

Agenda
Advisory Committee on Aging
Friday, September 26, 2025
11:00 a.m. – 1:40 p.m.
Virtual Meeting

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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.

- 1 11:00 a.m. Call to Order and Introductions
- 2 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.
- 3 11:10 a.m. Report of the Chair – Bob Brocker
- 4 11:20 a.m. Report of the AAA Director – Jayla Sanchez-Warren

Consent agenda

- 5 11:50 a.m. Move to Approve Consent Agenda
Minutes from August 22, 2025, meeting.
(Attachment A)

Informational briefings

- 6 11:55 a.m. Ombudsman Program Update – Shannon Gimbel
(Attachment B)
- 7 12:20 p.m. Introduction of New Federal Requirements and Regulation Changes –
Jayla Sanchez-Warren
(Attachment C)
- 8 12:50 p.m. Ride Alliance Update – Malorie Miller
(Attachment D)

- 9 1:10 p.m. DRCOG Board Report
- 10 1:20 p.m. County Reports

Administrative items

- 11 **Next meeting Month 00, 2025.**
- 12 1:30 p.m. Other Matters by Members
- 13 1:40 p.m. Adjourn

Calander of future meetings

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**

September 25, 2026 – Virtual

ATTACH A

Advisory Committee on Aging (ACA) Meeting Summary

Friday, August 22, 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

Ada Anderson	Douglas County
Andrea Suhaka	Arapahoe County
Bob Brocker	Denver
Connie Ward	Jefferson County
David Appel	Jefferson County
Donna Mullins	Jefferson County
Edward Moss	Broomfield County
Greg Kahler	Adams County
Gretchen Lopez	Douglas County
Judi Kern	DRCOG Board Louisville
Perla Gheiler	Denver
Phil Cernanec	Arapahoe County
Shari Haidvogel	Clear Creek County
Steve Conklin	DRCOG Board Edgewater
Val Robson	Jefferson County
Wynne Shaw	DRCOG Board-Lone Tree

Guests Present

Jill Hall, Highlands Ranch Senior Center, Kendall Stephenson, Colorado Fiscal Institute, Shana McClain, Colorado Fiscal Institute.

DRCOG Staff Present

AJ Diamontopoulos, Senior Management Analyst, Jayla Sanchez- Warren, AAA Division Director, Kelly Roberts, Community Resource Specialist, Mac Prather, Project Manager Building Decarbonization, Michelle McCown, AAA Data Analyst, Mindy Patton, Division Assistant, Rich Mauro, Director Legislative.

Call to Order

Bob Brocker Committee Chair called the meeting to order at 11:10 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

Federal

Jayla provided an update on funding and policy at the Federal and State level.

The state has received its full allocation of funding under the Older Americans Act (OAA), ensuring continued support for vital aging services and programs.

In a significant structural change, the Administration for Community Living (ACL) has officially transitioned into a division within the Administration for Children and Families. This move is expected to enhance coordination across federal programs serving vulnerable populations.

The updated Code of Federal Regulations (CFR) governing the OAA and Community Programs on Aging has been released. Federal administrators are actively collaborating with states to implement these new regulations by the target date of October 2025. States may submit extension plans if additional time is needed to comply.

Meanwhile, Congress has initiated the reauthorization process for the OAA through the bipartisan bill S.2120, the Older Americans Act Reauthorization Act of 2025. Introduced on June 18, 2025, the bill is sponsored by Senator Bill Cassidy (R-LA) and supported by Senators Bernie Sanders (I-VT), Rick Scott (R-FL), and nine additional cosponsors. It is currently under review by the Senate Committee on Health, Education, Labor, and Pensions.

To become law, the bill must pass through committee, gain approval from both chambers of Congress, and be signed by the President. Advocates are urging that the reauthorization be accompanied by a funding increase to meet the growing needs of older adults nationwide.

State

The State Unit on Aging (SUA) is actively working to implement the newly released federal requirements. While progress is being made, the collaborative process with the Area Agencies on Aging (AAA) is taking longer than anticipated. As a result, the state will be requesting an extension and will submit a written implementation plan outlining its approach.

On a positive note, the state has received its full funding allocation under the Older Americans Act (OAA), allowing contracts to be issued on schedule. The AAA will have carryover funds available this year and plans to release a notice inviting contractors to request additional funding.

Some non-OAA funding streams are currently delayed. To help bridge the gap, the AAA is temporarily holding funds to support the State Health Insurance Assistance Program (SHIP) and Transportation services.

The AAA remains committed to serving those with the greatest needs, as defined by the OAA. This includes individuals facing economic hardship, social isolation, functional limitations, language barriers, and geographic challenges. Older adults living with

chronic health conditions or disabilities are given priority for assistance, in alignment with the OAA's mission to promote dignity, health, and independence.

While there is growing recognition among legislators that investing in community-based services can lead to long-term cost savings, current funding levels fall short. Despite the potential for these programs to reduce overall expenditures, no new funds have been allocated, and the agency continues to face a significant budget deficit that must be addressed.

The AAA has initiated a state-level advocacy campaign. Jayla and Rich will meet with lobbyists from the Denver Regional Council of Governments (DRCOG) and will identify key legislators for outreach. Additionally, the AAA is collaborating with the DRCOG marketing team and Kelly Roberts to develop collateral materials and collect stories that highlight funding shortfalls and their impact on services.

DRCOG Updates

Transportation Program: On June 1st, the "On the GO" transportation call center officially closed, shifting all ride scheduling responsibilities to staff. This transition has been a significant undertaking, and as a result, after-hours and weekend trip availability is currently limited.

To address the gap, DRCOG issued a Request for Proposal and received several responses. Staff are now reviewing the submissions and are hopeful that a new call center will be in place soon to restore full service.

In the last quarter, transportation services completed 3,228 trips using Uber, Lyft, HopSkipDrive, and MedRide, and distributed 2,695 RTD bus tickets to riders.

Ombudsman Program: The Ombudsman program remained actively engaged this quarter, responding to 1,624 information and assistance calls, conducting 524 site visits, investigating 439 complaints, and providing 150 staff consultations. The most frequent concerns raised involved residents' rights, dignity, and respect, with additional issues related to care quality, transfer and discharge procedures, dietary needs, and activity offerings.

Persistent staffing shortages in nursing homes continue to pose significant challenges, making it increasingly difficult to deliver consistent, high-quality care to residents.

Assisted living facilities accounted for 202 complaints, primarily focused on residents' rights, care standards, environmental conditions, facility procedures, and dietary services.

The Program of All-Inclusive Care for the Elderly (PACE) also played a key role, addressing 44 complaints, fielding 150 information and assistance calls, conducting 4 staff consultations, and making 18 visits to day centers. Common themes among PACE complaints included care delivery, personal rights, autonomy, choice, activity access, community integration, and concerns related to social services and nutrition.

