

**ADVISORY COMMITTEE ON AGING
MEETING SUMMARY
February 19, 2016**

Members Present

Bob Davis	Broomfield County
Bob Lanky	Jefferson County
Donna Mullins	Jefferson County
Houston "Tex" Elam	At Large
Mary Ellen Makosky	Gilpin County
Maureen Spiegleman	Denver Office on Aging
Muriel Arvay	Denver County
Vivian Stovall	At Large
Dawn Perez	Adams County
Karie Erickson	Douglas County
Cary Johnson	Jefferson County
Cathy Noon	Arapahoe County
Douglas Bowen	Arapahoe County
Amanda Gregg	City and County of Denver

Guests Present

Roseanne Dorn	Broomfield County
Bonnie Ashton	Adams County
Michele Bowen	Arapahoe County
Debbi MacLeod	The Colorado Talking Book Library
Gary Sobol	GZ Sobol Parkinson's Network
Barbara Jaynes	Positively-Funded

Others Present

Jayla Sanchez-Warren, Shannon Gimbel, AJ Diamontopoulos, Amy Pulley, Mindy Patton, Jill Eelkema, Matthew Helfant

Call to Order and Introductions

Bob Davis called the meeting to order @ 12:10 p.m.

Public Comment

Vivian Stovall

- RTD now has a citizen advisory committee
 - There are 5 positions open
 - Applications go out the end of March
 - Includes everything that has to do with RTD
 - Interested please put in an application

Approval of the October 16, 2015 meeting summaries.

Doug Bowen made a motion to accept the summaries. Tex Elam seconded, summaries were accepted.

Presentations

Debbi MacLeod - The Talking Book Library

- The Talking Book Library is a qualified location
- Free service
- Books delivered through the mail postage paid
- The library provides the equipment, books, magazines, brail books and magazines and large print books
- Books are in English and Spanish and 128 other languages
- It is a federal and state partnership, can transfer membership from state to state
- Books are downloadable to a tablet or phone
- Call to action – spread the word regarding this service
- Also available at recreation centers and other places to allow people to attend book clubs and increase socialization

Gary Sobol - GZ Sobol Parkinson's Network

- Gary provided us with his background and explained what Parkinson's is and its effects
 - Colorado and Wyoming have some of the largest populations with disease approximate age of onset is 50
 - Parkinson's effects more men than women
- Explained MS and its effects
 - Some symptoms of MS are the same as Parkinson's
 - MS effects younger people
- Gary researched and created an exercise class
 - He now has 75 classes across the U.S. with 1,000 plus participants
 - Gary provides free classes for caregivers and people affected his organization is a non profit
 - He uses the exercises that help with the affected area
- He will begin a 2 year research with Anschutz Medical Center

Matthew Helfant – DRCOG Transportation Planning and Operations

- Matthew provided a PowerPoint presentation (see attached handout) – DRCOG Coordinated Transit Plan

- Presentation comments:
 - Vivian Stovall asked how Senate Bill 11 would impact the transit plan if passed by the House. Matthew stated that DRCOG is opposing the bill along with their lobbyists.
 - Cathy Noon said she would like to see when rapid transit lines open the areas don't lose local bus routes. She stated that Light Rail is about economic development not transportation. She also said that Access-a-Ride should be separate from buses and it is costly for short trips.
 - Doug Bowen talked about the same issues in Arapahoe County this generated a discussion regarding SRC and transportation through them. Doug said everything is flowing to downtown and not north and south. In Arapahoe County having to go downtown to catch north and south routes. He would also like to see something done about enforcing the snow shoveling ordinance.
 - Matthew informed Amanda Gregg about the federal plan for Human Service and Transportation and applying for 5310 money. The City and County of Denver is looking beyond RTD for transportation solutions.
 - Vivian Stovall stated most programs are for medical appointments and would like to use transportation services for other trips such as grocery store, hair appointments and social activities.
 - Matthew hoped to address these issues with better coordinated services.
 - Bob Davis said Broomfield wished RTD could be more flexible with fixed routes to accommodate the cluster of small homes nearby. He said it was a long walk from the bus stop to the homes for someone with mobility issues. Bob told the group they have trouble with timing as well. Call-a-Ride is limited early in the morning and midafternoon because they are carrying school children which helps them justify the routes but leaves others out. He would like to see partnerships created to get funding and clout to serve people better. He would like to look at Douglas County since they have a successful program.
 - Karie Erickson said there is no RTD service in Douglas County. There is a small stretch in Parker and Highlands Ranch that RTD covers. If not in those areas there is no access to Access-a-Ride or Call-a-Ride. Agreed they need to focus beyond RTD. She commented that life is more than getting to doctor appointments so when funding is only for this it's not right. It is just as important to get their hair done, go to the movies and visit a loved one in a nursing home. She would like to see providers out there filling in the gaps for more quality of life transportation.
 - Maureen Spiegleman stated that aging in place demands transportation for socialization. SRC has a volunteer program that brings in volunteers from the Inner University Fraternity Council. They are given a stipend and are paid for gas.
 - Bob Davis said that this program has been going on for 2 or 3 months and the problem is when the students are out on vacation the service ends. They are trying to improve the service.
 - Tex Elam said that some of the best services are local services where he lives and does not want to see them eliminated.

