DRCOG area agency on aging+
Service | Support | Advocacy

Agenda

Advisory Committee on Aging
Friday, October 31, 2025, 11:00 a.m. – 1:30 p.m.
In-person Meeting
DRCOG office 1001 17th Street
1st Floor, Aspen Conference Room

If you have difficulty using this document's content, please email mmpatton@drcog.org or call 303-480-6723. Please expect a response within 72 hours (three business days).

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 72 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

Consent agenda

6 11:15 a.m. Move to Approve Consent Agenda
Minutes from September 26, 2025, meeting.
(Attachment A)

Action item

7 11:20 a.m. Discussion on combining the November and December ACA meetings.
(Attachment B)

Informational briefings

8 11:25 a.m. Working Lunch

9 11:40 a.m. Senior Living Comparison Presentation. – Ed Moss
(Attachment C)

10 11:55 p.m. AAA Work Session – DRCOG Staff
(Attachment D)

11 1:10 p.m. DRCOG Board Report

12 1:15 p.m. County Reports

Administrative items

13 **Next meeting to be determined.**

14 1:25 p.m. Other Matters by Members

15 1:30 p.m. Adjourn

Calander of future meetings

December 5, 2025 – Virtual (if approved)

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**

September 25, 2026 – Virtual

October 23, 2026 – **In person**

ATTACH A

Advisory Committee on Aging (ACA)
Meeting Summary

Friday, September 26, 2025

If you have difficulty using this document's content, please email mmpatton@drcog.org or call 303-480-6723. Please expect a response within 72 hours (three business days).

Members Present

Andrea Suhaka	Arapahoe County
Barbara Boyer	Arapahoe County
Bob Brocker	Denver
Chris Lynn	Jefferson County
David Appel	Jefferson County
Dawn Perez	Adams County
Donna Mullins	Jefferson County
Edward Moss	Broomfield County
Gretchen Lopez	Douglas County
Jim Dale	Jefferson County
Judi Kern	DRCOG Board Louisville
Paul Haseman	DRCOG Board Golden
Paula Hillman	Arapahoe County
Phil Cernanec	Arapahoe County
Steve Conklin	DRCOG Board Edgewater
Val Robson	Jefferson County

Guests Present

Randee VanNess, Peak Forensic Psych Services.

DRCOG Staff Present

AJ Diamontopoulos, Senior Management Analyst, Desiree Boelte, SHIP/I&A Program Manager, Jayla Sanchez- Warren, AAA Division Director, Kelly Roberts, Community Resource Specialist, Kendra Carmickle, Service Coordinator Transportation Services, Ladia Htoo, Community Resource Navigator, Liz Huer, Multi-Program Support/QA Specialist, Maggie Nazarenus, Compliance Specialist AAA Business Operations, Mason Green, Compliance Specialist AAA Business Operations, Michelle McCown, AAA Data Analyst, Mindy Patton, Division Assistant, Rich Mauro, Director Legislative Affairs, Shannon Gimbel, Ombudsman Manager, Travis Noon, AAA Grant Compliance Program Manager.

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 of the Chair.

Report of the AAA Director – Jayla Sanchez-Warren

Housing

Jayla participated in DRCOG's Regional Housing Strategy Meeting, where she championed a broader spectrum of housing options for older adults, beyond traditional assisted living and nursing homes. She emphasized the need for practical, community-oriented homes that suit those looking to downsize from large, 3,000-square-foot residences. These homes should be affordable, low-maintenance, and free of sprawling yards, offering a more accessible and connected lifestyle

Case Management

Jayla met with the case management team to address a troubling trend: a sharp increase in referrals to the AAA case management program. After reviewing the data, the team discovered that a large portion of these referrals originated from other case manager, professionals who are already state-funded to deliver similar services.

Request for Proposal

Jayla met with Travis Noon and his team to explore ways to make the Request for Proposal (RFP) process more service driven. One example discussed was the expansion of congregate meal programs in high-need areas such as Sheridan, Federal Heights, and Brighton. While current partners were asked if they could take on this expansion, they were unable to accommodate the need.

To address this gap, the team proposed issuing a targeted RFP for nutrition services in these underserved communities. Although this change won't be feasible for the upcoming RFP cycle, due to the limited time available for partners to prepare, the goal is to implement it by fall 2026.

This shift aligns with the state's directive for Area Agencies on Aging (AAA) to prioritize individuals who are most in need. DRCOG acknowledges the importance of this change and is committed to adjusting the RFP process to be more responsive and aligned with evolving priorities.

A key step will be updating the RFP language to reflect the state's newly defined criteria for identifying those "most in need." The message from the state is clear: DRCOG's limited resources must be focused on those who require the greatest support.

Advocacy

Jayla has been collaborating closely with Rich Mauro, Kelly Roberts, Travis Noon, and Michelle McCown to gather data and develop outreach materials. She's actively conducting presentations and meetings to highlight the growing need and is preparing to craft a unified advocacy message.

Meanwhile, Rich is coordinating meetings with both state and federal legislators to build support. The team is working diligently to align their advocacy efforts so Jayla can present a consistent message to the Advisory Committee and contracted partners.

The overarching goal is clear: to prevent any further funding losses. Over the past two years, significant program cuts have already been made, and the organization simply cannot afford to absorb additional reductions

The Refugee and Friends Program

The Refugee and Friends program will conclude at the end of September. In recognition of the remarkable work accomplished over the years, DRCOG recently hosted a celebration honoring the dedicated refugee program staff, whose contributions have been truly exceptional.

Since its launch in 2012, the program has achieved significant milestones. In collaboration with Colorado State University, the team translated the comprehensive, evidence-based Aging Matters training into five languages and successfully delivered it to support elder refugees throughout the DRCOG region.

It's important to understand that refugees are invited to the United States through formal government channels. While there are numerous programs for young refugees in school and, historically, for working-age individuals, elder refugees often face gaps in support. Unfortunately, due to federal and state funding reductions, including cuts to AAA funding, this vital program can no longer be sustained. Because it is not a mandated service under the Older Americans Act, DRCOG was faced with the difficult decision to bring the program to a close, despite its clear impact and success.