Case Management Program: The case management program has transitioned under the leadership of AJ Diamontopoulos and is currently serving 121 active clients. The team provides comprehensive support across a broad spectrum of needs, including assistance with benefit and service applications, financial and housing resources, advocacy with external agencies, in-home care coordination, transportation services, access to essential items, and respite support for caregivers.

During this period, clients received 37 vital respite care services and made 161 calls seeking information and assistance, reflecting ongoing demand for comprehensive support across multiple areas of daily living.

Staff Change: Over the past two years, the AAA team has weathered more than \$2.5 million in budget reductions, resulting in significant staffing cuts. In response, the team embraced innovation, cost-saving strategies, and cross-training to maintain high-quality service delivery.

This transformation led to the creation of “InfoSHIP,” a dynamic and versatile unit that integrates the work of three key programs: Information & Assistance (I&A), the State Health Insurance Assistance Program (SHIP), and the Aging and Disability Resource Center (ADRC). Team members are now certified and trained across both I&A and SHIP, enabling them to provide seamless support, adapt during peak demand, and ensure consistent coverage during staff absences, all while enhancing customer service.

In addition to their core responsibilities, the InfoSHIP team has expanded its role to support transportation services, including new client intake, processing bus ticket requests, and managing the transportation reassessment waitlist. Their flexibility and dedication continue to make a meaningful impact across multiple service areas.

Last quarter, the InfoSHIP team demonstrated its continued commitment to serving the community by handling 2,169 calls related to community resources, 1,839 general information and assistance inquiries, and 240 calls focused on Medicare and Medicaid support. In addition, the Aging and Disability Resource Center (ADRC) provided assistance to 61 individuals, offering personalized guidance and services.

Meanwhile, the Refugee Program is preparing to conclude on September 30th due to ongoing funding reductions. Staff are actively engaging with participants to explain the transition and ensure they are informed about how to access other available community resources moving forward.

Move to approve consent agenda

Items on the consent agenda included: June 27, 2025, meeting summary.

Judi Kern 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

Highlands Ranch Senior Center Presentation –Jill Hall

The center, which opened in January for individuals aged 55 and older, currently has around 2,000 members. About 90 percent of them are residents of Highlands Ranch, although anyone aged 55 or above is welcome to join. Annual membership costs \$60 for residents and \$72 for non-residents. Each month, the center hosts approximately 250 activities, ranging from fitness classes and lifelong learning opportunities, including technology and health education, to social events, day trips, and support resources for older adults and their families. Scholarships are available to help cover the cost of memberships and classes.

Support for the center comes from the nonprofit organization Friends of Highlands Ranch Senior Center, which organizes various fundraising efforts. A dedicated team of 185 volunteers helps keep the center running smoothly, and daily attendance ranges from 185 to 200 visitors. Transportation to the center is available through the Link on Demand service. The facility is also available for public rental during weeknights and weekends for special events.

Overview of DRCOG's Climate Pollution Reduction Grant – Mac Prather

Mac Prather briefed the committee on a \$199.7 million EPA grant awarded to the Denver Regional Council of Governments. The grant aims to reduce climate pollution from buildings in the Denver area, with a particular focus on low-income and underserved communities. The funding will support programs that promote building electrification, improve energy efficiency, and expand workforce development. It will also offer financial incentives for electric appliances such as heat pumps and cooktops.

To streamline the upgrade process, Mac explained that DRCOG is developing a centralized energy advising and incentives program designed to assist contractors, homeowners, and tenants. In addition, a separate initiative will deliver free or low-cost energy improvements to vulnerable households.

The grant allocates \$17.5 million for energy advising services, up to \$42.6 million for appliance and retrofit incentives and \$48.1 million for no-cost upgrades targeting high-need populations.

These efforts aim to help Coloradans enhance insulation and replace heating, hot water, and cooking systems with electric alternatives, placing individual needs at the forefront rather than relying solely on technical solutions. Program rollout is scheduled for 2026, with future collaboration planned alongside DRCOG's Area Agency on Aging to expand outreach and impact.

Cost of Aging in Colorado Presentation – Shana McClain and Kendall Stephenson

Shana McClain and Kendall Stephenson of the Colorado Fiscal Institute delivered a PowerPoint presentation highlighting the fiscal challenges posed by Colorado's aging population. As revenue growth slows, a growing share of income and consumer spending is expected to fall outside the taxable base for state and local governments,

just as demand for public services like healthcare, housing, and transportation intensifies.

The presentation emphasized that the Taxpayer's Bill of Rights (TABOR) restricts the state's ability to respond, effectively locking in a cycle of declining public investment. TABOR limits options to expand the tax base or retain excess revenue, leading to further erosion of essential programs.

The full presentation, including supporting data and visual graphs, is attached for reference.

DRCOG Board Report

Judi Kern shared that the DRCOG Board has been hearing increased interest in metro transit solutions. She emphasized how thoughtful transportation planning can benefit both younger residents and older adults, making it easier for older adults to access medical appointments, shopping centers, and social activities.

She also announced that the DRCOG Awards Ceremony will take place on August 27th. This annual celebration honors individuals, projects, programs, and partnerships that have significantly enhanced the quality of life across the region.

County Reports

Adams County

Greg Kaler announced that the next resource fair will take place on November 11th at the MAC Recreation Center, located at 3295 W 72nd Avenue in Westminster. He also shared that Adams County is working to strengthen its relationships with local municipalities. Recent outreach efforts have included conversations with the Adams County Commissioners and officials from the City of Westminster.

City and County of Broomfield

Ed Moss emphasized the growing need for senior housing and requested support for new senior living developments in the northern part of the region. He noted that such housing would allow older adults to transition out of homes they can no longer maintain into environments that support a healthy lifestyle, without the burden of upkeep.

He also shared a letter from the City and County of Broomfield regarding the opioid settlement funding and asked if others were aware of it. Grants ranging from \$10,000 to \$25,000 will be available for health-related initiatives led by nonprofits that don't typically operate in the health sector. These organizations could host events like immunization clinics or health fairs, with the actual services provided by partnering health-focused groups.

City and County of Denver

Perla Gheiler shared that recent layoffs in her department have been challenging, prompting a restructuring of their human rights and community partnership efforts. Her team is actively engaging with low-income aging communities to provide guidance on

housing options, connect residents with helpful resources, and offer financial empowerment coaching to support better money management.

She also raised concerns about the reduction in SNAP benefits and its potential impact on older adults. In response, her department has partnered with Denver Human Services and Denver Environmental Health to identify and recommend food assistance resources and explore funding opportunities to help address food insecurity.

Additionally, the department is leveraging the Xcel Energy fund to promote energy efficiency initiatives. They are also focusing on housing sustainability for women, particularly women of color, experiencing homelessness.

Douglas County

Gretchen Lopez informed the committee about an upcoming educational event, *Vintage & Vibrant*, scheduled for September 17th. The event will be held at the Highlands Ranch Senior Center, located at 200 East Highlands Ranch Parkway, Highlands Ranch.