Director's Report – Jayla Sanchez-Warren

- Next month the ACA meeting will be a workshop, it will be from 9 p.m. to 3 p.m. on March 18th.
 - We will have our committee 20 year celebrations

- Kelly will help facilitate to develop priorities
- The ACA meeting has been for us to distribute and give information to the committee but Jayla would like to see if there is something else the committee would like to do.
- Washington DC trip
 - Jennifer Schaufele DRCOG Executive Director, Jackie Millet Board Chair, Mickey Farrell DRCOG Lobbyist and Jayla went to Washington DC
 - Goal was to talk about the Reauthorization Act, specifically the funding formula and the "Hold Harmless" provision of the formula.
 - The current formula penalizes seniors living in fast aging states.
 - This year Congressman Polis was able to get us a very valuable piece of information, a Congressional Review. This provided us black and white proof from a credible office that Congress respects.
 - DRCOG took that information and created a map (see handout). The map shows 2/3 of the country seniors are impacted negatively by the current "Hold Harmless" funding provision.
 - Jennifer and Jackie took the map to the National COG Association and were able to talk to other COG Directors and policy directors of the National AARP. AARP would like the public to know they support the Older Americans Act (OAA) and want it passed but do not want to address formula or "Hold Harmless" provision. When shown the map people were surprised.
 - Met with the staff of the Minority Education and Workforce committee.
 - Met with N4A. N4A does not want to get involved with the formula because there are winners and losers. Jayla explained to them no action meant they were already picking winners and losers and that 2/3rds of the country's seniors were losers..
 - Colorado is losing 15% of their funding. DRCOG is now calculating how much each state is losing and developing a new map that will show these new numbers.
 - Jennifer is reaching out to the other COG directors and Jayla is talking to the AAA Directors across the country to rally them to advocate for the change.
 - We need the bill to pass. There is a House version being worked on right now to ask for increased funding for all states in OAA and a date specific for the "Hold Harmless" provision to be phased out. Not a lot of hope that the bill will be introduced this year. If not it gives us more time to get organized.
 - Colorado bill introduced to build support for the Reauthorization Act. A joint memorial expressing the position has been drafted asking committee to call their legislator and ask for the support of the bill.

There was further discussion about amendments being attached to the bill, which Jayla said had been removed.

Maureen Spiegleman asked what 3 points she could present when talking to legislators. 1) Urge them to sign the memorial 2) Sign on as co-sponsors 3) Remind them that all seven members of the Colorado U.S. House Delegation supported the effort.

Compliance and Finance Report – Jayla Sanchez-Warren for Sharon Day

- SUA Audit
 - Coordinating with providers to address remaining items on the SUA audit report. Finalizing the response to the report for submission to the SUA next week. 10-day compliance items have been fully addressed.
 - Will be working with Lyman Hamblin to review DRCOG's provider assessment tool to ensure that it is up-to-date and complete.
- Contract budgets
 - Providers received a mid-year contract analysis in late January. They received information related to the level of spend, funding match, service units and unduplicated client count through six months ended December 31. Working with providers to ensure that funds will be spent by the fiscal year end.
 - Providers are currently working on their budget proposals for FY16-17. The due date is March 1. Budget submissions for Visually Impaired grants are due April 1.
- Other
 - Will be submitting a recommendation soon related to reallocation of funds from terminated contract (Arapahoe Douglas Mental Health Network)
 - Mandatory contractor training held at DRCOG on January 28.
 - Providers currently conducting consumer satisfaction surveys at the directive of the State during the month of February. Purpose is to better measure outcomes related to AAA services.

CCT and Case Management Report – Amy Pulley

- Case Management
 - 2 new Case Managers start on March 16th, 1 Spanish speaker
 - Continuing to grow the Latino population
 - On track for the spending budget
- CCT
 - Everything going well
 - No housing so it is hard to place people when there is no place to go
 - RTC Subcommittees are going well
 - Will have Medicaid training to get everyone on the same page so everyone knows what their roles are to improve efficiency
 - The housing subcommittee, HUD, DOLA, Denver Housing Authority and Brothers Redevelopment are coming up with some really great ideas
 - Even if there is no housing trying to work closely together to figure out how to communicate if a unit becomes available and someone can't use it, then letting others know
 - Messaging to landlords to get them to take Section 8 Housing. Letting them know that if someone has a disability it is no more complicated than renting to someone without a disability. Trying to speak to their hearts since they are not getting as much money for rent, to give out of kindness

Ombudsman Program – Shannon Gimbel

- Shannon spoke previously about issues with unlicensed homes and people who are marketing hospitals now the issue has been kicked over to the Colorado Coalition for Elder Rights and Abuse.
 - Shannon will be on a panel at their quarterly meeting to discuss these issues and what to look for
- House Bill 78 being is being brought up by the Colorado Assisted Living to require continuing education for assisted living administrators.
 - Not a good bill, fought to change last year and will probably fight about it next year.
 - The Colorado Counselor Assisted Living Advisory Committee is rewriting the regulations, a big part of the rewrite is administrator training.
 - Colorado Assisted Living is a membership organization, their reason for backing the bill is primarily to generate revenue. Administrators would have to be members to get the continuing education. If not a member they would have to pay membership fee.