Contracted Services Update

AJ Diamontopoulos has been leading DRCOG's efforts with health partners. One unexpected development is the conclusion of the contract with Denver Health. While this change wasn't anticipated, there's promising news: DRCOG is actively working to establish a new partnership with Stride. AJ is currently navigating payment models and structural details, marking a positive step forward.

It's important to distinguish between programs funded through the Older Americans Act (OAA) and those supported by contracted services. OAA programs receive federal and state allocations with strict spending guidelines. In contrast, contracted services operate on a fee-for-service basis, DRCOG is reimbursed based on the number of individuals served. This model requires careful balancing to ensure service volume is sufficient to cover staffing and operational costs.

Jayla noted that it took time to fully understand the implications of this funding structure. For instance, the refugee program was supported through a contract with the Colorado State Refugee Services Program. In their enthusiasm to launch the initiative, the team didn't factor in rising costs or the need for staff raises over time. It was a valuable, if difficult, lesson in the complexities of managing different funding models. Today, DRCOG approaches contracting with greater strategy and foresight.

Transitions Program

The Transitions program has recently undergone significant changes. Previously funded through a lump-sum model, the program is now reimbursed based on individual and group interactions. Under this new structure, the state expects DRCOG to reach 4,000 people this year, a shift that required a complete overhaul of program operations to meet service targets while maintaining staff coverage.

Jennifer Reeves, who leads the Transitions Program, and Jayla met with senior leadership at Health Care Policy & Financing (HCPF) to address issues with the contract provided for signature. They discovered that the version sent was incorrect and included an unclear scope of work. During the meeting, they were able to clarify the practical challenges of implementing the program under the new model. The discussion was productive, and DRCOG anticipates receiving a revised contract in the coming months as part of the state's updated contracting process.

Veterans-Directed Program

The Veterans-Directed program is showing promising signs of recovery. Referrals from the VA are beginning to increase after a period of instability caused by administrative changes at the federal level. While referral numbers haven't yet returned to previous levels, the presence of a few consistent contacts has helped stabilize the process.

Like other contracted services, this program operates on a numbers-based model, funding is tied directly to the number of individuals served. When referrals slow due to system challenges or staffing gaps at the VA, it can significantly impact DRCOG's ability to maintain staffing levels. To mitigate this, DRCOG closely monitors referral volume and advocates with the state when necessary to prevent service disruptions.

To boost awareness, DRCOG is ramping up outreach efforts to ensure veterans and their caregivers know this program is available. Given the ongoing turnover at both state and federal levels, consistent communication is more critical than ever.

Recently, several long-time participants, those served for three years or more, have passed away. While these losses are deeply felt, they also reflect the program's success. These individuals were able to remain in their homes, cared for by loved ones, rather than entering institutional care. That outcome is exactly what the Veterans-Directed program is designed to achieve, and it's making a meaningful difference.

Move to approve consent agenda

Items on the consent agenda included: August 22, 2025, meeting summary.

Ed Moss motioned for approval. Phil Cernanec seconded the motion; the consent agenda was unanimously approved.

Agendas and summaries are posted on the DRCOG website from the 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.

Informational Briefings

Ombudsman Program Update – Shannon Gimbel

Shannon Gimble serves as the Regional Ombudsman at DRCOG, leading a dedicated team of 15 long-term care ombudsmen. These ombudsmen act as resident-directed advocates, championing the rights of older adults and adults with disabilities living in nursing homes and assisted living facilities. Trained to receive, investigate, and help resolve complaints made by or on behalf of residents, their work goes beyond complaint resolution to ensure residents' voices are heard and respected.

Additionally, we have one ombudsman dedicated to the Program of All-Inclusive Care for the Elderly (PACE) program, which advocates for participants receiving care outside of traditional long-term care facilities. This ombudsman supports participants in addressing concerns related to their care, health, safety, and rights. The PACE ombudsmen handle complaints that range from routine quality-of-care issues, like a participant's preferred timing for services, to serious, sometimes life-threatening matters involving abuse or neglect. In the DRCOG region, there are two PACE providers: Innovage and a newer program called Colorado PACE.

It's important to recognize the changing populations now being served in long-term care settings, including both nursing homes and assisted living facilities. Over recent years, nursing homes have seen a significant shift, with many residents having histories of homelessness or involvement in the prison system. These individuals often face complex behavioral and health challenges, including issues related to substance addiction and mental illness, alongside their care needs.

At the same time, there are many residents in long-term care who do not require a high level of care. This mix of population, especially in nursing homes, means that frail elderly residents often share space with individuals who have very different care needs. This dynamic affects both the delivery of care and the experiences of all residents involved.

Ombudsmen frequently encounter facilities that are adapting, or struggling, to serve populations they were not originally designed to support, which adds layers of complexity to their advocacy work.

Shannon explained that nursing homes have increasingly become the default option for individuals with no other placement alternatives. This shift has led to a significant reduction in beds specifically reserved for people with mental health needs. As a result, residents with conditions like psychosis are often housed alongside those with Alzheimer's, and nursing home staff are expected to manage this wide range of complex care needs. Unfortunately, this approach often falls short.

In assisted living facilities, it's possible for the entire community to primarily serve individuals with mental health challenges. However, due to deinstitutionalization efforts years ago, nursing homes face limits on how many residents with major mental illnesses they can accommodate. This has forced a blending of very different populations. While this might sound reasonable in theory,

Shannon briefed the committee on troubling cases in long-term care, highlighting how some of the worst-performing nursing homes admit nearly anyone to fill beds and stay financially afloat. The rise of private equity ownership has worsened conditions, often redirecting funds away from resident care and contributing to chronic understaffing. These facilities frequently accept high-acuity residents without the necessary expertise or staffing to care for them safely.

The ombudsman program continues to address issues like isolation and complex care needs, but increasingly ombudsman face cases where residents are placed in facilities that cannot meet their needs, creating unsafe environments. Shannon emphasized that while many homes are well-run, more are admitting inappropriate residents to maintain revenue.

