

AGENDA
ADVISORY COMMITTEE ON AGING
Friday, June 23, 2023
11:00 a.m. – 1:10 p.m.
Via Webinar

- 1 11:00 Call to Order and Introductions
- 2 11:05 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 Report of the Chair – Karie Erickson
- 4 11:20 Report of the AAA Director – Jayla Sanchez-Warren

CONSENT AGENDA

- 5 11:35 Move to Approve Consent Agenda
Minutes from April 28, 2023, and May 9, 2023, meetings.
(Attachment A)

ACTION ITEM

- 6 11:40 Discussion of canceling the July 28, 2023, meeting – Karie Erickson
(Attachment B)

INFORMATIONAL BRIEFINGS

- 7 11:45 ACA Survey Results – Kelly Roberts
(Attachment C)
- 8 12:05 Overview of the AAA Funding Process – Jayla Sanchez-Warren and Sharon Day
(Attachment D)
- 9 12:30 Legislative Update – Rich Mauro
(Attachment E)

- 10 12:45 DRCOG Board Report
- 11 12:50 County Reports

ADMINISTRATIVE ITEMS

- 12 **Next meeting August 25, 2023. if approved by committee.**
- 13 1:00 Other Matters by Members
- 14 1:10 Adjourn

Attendees can request additional aids or services, such as interpretation or assistive listening devices, by calling 303-480-6723 or emailing mpatton@drcog.org. Please notify DRCOG at least 48 hours in advance so we can coordinate your request.

AAA Acronym Quick List

ACL/AOA	Administration for Community Living/Administration on Aging
ACO	Accountable Care Organization
ADA	Americans with Disabilities Act
ADL	Activities of Daily Living
ADRC	Aging and Disability Resource Center
AHC	Accountable Health Communities
CAC	Citizens Advisory Committee
CASOA	Community Assessment Survey for Older Adults
CCT	Colorado Choice Transitions
CMS	Centers for Medicare and Medicaid Services
COA	Council on Aging
DCOA	Denver Commission on Aging
DORA	Department of Regulatory Agencies
DOLA	Department of Local Affairs
DRMAC	Denver Regional Mobility and Access Council
F&B	Finance and Budget Committee
GIS	Geographic Information System
HB	House Bill
HCPF	Health Care Policy and Financing
HIPAA	Health Insurance Portability and Accountability Act
HTP	Hospital Transformation Project
I&A	Information and Assistance
JBC	Joint Budget Committee
LTC	Long Term Care
MDS	Minimum Data Set
MIPPA	Medicare Improvement for Patient and Providers Act
MOU	Memorandum of Understanding
NASUAD	National Association of States United for Aging and Disabilities
OAA	Older Americans Act
PACE	Program of All-Inclusive Care for the Elderly
PHI	Personal Health Information
RFP	Request for Proposal
RFQ	Request for Qualifications
ROD	Record of Decision
RTC	Regional Transitions Committee (Aging)
RTC	Regional Transportation Committee*(Transportation)
SAPGA	Strategic Action Planning Group on Aging
SB	Senate Bill
SHIP	State Health Insurance Assistance Program
SMP	Senior Medicare Patrol
SRC	Seniors' Resource Center
SUA	State Unit on Aging
VDC	Veterans Directed Care
VOA	Volunteers of America

ATTACH A

**ADVISORY COMMITTEE ON AGING
MEETING SUMMARY
Friday, April 28, 2023**

Members Present

Ada Anderson	Douglas County
Barbara Boyer	Arapahoe County
Bob Brocker	At Large – Denver
Cary Johnson	Jefferson County
Chris Lynn	Jefferson County
Connie Ward	Jefferson County
Dawn Perez	Adams County
Donna Mullins	Jefferson County
George Teal	Douglas County
Gretchen Lopez	Douglas County
Houston “Tex” Elam	At Large – Arapahoe County
Karie Erickson	Douglas County
Perla Gheiler	City and County of Denver
Phil Cernanec	At Large – Arapahoe County
Shari Haidvogl	Clear Creek
Steve Conklin	DRCOG Board – Edgewater
Tom Mahowald	DRCOG Board – Nederland

Guests Present

Colleen Morton, CAPABLE, Debbi Haynie, Castle Rock Senior Center, Estefania Corral, Center for People With Disabilities, Heather Kamper, Center for People With Disabilities

DRCOG Staff Present

AJ Diamontopoulos, Senior Management Analyst, Caitlin Phillips Ombudsman, Donnita Daniels, Aging Services Counselor, Erika Dubray, Community Resource Manager, Fonda Buckles, ADRC Manager, Ines Rosas , Veterans Program Manager, Janine Brown-Franklin, Community Resource Specialist, Jayla Sanchez- Warren, AAA Division Director, Jennifer Reeves, Veterans & Community Options Manager, Jennifer Serna, Veterans Case Manager, Kelly Roberts, Community Resource Specialist, Kelsie Jurin, Comm Resource Spec In-Home Services, Malorie Miller, Program Manager Transportation, Mindy Patton, Division Assistant, Rene Hickman, Ombudsman, Sharon Day, Manager AAA Business Operations

Karie Erickson Committee Chair – Called the meeting to order at 11:02 a.m.

