2026

Cash Federal



Source: Data provided by Joint Budget Committee legislative staff, rounded to the nearest million

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- 12. Long-Term Care (LTC), as defined in this section, includes a portion of long-term services and supports (LTSS) spending, but not all of it. Specifically, this analysis focuses only on Medicaid fee-for-service long-term care claims and excludes services paid through capitated managed care arrangements (see footnote 13 for details on further data limitations).
- 13. **Note on Data Limitations:** Interpret with caution. The long-term care (LTC) spending data used in this analysis reflects total Medicaid expenditures on LTC services across all eligible populations, including individuals under 65 with disabilities. Because publicly available Medicaid claims data are not disaggregated by age, this analysis assumes that 45% of LTC spending is attributable to adults age 65 and older—aligned with FY 2023–24 caseload proportions in Colorado. To estimate LTC spending per older adult enrolled in Medicaid, we apply this 45% share of total LTC expenditures and divide it by the number of Medicaid enrollees age 65 and older. This method assumes both that LTC utilization and spending are proportional across age groups and that average costs are consistent across individuals—simplifications that likely introduce an overall conservative bias. Importantly, these estimates do **not** include pharmacy claims, professional claims, inpatient or outpatient claims, ancillary services, or capitation payments, the latter of which make up a growing share of Medicaid's LTC spending—particularly for services like nursing facility care. Additionally, this approach does not account for higher per–person costs among older adults with greater care needs, such as those requiring home health aides or intensive support. As such, these figures should be interpreted as lower–bound estimates, which are useful for directional insight, but not precise measures of actual per–person costs.
- 14. See https://pro.genworth.com/riiproweb/productinfo/pdf/298701.pdf for median values and state rankings.

- 15. **Note on Data Limitations:** Interpret with caution. Future spending projections assume a constant perperson cost over time, which may underestimate actual growth if service intensity or payment models shift and medical inflation continues to rise. Adults age 75 and older, who tend to use long-term care (LTC) services at higher rates, are also the fastest-growing segment of the aging population. While this analysis assumes that adults 65 and older account for a share of LTC spending equal to or greater than adults under 65 with disabilities (based on *caseload* proportions), the actual distribution of *costs* across these groups is unknown. As a result, projected estimates should be interpreted as approximations rather than precise forecasts.
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Supplemental appendices (A–C) and full data tables referenced throughout this report are available online.



Contact

Colorado Fiscal Institute 110 16th St Mall Suite 1410 Denver, CO 80202 www.coloradofiscal.org info@coloradofiscal.org