

**ADVISORY COMMITTEE ON AGING  
MEETING SUMMARY  
Friday, March 19, 2021**

**Members Present**

Anne Gross	Arapahoe County
Barbara Boyer	Arapahoe County
Bob Brocker	At Large Denver
Bob Davis	City and County of Broomfield
Cary Johnson	Jefferson County
Chris Lynn	Jefferson County
Connie Ward	Jefferson County
Dawn Perez	Adams County
Donna Mullins	Jefferson County
Houston "Tex" Elam	At Large Arapahoe County
Jim Dale	DRCOG Board - Golden
Perla Gheiler	City and County of Denver
Phil Cernanec	At Large Arapahoe County
Sean Wood	Clear Creek
Wynne Shaw	DRCOG Board - Lone Tree

**Guests Present**

Debbi Haynie, Director Castle Rock Senior Center, Kari Degerness, Center for Improving Value in Health Care, Kristine Burrows, Jewish Family Services, Valerie Robson, Douglas County

**DRCOG Staff Present**

AJ Diamontopoulos, AHC Manager, Alejandra Lerma, Case Manager, Amy Pulley ADRC Manager, Ana Lilia Lahowetz, Case Manager, Caitlin Phillips, Ombudsman, Cassie Scott, I&A Manager, Cindy Grainger, ADRC Administrative Assistant, Douglas Rex, Executive Director, Erika Dubray, I&A Program Manager, Gina Gentili, Lead Options Counselor, Jayla Sanchez-Warren, AAA Division Director, Jennifer Reeves, Veterans/Transitions Manager, Liv Berman, Community Resource Specialist, Lydia Dumam, Options Counselor, Marlene Priest, AHC Navigator, Mindy Patton, AAA Division Assistant, Rich Mauro, Senior Policy and Legislative Analyst, Ryan McGee, Transitions Counselor, Sara Beth Ford, Refugee Program Coordinator, Sarah Haggerty, Ombudsman, Shannon Gimbel, Ombudsman Manager, Sharon Day, Manager AAA Business Operations, Travis Noon, Senior Program Specialist, Yacob Nayte, AHC Navigator Zack Gibbons, Senior Fiscal Specialist, Zara Otaifah, AHC Navigator

Karie Erickson, Committee Vice Chair – Called the meeting to order at 11:01 a.m.

**Public Comment Period (Non-ACA Members)**

There was no Public Comment.

**Report of the Chair**

Cathy Noon was unable to attend, Vice Chair Karie Erickson chaired the meeting.

- Karie read a message from Cathy thanking ACA and DRCOG staff.
- Karie mentioned that nearly 1,500 people sign up on the NymbL app. She encouraged the committee to continue to promote the app.

## Report of the AAA Director

Jayla attended several policy meetings with both federal and state

- National Council on Aging
  - Senator Casey was a speaker at this meeting, he said 172,000 died from COVID in nursing homes nationally.
    - The government will take a hard look into why this happened
    - Nursing home facilities are the second highest level of care and second highest payment for Medicare and Medicaid.
    - Studies also showed that COVID affected black and brown populations three times more than white populations
    - Will investigate the use of special designated areas in nursing homes for COVID patients and why facilities did not have supplies they needed, how funding was used and regulations for staffing and infection control
  - Spoke of community-based services
    - Need for more services and funding
    - Issue is hospitals will soon receive incentives to refer to community-based services, but service providers will not receive any funding.
    - There will be a need for coordination of services to avoid overlap with providers and overlap of hospital request for services

## Discussion

Karie suggested a subcommittee to address the issue

Bob Davis said the subcommittee should have more than just members from ACA

AJ Diamantopoulos thought this would be a good move short term and later, he also agreed with Bob's suggestion to include other outside members. He said more voices would be better to educate on how community-based services work.

Phil Cernanec said many organizations that include volunteers are trying to increase their volunteer base.

Karie mentioned that volunteers still need to be covered by insurance and admin dollars to oversee them.

AJ stated we need to expand capacity, technologies, policy and procedures, and insurance. To include maintaining marginal costs, and the culture of the way we assist clients to continue with high standards

Chris Lynn agreed about technology expansion and how difficult it is for providers to do this and agreed with Karie's comments regarding volunteers.