Public Comment Period (Non-ACA Members)

There was no public comment.

Report of the Chair – Karie Erickson

Chair Erickson said that COVID is making a comeback at her office, she reminded everyone to stay diligent and keep informed. Jayla Sanchez-Warren, AAA Director commented that Dr. John Douglas from No CoPay radio said that they are recommending that people over 60 have a fifth vaccination, and they are coming out with a new bivalent vaccine.

Report of the AAA Director – Jayla Sanchez-Warren

- DRCOG has a new federal lobbying firm called Thorn Run Partners, which has a team of six people specializing in aging and are providing Jayla with regular updates on bills.
- Jayla is working on the following federal bills that directly affect the Area Agencies on Aging:
 - The Elizabeth Dole Home Care Act –benefits the Veterans Directed Care program by providing more home and community-based services to help veterans remain in their home and receive services.
 - The Elder Justice, Reauthorization, and Modernization Act of 2023 – The bill provides \$232.5 million for all Ombudsman programs across the country and would significantly increase funding to the DRCOG program.
 - A bill for the coordination between medical and community-based services for \$500 million – the bill provides services to individuals discharged from the hospital to prevent them from re-entering the hospital. This is the program that AJ Diamontopoulos is currently working on with hospitals.
 - Another bill for \$250 million addresses social isolation – social isolation has always been a problem for older adults, it can affect them physically, and cognitively. Both Chair Erickson and Chris Lynn from Seniors’ Resource Center said that their programs for social isolation are very successful and could use funding in this area.
 - Chronic Care Act 2.0 – which expands services that can be offered at home such as nutrition, transportation and in home services by expanding Medicare payments for these services. They are also talking about case management and rehabilitation services.
- Jayla attended the Colorado Association of the Area Agencies on Aging quarterly meeting.
 - The Department of Human Services spoke about their funding priorities.
 - Rich Mauro, DRCOG Director of Legislative Affairs, attended the meeting and participated in discussions to start developing a strategy and develop advocacy materials.
 - There was training on advocating with data and keeping the message clear.
- Kelly Roberts, Community Resource Specialist, is working with Jayla, Bob Brocker, and others on a coordinated information campaign. The goal is to remind people of the demographic shift in the older population, the challenges and impact that an older population will bring to the DRCOG region. Factors to consider are the 2% growth in the 0 to 18 population, the 17% growth in the worker population of 19 to 64 year olds and the 99% growth in the older adults.
- Jayla met with Donna and John Mullens. John is a distinguished figure in the global entrepreneurial community, he has authored several books, and is a professor at the London Business School. John provided suggestions on how to communicate the message of the demographic shift to the business community.

Move to approve consent agenda

Items on the consent agenda included: March 24, 2023, meeting summary.

Tom Mahowald attended the last meeting and asked for that correction. Phil Cernanec motioned for approval. Chris Lynn seconded the motion; the consent agenda was unanimously approved.

Agendas and summaries are posted on the DRCOG website located at <https://drcog.org/calendar> from there 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

CAPABLE Presentation – Colleen Morton

- Colleen Morton, RN presented to the group. CAPABLE stands for a community aging in place, advancing better living for elders.
- CAPABLE is a licensed evidence-based program. The four to five-month program integrates services from an occupational therapist, a registered nurse, and a handy worker who work together with the older adult to set goals and direct-action plans that change behaviors to improve health, independence, and safety. The complete presentation can be viewed on the DRCOG website: <https://drcog.org/node/989907> scroll to the bottom of the page. For more information you can contact CAPABLE at <https://vnacolorado.org/services/capable/> or by email, CAPABLE@vnacolorado.org.

Center for People With Disabilities Presentation – Heather Kamper

- Heather Kamper, Director of Core Services and Stefania Corral, Program Manager presented to the group.
- The Center for People with Disabilities helps those with disabilities gain access to crucial and otherwise unavailable services. They support them in overcoming barriers and challenges to independent living, gainful employment and fulfilled lives. Without this support many would experience a lack of independence, isolation, depression, and other physical and mental disabilities.
- They cover all the DRCOG region except for Douglas County. The complete presentation can be viewed on the DRCOG website: <https://drcog.org/node/989907> scroll to the bottom of the page. For more information you can visit their website <https://cpwd.org/> or email at Info@CPWD.org.

Heather Kamper
Director of Core Services
303-442-8662 x 223
heather@cpwd.org

Collective Messaging Discussion – Jayla Sanchez-Warren

- Jayla and Kelly are beginning work on a collective messaging and advocacy campaign to educate the general public, legislators, and public officials, about the shift in the aging demographics.

- The first step is to put together a think tank with representatives from aging interests, the media, funders, and community partners to get cost effective input on the messaging, how to spread the word and partnerships. The think tank will be in June.
- Jayla and Kelly will provide training for consistent messaging. Beginning with a webinar May 28th on the 4 Year Plan, followed up with other webinars in June, August, and October. These webinars will also be a platform for advocacy efforts.
- Denver Regional Aging Alliance is the new name for the collaborative group that began in September at the summit which consisted of the County Councils on Aging and the Senior Commissions.