Community Resources Report – Jill Eelkema

- Jill passed out Semi Annual Reporting Tool (SART) report (attached). Dates on handout are incorrect the report is for January of 2016.
 - 872 contacts
 - Doubled from previous month
 - These are calls that come into DRCOG and do not include emails or follow-up research to help people find resources.
 - Went up because we now have 3 volunteers who are doing a good job of documenting calls.
 - 20% of calls are for people under the age of 60
 - 396 disability calls
 - 596 referrals to OAA programs
 - 17 where Options Counselors went to see in person

Business Development Coordinator Report – AJ Diamontopoulos

- Working on data analysis and that is going well
- Working on Grant for CMS.
 - Will see if community based interventions have any effect on clinical outcomes.
 - It is a 5 year grant and will build a relationship with healthcare partners and community based partners.
 - There are requirements for food insecurity, housing insecurity and quality, interpersonal violence including domestic violence and transportation.
 - We are working on building a consortium
- Looking at partnerships for “no wrong Door” opportunity for the pilot program with HCPF

Chair Report – Bob Davis

No Chair report.

Information Sharing

None

Adjournment

Meeting was adjourned 3:21 p.m.



Metro Vision
A program of DRCOG

2040 MVRTP – Draft Coordinated Transit Plan

Aging Advisory Committee – February 19, 2016



2040 MVRTP – 3 Unique Components



Freight & Goods
Movement

PEDESTRIAN AND BICYCLE ELEMENT OF THE 2035 METRO VISION REGIONAL TRANSPORTATION PLAN



Adapted November 15, 2006
Amended May 20, 2009

DRCOG
DENVER REGIONAL COUNCIL OF GOVERNMENTS

Bicycle/Pedestrian
Component

TRANSIT ELEMENT OF THE 2035 METRO VISION REGIONAL TRANSPORTATION PLAN



Adopted April 21, 2010

DRCOG
DENVER REGIONAL COUNCIL OF GOVERNMENTS

Coordinated
Transit Plan



Introduction – Purpose

- ◆ Transit component of MVRTP
 - ◆ Fixed route, rapid transit, human service
 - ◆ Integrate directly in MVRTP document

- ◆ Federally-required “coordinated plan”
 - ◆ Specific content requirements
 - ◆ Used to verify eligibility of projects funded through FTA 5310 program



Major Topics

- ◆ Public & stakeholder input
- ◆ Existing services & funding
- ◆ Demographics & forecasted growth
- ◆ Needs assessment
- ◆ Strategies to address needs



Public & Stakeholder Input

◆ Stakeholders:

- ◆ DRMAC (Denver Regional Mobility and Access Council)
 - Member organizations
- ◆ RTD, CDOT
- ◆ Other transit providers
- ◆ General public, advocacy groups

◆ Notable outreach:

- ◆ DRCOG-DRMAC transit forum
- ◆ CDOT Transit Plan & open house
- ◆ Regional and County-based surveys