Staffing remains the central issue. COVID devastated the workforce, and many facilities have not recovered. When staff are stretched thin and poorly trained, residents suffer injuries, go unchecked, and miss basic care. Leadership turnover adds to instability, and one facility was recently added to Centers for Medicare & Medicaid Services (CMS) Special Focus Facility list due to ongoing abuse and neglect.

Shannon also addressed Medicaid cuts, noting a 1.6% drop-in provider rates will further strain an already fragile system. Most nursing homes rely heavily on Medicaid, as few residents can afford private pay, costs run about $8,000/month for nursing homes and $5,000–$10,000/month for assisted living. Only a handful of facilities are private-pay or rehab-only, and long-term care options are shrinking. Medicaid rates aren’t keeping pace with the cost of caring for frail, high-needs residents.

Donna Mullins asked whether the PACE program had returned to normal. Shannon responded that it had not. Although sanctions against Innovage, imposed in January 2023, have been lifted, issues persist. Unlike nursing homes, where residents live on-site, many PACE participants remain in the community, so the problem is more about denial of required services. Health Care Policy & Financing has been proactive, responding to ombudsman reports and pressuring PACE providers to deliver services they’ve been reluctant to provide. On a positive note, a new nonprofit provider, Colorado PACE, affiliated with Denver Hospice, appears to be performing well.

Introduction of New Federal Requirements and Regulation Changes – Jayla Sanchez-Warren

For the first time in 30 years, federal regulations under the Older Americans Act have been updated. These changes will take effect on October 1, 2025, except in states that request an extension, as Colorado has done. The State Unit on Aging is reviewing and revising policies to align with the new requirements.

Jayla highlighted two major updates, starting with the expanded definition of "greatest social need." While this concept has existed since 1965, the new language prioritizes serving those in greatest need first, rather than distributing services more broadly. This shift will significantly impact how Area Agencies on Aging allocate resources.

The Area Plan on Aging, updated every four years, must now focus on vulnerable populations. The revised definition includes adults 60+, with priority for those 75+ with

physical or mental disabilities, language barriers, cultural or geographic isolation, and racial or ethnic considerations. Although federal law still includes sexual orientation, gender identity, and HIV status, Colorado will not prioritize these and expect federal removal. Other factors include chronic conditions, housing instability, food insecurity, lack of clean water, transportation, utility assistance, and safety concerns.

AAA's haven't received the final definition yet, but funding constraints mean stricter prioritization is necessary. Jayla shared that due to budget cuts, the state now limits meal services to five per person per week, eliminating previous offerings like breakfast, lunch, and dinner from programs such as Volunteers of America and Project Angel Heart.

Phil Cernanec asked about navigation services. Jayla clarified that the OAA now allows partnerships with healthcare providers and payers for navigation support. These services differ from general information and assistance, which must still be available to all.

Regarding contractor compliance, Jayla explained that adherence is built into contracts. Travis Noon added that his team evaluates targeting plans and service delivery. The upcoming RFP will require contractors to clearly define who they serve, with increased data tracking and monitoring. If funds are used for ineligible individuals, the state may demand repayment.

Barbara Boyer asked about long-standing contractor relationships. Jayla noted that some have been discontinued to prioritize core services like nutrition, transportation, and in-home support over education and training. Future funding will depend on how well applicants target those in greatest need. The next RFP, expected later this year, will be open to all eligible organizations, with broader outreach planned to attract new providers.

The AAAs advisory committee has also undergone changes. It is now officially called the Area Agency Advisory Council. Its role remains to support AAAs in developing community-based services, advising on the Area Plan, conducting public hearings, and representing older adults and caregivers.

The biggest change is in its composition. Over half of members must be older individuals, including minorities eligible for services. The Council must also include representatives from healthcare (including Veterans), service providers, caregivers, elected officials, and, when available, Indian tribes.

A controversial new rule prohibits DRCOG Board members from serving on the Council. Jayla and others strongly opposed this, citing the value board members bring through their networks and advocacy. Judi Kern shared how her involvement in regional housing discussions helped elevate senior housing needs. The issue is being reviewed by the Administration for Children and Families.

Efforts to revise the ACA bylaws were paused, which proved helpful given the new requirements. Updates will be incorporated and submitted to the DRCOG Board. Ed

Moss moved to formally protest the exclusion of DRCOG Board members. Phil Cernanec seconded, and the motion was unanimously approved.

Ride Alliance Update – Malorie Miller

Malorie Miller shared updates on Ride Alliance, a long-standing regional goal revived by DRCOG last summer with funding from the U.S. DOT's SMART grant. The grant includes two stages: Stage 1 supports pilot projects, and Stage 2 funds full-scale implementation. DRCOG is currently piloting Ride Alliance and preparing to apply for Stage 2.

The relaunch responds to rising trip denials, nearly 12,000 reported in 2024 alone, leaving older adults without transportation for essential needs. With limited coordination among providers and a rapidly growing senior population, the current system forces clients to navigate complex eligibility and scheduling on their own. Providers also face technical burdens, needing to build multiple custom Application Programing Interfaces (API) to connect with others.

Ride Alliance solves this by centralizing coordination through the Trip Exchange Hub, which reduces trip denials and streamlines service while allowing providers to keep their existing systems. The Hub enables seamless handoffs between providers, optimizes shared routes, and removes barriers caused by funding silos and county lines.

Despite a tight timeline, DRCOG accelerated procurement to three months, freeing up more time for implementation. To overcome vendor limitations, Ride Alliance built two alternative connection methods: middleware integration and a simple Excel-style import tool. After a funding gap and shifts in the provider landscape, the team is fully re-engaged.

Ride Alliance has surpassed partnership goals with MOUs from North Front Range MPO, RTD FlexRide, VIA Mobility Services, and active engagement from AAA Transportation. Internal programs will also participate. The Hub is nearly launch-ready, meeting data standards, supporting open-source replication, and featuring improved reporting and a redesigned interface. Testing begins in October, and an Uber API integration may be ready in time for the pilot.

The Stage 1 pilot runs six weeks from early November through December, aiming for 100 one-way trips or 50 round-trips, one successful interregional ride, and 90% client satisfaction. With four months left before the January 31 deadline, the team is finalizing contracts and securing provider commitments for Stage 2.

