

**ADVISORY COMMITTEE ON AGING
MEETING SUMMARY
Friday, April 16, 2021**

Members Present

Ada Anderson	Douglas County
Anne Gross	Arapahoe County
Barbara Boyer	Arapahoe County
Bob Brocker	At Large Denver
Bob Davis	City and County of Broomfield
Cary Johnson	Jefferson County
Cathy Noon	Arapahoe County
Chris Lynn	Jefferson County
Dawn Perez	Adams County
Donna Mullins	Jefferson County
Houston "Tex" Elam	At Large Arapahoe County
Jim Dale	DRCOG Board - Golden
Karie Erickson	Douglas County
Perla Gheiler	City and County of Denver
Web Sill	DRCOG Board - Gilpin County
Wynne Shaw	DRCOG Board - Lone Tree

Guests Present

Debbi Haynie, Director Castle Rock Senior Center, Lauren Stenger, St. Joseph's Hospital, Dr. Mark Levine, DRCOG Consultant, Valerie Robson, Douglas County

DRCOG Staff Present

AJ Diamontopoulos, AHC Manager, Amy Pulley ADRC Manager, Ana Lilia Lahowetz, Case Manager, Caitlin Phillips, Ombudsman, Cindy Grainger, ADRC Administrative Assistant, Douglas Rex, Executive Director, Doyan Gboviyea, AHC Navigator, Erika Dubray, I&A Program Manager, Eva Groom, Options Counselor, Ines Rosas, Program Manager Veteran Directed Care, Jayla Sanchez-Warren, AAA Division Director, Jenny Castle, Resource and Quality Assurance Coordinator, Kelly Roberts, Community Resource Specialist, Liv Berman, Community Resource Specialist, Marlene Priest, AHC Navigator, Mindy Patton, AAA Division Assistant, Rich Mauro, Senior Policy and Legislative Analyst, Shannon Gimbel, Ombudsman Manager, Sharon Day, Manager AAA Business Operations, Yacob Nayte, AHC Navigator Zack Gibbons, Senior Fiscal Specialist, Zara Otaifah, AHC Navigator

Cathy Noon Committee Chair – Called the meeting to order at 11:08 a.m.

Public Comment Period (Non-ACA Members)

There was no Public Comment.

Report of the Chair

- Cathy participated in the funding subcommittee meetings she said they have been hard at work and really appreciates all the work they do
- She also sat in on the provider meetings, there is now a transportation subcommittee and Cathy has participated in those meetings as well

Report of the AAA Director

- Jayla reported that the meeting with the State Unit on Aging and Adams County regarding a change in the designated AAA for Adams County was canceled
- Jayla presented to:
 - The Senior Commission for the Democratic Party, where she listened to state issues, talked with them about demographics and what area agencies are doing across the state
 - Will be presenting to the Retired Federal Workers and Colorado Women's League
- Jayla has been promoting that Colorado is the second fastest aging state in the nation and using slides from the state demographer to help people understand the impacts of an aging population
- The AAA is moving forward on the Anthem contract it will go to the DRCOG Board Finance and Budget Committee on April 21st. Once approved, training will begin for staff
 - The program will be much like what AHC is doing with the navigator program
 - Jayla is a member of the Governor's Strategic Action Planning Group on Aging, and a member of the Subcommittee on Long Term Care where they talked about housing
 - There is concern that when the moratorium on evictions is lifted, a lot of older adults will likely face eviction starting June 30, 2021 because they will be unable to pay their mortgage
 - How can the AAA intervene and partner with others to help prevent evictions?
- Jayla has been asked by the National Association of Agencies on Aging to participate in the boot camp for new AAA directors.
- Jayla welcomed Web Sill who is a new member to the ACA representing Gilpin County, Mr. Sill is the Commissioner of Gilpin County and sits on the DRCOG Board.

Move to approve consent agenda

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

Cathy asked for a motion to approve the consent agenda, Jim Dale made the motion, Wynn Shaw seconded the motion. There was unanimous approval of the consent agenda.