- Jayla said we do not know how much money DRCOG will be getting, when it will come, how long we will have to spend it and what we can spend it on.
- Colorado has been officially declared as the 2<sup>nd</sup> fastest aging state in the nation
  - Still big concern with how to accommodate services for the growing Boomer population

- Need to plan especially for when Boomers hit age 75 as that is when they typically need an increase in services
- Jayla said that Cassie Scott found that the average client in ADRC has 13 touch points in the program.
- Jayla thanked the Funding Subcommittee for their dedication to the RFP approval process and time spent reviewing over 80 RFPs
- 1<sup>st</sup> meeting regarding Adams County becoming their own AAA will be April 15<sup>th</sup>.

#### Move to approve consent agenda

Items on the consent agenda included: Summary of the February 19, 2021 meeting.

Karie asked for a motion to approve the consent agenda, Bob Davis made the motion, Tex Elam seconded the motion. There was unanimous approval of the consent agenda with one change on page 3 Tex Houston should be Tex (Houston) Elam.

- 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.

#### **Action Items**

##### Approval of AAA Contractor Allocations for FY2021-2022

- RFP was released in November
  - Funding Subcommittee reviewed and scored based on need for service, demonstrated experience and past performance, coordination with other providers, how well they serve the targeted population and DRCOG service area with minimal service duplications
  - Approved 32 providers, 76 services
  - Funds are the best estimate until state informs of final number, and includes CARES dollars
- Sharon showed Recommended Funding Allocations
 

Phil asked how future CARES Act funds would be dispersed, Sharon said it would depend on how the funds were allowed to be spent but most likely through another RFP release

Jim mentioned a pie chart would be helpful, Sharon explained the different guidelines on where the money is allocated and there will be a future pie chart once the funding is known.
- Sharon introduced and thanked the Funding Subcommittee members.
- In addition to the providers presented there were four additional providers who have current contracts that were unable to meet the RFP deadline
  - Their proposals will be considered and evaluated and available for approval at the April ACA meeting
  - To be fair they will be eligible for a shorter contract cycle.

Phil made the motion to approve the funding as presented by the Subcommittee to move forward to present to the DRCOG Board.

The Committee approved funding with 12 yes votes and 2 abstentions (Karie Erickson and Chris Lynn)

## **Informational Briefings**

### Wellness Fund Update

AJ informed the group:

- There are two formal initiatives that spurred action
  - The Hospital Transformation Program
    - \$1.3 billion half paid to hospitals for Medicaid patients to screen patients for 5 health related social needs: utilities, housing, transportation, food securities and safety issues.
    - Approximately 179,000 referrals are expected this year, 19,000 were served in our AAA region last year.
    - Hospitals will be paid for the referrals to community-based services this starts in April.
  - Second is the Social Health Information Exchange which is the exchange of information between a hospital and primary care physician.
    - Allows for a physician to ask for records of services received in the hospital
    - The database entry allows for a question regarding the 5 social needs to be answered, a referral will then go to a community-based service provider
    - The provider will be required to input data on service(s) provided
- AJ has been working with the Social Health Information Exchange and has raised the issue and has advocated that community-based service providers do not have the capacity to serve the large number of referrals that will be coming
  - He is working with several entities to develop a wellness fund to support this system
  - He would like to use data and planning to prepare for the impacts this program will have and make investments to assist with the program
- A short-term goal is to get some of the American Rescue Fund dollars from the Governor's office.
  - Asking for \$5-\$15 million that would be used to begin the planning and identify other investments that would help make the communities be healthier
  - Evaluate where need is, what the need is, roadblocks and ways to overcome roadblocks

### Discussion

Phil asked if this would be applicable to all of Colorado or just the DRCOG region. AJ is working on the DRCOG region, SAPGA has recommended two wellness fund pilots for the two AHCs in the state.

Karie stated that she was surprised social connectivity was not a part of the five social determinates. DRCOG opted not to do social isolation because of the dynamics and complexity of the program, although the other AHC has included it in their program. As they plan this will be something that will come up for discussion.

DRCOG will start with food and housing.

Wynn suggested consolidation of data entry from 13 different databases to one. There is a review of this being done. Karie said that data entry is very labor intensive and takes away time with the client.

- Long term goal will be adjustments to Medicaid and coordination.