As Ride Alliance grows, it will create a unified transit system where providers follow common guidelines and use real-time data to improve service. It will function as a central hub for booking rides and could eventually include other services like caregiver support and in-home vouchers. Because it's built to be easily copied, the model could expand across Colorado and help connect remote mountain areas to the Front Range. The Trip Exchange Hub will be highly dependable, available 99% of the time, and allow providers to work together smoothly.

DRCOG Board Report – Judi Kern

Judi Kern shared that DRCOG did not hold a board meeting in September but hosted its awards ceremony at the end of August, where ACA member Steve Conklin was honored for his years of dedicated service. Congratulations Steve!

County Reports

Arapahoe County – Andrea Suhaka

An LCC, in Arapahoe County, is launching a major initiative to bring homebound seniors to recreation centers once a week for the next year. Five centers are ready to participate, with two transportation providers already committed. The project is awaiting county grant approval, which would officially bring them into the process. The team is hopeful to begin in January.

City and County of Broomfield – Ed Moss

Ed mentioned that last month he was seeking letters of support for a senior housing project in Westminster and Jefferson County of 1,300 units. Bob Brocker and AgeWise provided a letter of support which commented that one of the major challenges we see facing today's older adults is the overwhelming demand for housing and a full continuum of care as they age in place.

The shortage of services that the Erickson company offers is staggering in most areas of the state. Erickson is the parent company of this development and Windcrest which is located in Highlands Ranch. Two votes were taken on the Westminster City Council, and another vote on the Planning Commission. It passed the Planning Commission 3-2 and passed the first vote of the City Council 4-3.

Jefferson County - Chris Lynn and Jim Dale

Chris Lynn reported that the Jefferson County Council on Aging is collaborating with Khristine Burroughs and her team on the Multi-Sector Plan on Aging, serving as a pilot site to evaluate the effectiveness of their tool and explore its potential for implementation in Jefferson County. They have held an initial meeting to begin discussing details, with two or three more meetings planned. The goal is to assess how the Committee can make a broader impact and share valuable insights not only with the county but potentially with DRCOG as well.

Jim Dale shared that the Action Center is working with the City of Lakewood on a fundraising campaign to relocate to a closed middle school south of Belmar. The new space would allow for partnerships and multi-use programming. He also noted that the Action Center continues to offer a range of services, including support for seniors.

Other Matters by Members

Kelly Roberts shared a save the date announcement for an event based on ACA request. It will celebrate both staff and ACA members. In the spirit of November’s focus on gratitude, the gathering will offer a chance to connect, celebrate, and build stronger relationships between staff and ACA participants.

Next meeting – October 31, 2025.

Adjournment

The meeting was adjourned at 1:30 p.m.

ATTACH B

DRCOG area agency on aging+
Service | Support | Advocacy

Advisory Committee on Aging Meeting
Name of Committee: Advisory Committee on Aging

Meeting date: October 31, 2025

Agenda Item #: 7

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Discussion on combining the November and December ACA meetings

Agenda item type: Action item

Summary
Vote to combine the November 28th and December 26th meeting.

Background
Historically, the ACA has opted to cancel its December meeting due to limited member availability during the holiday season. This year, DRCOG offices will be closed for Thanksgiving on Thursday, November 27th and Friday, November 28th, and staff will not be available. Additionally, the regularly scheduled meeting on December 26th falls immediately after a holiday when both staff and members are typically unavailable.

To accommodate these conflicts, this agenda item proposes combining the November 28th and December 26th meetings into a single session to be held on Friday, December 5th from 11:00 a.m. to 1:30 p.m. Member approval will be requested to finalize this adjustment.

Action by others
None

Previous discussions/actions
None

Recommendation
Move to combine the November 28th and December 26th meeting to December 5th.

Attachment
None

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

ATTACH C

Advisory Committee on Aging Meeting
Name of Committee: Advisory Committee on Aging

Meeting date: October 31, 2025

Agenda Item #: 9

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Senior Living Financial Models

Agenda item type: Informational briefing

Summary
Ed Moss will present a financial analysis comparing senior living buy-in models designed for middle- and higher-income older adults.

Background
At a recent Advisory Committee on Aging meeting, members discussed concerns about affordability related to two large-scale housing developments: the existing Windcrest project in Highlands Ranch and the proposed 1,300-unit Maris Grove project planned for Westminster and Jefferson County. Both were noted as not being accessible or affordable options for all older adults.

Action by others
None

Previous discussions/actions
None

Recommendation
None

Attachment
Senior Living Financial Models presentation.

For more information
If you need additional information, please contact Ed Moss, member Advisory Committee on Aging, (303)-916-0810 or EdMossWsty@gmail.com.

The following document was created by an external entity and may not adhere to the State accessibility standard.

SENIOR LIVING FINANCIAL MODELS

Monthly Rental and Buy-In

Ed Moss

EdMossWsty@gmail.com

Broomfield, Colorado

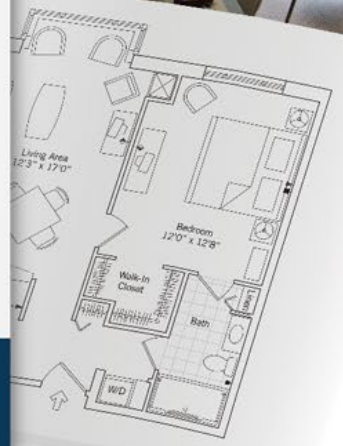
October 31, 2025

YOUR DESTINATION FOR
VIBRANT SENIOR LIVING

Wind Crest
BY ERICKSON SENIOR LIVING®

These floor plans are just a sample of our wide variety of designs.

IGHTON
om, one bath
eet



RESIDENCES

DWELL IN STYLE

With over **100 unique floor plans** to choose from, you'll find the perfect space for your style and budget.

- **Luxury Comes Standard** Your residence includes granite or quartz countertops, recessed lighting, luxury vinyl tile flooring, modern appliances, and more. Customize your space with a variety of stunning upgrades.
- **Downsizing and Moving Support** Our planning and moving consultant can guide you through your move—from downsizing to getting your house on the market to planning for space in your new residence.