Update on ACA New Model Subcommittee – Kelly Roberts

- There is an ACA New Model subcommittee working on reviewing and revising the ACA bylaws. Once completed, the recommendations to the bylaws will be provided to the ACA committee for review and action and then consideration by the DRCOG board.
- Kelly will be sending out a survey to the ACA members for input on their role on the ACA. This will help the new model subcommittee with the bylaw changes. Kelly will share the results of the survey at the June 23rd ACA meeting.

Board Report – Steve Conklin

Steve Conklin, DRCOG Board Chair

- Board Chair Conklin said the DRCOG Board had continued discussions regarding Senate Bill 213 and DRCOG continues to monitor the progress of the bill as it continues through the General Assembly.
- The DRCOG Board will be having a special session to discuss Senate Bill 213 and other outlying items that need to be addressed. A video of the DRCOG board recording can be viewed here: <https://drcog.org/node/989842>. Scroll to the bottom of the page.
- Chair Conklin reminded the group about the DRCOG Bike to Work Day which will be held on June 28th.

County Reports

City and County of Denver – Perla Gheiler

Perla reported that Denver has just completed their first Age Matters report since 2018. The plan covers the next two years, they hope to get it in front of the new Mayor in July.

Douglas County – George Teal

George said Douglas County has created a priority focus group to discuss senior services. They had a town hall and found areas that need improvement and will be initiating a road show of listening tours over the summer to have conversations with the seniors on what is going well and where there could be improvement.

Jefferson County – Donna Mullins and Cary Johnson

Donna told the group that there is going to be a steering committee meeting for Age Friendly Jefferson County. She will let the group know how that progresses.

Cary and Donna are working with others from Jefferson County and Metropolitan State University students to design a new logo. They have been educating the students and opening their eyes to aging.

Cary Johnson let the group know they will be holding their Senior Heroes event on May 11th. The event recognizes the value of seniors who volunteer.

Other Matters by Members

- Tex Elam informed the committee that RTD voted to have two national organizations provide Access-a-Ride services beginning in July. This will affect services Via provides to older adults. Currently Via is addressing this change. Tex will keep the group informed.
- Sharon Day reported that the Funding Subcommittee met earlier in the week and made recommendations for funding allocations for the remaining FY22-23 budget. She requested a special session of the ACA to approve funding recommendations so the DRCOG Board can approve at their next meeting.
- Due to the Memorial holiday and several members being out of town, Chair Erickson suggested cancelling the May 26th meeting. Barbara Boyer made a motion to cancel, and Dawn Perez seconded the motion. Motion was unanimously approved.

Next meeting – **May 26, 2023, meeting cancelled in lieu of a special session to be scheduled in early May.**

Adjournment

The meeting adjourned at 1:38 p.m.

**ADVISORY COMMITTEE ON AGING
MEETING SUMMARY
Tuesday, May 9, 2023**

Members Present

Ada Anderson	Douglas County
Bob Brocker	At Large – Denver
Cary Johnson	Jefferson County
Cathy Noon	Arapahoe County
Chris Lynn	Jefferson County
Dawn Perez	Adams County
Donna Mullins	Jefferson County
Gretchen Lopez	Douglas County
Jim Dale	Jefferson County
Houston “Tex” Elam	At Large – Arapahoe County
Karie Erickson	Douglas County
Perla Gheiler	City and County of Denver
Phil Cernanec	At Large – Arapahoe County
Steve Conklin	DRCOG Board – Edgewater
Tom Mahowald	DRCOG Board – Nederland

Guests Present

Allison Cutting, Douglas County

DRCOG Staff Present

Jayla Sanchez- Warren, AAA Division Director, Mindy Patton, Division Assistant, Sharon Day, Manager AAA Business Operations

Karie Erickson Committee Chair – Called the meeting to order at 9:34 a.m.

Public Comment Period (Non-ACA Members)

There was no public comment.

Action Items

Discussion of additional funding allocations for AAA contractors for the 2022- 2023 state fiscal year – Sharon Day

- Sharon informed the committee that at the end of the fiscal year some contractors are unable to use all their funding and give money back to DRCOG. DRCOG sent out a request on April 13th to current contractors for them to request additional funds. DRCOG received requests for approximately \$1M, with the availability of only \$686,000 to reallocate.
- The Funding Subcommittee met on April 25th to review the requests and make some challenging decisions on how to allocate funds.
- Those requesting additional funds were evaluated on the types of services provided, if they had wait lists, and could serve a large number of people with the additional funding. Some contractors kept their funds but allocated them to other existing contracted programs.

- There was discussion and comments from the Funding Subcommittee explaining what led to the final allocation decisions.
 - Cathy Noon commented that funding was reallocated to the category it was returned from. An example was chore services funds were allocated to other contractors requesting funds for chore services. Cathy also stated that allocated funds went to providers who would not have enough money to get to the end of the year to meet their contracted numbers.
 - Cary Johnson said the committee looked at more hands-on direct services.
 - Sharon mentioned that this was the second request and some providers who had received money previously did not receive funds for this request.

