

**ADVISORY COMMITTEE ON AGING  
MEETING SUMMARY  
October 20, 2017**

**Members Present**

Anne Gross	Arapahoe County
Bob Brocker	At Large
Bob Davis	Broomfield County
Bob Lanky	Jefferson County
Carey Johnson	Jefferson County
Dawn Perez	Adams County
Houston "Tex" Elam	At Large
Karie Erickson	Douglas County
Mary Ellen Makosky	Gilpin County
Maureen Spiegelman	City and County of Denver
Nermina Mujkanovic	Congress Woman DeGett's office
Sharon Perea	Gilpin County

**Guests Present**

Daniel Dick – City of Federal Heights, Paulette St. James – Colorado Commission on Aging and Valerie Robson – Douglas County Adult Services

**Others Present**

Jayla Sanchez-Warren, AJ Diamantopoulos, Sharon Day, Amy Pulley, Lauren Bell, Cassie Scott, Mindy Patton, Shannon Gimbel, Kyra Lanphier, Nicole Layog, Sharon Day, Kiko Ivanov, Kelly Roberts, Brandon Davis, and Adele Phelan – DRCOG Volunteer

**Call to Order and Introductions**

Carey Johnson – Vice Chair the meeting to order at 12:15 p.m.

**Public Comment**

Bob Davis talked about the Autumn Gala Broomfield was having that evening. Tickets prices were \$100 or tables of 10 for \$1,200. They have several high dollar donators. Raise approximately \$60,000. The Gala helps fund their Meals on Wheels program, loan closet, respite care, dentures, eye glasses, and hearing aids.

**Approval of the September 15, 2017 Meeting Summary**

Bob Davis made a motion to accept the summaries. Dawn Perez seconded, summaries were accepted.

**New Staff Introductions**

- Kyra Lanphier
  - Local PACE ombudsman visits Innovage facilities in Aurora, Thornton, Lakewood and Denver.

- Calls taken have been about service denials, working on appeal rights and durable medical equipment.
- Capitated program which means they receive so much per participant as a for profit
  - The less spent means more profit to Innovage.
  - Many complaints are client needs a higher level of care or a specialist.
- Jayla explained how hard she and Shannon worked to get the PACE ombudsman program established and get it here in Denver not in Montrose.
  - She is glad to see that the program was the right decision and is a good use of state dollars.
- Nicole Layog
- New Transition Coordinator for the Colorado Choice Transitions (CCT) and Extended Transition Services (ETS). (DRCOG is not a Transition Coordination Agency).
- She will help clients transition from a skilled nursing facility to the community by helping them get the services, medication, etc. they need to be in the community.
  - She will follow them for 365 days after their release date.
  - ETS will be extended if they need any service after the 365 days.
- Jayla reminded the group about the CCT program and how DRCOG got involved.
  - Amy and Shannon talked about the CCT program beginning 5 years ago and officially taking clients for the past 3 years.
  - Beginning with doing options counseling before they leave the facility letting them know what options are available to them.
  - Then go on waitlist once there, Nicole can go out and work with them on a plan for such things as housing, transportation and other services.
  - We were encouraged by the state to participate in the program.

### **Advocacy Report – Kelly Roberts**

- Mentioned the Onboarding Manual that was passed out and how simple and informative it was for the group.
- Kelly talked about the spring forum that was held last May.
  - One of the outcomes was to improve the relationships with the COAs and the AAAs and the AAAs relationship with the COAs.
  - There has been progress but has been a slower process since we have new programs.
    - Kelly and Val Robson have teamed together to follow through on the suggestions from the forum.
    - Posted the monthly COA meeting schedule on Network of Care.
    - Reasoning behind posting the schedules was for cross visitation to see what the other councils do.
    - Hold an annual regional forum on aging depending on the budget would like to do that in May of 2018.
    - Will be looking to the COAs to set the theme and topics that they would like to cover.
    - Want to be sure it is useful to the COAs.

- COAs wanted the DRCOG Board to know their experiences with the AAA to convey the positive influence they have been for them.
  - Suggested compiling an annual letter from the COA representatives showing their appreciation and acknowledgement of the benefit of the AAA.
  - Jayla also mentioned if there was something that they wanted to see done differently to convey that as well.
  - Kelly said if there was someone who might want to volunteer to be the representative that would be up to the COAs.
- Another suggestion was to work harder at the local level for advocacy
  - An advocacy committee was created includes Tex Elam, Cary Johnson, Shakti, and Rich Mauro.
  - Met several times wanted to meet with the COAs but found that challenging.
  - Kelly decided to create a way for everyone to be involved.
  - She is in the process of creating a fact sheet to assist with creating an advocacy pipeline
  - The pipeline will be used when DRCOG has advocacy needs via an advocacy alert.
  - The alert would include specific actions that are needed for the legislative issue.