- 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

Sharon was seeking Committee approval on Contractor allocation for Older Americans Act and CARES Act dollars

- The first approval was for proposals that were received from existing contractors who, for a variety of reasons, had missed the request for proposals
 - They were given an opportunity to request funding to continue services through the remainder of the calendar year (requests are for six months) of funding

- There are four - City and County of Denver, Dominican Home Health, Jefferson Center for Mental Health, and Senior Hub
- The funding subcommittee made their decision based on the counties that they serve, the number of clients that they propose to serve, the funds requested, and units of service
- The subcommittee recommends approximately \$783,000 to these providers to continue services starting the next fiscal year beginning July 1, 2021 through December 31, 2021
- Cary Johnson wanted to clarify, that because they were late, they approved a six-month contract for these particular groups.
- Sharon Day added that they wanted to ensure that those services continue but in fairness to our other providers who were able to submit a proposal, we permitted a mini proposal for shorter term funds.

Dawn Perez motioned to approve the additional proposals, Barbara Boyer seconded the motion, a unanimous approval was given with Perla Gheiler and Chris Lynn abstaining from the vote.

- The second approval was for reallocation of funds and request for additional funds for the current group of providers, these funds must be spent by the end of the State fiscal year June 2021
 - To request additional funds providers had to submit a justification statement on how the money would be used,
 - The funds must be used within the current scope of the of their contracts and
 - They supplied the additional number of clients and additional number of units that they would provide
 - Providers that submitted requests for reallocation of funds were Seniors Resource Center and Via
 - Total fund requests \$681,000
 - Volunteers of America submitted a request to purchase equipment for their nutrition program to replace old equipment, and one supplemental piece of equipment to help with their congregate and home delivered meal program for \$79,000

Discussion

Cathy asked about Colorado Gerontological Society's wait list and their need because it was a lot of money to use in a short time

- Colorado Gerontological Society will provide hearing aids and eyeglasses to older adults in the region their wait list is in the hundreds they primarily target services toward low-income seniors, the additional \$350,000 is to help clear their waiting list for hearing aids and eyeglasses.
- SRC is reallocating funds to adult day program/respice program, because the center is closed, the material aid program is providing hot prepared food and pantry boxes with household supplies it has been a well-received program and there is a need

Jim Dale asked how many people Colorado Gerontological Society is serving with these funds.

- Sharon explained they have a cap and Colorado Gerontological Society (CGC) has contracts negotiated with providers. Hearing aids are around \$1700. Glasses are roughly a couple hundred dollars.
- Bob Davis added Colorado Gerontological Society has been doing this for many years and have been able to negotiate contracts with the hearing aid people at a lower cost

Bob Davis motioned to approve allocation of funds; Wynn Shaw seconded. There was unanimous approval with Perla Gheiler and Chris Lynn abstaining from the vote.

Informational Briefings

Discuss Formation of a Subcommittee for Community Based Services

- AJ Diamontopoulos began with explaining the Hospital Transformation Program (HTP). It is being put forward by the State of Colorado and the Chase Enterprise Board which oversees the hospital provider fee that provides money to hospitals who see Medicaid patients.
 - To get the money, hospitals must decrease their emergency department inpatient visits in the Medicaid population
 - Screen Medicaid inpatients, for the same five needs as the Accountable Health Communities that is, housing, transportation, utilities, food and safety needs
 - Based on the screenings, when someone indicates a need, they will send those referrals to community-based organizations
 - This is good long term, but not short term. Community-based services are already at capacity with all services.
- The debate is if the hospitals are getting paid to screen and send the referral, there should also be some form of payment to address the need to community-based services
 - Referrals don't change health outcomes, services change health outcomes
 - Studies are beginning to show that services lower the cost of health care and improve outcomes.

Discussion

Karie Erickson said as a community-based provider knowing the repercussions of this and how it will affect older residents is huge.