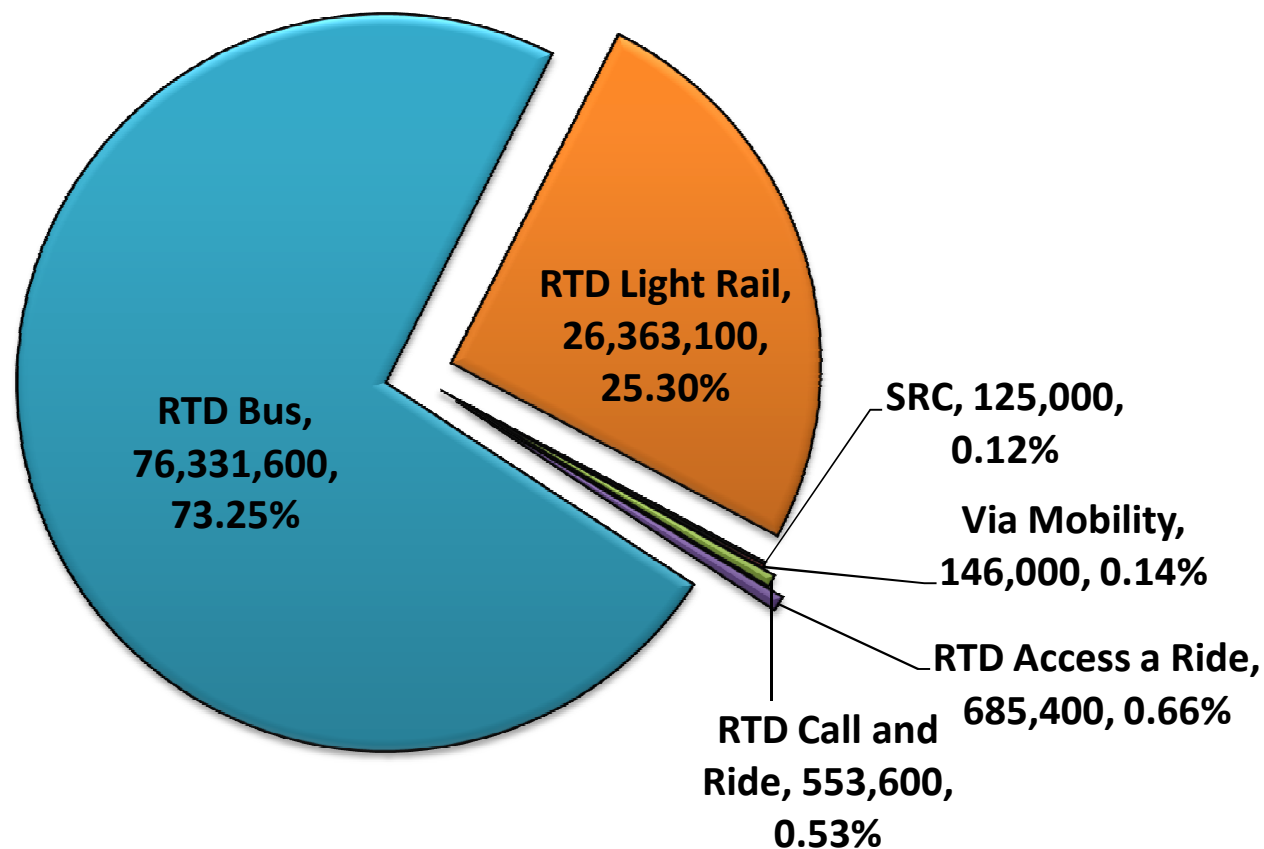
Existing Services Profile

- ◆ Fixed route & rapid transit: RTD, others
- ◆ Human service transportation:
 - ◆ Seniors' Resource Center
 - ◆ Via Mobility Services
 - ◆ Many others
- ◆ Other service providers: taxis, Gilpin Connect, volunteer drivers, Uber/Lyft, friends & family



2014 Boardings

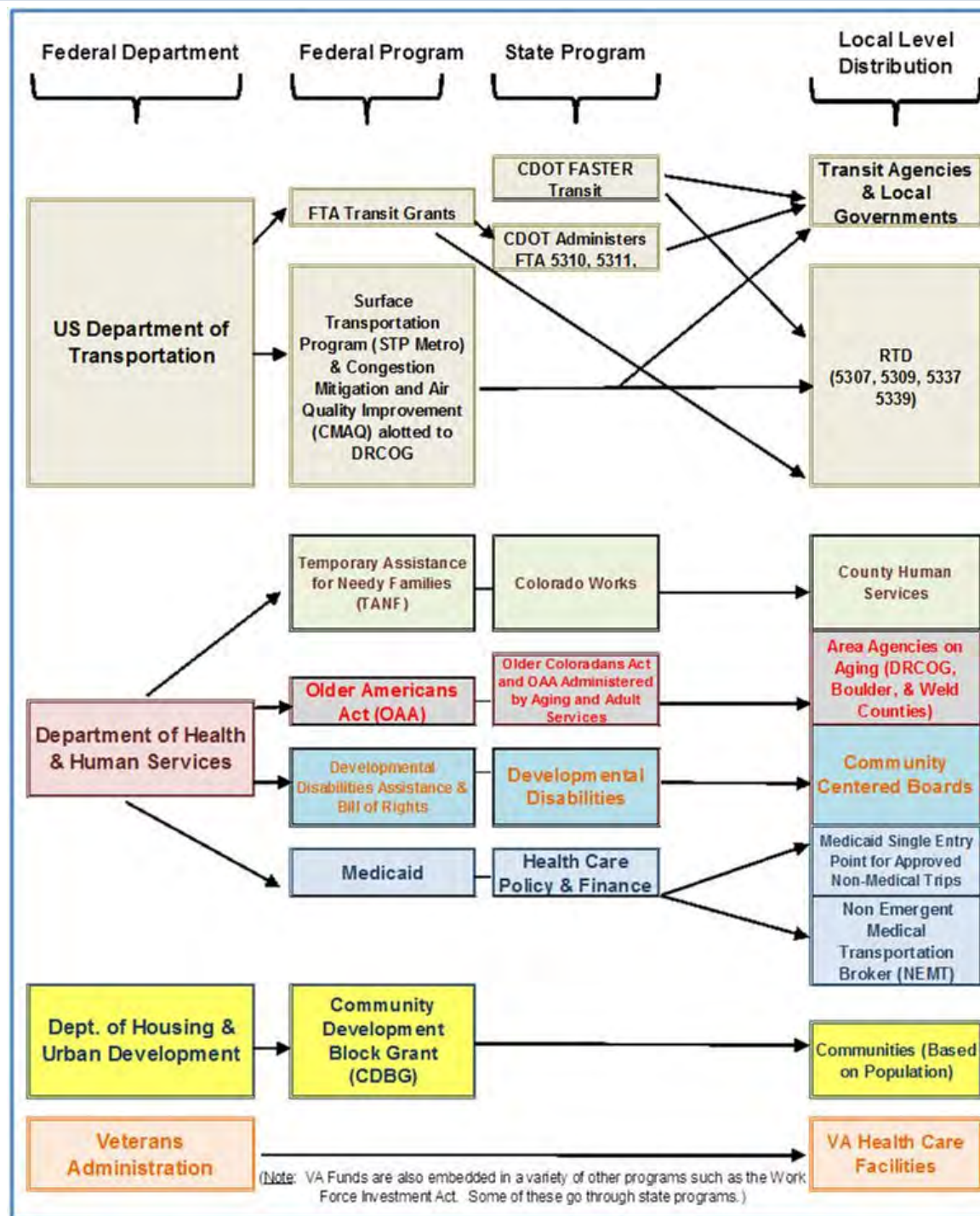
Total Estimate: 105 million+ annual boardings





Funding Profile

- ◆ Service type (fixed route, human service)
- ◆ Source (federal, state, local/other)
- ◆ Blending & leveraging





Notable Funding Sources

- ◆ FTA grant programs
 - ◆ 5307 (urban) – Capital, job access & reverse commute
 - ◆ 5309 – New Starts/Small Starts
 - ◆ 5310 – Older adults & individuals with disabilities
 - ◆ 5311 (rural) – Capital, operating
 - ◆ 5339 – Bus and bus facilities
- ◆ CDOT FASTER Transit (statewide & local pools)
- ◆ RTD sales and use tax
 - ◆ \$0.06 – base system
 - ◆ \$0.04 – FasTracks
- ◆ Farebox revenue, other local \$\$
- ◆ DRCOG-controlled federal grants (e.g. CMAQ)