### **Compliance and Finance Report – Sharon Day**

- Sharon just came back from a transportation meeting with Adams County, Arapahoe County and SRC.
  - SRCs numbers are up with 31 routes and have 20 new vehicles purchased through CDOT.
    - 2 vehicles parked at Adams County to help coordinate routes coming from that area.
- DRCOG is looking at a couple pilot programs for a voucher program to assist with medical trips, personal trips transportation needs.
  - Possibly through Lift or A Little Help/Little Ride.
  - Working with Douglas County to talk about how to structure the program with the OAA.
  - With a consumer program where they get to pick their service provider
  - There has to be a waiver of liability because there will be no background checks etc.
  - City of Centennial would like to extend their Last Mile pilot to cross county lines and serve a wider area.
  - Jayla said that there is a possibility of buying 2, maybe 3 trips to the 1 trip covered now.
  - She also said that the state is allowing us to contract with Lift even encouraging the effort.

Maureen asked when there would be guidelines for the program. Sharon said the state already has those guidelines.

She explained there are 2 types of programs the Consumer Choice Voucher Program where we have vetted the providers, or Consumer Directed Program that allows the client to choose who can provide the transportation.

- Status of federal funds.

- It was anticipated that we would have the federal funds by this time but have not received them yet.
- The good news is we will be receiving a portion of the funds, which will get us 80% to 85% of what we were originally planning.
- There are going to be some limitations, C-II program home delivered meals, Part E - respite care, Part B - transportation and other access services will receive about 40 to 50 percent.
  - Once we receive actual numbers the funding subcommittee will meet.
- ADRC has received a grant from the Rocky Mountain Human Services Mill Levy program for \$109,000.
  - Funds will be used to purchase expansion of the Network of Care Website the developmentally disabled module and staff time to work on the site.
- Next 2 weeks will be in state audit, with 17 site visits starting at Gilpin County.
  - This audit will include nutrition, transportation, home maker program, personal care program and visually impaired services.
  - Sharon will share the results when she has received them from the state.
- Contractor training on November 15th from 9:30am to 11:30am.
  - Will cover training and a chance for provider networking.
  - ACA members were invited to come to the meeting.

Bob Davis asked how the funds would be allocated, as they come in or after all funds are received.

Jayla answered that there are no funds, we are quickly using what is available, so will have to use the money as it comes in. If the funds are all used services will be shut off.

60% of the money the subcommittee voted on are state funds, C-I congregate meals, Part D Health Promotion and Admin dollars these will be funded 100%. The other services mentioned earlier will be the funds affected.

### **Resource Development – AJ Diamontopoulos**

- Linkage Lab has completed and we are continuing to meet with some partners to figure out how to subcontract for community based services for the UCHealth Medicare population.
  - If we have favorable outcome and ask us to provide services to additional people we would like to subcontract out to provide the same level of assistance.
- AJ will be presenting at the Leading Age Conference in November.
- AHC program
  - Working on coordinating with all partners to begin the project on May 1st.
  - Meeting with the clinical IT staff to see how our computer systems can talk to each other.
  - Denver Health will be piloting the screening tool that will be used to figure out what social determinants clients have and how to get the process to work.
  - We are receiving money to test the system but no funds for providing the service, AJ will be working on that funding

Jayla stressed the importance of not just finding the deficiencies in the program but the need to provide the service to correct the problem.

### **Director's Report – Jayla Sanchez-Warren**

- 10 days ago, we got a call from the state letting us know that we wouldn't have federal funds and that we would need to make adjustments to our budget.
  - Jayla began meeting with Sharon and Kiko to see how long our funds would last before we had to cut services.
  - This happened two other times since Jayla has been at DRCOG and from previous experience she has learned that she needs to give the providers notice so that they can prepare for the loss of funds.
  - State wanted to wait
  - Office of Management and Budget (OMB) had not sent out the notices to the Administration on Community Living and had not sent out the letters to the states.
  - The state has a new controller who did not do what had been done in the past
    - He decided that the federal government couldn't be trusted and that the state of Colorado did not want to be held liable and would not release any funds.
  - Jayla started having conversations with DRCOG to see if the AAA could borrow money from DRCOG to get through until the funds are received, this would prevent staff layoffs.
  - Jayla also started working with Rich and the N4A lobbyist in Washington
    - The N4A lobbyist had not heard anything about what was happening with funding
  - By Wednesday they had released the federal dollars.
    - These funds are for the last Continuing Resolution (CR) and only go through December.
    - On December 8<sup>th</sup>, they need to pass another CR or pass a budget if not the federal government shuts down.
  - We will get 16% of our funds.
  - In the meantime, we hope we get our carryover dollars to keep our ombudsman program funded.
  - CDOT faced these same issues 5 years ago.
    - CDOT had legislation that made the state fund a certain portion to prevent these dips and uncertainties.
    - We want to see if that is an option to do with our funding and are looking into the possibilities.
    - We would like the state to take a portion of the risk so we don't put people in danger of losing services.
  - We have to have people understand that with the various changes coming to Medicare and Medicaid and healthcare, we need to be sure that people know how that will impact their pockets.
- Presented to Commerce City Senior Commission and the Thornton Faith leaders she encouraged them to advocate and share their concerns.