"Our apartment is the perfect fit. It's all the living space we need without any extra rooms to worry about."

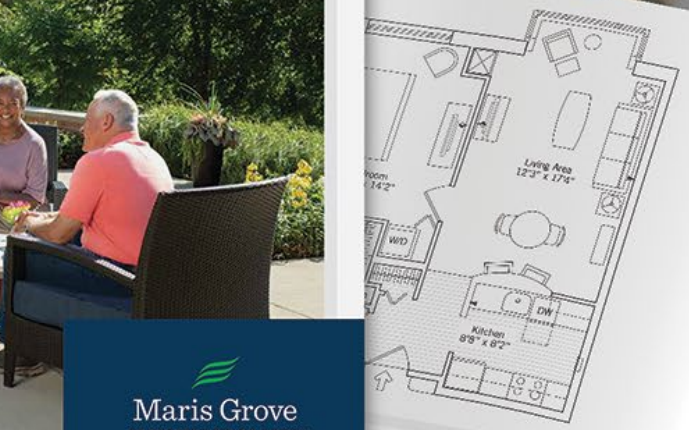
—Jim and Jackie T., residents of an Erickson Senior Living-managed community

YOUR DESTINATION FOR
VIBRANT
SENIOR LIVING

Maris Grove
BY ERICKSON SENIOR LIVING®

These floor plans are just a sample of our wide variety of designs.

IGHTON
om, one bath



RESIDENCES

DWELL IN STYLE

With over a variety of unique floor plans to choose from, you'll find the perfect space for your style and budget.

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- **Downsizing and Moving Support** Our planning and moving consultant can guide you through your move—from downsizing and getting your house on the market to planning for space in your new residence.

"Our apartment is the perfect fit. It's all the living space we need without any extra rooms to worry about."

—Jim and Jackie T., residents of an Erickson Senior Living-managed community


Happy
Birthday


JUL 57

United States® Census Bureau

	Westminster city, Colorado			
	Owner-occupied housing units without a mortgage		Percent owner-occupied housing units without a mortgage	
Label	Estimate	Margin of Error	Estimate	Margin of Error
Owner-occupied housing units without a mortgage	9,836	±1,455	9,836	±1,455
VALUE				
Less than $50,000	226	±182	2.3%	±1.9
$50,000 to $99,999	344	±341	3.5%	±3.4
$100,000 to $199,999	592	±646	6.0%	±6.4
$200,000 to $299,999	404	±227	4.1%	±2.4
$300,000 to $499,999	2,876	±863	29.2%	±7.6
$500,000 to $749,999	3,747	±1,020	38.1%	±8.5
$750,000 to $999,999	752	±373	7.6%	±3.8
$1,000,000 or more	895	±485	9.1%	±4.8
Median (dollars)	531,800	±53,853	531,800	±53,853

Comparison of senior living financial models

“monthly rental”

and

“buy-in”

Buy-in Comparison

2023 U.S. Census Bureau data for Westminster indicates that the ***median*** price for an owner-occupied home without a mortgage is

$531,800

Assuming 10% closing costs, a senior selling a median priced home would net

$478,620

for the buy-in at Covenant Living or Wind Crest
($531,800 – 10% = $478,620)

$478,620 available for buy-in

8/2

	One bedroom			Two bedrooms		
	One person at 90% refund	Two persons at 90% refund		One person at 90% refund	Two persons at 90% refund	
Covenant Living (Westminster) **2025 prices**	311,000	346,000		439,000	474,000	243 units. One bedroom is 635 square feet. **Second person adds $35,000 to buy-in price** Wait list.
Erickson Wind Crest (Highlands Ranch) **2025 prices**	244,000	244,000		319,000	319,000	1,400 units. One bedroom is 839 square feet. **No extra buy-in fee for second person.** Wait list.

THE COLORADO SUN

September 6, 2025

Housing & Care Costs

Care Category	Colorado Average Monthly Cost (2023)	National Average Monthly Cost (2023)
Independent Living	$5,244	$3,065
Assisted Living	$5,073	$4,995
Memory Care (Estimate)	$7,149	$6,450
Nursing Home (Semi-Private)	$9,475	$8,669
Nursing Home (Private)	$10,433	$9,733
Home Health Aide (Hourly)	$36	$30

Senior independent living facilities

2025 prices except Hyland Hillls, Westminster (2024 prices)
Prices are for smallest 1 and 2 bedroom units. Prices are from brochures or web pages

	One bedroom			Two bedrooms		
	1 person	2 persons		1 person	2 persons	
↓ BUY-IN PROPERTIES						
Covenant Living (Westminster)	2,705	3,814		3,299	4,408	243 units. One bedroom: 635 square feet. Waiting list 1 - 2 years. $35,000 2nd person entry fee
Erickson Wind Crest (Highlands Ranch)	2,978	4,250		3,665	4.637	1,400+ units. One bedroom: 804 sq. ft. No entry fee
↓ MONTHLY RENT ↓ PROPERTIES						
Hyland Hills (Westminster)	5,745	6,745		7,895	8,895	107 mixed ind. & assisted living units. One bedroom 627 sq. feet. No stove/oven $4,000 entry fee.
Keystone Place (Westminster)	4,850	5,800		5,850	6,800	100 units ±. One bedroom: 804 sq/ ft/ $3,800 entry fee;
Parkside Village (Centennial)	4,130	4,830		5,413	6,130	One bedroom: 759 sq. ft.
The Grand (Broomfield)	6,300	7,275		10,300	11,275	84 units. One bedroom: 503 sq. ft. $9,000 entry fee
Cogir Senior Living (Broomfield)	5,300	6,300		7,300	8,300	165 units. One bedroom: 572 sq. ft. $7,500 entry fee
Balfour Senior Living (Louisville)	5,200	6,200		6,850	7,860	One bedroom: 760 sq. ft.

ATTACH D

Advisory Committee on Aging Meeting
Name of Committee: Advisory Committee on Aging

Meeting date: October 31, 2025

Agenda Item #: 10

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AAA Work Session

Agenda item type: Information briefing

Summary
Due to new regulations and reduced funding, Colorado's Area Agencies on Aging are transitioning from a proactive "aging well" approach to a focus on addressing critical needs. In response, staff and committee members will review program data, evaluate the latest requirements, and examine broader systemic shifts that are driving increased demand for AAA services.