Demographics & Forecasted Growth

◆ Forecast populations (2040):

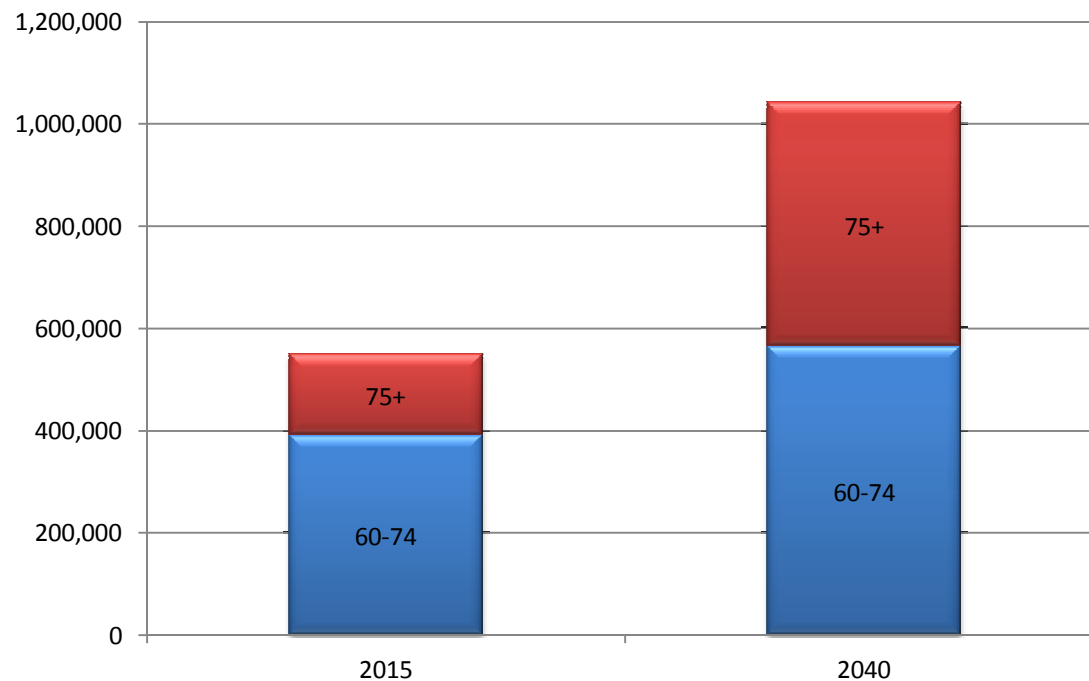
- ◆ Individuals with disabilities
- ◆ Older adults & youth
- ◆ Low income/minority
- ◆ Refugee/limited English
- ◆ Overlap between populations
- ◆ *Zero vehicle households*

**60+ population will be
1 in 4 by 2040**



Growth of Older Adults

**Projected Growth of 60 & 75+
Populations in the DRCOG Region**



**200% increase for 75+
population**





Needs Assessment

◆ Several sources:

- ◆ Public & stakeholder forums
- ◆ Provider & public surveys
- ◆ Local Coordinating Council needs assessments

◆ Major mobility needs:

- ◆ Ongoing capital and operating dollars
- ◆ More cross-jurisdictional trips & trip coordination
- ◆ Reduce service gaps (geographic, time of day)
- ◆ Improve transit accessibility



Strategies to Address Needs

◆ Coordinate Services

- ◆ Fund high-value projects, spend funding efficiently
- ◆ Leverage multiple funding sources
- ◆ Coordinate trips across boundaries
- ◆ Implement technology to improve coordination
- ◆ Integrate volunteer driver programs