- Met with Kevin Neiman the Joint Budget Committee staff person at the capital.
  - He has been the person who has not wanted to fund the AAA without the data.
  - We have been working on collecting the data.
  - Jayla invited Kevin to meet with us to talk about new programs, the \$4M we have asked for in the Governor's budget and show him the data.
  - Xavier was able to show in the data that the people we serve are sicker than a lot of other people.
  - Indicating that we serve the underserved and frail population as required.
  - Kevin really liked the data slide that showed impacts over the next 12 years.
    - He told us what he wanted to see and that we needed to be sure that they have the information.
    - We have also started to look at the state-wide data.
    - We will collect the data and provide it to the state to help get more funding.
- We have a new executive director at DRCOG.
  - Doug Rex was voted in unanimously from our DRCOG board.
  - He has been acting executive director and was the director of the transportation division.
  - We will have him come and talk to the group sometime in the future.
- DRCOG offices are moving
  - The move is necessary because we have outgrown this space.
  - A letter of intent for a building on 10001 17<sup>th</sup> street has been sent.
  - There will be free parking for the committee.
  - The anticipated moving date will be in May 2018.
  - They tried to stay at the current building but the building would not negotiate.
  - DRCOG will save about \$4M by moving to the new building.
- Jayla has talked with Bob Brocker to discuss new ways to fund community based services.
  - One option is to do more with Mill Levies as other states have done.

Dawn asked if we ever got a drop-dead time when we would have to cut services. Jayla answered that we didn't have to go to that extreme yet and that we were good until February but still were waiting on the passing of the new CR on December 8th or the passing of the budget. Our hope is for the state to release the state dollars if that is done we will be fine.

### **SHIP Presentation – Lauren Bell**

- We began the SHIP program on July 1 for Arapahoe, Jefferson and Douglas Counties.
- SHIP stands for the State Health Insurance Assistance Program
- Lauren provided her background.
- Her interest began with the frustration of working with people who needed the program and the difficulties she encountered from trying to assist them.
- Lauren introduced Brandon Davis the SHIP supervisor, Adele new volunteer and Cassie Scott part of the ADRC team.

- Lauren began her presentation which is attached.

Slide 3 – What is Medicare?

- Explained Medicare and who administers.

Slide 4 – Am I eligible for Medicare?

- Went over the criteria to be eligible for the program.

Slides 5 through 7 – How can I enroll in Medicare?

- Went over the timeline for registering and how long it takes if done 3 months prior to your birthday month to avoid lapse in service.
- Enrollment is not automatic in most cases.

Slide 8 – Medicare's four parts

- Shows the ABCs of Medicare

Slide 9 – What are my Medicare Choices

- Provides a chart of coverages.

Slides 10 and 11 – Part D Drug insurance

- SHIP helps you look at unbiased availability of different plans within your area.
- Plans are gone over every year because the formularies change every year.

Slide 12 and 13 – Part C: Medicare Advantage Plans

- For the same reasons, it is best to go over these plans each year. This slide also shows cost of the plan.

Slide 14 – Medigap (Medicare Supplemental Insurance)

- Explains that this is a secondary insurance and what it will cover.
- When you receive part B this is an indicator of when Medigap is available.
- Brandon said Medigap varies from state to state.
- Costs are different per insurance company. Formulary drugs can be disputed with a doctors help.

Slide 15 – Coordinating coverage when nearing retirement

- Must show you have had drug insurance before retirement.

Slide 16 – Dual eligible individuals

- If you have both Medicare and Medicaid, you are a dual eligible individual explains how this works.

Slide 17 – Part D: Low-Income Subsidy (Extra Help)

- Extra Help helps cover prescription drug costs

Slide 18 – Medicare savings program

- The Medicare Savings Program can help you with Part A or B premiums, copayments and coinsurance.