Background
AAA staff will examine FY 2025 program statistics and upcoming changes, focusing on how to restructure services to better meet the rising demand among those with the greatest needs. The discussion will also explore strategies to strengthen collaboration with contracted providers and community partners for maximum impact.

Action by others
None

Previous discussions/actions
None

Recommendation
None

Attachment
AAA Work Session presentation.

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

DRCOG area agency on aging

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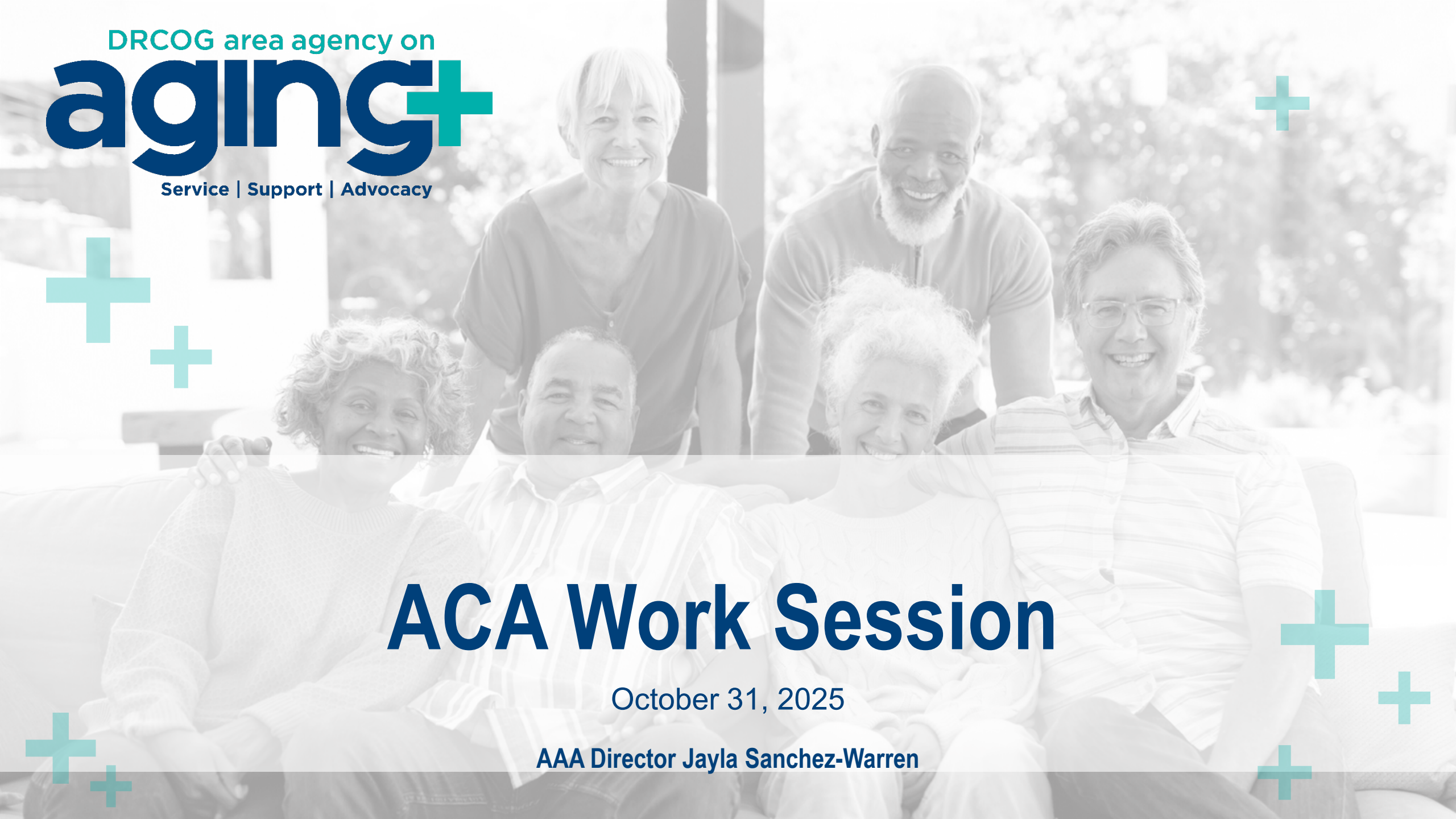

ACA Work Session

October 31, 2025

AAA Director Jayla Sanchez-Warren

Agenda

- Current status – where we are now
  - FY2025 performance statistics
  - Internal changes and internal projects
  - Challenges
- Shifting focus to meet critical needs – where we are going
  - Review most in need and profile of our client
  - Review mandated services vote and prioritize what we fund
- How to engage ACA members – how you can help
  - What can we do differently to benefit from your experience and knowledge

DRCOG AAA Service Funds

Funding source	FY2023	FY2024	FY2025
Older American's Act (OAA)	$8,040,890	$8,751,798	$9,188,913
OAA Carryover	$5,129,638	$908,528	$238,815
State Funding for Senior Services	$9,417,937	$9,514,332	$9,662,904
Homestead	$1,162,843	$386,796	$0
Consolidated Appropriations Act	$21,507	$0	$0
Vaccine Fund	$298,867		$0
AARP	$2,909,136	$5,028,228	$305,885
Total	$26,980,818	$24,589,683	$19,396,517
Budget Change	2%	-9%	-21%

DRCOG AAA Services Provided FY2025

Service	FY2025 units
Home delivered meals	126,222
Congregate meals	458,731
Transportation	163,006
Case Management	4,324
Chore	13,160
Homemaker	32,446
Personal Care	5,359
Caregiver	25,667
Counseling	4,492
Education	10,249
Health Promotion	3,324
Legal Assistance	8,650
Home Modification	10,440
Screening	1,675
Ombudsman Service	10,729
Navigation	328
Total	878,802

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Nutrition Services (FY2023-2025)

