

Advisory Committee on Aging (ACA) Meeting Summary

Friday, September 26, 2025

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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 ombudsmen 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 Programming 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 Erickson company offers services to residents. 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.

Ed expressed his disappointment that DRCOG declined to provide a letter to Westminster City Council which generally noted the staggering shortage of senior housing and continuum care.

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.