Slide 19 – Important dates

- Special exceptions outside of the initial enrollment period.

Slide 20 – Open Enrollment Period

- Open Enrollment begins October 15<sup>th</sup> and ends on December 7<sup>th</sup> for coverage beginning on January 1<sup>st</sup> 2018.
- Changes can be made at this time without penalty.

Slide 21 – New Medicare cards are coming

- Will be mailed out April 2018 until April 2019.
- People do not have to do anything to get new cards mail t them.
- Should be wary of fraud and that no one will contact you over the phone regarding the cards.

Slide 22 – Senior Medicare Patrol (SMP)

- Prevention outreach.

Lauren does presentations to public which are much more detailed than what she has provided for the group she also will have beginner classes for those just starting the process. Can go out to centers to do some Medicare counseling. Will take walk in appointments.

**Chair Report – Carey Johnson**

- Shakti running state senate and Phil Cernanec is running for reelection in Littleton
- Jefferson County Council on Aging had their legislators at their September meeting. Didn't do quite as good this year 1 legislator was in Washington and another was out on maternity leave. Had 1 Republican and 2 Democrats. These representatives said to call them on senior issues, make them aware of the needs.

**Information Sharing**

- Bob Brocker wanted to take a poll, he said that an estimated \$40 trillion will change hands in the next 35 years. Some of that money is 401K and IRA money that has to be taken when you turn 70 ½ years old. Asked if you had the opportunity to take some of that money and distribute it to a nonprofit organization without penalty would there be interest in hearing

about that information? There was interest among the group. This is an idea that he and Jayla are thinking about to generate funds. Bob Lanky mentioned as an added benefit would lessen your tax bracket as it would not be claimed as income.

**Adjournment**

Adjourned 3:00 p.m.



**U P D A T E**  
**Councils on Aging 2017 Forum Ideas**  
October 20, 2017

Here is the status of some ideas that were generated at the Spring 2017 COA forum.

- Post monthly schedule of COA meetings on Network of Care. The monthly schedule is posted and available via Network of Care's home page.
- Hold an annual regional COA forum. Depending on the status of funding, DRCOG will find a venue for holding a forum in May 2018. COA representatives will be invited to provide input on the theme and topics.
- Encourage cross visitation of COA monthly meetings. Part of the reason for posting the COA meetings schedule on Network of Care was to make the schedule accessible.
- Show value of the AAA to DRCOG Board of Directors via an annual letter from COA representatives. This idea was suggested at the forum and would need a COA representative to facilitate.
- Develop a process for soliciting support on legislative initiatives that DRCOG has taken positions and warrant advocacy at the local level. DRCOG is in the process of producing a fact sheet that makes the case for an *advocacy pipeline*. The objective is to solicit contacts for a distribution list of individuals who will receive advocacy alerts from DRCOG suggesting specific actions to take.

Please contact Kelly Roberts at DRCOG if you have questions.

[kroberts@drcog.org](mailto:kroberts@drcog.org)

303-480-6787



# Area Agency on Aging: State Health Insurance Assistance Program (SHIP)





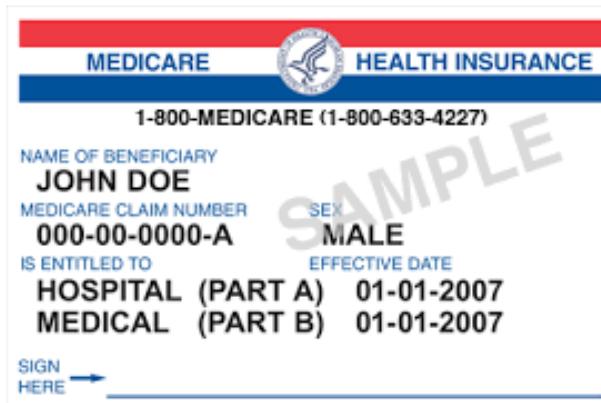
# What we're going to cover today

- Enrolling into Medicare
- Medicare's coverage options
- Programs for people with limited income
- Open Enrollment Period
- New Medicare cards coming in 2018
- Senior Medicare Patrol: Fraud Prevention
- Contact information



# What is Medicare?

- **health insurance** provided by the U.S. government, also known as **Original Medicare**
- administered by the **Centers for Medicare and Medicaid Services**





# Am I eligible for Medicare?

**You are eligible for Medicare if you:**

- are **65 or older**
- are **younger than 65** with **certain disabilities**
- are **any age** and have **end-stage renal disease** (kidney failure)



Only **U.S. citizens** or individuals who are **lawfully present** in the United States are eligible.