Jefferson County

Dave Appel shared that three county commissioners recently visited the Jefferson County Council on Aging (JCCOA) to discuss their efforts around housing, transportation, and community access. In response, JCCOA expressed interest in playing a more active role as a voice for aging-related issues and partnering with the county on future initiatives.

Other Matters by Members

Judi Kern, along with several other community leaders, spent an afternoon touring facilities with the Home Business Association. She highlighted a new senior housing development in Lone Tree, currently under construction by Kobel, which will offer 100 affordable units with an additional 64 planned. Conveniently located near light rail, the facility is designed to support low-income older adults.

Judi emphasized that many elected officials are actively listening and engaged in efforts to improve quality of life across the entire Front Range.

Next meeting – September 26, 2025, this meeting will be virtual.

Adjournment

The meeting was adjourned at 1:35 p.m.

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The Cost of Aging in Colorado: Budget Trends and Gaps in Colorado's Public Programs

Kendall Stephenson, Senior Fiscal Policy Analyst

Shana McClain, Research Manager



Presentation Outline

- I. Introductions & Motivation
- II. The Demographics
- III. Revenue & Fiscal Effects
- IV. Health Care & Housing
- V. Publicly Funded Programs
- VI. TABOR and the need for reform in state fiscal policy



Who Are We?



Research



Advocacy



Strategic
Communication



Statewide
Education



This project was prepared for AgeWise Colorado

Key Takeaways

Colorado's aging population will influence fiscal policy

- Revenue growth slows: More income and spending will fall outside of the tax base of state and local government

This occurs exactly at the same time as NEED increases

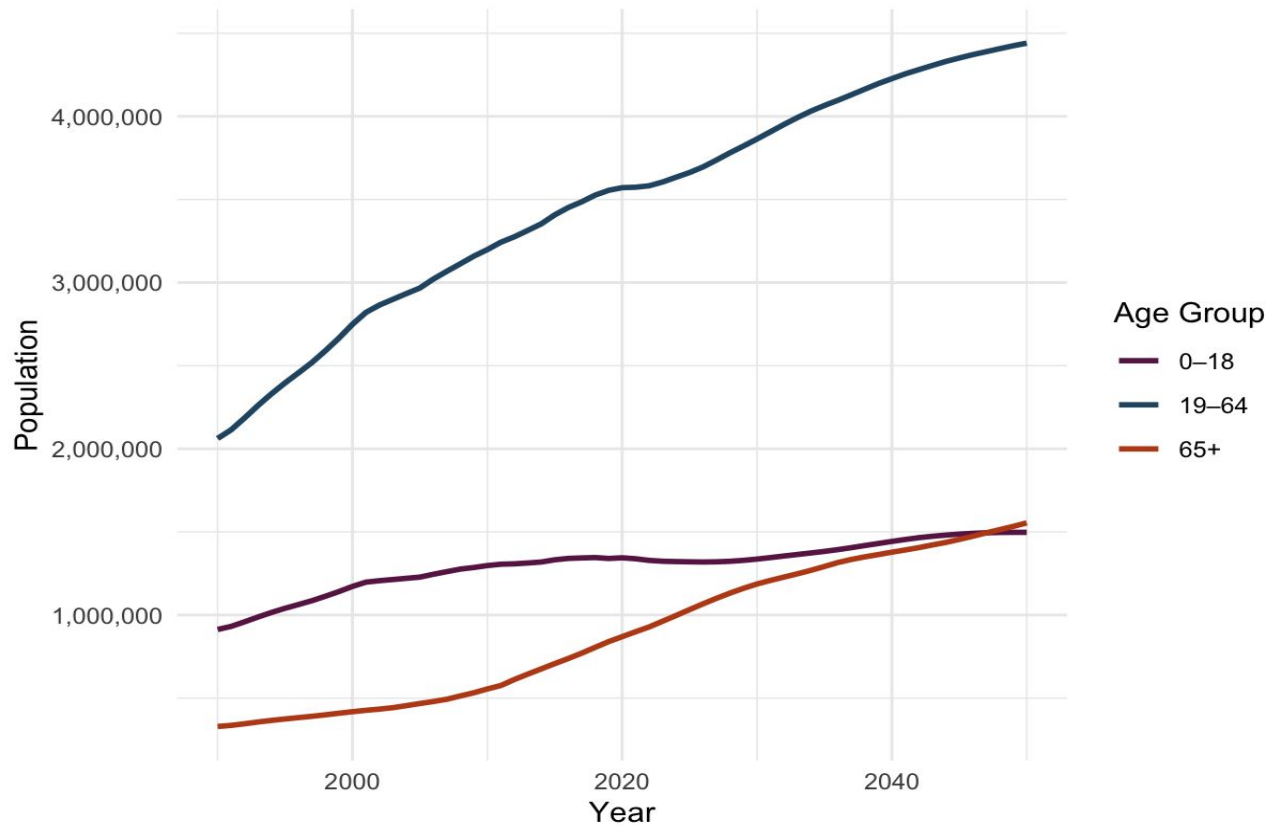
- Healthcare, Housing, Transportation, etc. -> all get squeezed

TABOR prevents anything other than a further erosion of public programs for older Coloradans

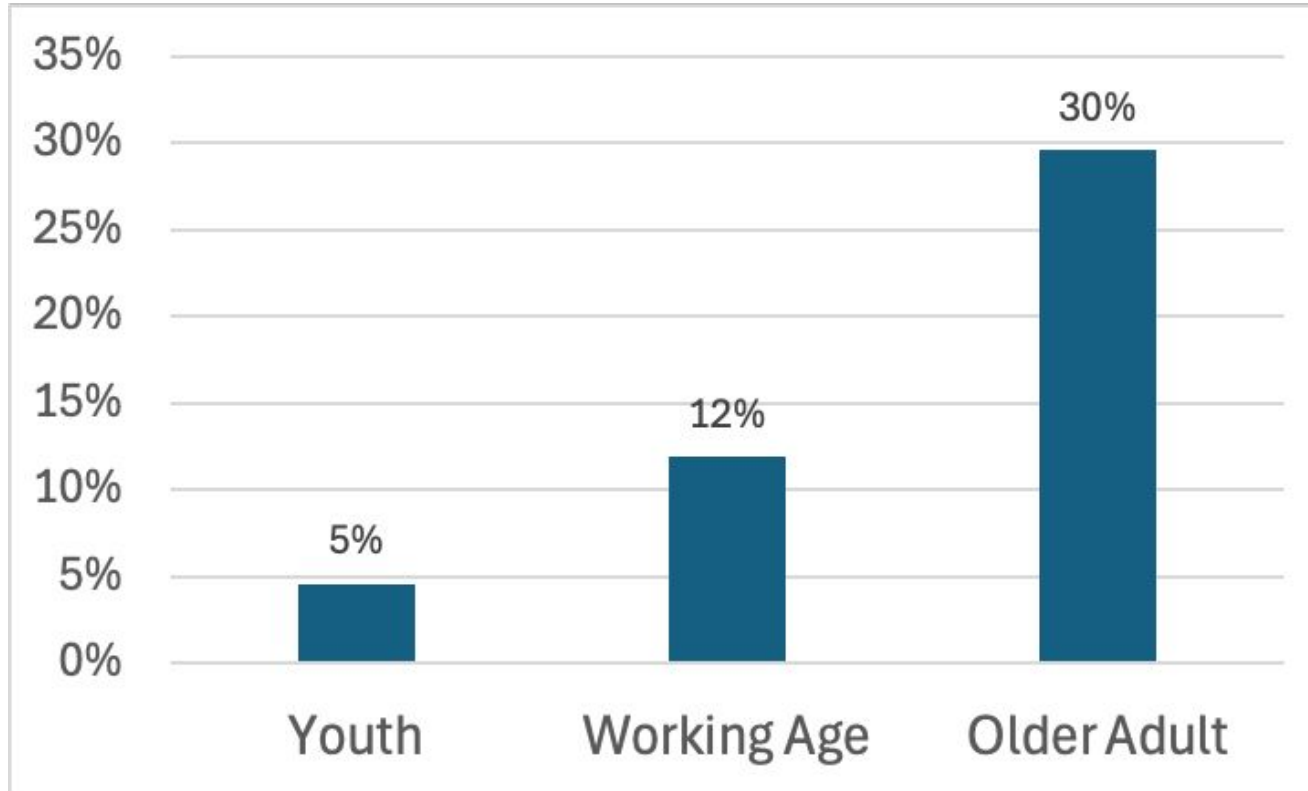
- Can't raise rates, can't broaden the base, can't retain excess revenue