◆ Remove Barriers

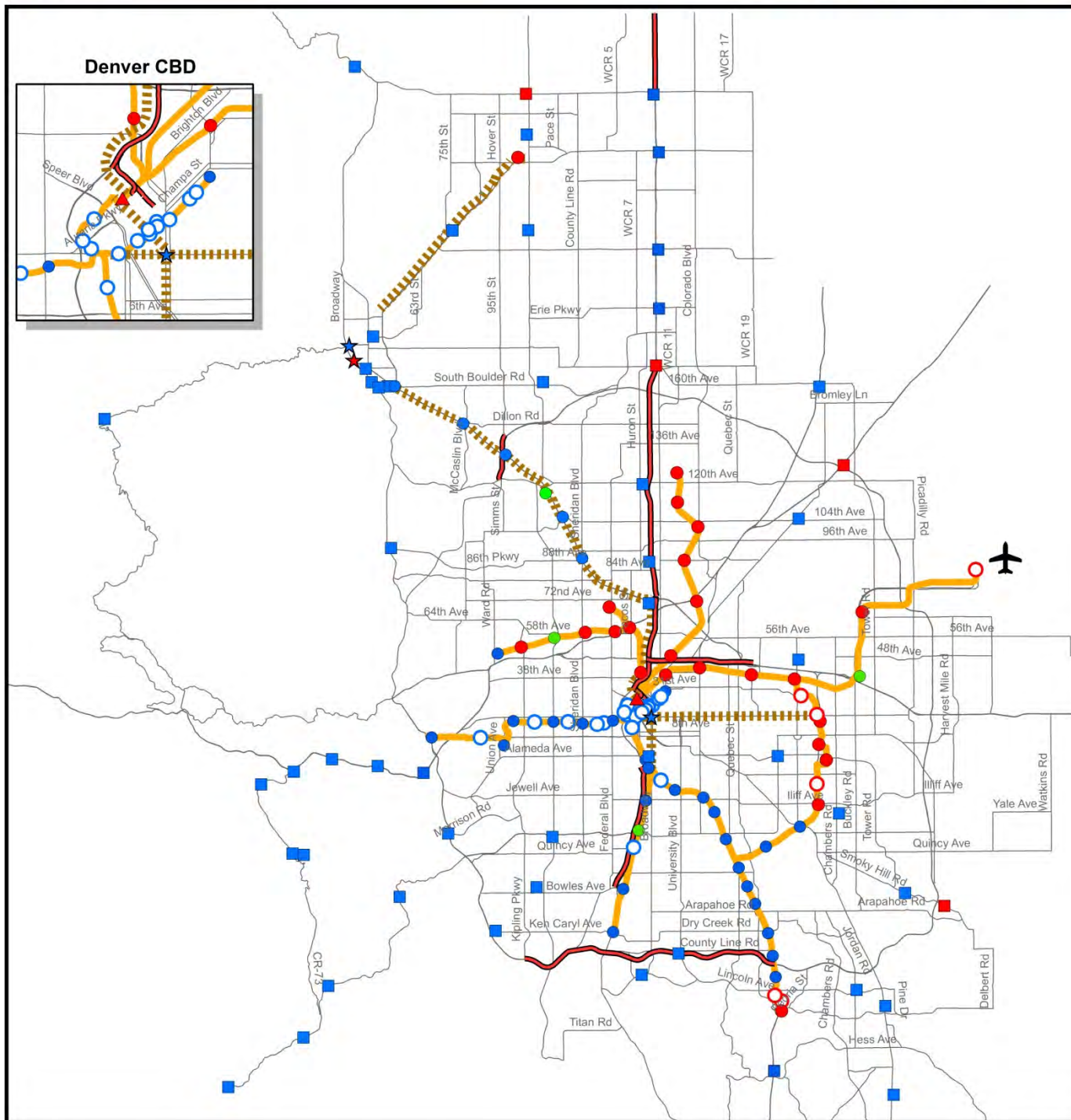
- ◆ Infrastructure (sidewalks, bus stops)
- ◆ First and last mile connections to/from transit
- ◆ Travel training, information & assistance
- ◆ Service areas, availability





Relationship to MV RTP

- ◆ Fiscally constrained transit system
 - ◆ Base system expansion & maintenance
 - ◆ Human service transportation
 - ◆ Rapid transit system (FasTracks, BRT)
- ◆ Metro Vision Rapid Transit System
 - ◆ Fiscally constrained rapid transit, FasTracks (Tier 1)
 - ◆ Potential regional & intercity corridors (Tier 2)
 - ◆ Conceptual preservation corridors (Tier 3)
- ◆ Other underfunded transit needs



MVRTP
Fiscally
Constrained
Rapid
Transit
System



Desired Input

- ◆ Topics to add, modify, or delete
- ◆ Transit issues & concerns you've heard
- ◆ Other questions/comments



Transportation Advisory Committee Input

- ◆ Topics they were interested in:
 - ◆ Health care transportation
 - ◆ Veterans
 - ◆ Affordability



Metro Vision
A program of DRCOG

Thank You!

States most harmed by the Older American Act's "hold harmless" provision.

Removing "hold harmless" would allow dollars to flow to places where seniors are living today.

Legend

HARMED

Alabama
Arizona
California
Colorado
Florida
Georgia
Indiana
Kentucky
Louisiana
Maine
Maryland
Michigan
Minnesota
Nevada
New Mexico
North Carolina
Oregon
Puerto Rico
South Carolina
Tennessee
Texas
Utah
Virginia
Washington
Wisconsin

NEUTRAL

Alaska
Delaware
District of Columbia
Hawaii
Idaho
Montana
New Hampshire
North Dakota
Rhode Island
South Dakota
Vermont
Wyoming
Guam
Northern Marianas
Virgin Islands

FAVORED

If your state is being penalized as mine is, let's work together to make certain older Americans are treated fairly throughout the country.

Jayla

For more information, please contact the Denver Regional Council of Governments

Jayla Sanchez-Warren
Director, Area Agency on Aging
303-480-6735 - jswarren@drcog.org