Cathy Noon motioned to recommend that the DRCOG Board Finance and Budget Committee approve allocating additional federal and state funds to AAA contractors totaling approximately \$686,000 for the state fiscal year ending on June 30, 2023. Cary Johnson seconded the motion. The committee unanimously approved with Bob Brocker, Chris Lynn, Karie Erickson, Perla Gheiler and Tex Elam abstaining from the vote due to conflict of interest.

Discussion of contract renewal with Nymbly Science for the state fiscal year 2023-2024 – Sharon Day

- Nymbly Science is a for profit mobile fall prevention program. DRCOG entered into a pilot program with Nymbly in February of 2021 with the initial goal of reaching 5,000 people, currently they have 21,000 participants.
- Nymbly Science conducted surveys to ensure that people using the application are happy with this type of program.
- DRCOG would like to be able to continue the program for another year with slightly less funding. Approval of the contract would allow Nymbly to reach another 9,400 people. The contract amount was for \$662,300, and they would be adding the format in Spanish.
- Jayla said that DRCOG is now the largest fall prevention program in the nation.

Phil Cernanec motioned to recommend that the Board Finance and Budget Committee extend the contract with Nymbly Science for their mobile fall prevention program in the amount not to exceed \$662,300 for the state fiscal year ending on June 30, 2024. Tex Elam seconded the motion. The committee unanimously approved.

Discussion of approval to allocate funds to contractors for the AAA Choice Services program in state fiscal year 2023-2024 – Sharon Day

- This item was to approve the Choice Services providers for the next fiscal year. There are six in-home service providers, and three transportation providers. Contracts are renewed annually.
- All contractors have been vetted by DRCOG to make sure they are licensed, have the required insurance, a good service history, a good review of their program management and have a site visit.
- This is an internal DRCOG program where staff complete the intake and assessment for clients and make referrals to the fee for service providers. There is a budget based on available funds to issue vouchers. Unspent funds are returned back into the funding pool each month, and new vouchers are issued to clients.

- AAA Choice Services Program funding for transportation will be \$1,000,000. With \$784,000 going to in-home care services.
- Phil Cernanec asked Sharon to elaborate more on how the pool of funds rolls over into the next month and what happens when all the funds are used for that month. Sharon said clients get up to six months of service which commits the funds for six months at a time, but clients can only redeem monthly. The voucher is uncommitted and de-obligated, when a client passes away or moves elsewhere no longer needing the service, or if the service was only needed temporarily then the funds go back into the pool, and somebody is taken from the wait list according to who has the most need.
- Chair Erickson asked about fairness between a contracted service provider and the DRCOG voucher contractors. Sharon replied that the program was developed out of a need to fill the gap in service to clients due to the decline in contracted service providers that were unable to meet the need. In addition, Colorado Visiting Nurse Association decided not to continue their in-home program leaving hundreds of people without needed services. Regarding transportation services, Sharon said clients were having to book a ride several weeks in advance with the contract providers, but the voucher program contractors can provide clients with on demand service. Also, the per ride cost is less expensive with the voucher program. Jayla stated that another advantage to the voucher program is staff decide what serves the client best and is most cost effective. DRCOG will be providing travel training to assist clients with being more comfortable using less expensive rides.

Phil Cernanec made the motion to recommend that the Board Finance and Budget Committee approve issuing contracts with providers for the AAA Choice Services Programs for the state fiscal year of July 1, 2023, through June 30, 2024. Donna Mullins seconded the motion. The committee unanimously approved with one abstention by Tex Elam.

Next meeting – June 23, 2023

Adjournment

The meeting adjourned at 10:24 a.m.

ATTACH B

To: Chair and Members of the Advisory Committee on Aging

From: Jayla Sanchez-Warren, Director Area Agency on Aging, (303) 480-6735 or jswarren@drcog.org

Meeting Date	Agenda Category	Agenda Item #
June 23, 2023	Action	6

SUBJECT

Cancellation of the July ACA meeting.

PROPOSED ACTION/RECOMMENDATIONS

Staff recommends canceling the July 28th, 2023 meeting.

ACTION BY OTHERS

N/A

SUMMARY

Historically the ACA has voted to cancel this meeting due to many vacationing members. This agenda item will be seeking member approval to cancel the July 28th meeting.

PREVIOUS DISCUSSIONS/ACTIONS

NA

PROPOSED MOTION

Move to approve canceling the July 28, 2023, ACA Committee meeting.

ATTACHMENT

N/A

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

ATTACH C

To: Chair and Members of the Advisory Committee on Aging

From: Kelly Roberts, Community Resource Specialist, kroberts@drcog.org

Meeting Date	Agenda Category	Agenda Item #
June 23, 2023	Informational Briefing	7

SUBJECT

Present results of the ACA Member Survey.