Demographics

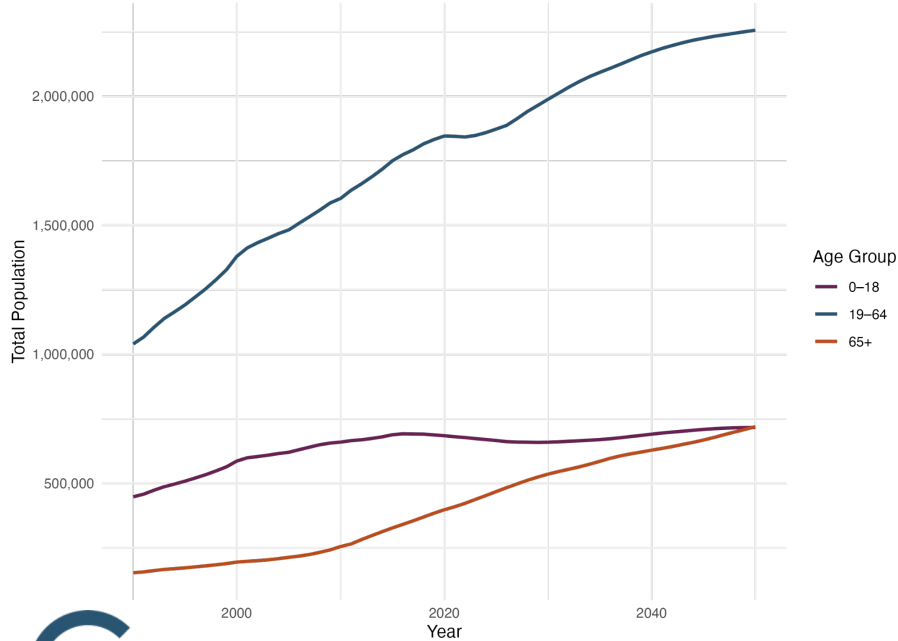


Percent Change in Population, 2024-2035, by Age Group

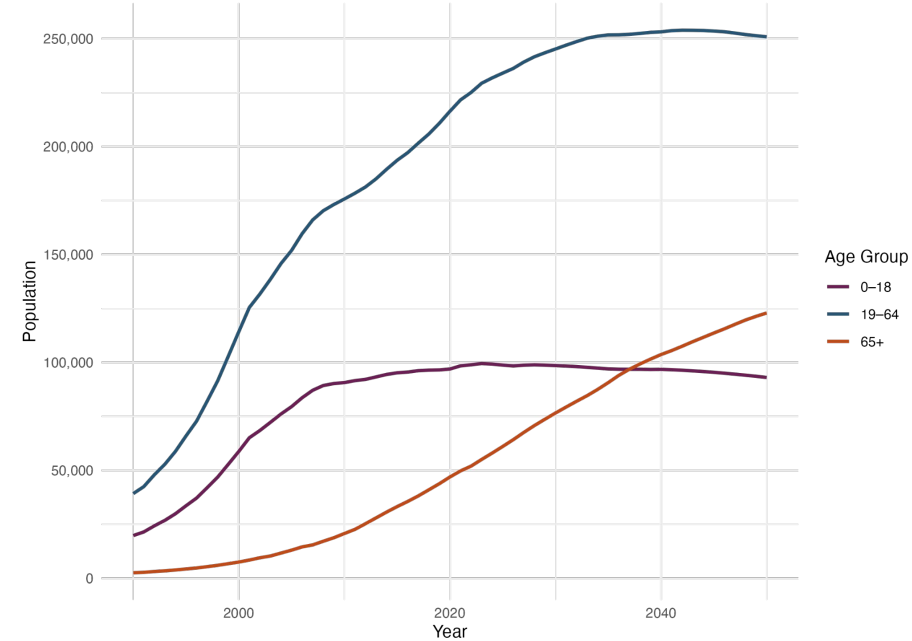


Trends in DRCOG and Douglas County

Cohorts in Planning Region 3A



Cohorts in Douglas County



REVENUE & FISCAL EFFECTS

Average Consumer Expenditures, by Age

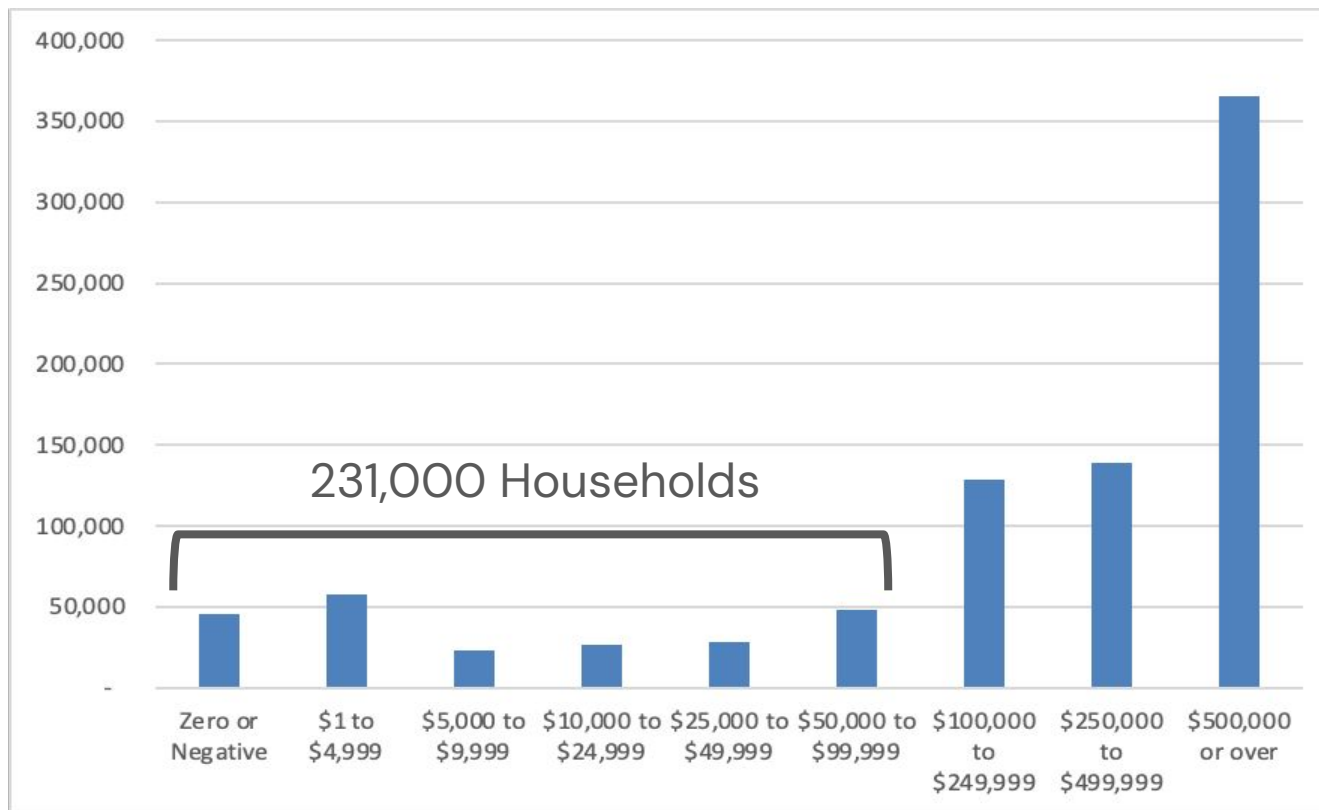
Item	All consumer units	Under 25 years	25-34 years	35-44 years	45-54 years	55-64 years	65 years and older
Average income before taxes	\$101,805	\$56,107	\$96,514	\$126,466	\$137,601	\$117,905	\$64,326
Federal Taxes	\$10,912	\$3,573	\$8,778	\$13,358	\$17,381	\$16,294	\$4,343
Federal Taxes - percent of 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 expenditures spend 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

Revenue & Fiscal Effects

Age of Householder	Median Net Worth		Net Worth (Excluding Equity in Own Home)	
Less than 35 years	\$	30,500	\$	17,210
35 to 44 years	\$	143,700	\$	51,130
45 to 54 years	\$	238,400	\$	78,690
55 to 64 years	\$	309,800	\$	111,300
65 years and over	\$	373,100	\$	114,200