- Congregate Meals

Fiscal Year	Meals	Clients	Meals per Client
2023	129,000	3,118	41
2024	127,610	3,794	33.
2025	126,222	3,602	35

- Home Delivered Meals

Fiscal Year	Meals	Clients	Meals per Client
2023	615,878	2,870	214
2024	627,086	2,555	245
2025	458,731	2749	167

Waitlist: 264 average wait time is 63 days

Contracted Transportation Services

Bus tickets/Passes

Fiscal Year	Rides	Clients	Units per Client
2023	52,020	366	142
2024	53,296	520	102
2025	33,030	377	88

Assisted Transportation

Fiscal Year	Rides	Clients	Rides per Client
2023	95,909	3,401	28
2024	83,954	2,557	33
2025	69,926	2,160	32

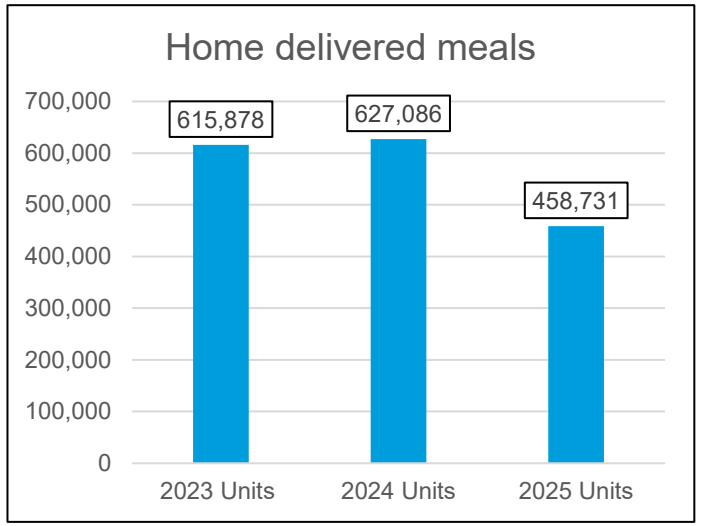
Key Insights

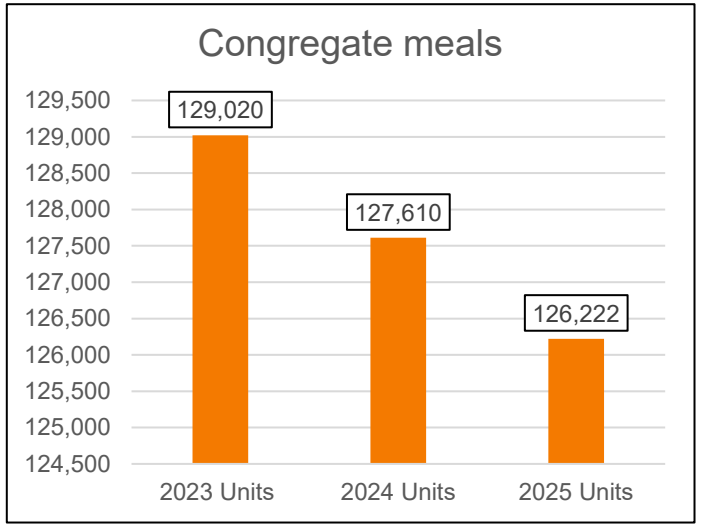
- Over all services dropped by 19,000 rides from FY 2024 to FY2025
- Fewer clients were served from 2023 to 2025
  - 38% decrease in those receiving bus tickets and passes
  - 36% fewer people served with assisted transportation service

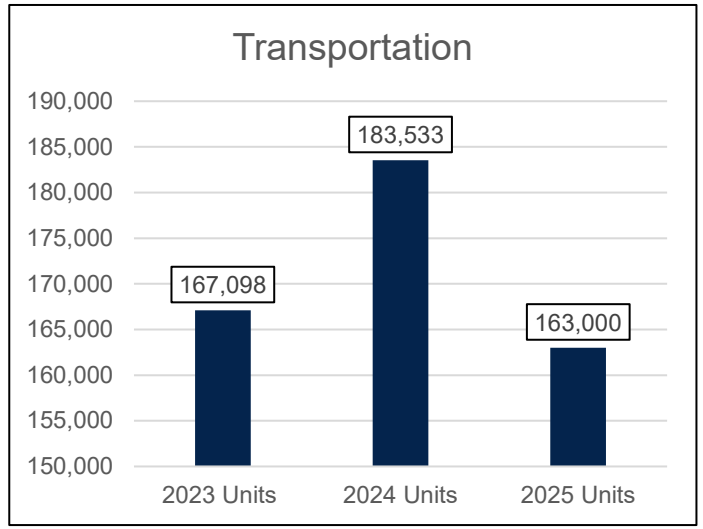
DRCOG Choice Services Transportation

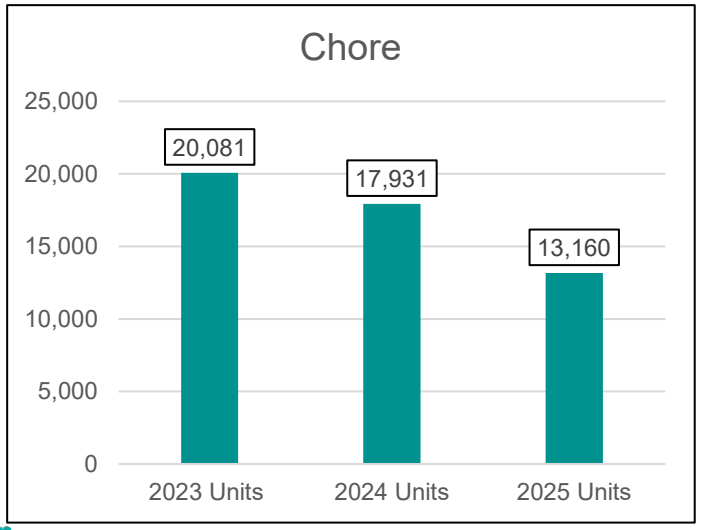
Trip Type	2023	2024	2025
Bus tickets	610	1,073	0
Bus passes	0	0	1,450
Trips	4,134	7,813	11,983
Uber trips	14,425	37,397	46,617
Total	19,196	46,283	60,050