Phil suggested a letter be generated recommending the Governor solicit input from the legislature regarding dispensing of American Rescue funds. AJ was not sure what the process would involve for requesting or allocation of the funds but will ask ACA for advocacy when the time comes. Jayla said Rich is working on this through the DRCOG process.

### Legislative Update

Rich Mauro provided the following Bill update and DRCOGs standing

#### SB128 – DRCOG to monitor

Bill is regarding the nursing home penalty cash fund; the fund provides grants for projects or programs to improve quality of care. Currently there is a shift in administrative responsibilities from HCPF to CDPHE.

#### SB158 – DRCOG supports

Scheduled to be heard Monday in the session. There may be changes to the bill and may be headed to the floor. The bill deals with the need to increase number of geriatric specialty providers particularly in rural areas. There is discussion of the possibility for the grant budget to be spread over 4 or 5 years.

#### HB1172 – DRCOG to monitor

Bill deals with family access to facility visitation. We are already seeing some opening up of facility access, this bill may no longer be necessary.

#### HB1187 – DRCOG to monitor

This bill is a case management redesign and deals mostly with Medicaid. Case management and I&A overlap, this bill sets up a process over the next couple years to work with stakeholders in a redesign to establish conflict free case management.

#### HB1117 – DRCOG supports

Redefines fair housing (Telluride law) and allows negotiations between the county and developers to have affordable housing be legal.

#### HB1121 – DRCOG supports

This bill is regarding the eviction court process. It asks that more time be given for a tenant to address issue(s) they are being evicted for and more transparency in the notice and eviction process.

#### SB173 – DRCOG supports

Regulates late fees and other fees landlords can impose with some restrictions with more notice and transparency in the process.

Phil asked about sustainable funding for the AAAs. Rich answered with the following update.

- JBC is scheduled to hear the March revenue forecast anytime.
  - This revenue forecast is used to determine the long bill.
  - There is a lot of optimism now that the economy is improving.

- The funding from the federal government will also relieve a lot of pressure.
- Rich has been pleased with the JBC decisions so far, they have almost completely restored the state funding for senior services line item to where it was last year.
- They were going to take \$163K out of state service funding to fund the PACE program.
  - Rich told them it should not come out of the senior services fund but the general fund, they agreed.
- Statewide funding should be about \$3M above last year, JBC will evaluate over the next few days to balance the budgets.
- Rich has not heard anything about American Relief Act funding.

#### Discussion

Doug said DRCOG really is interested in pursuing establishment of a wellness fund and sustainable AAA funding.

Phil mentioned the saving of taxpayer dollars due to prevention by providing services and how this needs to be highlighted in conversations as the Governor would like to see a return on investment when he considers allotment of American Recovery Act funds.

#### Ombudsman Update

- CDC and CMS released new guidance regarding those who have been vaccinated.
- Waiting for CDPHE to change the public health order from November.
  - That order was very restrictive and there is no reinforcement of the order.
  - Shannon hopes that the new order will be out next week.
- Isolation is very hard on residents.
  - Ombudsmen are out in the field.
  - There is no requirement for how many field visits need to be done.
  - An average visit can take about 3 hours now that staff must put on PPE and then safely disposed of it when visit completed.

Phil asked what facilities are doing to fill vacancies. Shannon said this is limited because many facilities do not have the staff to take care of residents. She thought we would begin to see facility closings. Once a facility gets below 70% full it is very hard for them to stay afloat.

- PACE is getting the same complaints as long-term care facilities, lack of service, lack of service providers, lack of coordination of services.
- Shannon said staff really did well with the virtual world to conduct various meetings with residents and resident families.

Karie asked about the morale of residents. Shannon said residents are happy to see and speak to someone other than just the same people in the facility.

- Ombudsmen are starting over getting to know the residents, residents they knew before are no longer there.

## County Reports

City and County of Denver – Perla Gheiler

Denver helped 800 residents from the recent storm that needed shoveling. They used volunteers and had incentives for staff to donate their time to help when they ran out of volunteers.

Douglas County – Karie Erickson

Douglas County has an 82% vaccination rate for 70+ residents

## Other Matters by Members

Tex Elam

Tex wanted to let the group know that he had to attend two Zoom funerals and they were much better than he expected and said if you had to do as an alternative, they can work well.

Next meeting – **April 16, 2021**

## Adjournment

The meeting adjourned at 1:12 p.m.