65 to 69 years	\$	390,200	\$	139,600
70 to 74 years	\$	399,800	\$	135,700
75 and over	\$	347,300	\$	96,760

Distribution of 65+ Household Net Worth, Colorado



Source: CFI analysis of US Census Bureau, Wealth, Asset Ownership, & Debt of Households Detailed Tables: 2023



Revenue & Fiscal Effects

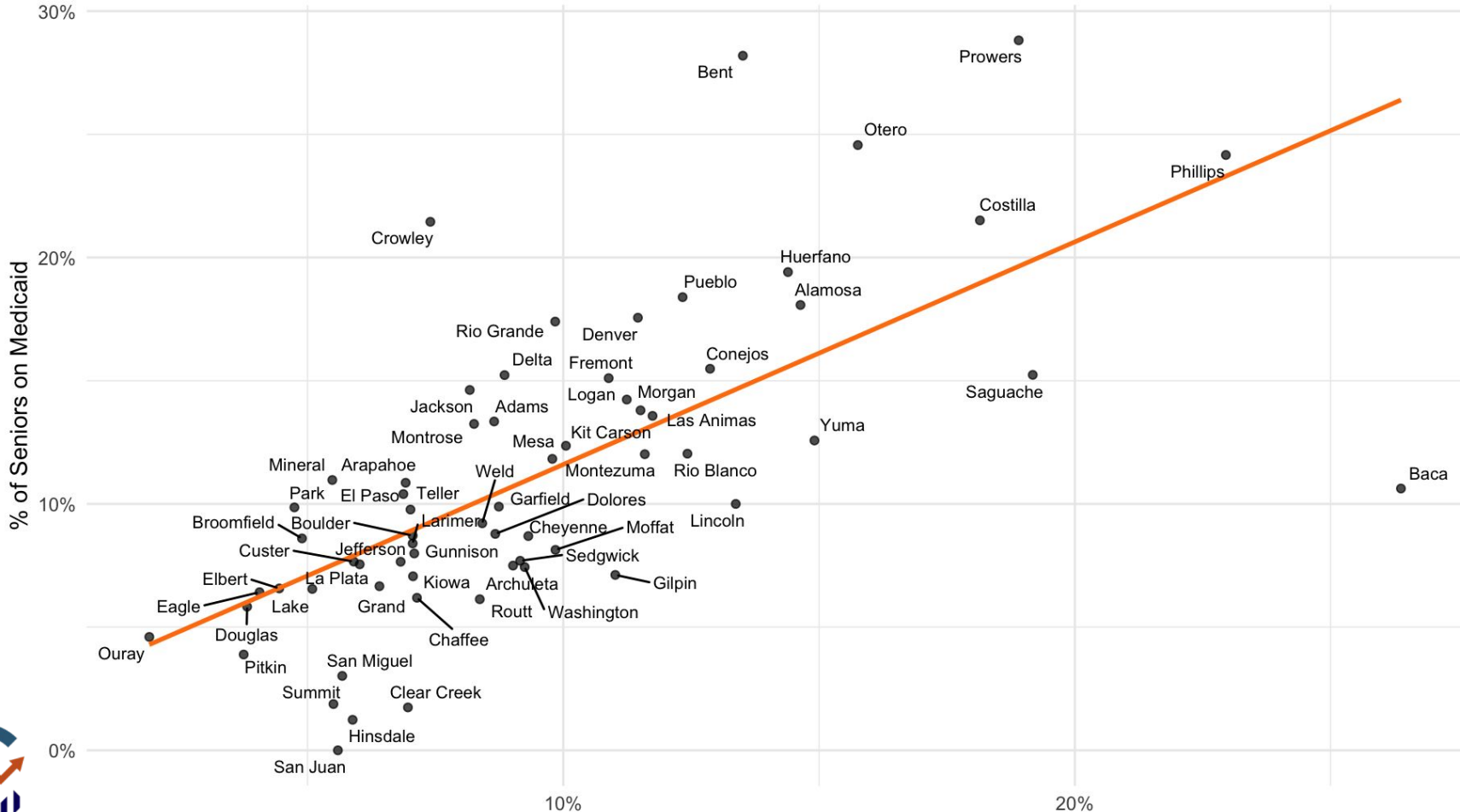
Population aging will impact Colorado's main tax bases

- Slower Wage Growth → Weaker Income Tax Growth
- Shifts in Spending → Weaker Sales Tax Revenue



Healthcare & Housing

Share of Seniors in Poverty vs. on Medicaid (Counties, 2023)



Healthcare: Medicaid

Total expenditures for 65+ Medicaid recipients will grow from **\$1.8 billion today to \$2.6 billion in 2035.**

Assuming the federal government continues to cover half the cost, that leaves Colorado on the hook for an additional **\$420 million (2035) and \$688 million (2050).**



Medicaid & Long-Term Care

Nursing home care is federally required, but many services (like home- and community-based care – preferred by many older adults wanting to age in place) are optional.