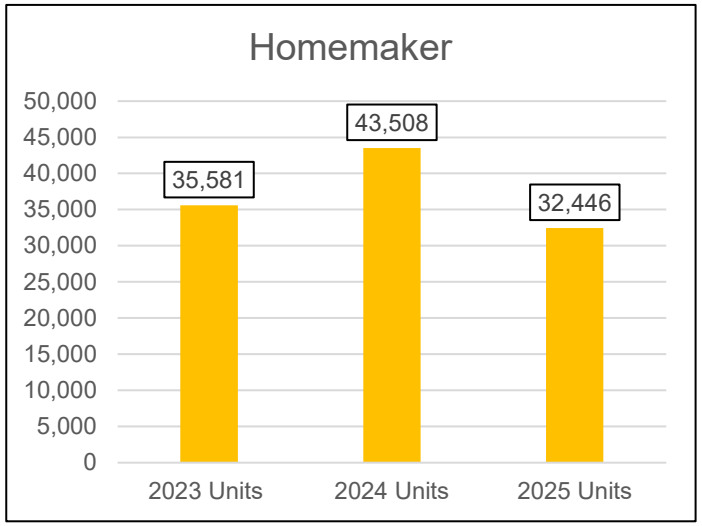
AAA funding cuts have real impact

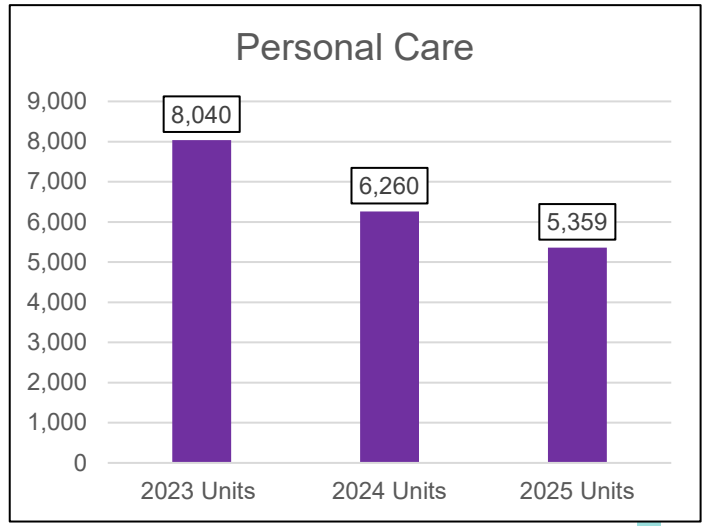












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Comparisons of service units over time

Service	FY2023 units	FY2024 units	FYI units
Counseling	16,193	14,518	4,453
Education	107,602	148,529	10,248
Disease prevention/Health promotion	1,815	2,336	3,324
Legal Assistance	10,182	10,105	8,650
Material Aid	10,472	14,988	10,444
Screening	20,713	22,347	1,675
Case Management	14,112	14,125	4,324

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Grandparent Services

Service	FY2023 units	FY2024 units	FY 2025 units
Grandparent caregiver respite	834	1,211	1,045
Grandparent caregiver training	1,376	697	42
Grandparent caregiver support	642	675	329
Grandparent support groups	539	528	728
Grandparent information and assistance	2,846	2,817	2,606

Necessary Changes and Innovations

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Internal Changes

Funding Cut Changes

- Reduced funding to contracted providers
- Reduced funding for internal operations
- Eliminated 10 internal positions
- Stopped funding 12 contractor partners
    - Loss of transportation call center
    - Loss of contractors providing caregiver services

Response to Changes

- Received New Grants
- Cross-training staff and new types of positions
- Implemented new transportation service
- New transportation call center in Jan 2026
- New partnerships
- Internal caregiver program with a new focus
- Ride Alliance
- Commitment to improving data, interoperability, and data drive decisions

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Challenging times for older adults in need

- **Medicaid**
  - In Colorado's Medicaid unwind 776,200 Coloradoans lost Medicaid.
  - Federal cuts shift significant financial responsibility to states.
  - This could impact Colorado's aging population ability to access service.
- **Medicare**
  - Medicare Advantage plans are reducing coverage some are discontinuing service.
  - Medigap plans are increasing premiums, scaling back or exiting some markets.

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Source: Colorado Fiscal Institute, "The Cost of Aging in Colorado," 2025.

Challenging times for older adults in need - continued

- **Department of Human Services**
  - $4.1million cuts last year in Office of Aging and Disability Services Impacting Area Agencies on Aging services and disability services.
- **Department of Local Affairs (DOLA)**
  - Senior Homestead Exemption in question for 2025.
- **Old Age Pension Cash Fund**
  - Has declined from $92.9 million in FY 2021-2022 to $78.9 million in 2024-2025 reducing the per month maximum grant to $1,005 per month

Source: Colorado Fiscal Institute, "The Cost of Aging in Colorado," 2025.

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People are waiting for AAA Service

Service	Number waiting for service	Average wait time
Home Delivered Meals	264	63 days
Transportation	783	304 days
Chore services	450	69 days
Homemaker	190	288 days
Personal Care	12	88 days
Total	1699	

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Serving Those Most in Need

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Greatest Need

Economic need

- Income level at or below federal levels
- Other factors including geography and individual expenses

Social need

- Cultural, social or geographical isolation
- Racial, ethnic status or Native American Status
- Religious status
- Housing instability, food insecurity, lack of access to clean water, transportation or utility assistance needs
- Rural location
- Interpersonal safety concerns, threatens capacity to live independently

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Client Profile

- Average age 74.4
- More likely to be female
- More likely to be living with others
- More likely to be low income
- Living in an urban area
- Not a veteran
- More likely to be a member of a minority population
- Receives an average of 60 units of AAA service per year

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Mandated AAA Services

- Transportation
- Nutrition services
- Ombudsman
- Legal assistance
- Evidence-based disease health promotion
- Family caregiver
- Advocacy
- Personal care
- In-Home service
- Homemaker services
- Case management
- Information and assistance
- Respite services

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Engaging ACA members

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