Not only are service providers at capacity but she has a concern that when a patient gets home after being promised referral services from the doctor and hospital social worker what happens if local providers already have a waitlist?

How will this affect the patients recovery to be able to stay in their home?

They begin getting pressured from family for them to move into assisted living or have nursing assistance then there is the possibility of reentry into the hospital and the next time they go into skilled nursing because they were unsuccessful previously.

Karie went on to say there is a need for unified voices so that community-based providers can tell their side of the story. Referrals are wonderful and needed and hospitals are doing the right thing, but they forget what happens on the other side of the referral and that's where we need to really step up.

Cathy Noon said it comes down to a funding model that is different with the two organizations. It's not that they forgot rather they didn't realize we have a finite amount of money and can only serve X amount of people. Their model is more, the more people you serve the more money you get. Those are two diametrically opposed models that aren't working very well together for the senior that is going to be discharged at home.

Cathy and Jayla proposed the formation of a task force to address this future need. The task force would have providers, hospitals, and people from the governor's office as members. The idea is for these individuals to come together to gain understanding of the issues, hear the provider side and advocate for community-based service providers.

Jayla added that there is a lot of influence from the medical world, and she feels like community service providers need to do the same

Jim Dale asked Dr. Levine's perspective on if there are any federal funds that we didn't know about.

Dr. Levine thought there was a huge opportunity to collectively interface with both the state and federal government for money that is coming down through the states to be distributed for various kinds of services that can address health related social needs and social determinants of health but there is a lot of competition for that money. He felt putting together a collective Task Force that can represent the need, would go a long way to positioning us.

Bob Brocker asked if there had been any estimates made on the expected cost.

AJ said the AHC has estimates for the number of referrals people on Medicare and Medicaid in the nine counties that DRCOG serves, including Boulder.

- 28% of people will be referred for food.
- Before the pandemic about 14% of people were referred for housing needs,
- 13% for transportation
- between 8% and 10% referred for utilities.

AJ also stated there were too many variables to give an accurate cost.

Jayla added there will be at minimum a referral cost to the AAAs. AJ said a rough estimate of cost is about \$40 to process a referral regardless of if it turns into a service or requires a service.

Amy Pulley was curious how many people AJ thought were on long term care Medicaid that have HCBS waivers as those would be paid for by Medicaid.

Jayla said some hospitals are going to refer all their patients. It is important to understand that a large part will be Medicaid, but it is those non-Medicaid service providers or the service that Medicare doesn't pay for that will come to AAAs.

There was a lengthy discussion about cost by Bob Brocker, AJ and Jayla with the result that the data collection was just beginning and there would be more information as it became known.

AJ said the next step is to manage this union of community-based services and clinical care as there is great opportunity for cost savings by working together over the next two years.

Jim Dale had questions about SNAP benefits. Jayla responded by saying one of the things that has been identified is many of the people that are on SNAP are still food insecure, but SNAP benefits

are not usually very big, it could be \$25 a month which doesn't go very far. There is a 22-page application to complete for a minimal amount of food benefit.

After the discussion, Tex Elam seconded the motion made by Cathy that the committee agree to the formation of a task force to deal with the questions that were being discussed, the committee agreed.

Legislative Updates

Rich Mauro provided the following bill update. None of the bills have changed much since introduction and they have not been controversial.

SB128: The nursing home penalty cash fund is going to the Senate. The bill is making some changes in how the fund is administered switching it from HCPF to CDPHE, increasing the grants being made.

SB158: We have not heard from the sponsor about the bill being funded, It is a \$2 million spread out over five years.

SB181: Rich didn't think the bill would go anywhere that it would be killed in committee.

HB1172: It is looking at parameters, restrictions, and criteria on allowing family and other visitations to residents of facilities; things are changing, and they are already opening up. Rich did not expect the Bill to go anywhere.