Colorado's structural deficit puts these supports at risk during budget trade-offs.

With LTSS costs rising, tough decisions about *who gets care and what kind* will become increasingly common.



H.R. 1 Changes Compound Problems for Older Adults

SNAP expands work requirements from ages 18–54 to 18–64 → undermines food security for older adults

Medicaid imposes costly work requirements → diverts funds from care to red tape, with no proven benefits and harmful disenrollment effects



Housing

Colorado is the **6th least affordable** state in the country.

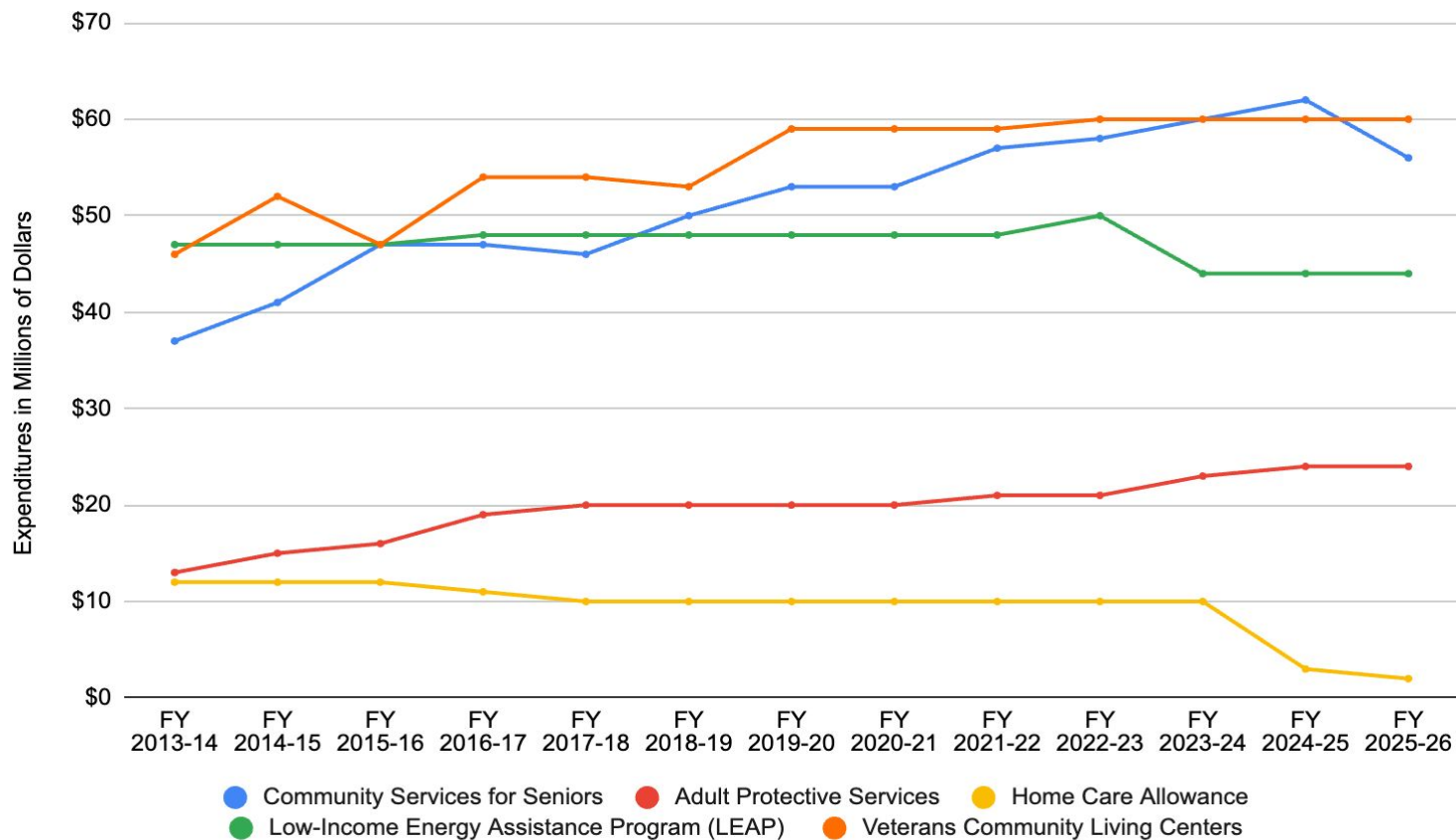
1 in 5 households 65 and older rents.

Since 2010, median rent in Colorado has increased by roughly 30%, while incomes for those 65 or older have grown by only 10%



Public Programs

Public Investment: It's Not Keeping Up



TABOR

TABOR exacerbates these issues:

- limits state revenue growth → population + inflation
- requires excess revenue to be refunded back to taxpayers
- prohibits key taxes that other states effectively use
- requires voter approval for almost any tax policy change

TABOR's constitutionality is under dispute.



TABOR's Got to Go!

What we can do to fight back: Stay Connected

August Special Session

- All hands on deck!

CO Federal Defense Coalition & TABOR Reform Coalition

- Email nutter@coloradofiscal.org

Tax Ambassador Program

- Registration is now open for our Fall 2025 Class, running Thursdays and Saturdays from Sept. 11 - Oct. 18!
- <https://coloradofiscal.org/taxambassador/>



QUESTIONS?

Colorado Fiscal Institute

www.ColoradoFiscal.org

stephenson@coloradofiscal.org

mcclain@coloradofiscal.org



ATTACH B

Advisory Committee on Aging Meeting

Name of Committee: Advisory Committee on Aging

Meeting date: September 26, 2025

Agenda Item #: 6

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Long-Term Care Ombudsman Program

Agenda item type: Informational briefing

Summary

Update from the Long-Term Care Ombudsman Program regarding current issues, trends, and patterns observed in nursing homes and assisted living facilities.

Background

The presentation will cover recurring concerns reported by residents and families, shifts in care quality, staffing challenges, and systemic issues impacting residents.