# How can I enroll in Medicare?



## Initial Enrollment Period

(seven months total: three months prior and three months following your 65th birthday month)

- first-time enrollment in Medicare
- on the 24th month of Social Security Disability cash payments



Enroll in Medicare with Social Security during the **three months before your 65th birthday month** to prevent delay.



# How can I enroll in Medicare?

If you enroll ...	your coverage starts ...
one to three months before your 65th birthday	the month you turn 65.
the month of your 65th birthday	the next month after you turn 65.
one to three months after your 65th birthday	two to three months after you enroll.



# How can I enroll in Medicare?

## Automatic Enrollment

You will be **automatically enrolled** in Medicare if you:

- have been receiving **Social Security Disability** benefits for **at least 24 months**
- are receiving benefits through the **Railroad Retirement Board**



# Medicare's four parts



**Part A**  
Hospital  
Insurance



**Part B**  
Medical  
Insurance



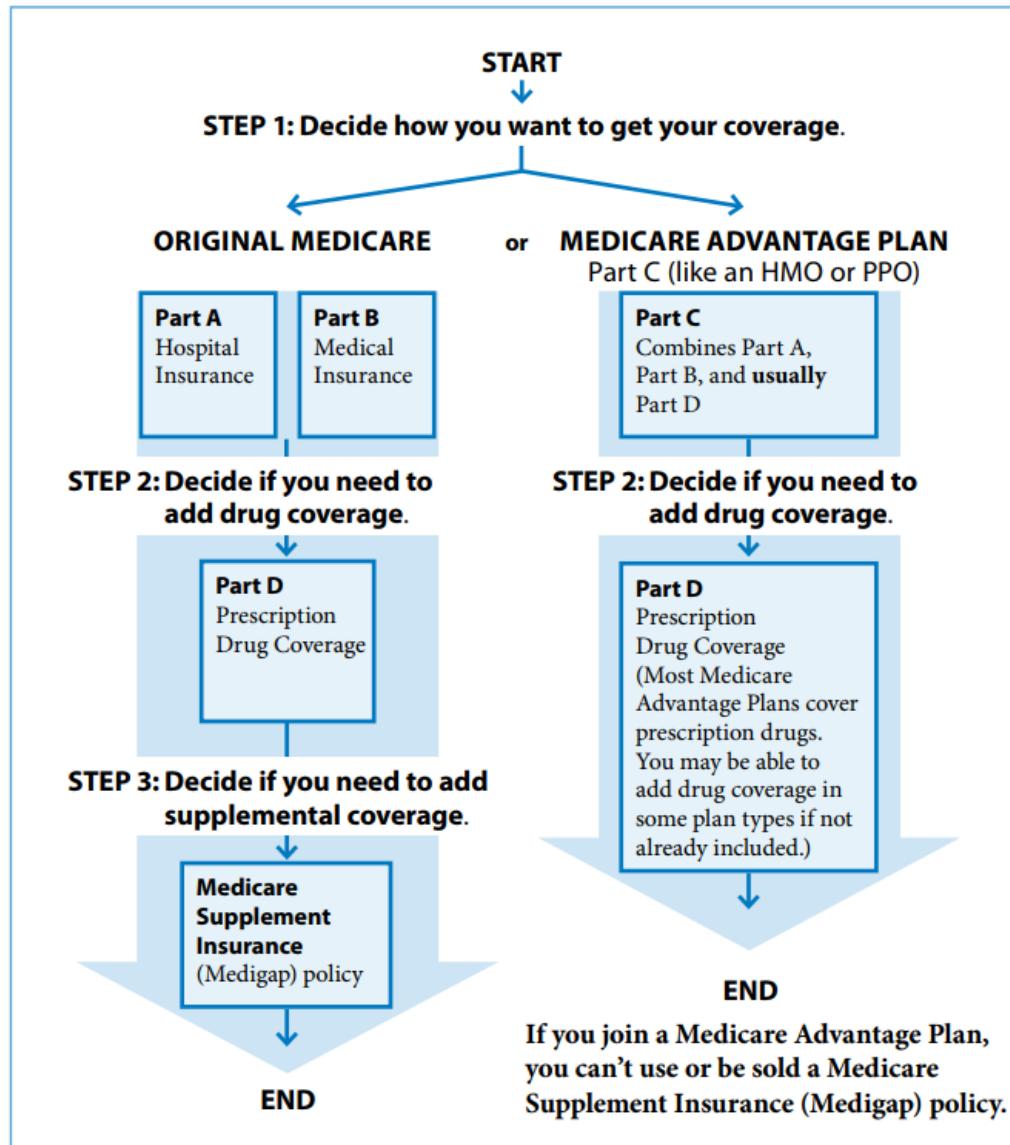
**Part C**  
Medicare  
Advantage  
Plans *Includes  
Part A, Part B and  
sometimes Part D*



**Part D**  
Medicare  
Prescription  
Drug  
Coverage



# What are my Medicare coverage choices?





## Part D: Drug insurance



- **private insurance** company plan
- **covers outpatient prescription drugs** from your pharmacy
- **formulary:** a list of drugs covered by the plan



Make sure **most – if not all –** of your drugs are covered by the plan.