PROPOSED ACTION/RECOMMENDATIONS

N/A

ACTION BY OTHERS

N/A

SUMMARY

In May DRCOG staff emailed a survey to the ACA. Kelly Roberts will report on the input received from ACA members.

PREVIOUS DISCUSSIONS/ACTIONS

The ACA New Model workgroup is reviewing, revising, and making recommendations to the ACA Committee Guidelines. The workgroup determined soliciting input from ACA members would be helpful to this effort. At the April ACA meeting, staff informed the committee of the upcoming survey. The survey was distributed in May so results could be shared at the June meeting.

PROPOSED MOTION

N/A

ATTACHMENT

N/A

ADDITIONAL INFORMATION

If you need additional information please contact Kelly Blair Roberts, Community Resource Specialist, at 303-480-6787 or kroberts@drcog.org.

ATTACH D

To: Chair and Members of the Advisory Committee on Aging

From: Sharon Day, Manager, AAA Business Operations
(303) 480-6705 or sday@drcog.org

Meeting Date	Agenda Category	Agenda Item #
June 23, 2023	Informational Briefing	8

SUBJECT

This is an informational item regarding the funding process for the AAA.

PROPOSED ACTION/RECOMMENDATIONS

N/A

ACTION BY OTHERS

N/A

SUMMARY

In a prior ACA meeting during which AAA contractor allocations were presented for approval, a description of the AAA's funding process was requested. This memo serves to provide that summary.

DRCOG typically receives its allocations for federal Older Americans Act (OAA) and State Funding for Senior Services (SFSS) from the Colorado Department of Human Services in May or June of the state fiscal year commencing in July. In spite of the short advance notice for funding, DRCOG staff initiates a process well ahead of the new fiscal year to solicit providers or renew contracts with existing providers. For state fiscal year 2023-2024, DRCOG solicited proposals for certain eligible services under a Request for Proposal (RFP) solicitation released in November 2022. Existing contractors for certain other services were allowed to submit program budgets without a formal proposal. Approximately half of eligible services were solicited via the RFP. The remaining half of the services will be solicited in a RFP to be released in the subsequent fiscal year.

The funding subcommittee of the ACA evaluated the proposals and budget requests against a variety of criteria such as the need for the service, the relative strength of the provider, the service cost, number of people served, among other factors. The subcommittee then recommended allocations based on an estimate of available funds provided by DRCOG staff. If actual amounts awarded were significantly different from the original estimate, the funding subcommittee was tasked with evaluating correspondent cuts or increases to its recommended allocations. Their recommendations are then presented to the ACA and the DRCOG Board Finance and Budget Committee for their respective approvals, after which contracts are issued.

Prior to contracts being issued, DRCOG staff determine how the contract allocations will be funded. Title III OAA monies are divided into service subparts with prescriptions for how funds may be utilized: Subpart B is for access-related services, Subparts C1 and C2 are for nutrition services, Subpart D is for evidence-based disease prevention and health promotion programs, and Subpart E is for family caregiver support programs. Some of the funding subparts have additional requirements for how funds may be distributed. A description of those subpart requirements is outlined in the attachment.

SFSS monies, on the other hand, are not divided into subparts and may therefore be flexibly allocated to OAA-eligible services. Unlike OAA funds, which allows for up to

10% of unexpended funds to be carried over into the following fiscal year, any unexpended SFSS is forfeited by the end of the fiscal year. For fiscal year 2023-2024, DRCOG AAA funding includes a final year of funding from the State Homestead Act as well as a balance from federal COVID-19 stimulus funds, specifically the American Rescue Plan Act (ARPA).

Since both State Homestead Act and ARPA funds will no longer be available after fiscal year 2023-2024, AAA funding for subsequent years is expected to be significantly decreased without additional funding. Future allocations will need to consider both the funding prescriptions of the OAA, the hierarchy of needs (i.e. emphasizing funding for basic needs), and demographic service coverage. Other factors include prioritizing services to OAA targeted populations (i.e. older adults with highest economic and social need) and where consumer waitlists are most prominent.

PREVIOUS DISCUSSIONS/ACTIONS

N/A

PROPOSED MOTION

N/A

ATTACHMENT

Funds Distribution Process updated 1.27.17.pdf

ADDITIONAL INFORMATION

If you need additional information, please contact Jayla Sanchez-Warren, Director, Area Agency on Aging, at 303-480-6735 or jswarren@drcog.org or Sharon Day, Program Manager, AAA Business Operations, at 303-480-6705 or sday@drcog.org.

DRCOG Area Agency on Aging Process for Distributing Funds

The DRCOG Advisory Committee on Aging (ACA) established the following process to be used while distributing Federal Older Americans Act (OAA) funds as well as State Funding for Senior Services (SFSS) dollars allocated to DRCOG each fiscal year. This process shall also be used should any previously awarded funds be unexpended, become unencumbered or should any additional funds become available to DRCOG following the start of a funding cycle.