Action by others

None

Previous discussions/actions

None

Recommendation

None

Attachment

None

For more information

If you need additional information, please contact Shannon Gimbel, Regional Ombudsman Manager, Area Agency on Aging at (303) 480-5621 or Sngimbel@drcog.org.

ATTACH C

Advisory Committee on Aging Meeting

Name of Committee: Advisory Committee on Aging

Meeting date: September 26, 2025

Agenda Item #: 7

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).

Introduction of New Federal Requirements and Regulation Changes

Agenda item type: Informational briefing

Summary

The regulations under the Older Americans Act were revised in 2024 and are scheduled to take effect in October 2025. These updates are extensive, prompting Colorado's State Unit on Aging, along with several other states, to formally request an extension to allow for full implementation. Two significant areas of focus include the updated provisions for §1321.63, which govern the Area Agency Advisory Council, and the revised definition of "greatest social need."

Background

On February 6, 2024, the Administration for Community Living (ACL) issued a final rule revising the regulations that implement the Older Americans Act (OAA), the first major update in 36 years. The regulation enacts Title III of the Older Americans Act (OAA), which distributes formula grants to State Units on Aging. These grants help build comprehensive, coordinated systems of services for older individuals and their caregivers. The Older Americans Act prioritizes support for older adults experiencing the greatest economic hardship, such as those living below the poverty line, and those facing significant social challenges, including isolation, disability, or discrimination.

The committee will be asked to review recent regulatory changes affecting the Advisory Committee on Aging, including a revised title, updated membership structure, and new conflict of interest provisions.

The committee will also examine the updated definition of "greatest social need," which now encompasses a broader range of non-economic factors. This expansion is significant, as the definition plays a critical role in determining eligibility for services under the Older Americans Act.

Action by others

The State Unit on Aging is collaborating with Colorado's 16 Area Agencies on Aging to integrate the updated Code of Federal Regulations (CFR) into the state's policies and procedures.

Previous discussions/actions

None

Recommendation

None.

Attachment

PowerPoint presentation "Two Key CFR Changes."

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.

Two Key Changes in the Federal Regulations

Denver Regional Council of Governments, Area Agency on Aging

Jayla Sanchez-Warren, AAA Director September 26, 2025

Definition of Greatest Social Need

- (1) Physical and mental disabilities;
- (2) Language barriers;
- (3) Cultural, social, or geographical isolation, including due to:
 - (i) Racial or ethnic status;
 - (ii) Native American identity;
 - (iii) Religious affiliation;
 - (iv) Sexual orientation, gender identity, or sex characteristics;
 - (v) HIV status;
 - (vi) Chronic conditions;
 - (vi) Chronic conditions;

Definition of Greatest Social Need - continued

- (vii) Housing instability, food insecurity, lack of access to reliable and clean water supply, lack of transportation, or utility assistance needs;
- (viii) Interpersonal safety concerns;
- (ix) Rural location; or
- (x) Any other status that:
 - (A) Restricts the ability of an individual to perform normal or routine daily tasks; or
 - (B) Threatens the capacity of the individual to live independently; or
- (4) Other needs as further defined by State and area plans based on local and individual factors

Area Agency Advisory Council

§ 1321.63 Area agency advisory council.

- (a) Functions of council. The area agency shall establish an advisory council. The council shall carry out advisory functions which further the area agency's mission of developing and coordinating community-based systems of services for all older individuals and family and older relative caregivers specific to each planning and service area. The council shall advise the agency relative to:
 - (1) Developing and administering the area plan;
 - (2) Ensuring the plan is available to older individuals, family caregivers, service providers, and the general public;

Area Agency Advisory Council - continued

- (3) Conducting public hearings;
- (4) Representing the interests of older individuals and family caregivers; and
- (5) Reviewing and commenting on community policies, programs and actions which affect older individuals and family caregivers with the intent of assuring maximum coordination and responsiveness to older individuals and family caregivers.

Composition of Area Agency Advisory Council

- (b) Composition of council. The council shall include individuals and representatives of community organizations from or serving the planning and service area who will help to enhance the leadership role of the area agency in developing community-based systems of services targeting those in greatest economic need and greatest social need.
- The advisory council shall be made up of:
 - (1) More than 50 percent older individuals, including minority individuals who are participants or who are eligible to participate in programs under this part, with efforts to include individuals identified as in greatest economic need and individuals identified as in greatest social need in § 1321.65(b)(2);
 - (2) Representatives of older individuals;
 - (3) Family caregivers, which may include older relative caregivers;

Composition of Area Agency Advisory Council - continued

- (4) Representatives of health care provider organizations, including providers of veterans' health care (if appropriate);
- (5) Representatives of service providers, which may include legal assistance, nutrition, evidence-based disease prevention and health promotion, caregiver, long-term care ombudsman, and other service providers;
- (6) Persons with leadership experience in the private and voluntary sectors;
- (7) Local elected officials;
- (8) The general public; and
- (9) As available:
 - (i) Representatives from Indian Tribes, Pueblos, or Tribal aging programs; and
 - (ii) Older relative caregivers, including kin and grandparent caregivers of children or adults age 18 to 59 with a disability.

ATTACH D

Advisory Committee on Aging Meeting

Name of Committee: Advisory Committee on Aging

Meeting date: September 26, 2025

Agenda Item #: 8

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Ride Alliance Project Update

Agenda item type: Informational briefing

Summary

A presentation on the Ride Alliance project highlighting the project progress, challenges and remaining action items for the Strengthening Mobility and Revolutionizing Transportation (SMART) Stage 1 grant.

Background

DRCOG received a grant award through the (SMART) Stage 1 grant in July 2024. The grant award of \$975,486 provides funding to upgrade and pilot the Ride Alliance Trip Exchange Hub. This project builds off previous work completed by DRCOG and others in the region to develop the initial Trip Exchange Hub. The purpose of the Trip Exchange Hub is to coordinate human service transportation trip requests across the region, reduce trip denials, create a no-wrong door approach for clients seeking services, and streamline reporting processes across human service transportation providers.

The Ride Alliance project has made significant progress in achieving the goals outlined in the SMART application. The project has secured a memorandum of understanding from transportation providers RTD FlexRide, Via Mobility Services and the North Front Range Metropolitan Planning Organization agreeing to participate in the pilot of the Trip Exchange Hub. The project has completed significant development work to improve the Trip Exchange Hub functionality and user experience. The Ride Alliance project has encountered challenges along the way that have led to positive outcomes including a potential integration with Uber Technologies, Inc. Ride Alliance is on track to test the Trip Exchange Hub functionality with clients and trips through a pilot starting in November.

There is a significant need for Ride Alliance and a coordinated transportation system due to the rapidly aging population in Colorado and the demand for services continuing to outpace available funding. Ride Alliance is a cost-effective solution for regional coordination.

Action by others

None.

Previous discussions/actions

Presentation on March 28, 2025.

Recommendation

None.