# Part D: Drug insurance



## Part D costs

- monthly **premium**
- **annual deductible** (if applicable)
- **copayments** (flat fee) or **coinsurance** (percentage)



## Part C: Medicare Advantage plans



### **Medicare Advantage plans bundle:**

- Part A (hospital)
- Part B (medical)
- and usually Part D (drug)

**Medicare contracts with private companies to offer these plans.**

### **Incentives**

- some Medicare Advantage plans offer **limited** dental, vision and hearing benefits
- Silver Sneakers fitness



## Part C: Medicare Advantage plans



### Costs

- **monthly premium** of at least \$134  
(to cover bundled Medicare Part B)
- in some cases, an **additional premium**  
to the private company administering the plan



**Important:** Discuss **what is** and **is not covered** with a plan representative. Call your doctor's office to see if it accepts your plan.



# Medigap (Medicare Supplemental Insurance)

- Medigap is a **supplement** (Medicare Supplement Insurance).
- Eligible enrollees:
  - must have **Part A and Part B** (Original Medicare).
  - **must not** have a Medicare Advantage plan.
- After Medicare pays 80 percent, Medigap covers your **20 percent responsibility**.
- Medigap is **private insurance**. You pay a **monthly premium** (in addition to your Part B premium).



## Coordinating coverage when nearing retirement

**Creditable coverage:** Coverage that is comparable or exceeds Medicare. You may have to provide proof of creditable coverage from an employer's insurance plan to avoid an enrollment penalty during special enrollment periods.



# Dual eligible individuals

If you have both Medicare and Medicaid, you are a **dual eligible individual**.

- **Most** of your health care costs will be covered.
- **Medicaid never pays first** for services covered by Medicare. Medicaid kicks in **only after Medicare, employer insurance and Medigap** have paid.

Medicaid may cover **some drugs** and **other care** (such as dental) that Medicare doesn't cover.



## Part D: Low-Income Subsidy (Extra Help)

**Extra Help** helps cover prescription drug costs.

Sign up **online** or through your local **Social Security office**.

You **automatically qualify** if you:

- have full Medicaid coverage.
- receive state help paying your Part B premiums (through a Medicare Savings Program).
- receive Supplemental Security Income benefits.

You are not guaranteed to receive the Extra Help benefit every year. **You must reapply.**



# Medicare Savings Program

The Medicare Savings Program can help you with **Part A or B premiums, copayments and coinsurance.**

Apply through **Health First Colorado** (state Medicaid agency), which will determine eligibility for the following programs:

- Qualified Medicare Beneficiary
- Specified Low-Income Medicare Beneficiary
- Qualifying Individual
- Qualified Disabled and Working Individuals



# Important dates



## Special Enrollment Period

You can make changes to your Medicare plan under certain circumstances, such as:

- a household move.
- Switching from creditable coverage (often an employers health plan) to Medicare
- your plan is under sanction by the Centers for Medicare and Medicaid Services.
- Many more Special Enrollment Period's exist that we can help determine if someone qualifies for.



## Open Enrollment Period (Oct. 15 to Dec. 7)



During Open Enrollment Period:

You can **add, drop or change** your Original Medicare, Medicare Advantage and Part D (drug) plans.

- There is **no penalty** for changes made during open enrollment.

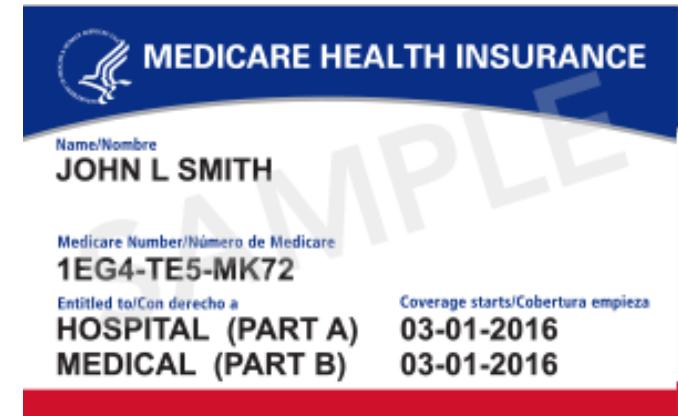


**Everyone on Medicare should review their plan information annually.**



# New Medicare cards are coming!

- New Medicare cards will be mailed between April 2018 – April 2019.
- Social Security numbers on old Medicare cards will be replaced with a unique identification number.
- The new card won't change someone's coverage or benefits.
- People on Medicare only need to make sure their address is up-to-date with Social Security.