We make life better!
Adrcog
DENVER REGIONAL COUNCIL OF GOVERNMENTS



FFY 16 October 1, 2015 through September 30, 2016

ADRC Site: Region													3-A
ADRC Program Site Information													
Instructions: Please specify the total number of FTE (employee or volunteer) providing ADRC functions in each job category. 1 FTE should be a full-time equivalent of 40 hrs. per week.													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep.	
I&R Specialists	3.00	3.00	3.00	3.00	3.00								
Options Counselors/ Other Case Workers	3.00	3.00	3.00	3.00	3.00								
Options Counselors/ Nurse Case Workers													
Benefits Counselors													
Financial Eligibility Workers													
Management	2.00	2.00	2.00	2.00	2.00								
Administrative/Support Staff													
Other													
Total FTE by Job Description	8.00	8.00	8.00	8.00	8.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Staff Development Training for QTR													
Instructions: Provide the total number of training hours received by each ADRC Staff listed above during the quarter.													
Employee Name	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep.	
Jill Eelkema	19.5	5.5	0	0	10								
Kelly Roberts	6	2	0	0	0								
Kirsti Klaverkamp	8.5	2	0	4	2								
Sara Beth Ford	4	5.5	2	4	3								
Rachel Kobelt	10	2	7	0	14								
Heather Kamper	5	0	0	7	4								
Anaya Robinson	14	0	0	9	3								
Jami Cowan	9	0	8	6	6								
ADRC Contacts by Type													
Instructions: Provide the total number of incoming contacts, by phone or in person, from the community by type to your agency for general information regarding long-term care services and supports during this reporting period.													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep.	FFY 16 Total
Contacts from Consumers:	283	327	259	415	371								1655
Contacts from Caregivers	44	49	63	80	75								311
Contacts from Professionals:	47	70	85	260	243								705
Contact from Veterans	31	22	3	29	36								121
Contacts from Others (not consumers, caregivers, or professionals)	20	58	57	61	64								260
Unknown Contacts	235	30	25	27	27								344
Total Contacts made to ADRC during this period	660	556	492	872	816	0	0	0	0	0	0	0	3396
ADRC Consumer Information													
Instructions: Please enter information about individual consumers your ADRC served during this reporting period. Consumers are individuals 60 years of age and older or 18 years of age and older with a disability who require long-term care services due to a chronic condition and who the ADRC provided information to regarding long-term care services. This information may be provided to the individual, a family member, caregiver, or any professional calling on behalf of the individual. To be counted as a ADRC consumer, identifying information should have been collected to verify the individual met the above criteria. To calculate your Total Consumers, you should consider consumers you have provided at least one service to during this reporting period. Please note that not all contacts turn into consumers and one consumer may have contacted you several times in the reporting period. Therefore, your number of Total Consumers is likely to be smaller than the number of Total Contacts.													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep.	FFY 16 Total
Total Consumers Served During Reporting Period (Unduplicated)	485	404	358	396	351								1994
Consumers by Age (Unduplicated, all ages)													
Instructions: Please enter the number of ADRC consumers served base on their age.													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep.	FFY 16 Total
Aged 60 and Over:	333	273	246	277	241								1370
Under Age 60:	109	100	66	59	72								406
Age Unknown:	43	31	46	60	38								218
Total Consumers by Age (this should equal Total Consumers Served as reported on line 38)	485	404	358	396	351	0	0	0	0	0	0	0	1994
Consumers by Disability Type (Unduplicated, all ages)													
Instructions: Please enter the number of ADRC consumers served base on disability type if applicable.													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep.	FFY 16 Total
Physical Disabilities (all ages):	85	88	71	85	74								403
Developmental Disability (all ages):	5	3	2	3	5								18
Mental Illness (all ages):	28	20	10	9	15								82
Traumatic Brain Injury (all ages):	6	4	2	4	2								18
Dementia (all ages):	9	17	28	16	12								82
Multiple Disabilities (all ages):	47	48	27	36	22								180
Unspecified Disability (all ages):	80	44	82	87	74								367
No Disability (all ages):	83	96	65	60	67								371
Unknown (no information about disability):	142	84	71	96	80								473
Total Consumers by Disability Type (this should equal Total Consumers Served as reported above)	485	404	358	396	351	0	0	0	0	0	0	0	1994
Consumers by Income Level (Unduplicated, all ages)													
Instructions: Please enter the number of ADRC consumers served base on income level.													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep.	FFY 16 Total
Low Income	214	124	64	95	84								581
Not Low Income	66	67	59	72	66								330
Income Level Unknown	205	213	204	229	201								1052
Total Consumers by Income Level (this should equal Total Consumers Served as reported on line 35)	485	404	327	396	351	0	0	0	0	0	0	0	1,963
Consumers by Type of Service Provided													
Instructions: Please enter the number of ADRC consumers served base on the type of service you provided.													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep.	FFY 16 Total
Information & Referral	352	404	327	366	322								1771
Options Counseling	133	19	31	30	29								242
Benefits Counseling (as part of Options Counseling):													0
Long Term Care Futures Planning (as part of Options Counseling)													0
Referrals to Public and Private Services													
Instructions: Please enter the number of ADRC consumers by type of LTSS referred to or an application was given.													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep.	FFY 16 Total
Medicaid	8	12	21	15	20								76
Medicare	5	7	7	4	5								28
Home and Community Based Services Waiver	15	18	16	23	17								89
Social Security (SSI or SSDI)	2	44	2	5	8								61
Older Americans Act Programs	407	321	383	539	485								2135
Veteran's Programs	1	7	1	12	3								24
Food Stamps	0	0	0	0	0								0
TANF	0	0	0	0	0								0
Colorado Choice Transitions (CCT)	31	37	26	29	28								151
Rapid Referral to Alzheimer's Association	3	6	7	8	2								
Chronic Disease Self-Management Programs in English & Spanish	0	0	0	0	0								0

ARCH DATA FFY 2012

Diabetes Self-Management Programs in English & Spanish	0	0	0	0	0									0
Positive Self-Management Program for HIV	0	0	0	0	0									0
Chronic Pain Self-Management Program	0	0	0	0	0									0
A Matter of Balance	0	0	0	0	0									0
Powerful Tools for Caregivers	0	0	0	0	0									0
Caregiver Programs	0	0	1	0	0									1
Caregiver Respite	0	0	0	0	0									0
Independent Living Center	12	6	4	28	7									57
Other type of service (non-public services, resources or program):	176	172	184	217	195									944
Not referred to any type of service:	219	14	13	3	2									251

Options Counseling Consumers

Instructions: Please enter information about individual consumers your ADRC provided Options Counseling to during the reporting period. To be counted, the consumer must have been assessed utilizing the ADRC Assessment tool and follow up must be completed to determine the outcome of all referrals.