Distribution Method for OAA/SFSS Funds

1. Fund all state- and/or federally-mandated areas to (at least) the minimum amount required in regulation (shown by % of funding requirements below) where applicable.
 - Access Services – 25% of Title III, Part B funds (P&P – 701C, B, 1) and includes the following categories:
 - Transportation
 - Outreach (this is a non-compensated service all contractors must provide)
 - Information and Assistance (this is a non-compensated service all contractors must provide and we fund it internally as well)
 - Assisted Transportation
 - Case Management
 - In-home Services – 15% of Title III, Part B funds (P&P – 701C, B, 2) and includes the following categories:
 - Homemaker
 - Chore
 - Personal Care
 - Home Repair
 - Legal Assistance Services – 3% of Title III, Part B funds (P&P – 701C, B, 3)
 - Legal Counseling and Representation
 - Community Education on Legal Matters
 - Information and Assistance on Legal Matters

- Congregate Meal Services – Title III, Part C1 funds (P&P – 411)
 - 40% of funds may be transferred into Part C2 (Volume 10 – 10.305 C)
- Home Delivered Meal Services – Title III, Part C2 funds (P&P – 412)
- Long Term Care Ombudsman Program and Elder Abuse Prevention Program – Title III, Part B funds/Title VII funds (P&P – Exhibit A, Section M and Volume 10 – 10.402)
- National Family Caregiver Programs – Title III, Part E funds (P&P – 420 and Exhibits A and J) and includes the following categories:
 - Information and Assistance
 - Counseling
 - Respite Care
- Health Promotion Services – Title III, Part D (P&P – 406)
- Outreach activities for Native American Elders and their caregivers
 - Shall be funded if 5% or more of the State’s 60 and over Native American population resides within the PSA. (Volume 10 – 10.413.2, B., 3)

2. Identify need of service in the region and prioritize funding based on need (see below – ACA Hierarchy of Needs). To assist in this, the bottom three tiers of Maslow’s Hierarchy of Needs serve as a guide (see chart) for fund investment as well as results from each County Council on Aging (CCOA) survey, conducted every other year.



ACA - Hierarchy of Needs

- Basic needs (Includes such things as hunger, thirst, bodily comforts, physical needs)
 - Nutrition Services (home-delivered and congregate meals)
 - Transportation Services
 - In-home Services (homemaker and personal care services)
- Safety (Comprises being secure and out of danger.)
 - Material Aid
 - Chore/Home Repair Services
 - Legal Assistance

- Ombudsman/Elder Abuse Prevention
 - Care management
 - Screening/Evaluation Services
 - Information and Assistance
 - Caregiver Support Services (respite care, support groups, etc.)
 - Psychological (The need to be affiliated with others. In the absence of this, many people become susceptible to loneliness, social anxiety, and depression.)
 - Counseling Services
 - Health Promotion/Education Services
 - Outreach and Public Information
3. Consider other factors such as experience, performance and capability of delivering service, cost of service and geographic service area.
- Identify un-served and underserved areas and populations.
 - Identify any services/products not provided under current investments.

Distribution Method for Unexpended/Unencumbered Funds

- ✓ Due to time constraints, use only existing contractors (do not issue an RFP).
- ✓ Fund all state- and/or federally-mandated service areas first and to the amount required in regulation.
- ✓ Identify which providers can expend funds in accordance with any time constraints.
- ✓ Invest funds according to service category prioritization detailed in number two above.
- ✓ Invest funds to reduce waiting lists, continue service in the event that originally contracted funds have been exhausted and/or expand existing level of service (i.e., how many more consumers could be served with funds).
- ✓ If any unserved or underserved populations/ geographic areas were identified during the original fund investment, attempt to invest funds into those populations/geographic areas first.
- ✓ If any services/products were identified as "lacking" during the original fund investment, attempt to invest funds into those services/products.
- ✓ Consider amount originally requested by providers, if provider(s) received fewer funds than requested, attempt to invest funds with that provider(s). If provider (s) were funded at the amount request, seek information on why additional funds are needed.

ATTACHE

To: Chair and Members of the Advisory Committee on Aging

From: Rich Mauro, Director of Legislative Affairs

Meeting Date	Agenda Category	Agenda Item #
June 23, 2023	Informational Briefing	9

SUBJECT

State Legislative Update

PROPOSED ACTION/RECOMMENDATIONS

N/A

ACTION BY OTHERS

N/A

SUMMARY

Staff will provide an update on activities and issues at the Colorado General Assembly. This will include a final status report on bills of interest and an overview of the session.

PREVIOUS DISCUSSIONS/ACTIONS

N/A

PROPOSED MOTION

N/A

ATTACHMENT

Legislative Status Report as of May 8, 2023

ADDITIONAL INFORMATION

For additional information please contact Rich Mauro at 303-480-6778 or rmauro@drcog.org.