Attachment

Ride Alliance Presentation- ACA-Sept 2025

For more information

If you need additional information, please contact Malorie Miller, Senior Project Manager, Transportation Planning and Operations, 720-278-2334 or mmiller@drcog.org.

Attachment

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Ride Alliance Update

Advisory Committee on Aging, September 26, 2025

Why Ride Alliance?

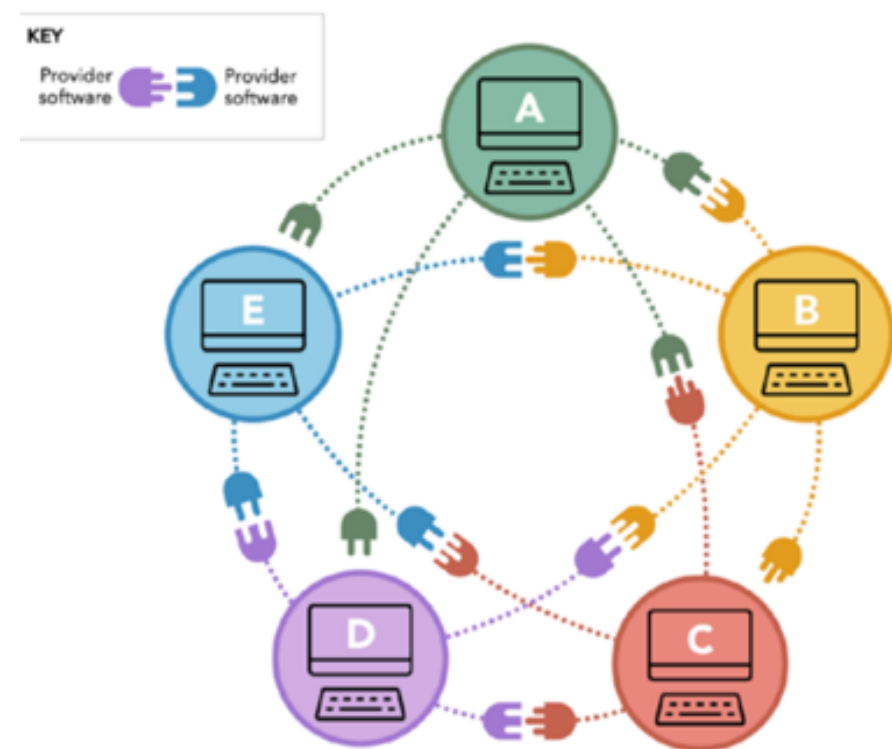
Current state of the region:

- **11,966 trip denials** in 2024.
- **No coordination** between providers.
- **Waitlist** for services.

By 2030:

- **27.8% increase** in the older adult population.
- **1 in 5 persons** over the age of 60.

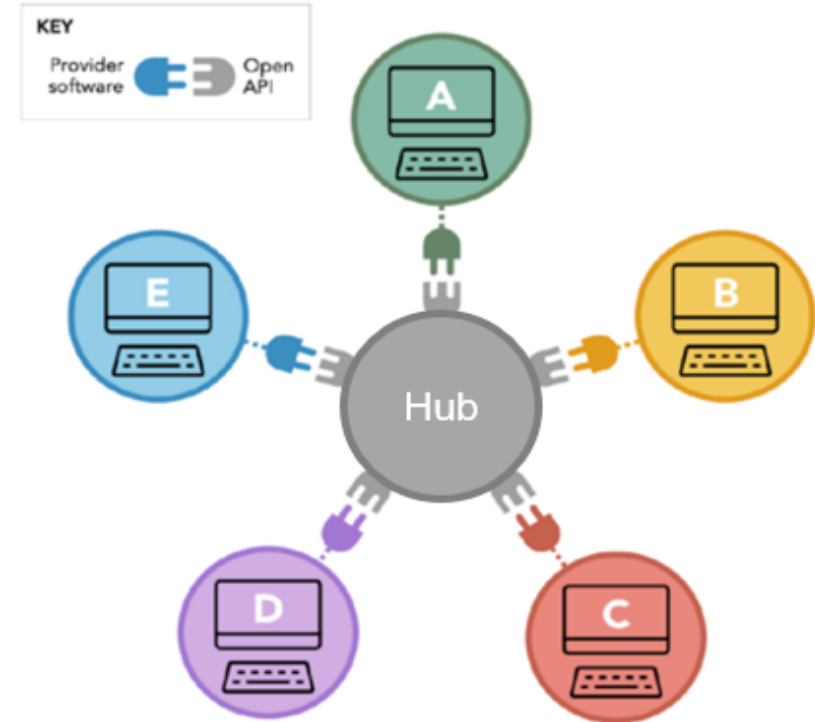
Interoperability using Proprietary APIs



Goals At-Scale

- Trip Exchange Hub.
- No wrong door approach.
- Maximize available resources.
- Eliminate silos.

Trip Exchange (Hub) Interoperability



Project Challenges



18-month
period of
performance.



Scheduling
software
companies lack
incentive.



4-year project
lapse.

Stage 1 Goals

1. Secure MOU's from DRT providers.
2. Upgrade the Trip Exchange Hub.
 - TDS-compliant.
 - Enhanced reporting capabilities.
 - Updated user interface.
 - Direct trip booking.
3. Integrate the Hub with other systems.
4. Pilot the Hub with 1 DRT provider.



Project Progress

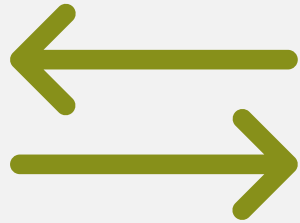
- Engagement and Outreach
 - Stakeholder group
- MOU secured
 - NFRMPO
 - RTD FlexRide
 - Via Mobility Services
- Trip Exchange Hub development underway
 - TDS-compliant.
 - Open-source.
 - Enhanced reporting capabilities.
 - Updated user interface.



North Front Range
Metropolitan
Planning
Organization



Bonus Project Progress



**Uber integration
exploration.**



**TDS-alternatives for
integration.**

Middleware.

Direct trip import tool.

Stage 1 Pilot Goals



100 trips completed.

1 inter-regional trip (DRCOG-NFRMPO)

90% client satisfaction with services.

99% or two nines of availability.

Prove functionality of integration options.

Next Steps

Task	Timeline
Finalize contracts and letters of commitment.	September 2025-December 2025
Pilot project and data analysis. <ul style="list-style-type: none">• Area Agency on Aging• NFRMPO-RAFT• RTD FlexRide• Via Mobility Services	November-December 2025
Apply for Stage 2 funding.	~Summer 2026, anticipated award announcement.

Stage 2 and At-Scale Vision

- Coordinated transit network with **agreed-upon business rules**.
- Efficient and cost-effective network that can **optimize based off demand**.
- **One-stop shop** for transit services with potential to expand to other service types.
- **Replicable, open-source** model with potential to expand state-wide.
- TDS-Compliant Trip Exchange Hub that is **sustainable to change**.



Thank you!

Malorie Miller

Senior Project Manager

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