Oct

Nov

Dec

Jan

Feb

Mar

Apr

May

June

July

Aug

Sep.

FFY 16
Total

Total Consumers provided Options Counseling (equals line 62)	41	24	31	30	29									155
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Consumers provided Options Counseling by Method

Instructions: Please enter the number of consumers provided Options Counseling by the method of communication used to complete the assessment and provide information.by type of LTSS referred to or an application was given.

Oct

Nov

Dec

Jan

Feb

Mar

Apr

May

June

July

Aug

Sep.

FFY 16
Total

In person:	40	24	30	30	29									153
By telephone	1		1	0	0									2
Electronic communication (e.g. email or website chat):				0	0									0
Total (should equal number of Consumers reported on line 87)	41	24	31	30	29	0	0	0	0	0	0	0	0	155

Consumers provided Options Counseling in Person

Instructions: Please enter the number of ADRC consumers who received Options Counseling in person by the stting type.by type of LTSS referred to or an application was given.

Oct

Nov

Dec

Jan

Feb

Mar

Apr

May

June

July

Aug

Sep.

FFY 16
Total

In Person at the ADRC:				0	0									0
In Person at a Hospital:				0	0									0
In Person at a Nursing facility/Institution:	35	14	17	17	15									98
In Person at the client's community residence:	4	9	12	12	14									51
In Person at other setting	1	1	1	1	0									4
Total (should equal number of Consumers reported on line 87)	40	24	30	30	29	0	0	0	0	0	0	0	0	153

Consumers provided Options Counseling By Age Group :

Instructions: Please enter the number of ADRC consumers served base on their age.

Oct

Nov

Dec

Jan

Feb

Mar

Apr

May

June

July

Aug

Sep.

FFY 16
Total

Age 60 and over:	19	10	20	20	20									89
Age Under 60:	22	14	11	10	9									66
Age Unknown				0	0									0
Total (should equal number of Consumers reported on line 87)	41	24	31	30	29	0	0	0	0	0	0	0	0	155

Transitions from Institutional Setting

Instructions: Please enter the number of consumers residing in an institutional setting who received Options Counseling and transitioned back into the community..

Oct

Nov

Dec

Jan

Feb

Mar

Apr

May

June

July

Aug

Sep.

FFY 16
Total

No. ADRC Consumers assisted with transition from a nursing or assisted living facility and who received services through Colorado Choice Transitions. Note: For agencies designated as the LCA this number may include consumers reported on line 17 of the LCA tab.	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No. ADRC Consumers assisted with hospital discharge following an acute care episode. Note: for CTI Grantee agencies this number is the same as what was reported on Line 12 of the CTI Report	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No. ADRC Consumers assisted with transition from a nursing facility back into the community :	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No. ADRC Consumers assisted with transition from ICF/ID back into the community:														0
No. ADRC Consumers assisted with transition from other institutional setting and who received services through Colorado Choice Transitions.	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No. ADRC Consumers assisted with transition from other institutional setting	0	0	0	0	0	0	0	0	0	0	0	0	0	0
No. ADRC Consumers assisted with transition from ICF/ID into the community and who received services through Colorado Choice Transitions. Note: For agencies designated as the LCA this number may include consumers reported on line 17 of the LCA tab.	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Outcome of HCBS and Medicaid Financial Referrals

Instructions: Please indicate the number of consumers who received Options Counseling from your agency and applied for a public assistance program based on outcome. During this reporting period.

Oct

Nov

Dec

Jan

Feb

Mar

Apr

May

June

July

Aug

Sep.

FFY 16
Total

Consumers who were assessed for HCBS under Medicaid after being referred by ADRC staff.		1	4											0
Consumers who received a Medicaid Financial Eligibility Determination (approved or denied) after being referred or assisted by the ADRC.														2
Consumers who were approved for a Medicaid HCBS Waiver after being referred or assisted by the ADRC.	1		1											2
Consumers who were approved for services in an institution (nursing facility or ICF/ID) after being referred or assisted by the ADRC.														0
Consumers newly enrolled into other public LTC programs after being referred or assisted by the ADRC.														0

Client Feedback About Options Counseling Instructions:

Oct

Nov

Dec

Jan

Feb

Mar

Apr

May

June

July

Aug

Sep.

FFY 16
Total

Number Consumers who report that options counseling enabled them to make well informed decisions about their long term support services:	3	11	1	9	13									37
Number ADRC Consumers surveyed this reporting period:	3	11	1	9	13									37

Consumers Feedback About I&R Services

Oct

Nov

Dec

Jan

Feb

Mar

Apr

May

June

July

Aug

Sep.

FFY 16
Total

Number consumers who report the information & counseling they received was helpful.			5	37	74									116
Number I&R consumers surveyed this reporting period:			5	37	74									116

Average Monthly Public LTC Program Enrollment in WHOLE ADRC SERVICE AREA

Oct

Nov

Dec

Jan

Feb

Mar

Apr

May

June

July

Aug

Sep.

AVG.
FFY16

Total number of Individuals enrolled monthly in all Medicaid HCBS Waivers in the ADRC Service Area during the reporting period.													#DIV/0!
Total number of Individuals enrolled in Medicaid residing in institutions (nursing facility or ICF/ID) in ADRC Service Area each month.													#DIV/0!
Total number of individuals enrolled in other public LTC programs in ADRC Service Area each month.													#DIV/0!

2 of 2