DENVER REGIONAL COUNCIL OF GOVERNMENTS
STATUS OF AGING BILLS--2023 SESSION
As of 5-8-23

Bill No.	Short Title/Bill Summary	Sponsors	Status	Position	*FN	Staff Comments	Legislative Policy
AGING BILLS							
SB002	Medicaid Reimbursement for Community Health Services- authorizes the Department of Health Care Policy and Financing, after obtaining stakeholder input, to seek federal authorization from the Centers for Medicare and Medicaid Services to provide Medicaid reimbursement for community health worker services.	Mullica & Simpson/ McCluskie & Bradfield	Passed Both Chambers	Support	FN	Frontline public health workers who serve as a liaison between health care or social service providers and community members to facilitate access to physical, mental, or dental health-related services, or services to combat social determinants of health would be paid for their services under Medicaid.	DRCOG supports increased funding for programs providing services to older adults, individuals with disabilities, veterans and their caregivers, especially services that support individuals continuing to live independently in their homes and communities.
SB031	Improve Health-care Access for Older Coloradans- creates the Multidisciplinary Health-Care Provider Access Training Program to improve health care to medically complex, costly, compromised, older Coloradans. The program coordinates and expands geriatric training opportunities for clinical health profession graduate students enrolled in higher education to become advanced practice providers; dentists; nurses; occupational therapists; pharmacists; medical doctors, doctors of osteopathy; physical therapists; psychologists; social workers; and speech-language therapists. Students successfully completing the program may become trainers for the program in clinics across the state.	Danielson & Cutter/ Titone & Lindsay	Passed Both Chambers	Support	FN	This bill is similar to SB 22-189, which DRCOG supported. It is intended to increase the number of geriatric trained clinicians to begin to fill the shortage (only 99) of geriatric physicians in Colorado. Studies have shown treatment by geriatric-trained interdisciplinary teams improve care and reduce the length of hospital stays and readmission rates were reduced. The University of Colorado Anschutz is to develop, implement, and administer the program. The program may be offered to Colorado institutions of higher education with clinical health professions graduate degree programs.	DRCOG supports collaboration and partnerships to better meet the service needs of older adults consistent with DRCOG's responsibilities as an Area Agency on Aging and an ADRC.

*FN = Fiscal Note

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Bill No.	Short Title/Bill Summary	Sponsors	Status	Position	*FN	Staff Comments	Legislative Policy
SB064	Continue Office of Public Guardianship -extends the office indefinitely (administered under a memorandum of understanding with the Judicial Department); requires it to begin operating in additional judicial districts in 2025 and operate in all 23 judicial districts by 12-31-30; establishes a new board of directors to oversee the office; clarifies the office's duties; provides for the office to employ guardians who must be certified or become certified within 2 years and provide training to the guardians; establishes requirements for consideration of petitions for guardianship.	Gardner & Ginal/ Snyder & Armagost	Passed Both Chambers	Support	FN	The DRCOG Board supported HB 17-1087, which established the office as a pilot project. Under that law, the Office of Public Guardianship is authorized to serve indigent and incapacitated adults in need of guardianship in 3 judicial districts and is scheduled to repeal on June 30, 2024. Services have been provided only in Denver due to limited funding. With the extension of the office, the fiscal note indicates increases in funding phased in beginning fiscal year 202-26.	DRCOG supports increases in the quality of care and consumer protections for older adults and their caregivers.
HB1243	Hospital Community Benefit -makes changes to the Hospital Community Benefit Program and imposes requirements on the public presentation of a reporting hospital's community implementation plan and reporting of the plan; restricts out-of-state spending for hospitals and adds reporting, enforcement, and stakeholder engagement requirements; establishes corrective action procedures for hospitals that fail to meet the minimum community investment threshold; requires HCPF to review the reports and conduct a stakeholder meeting; enables HCPF to enforce compliance with the bill through fines and additional reporting requirements.	Amabile/ Moreno	Passed Both Chambers	Support	FN	The bill was heavily amended as it moved through the process to address concerns raised by the hospitals. The House committee included an amendment requested by DRCOG staff. The amendment clarifies that hospital investments in "social determinants of health" include spending on individuals' need. This will open up options for funding services such as meals, transportation and housing. The DRCOG Area Agency on Aging could work with HCPF and the hospitals to deliver such services.	DRCOG supports collaboration and partnerships to better meet the service needs of older adults consistent with DRCOG's responsibilities as an Area Agency on Aging and an ADRC.

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SB213	<p>Land Use-as introduced, the bill establishes a process to diagnose and address housing needs across the state, addressing requirements for the regulation of accessory dwelling units, middle housing, transit-oriented areas, key corridors, and manufactured and modular homes, prohibiting certain planned unit development resolutions, prohibiting a local government from enforcing certain occupancy limits, modifying the content requirements for county and municipal master plans, prohibiting certain municipalities from imposing minimum square footage requirements for residential units, requiring entities to submit a completed and validated water loss audit report to the Colorado Water Conservation Board, prohibiting a unit owners' association from prohibiting certain kinds of housing, requiring the transportation commission and the Department of Transportation to modify the state highway access code, criteria for certain grant programs, and expenditures from the multimodal transportation options fund to align with state strategic growth objectives, and appropriating \$15 million.</p>	<p>Moreno/ Jodeh & Woodrow</p>	<p>Died on the Calendar</p>	<p>Oppose</p>	<p>FN</p>	<p>The bill was heavily amended by the Senate committee on April 18. DRCOG Executive Director Doug Rex testified before the committee on April 6 summarizing the reasons for the Board's opposition. Still, throughout the process, DRCOG staff were consulted regarding provisions specific to the role of metropolitan planning organizations. The bill was rewritten in Senate Appropriations April 26 to remove local control preemptions and most mandates. The bill was amended extensively on the Senate floor on April 27. It was considered in the House committee on May 2 where it was again rewritten to restore most of the local preemptions and mandates. That version was amended extensively on the House floor on May 4. Ultimately, the House and Senate were not able to resolve their differences and the bill died on the last day of the session.</p>	<p>DRCOG supports the use of comprehensive/master plans as the foundation for local land use decision-making.</p>
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*FN = Fiscal Note