# Senior Medicare Patrol (SMP)



**Guard your card:** Protect your Medicare card with the same care as your credit card. Only show your card at locations where you receive medical services (such as your doctor or pharmacy).

**Review your Medicare Summary Notice:** Your Medicare Summary Notice is a monthly report of claims for services you received. Review it for errors, abuse or suspected fraud.

**Report! Report! Report!** Report any errors or suspicious information in your Medicare Summary Notice to your health care provider or State Health Insurance Assistance Program (SHIP).

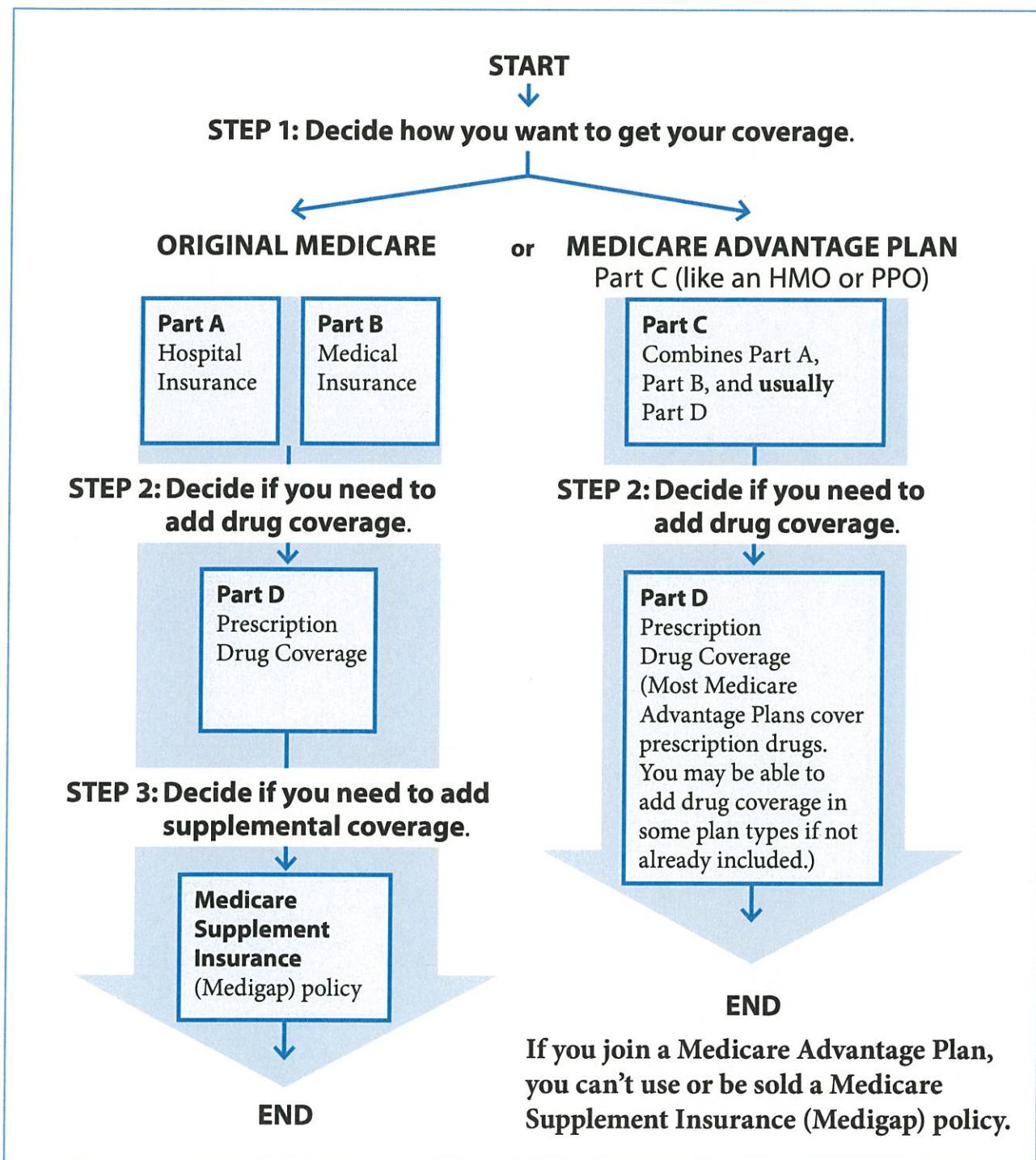


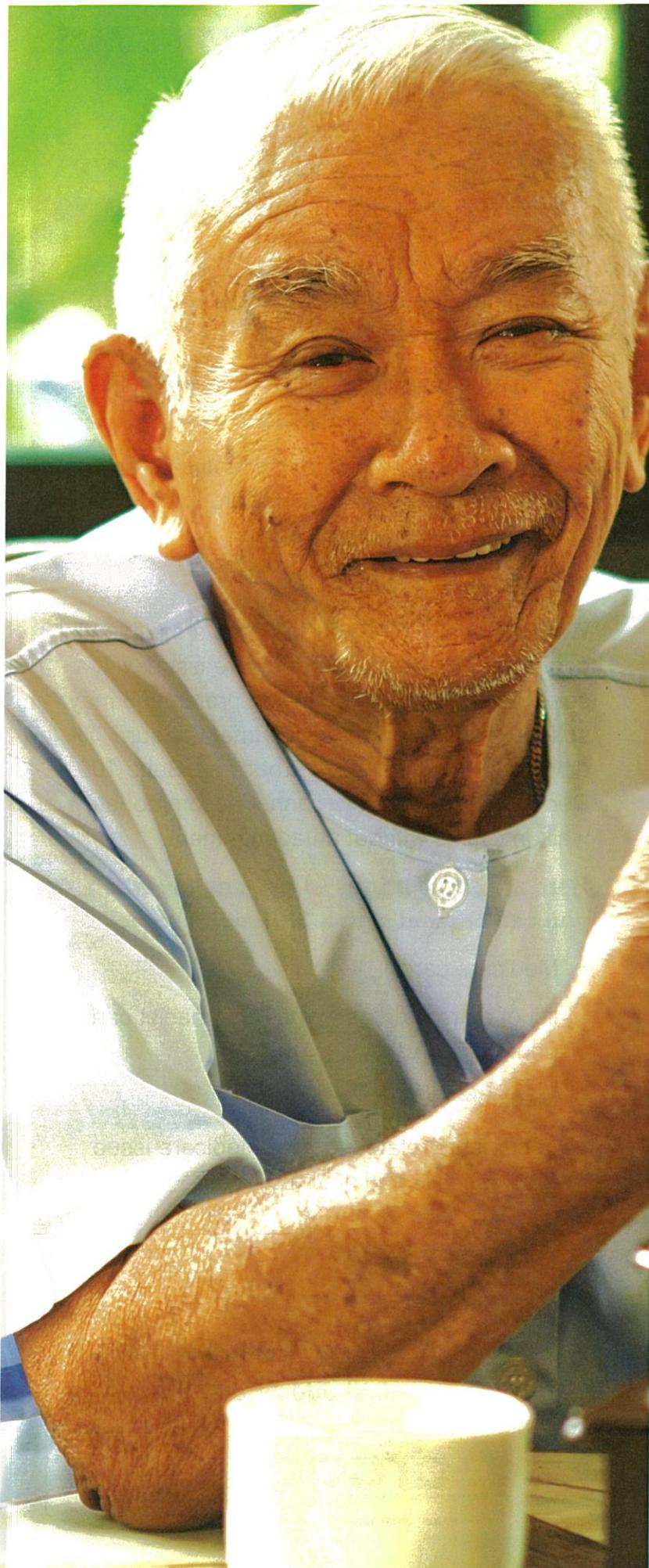
Thank you!  
**QUESTIONS?**

State Health Insurance Assistance Program  
303-480-6700  
8 a.m. to 5 p.m., Monday through Friday  
Walk-ins by appointment.

## What are my Medicare coverage choices?

There are 2 main ways to get your Medicare coverage — Original Medicare or a Medicare Advantage Plan. Use these steps to help you decide which way to get your coverage.





Area Agency on Aging  
**adrcog**  
DENVER REGIONAL COUNCIL OF GOVERNMENTS

medicare supplement plans made easy  
the el paso county senior center provides  
one time enrollment materials and  
helps you understand the different options  
available to you so that you can make  
an informed decision about what's best for you.

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Do you have a Medicare  
question?

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Do you want to learn more  
about which Medicare  
plan is right for you?

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The State Health Insurance  
Assistance Program can help.

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Call 303-480-6700

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