2023 DRCOG LEGISLATIVE WRAP-UP – AGING BILLS

May 8, 2023

During the First Regular Session of the 74th General Assembly, the DRCOG Board took official positions on 12 bills. Four of those were specific to aging. DRCOG staff and lobbyists actively monitored and lobbied these bills, including seeking specific amendments to the bills where appropriate and providing input to legislative sponsors, committees and staff.

These bills were of special interest because of an identified effect on member governments or the regional programs administered by DRCOG. DRCOG staff and lobbyists also actively monitored and, in some cases, provided input and advice on the Long Appropriations Bill and over thirty other bills for potential effect on DRCOG, its programs or its members. Beyond this, DRCOG staff and lobbyists reviewed and monitored approximately 50 additional bills for possible effect on DRCOG.

A matrix of bills accompanies this wrap-up. Two significant pieces of aging related legislation for DRCOG are summarized in more detail below. A final status report on all the bills on which official positions were taken is attached.

Older Adults

HB 23-1243 (Hospital Community Benefit). This bill improves upon earlier legislation (HB19-1320) that established an accountability process to their communities for Colorado's larger nonprofit, tax-exempt hospitals. The bill clarifies submission requirements for hospital community benefit investment reporting to capture more specific spending categories, such as behavioral health services; support for housing, food, and job opportunities for community members; provider recruitment and training; and research. Improved data reporting will allow hospitals to be evaluated for their specific investments and how they align with the needs of their communities. The bill also enhances public meeting compliance requirements by improving meeting noticing and accessibility, as well as requiring hospitals to incorporate community feedback in spending priorities. Finally, it establishes corrective action and penalties for non-compliance.

DRCOG was able to get an amendment to clarify that for any investment that addressed a community-identified health need, the hospital may identify social determinants of health spending, including spending to address individuals' needs, such as housing, food, transportation. This would allow the hospitals to include spending on non-medical community-based services (such as those provided by community-based organizations). This, of course, would include the aging network coordinated by the AAAs and their local services providers but also could include other CBOs serving other populations. The bill is waiting for the Governor's signature.

Housing

SB 23-213 (Land Use). This bill arguably drew the most attention of any bill introduced this session. This is not surprising since as introduced, it had several provisions preempting local control of land use regarding housing development. It would have allowed landowners in urban corridors and along transit lines to build accessory dwelling units (ADUs) and duplexes, triplexes and fourplexes on land zoned for single family dwellings – all without having to secure a permit or a change in zoning from the municipality they live in. The bill also sought to spur additional workforce housing creation inside cities in rural resort regions around the state. The bill prohibited counties and municipalities from enacting or enforcing residential occupancy limits that differ based on the relationships of the occupants of the dwelling. The bill allocated \$15 million for planning assistance, although it was unclear how much of that funding would be used to offset local costs for planning requirements in the bill and how much would be used to pay for the housing study and increasing DOLA's staff capacity to undertake the various oversight roles in the legislation.

The bill was heavily amended in the Senate Local Government & Housing Committee but its main provisions remained intact. In order to pass Senate Appropriations Committee, the bill was rewritten to remove almost all of the local control preemptions.

The bill was again heavily amended on the Senate floor. As passed by the Senate the bill enhanced current affordable housing efforts at the local level by providing funding, technical assistance and data gathering (such as housing needs assessments and plans) to inform local efforts. It also established a menu of affordability and anti-displacement strategies for local governments to utilize as they created and implement plans. Staff, working with the Colorado Center for Aging was successful in adding amendments to incorporate provisions to make sure older adult issues and needs would also be considered.

Most opponents felt that the Senate version of the bill would better allow local communities to partner with the state as they work toward policies to enhance the supply of affordable and attainable housing. The House amendments added back 3 of the 4 mandates from the introduced bill – use by right for ADUs, multifamily housing in transit-oriented areas, and key corridors, but not middle housing. The House also included additional amendments to the affordable housing options and anti-displacement strategies, and enhanced additional regulatory authority for the state, especially the Department of Local Affairs.

With such different versions of the bill coming from each chamber, the Senate had the options to recede from its position and accept the House version of the bill, adhere to its position, or vote to go to conference committee. As it turned out, after negotiations on the last day, it was determined the two chambers would not be able to reach a compromise and the bill was never brought up before the Senate and died on the calendar.