HB21-1187: This bill will be calendared in committee soon. It is concerning the implementation of case management redesign to ensure conflict-free case management for members eligible for long-term services and supports under the Medicaid program

HB1227: The bill requires the Department of Health Care Policy and Financing (HCPF) to develop, analyze, and enforce a demonstration of need for each new nursing facility provider seeking Medicaid certification. The requirement does not apply to a nursing facility provider certified prior to June 30, 2021

HB1117: Referred to as exclusionary zoning or the Telluride Decision from several years ago that initially declared those types of actions are in violation of the state's rent control statute. This is carving out clarifications in statute that local governments can enter into agreements with developers. The bill also provides options for affordable housing as part of developments.

HB1121: Makes a variety of changes to the laws regarding rent matters with landlords and late fees, eviction and notification requirements giving tenants more opportunities to stay in the housing.

SB173: Bill relating to the eviction and eviction defense process puts in length of time that tenants have to fix the problem. The bill passed out of the Senate and is over in the House.

SB181: Equity Strategic Plan Addressing Health Disparities Program focuses on grants for social determinants of health and to allow for grants to be awarded to community-based organizations. It is requiring the office and the department to facilitate a State agency work group to develop an equity strategic plan. This is a new bill to keep an eye on since it may provide opportunities for us, and our partners. Rich is asking the board to support this bill.

Bob Brocker mentioned SB187 proposed by the Colorado Senior Lobby, which was scheduled in committee this week to set up a fund to provide money for dialysis transportation. The bill was

postponed indefinitely. Committee members were definitely interested in pursuing the bill, but it needs to be fine-tuned and they will need to figure out what government agency is going to administer. Rich said there is a commitment/expectation from the sponsor that they will be putting together a stakeholder meeting to discuss this issue further in the summer and fall and will be prepared to reintroduce the bill next session.

Jayla mentioned the AAA is trying to figure out how by partnering we can make transportation dollars go further, so that there is enough money for transportation to dialysis and other AAA services, it is another way to try and find resources and have cost sharing.

Bob Brocker provided some statistics. There are now over 6000 people on dialysis and that number is growing by between 4% and 6% a year. Another fact was that it is costing RTD \$2.5 million dollars a year to provide transportation for dialysis.

Rich gave the budget update. The Long Bill has made it through the and House. The conference committee will be established the following week.

- There were some amendments in both the House and Senate. One of note was an increase of state funding for senior services by \$10 million that did not pass.

Jayla is worried after the COVID money is gone there is going to be a fiscal cliff they will have to deal with. She is currently having a difficult time with providers being able to spend allocated funding due to the staff shortages.

Rich said the conversation is more about the short term. Any discussions relating to the federal funds and what the state may be doing with them, such as capital investments that would help strengthen the infrastructure of the AAA network and build the organizational capacity of the AAAs, will occur later in the session. This led to a longer conversation on the problems with spending the federal funds that will be coming to the AAAs, the growth of the aging population, the dependability of providers and some one-time funding ideas.

Homebound COVID Vaccine Discussion

The state has asked Jayla to find out how communities were doing with homebound vaccinations, she posed the question to the group.

Karie Erickson felt good about where Douglas County was with vaccinations. They have had a huge effort with their local providers, but the homebound piece continues to be a mystery. They have talked about partnering with home health care agencies, but their schedules are full, and they do not have the staff or capacity. Sometimes they don't go out to the rural areas where there are homebound folks. They are still doing a lot of discussion, but haven't come up with a plan yet.

Karie also mentioned getting several nervous phone calls from folks that had gotten the J and J vaccine. Jayla agreed that the stolen J and J vaccine put a damper on distribution because that is what the mobile units, visiting home nurses and in home care providers were going to use.

Web Sill from Gilpin County said the majority of the seniors have been vaccinated (70%). The county is now moving to other residents that want the vaccine.

Jim Dale said the good news is our homebound are isolated and can't get the disease the bad news is they are not immunized. Jefferson County had 82% of their people vaccinated but he was unsure of how many of those were 60+.

Cathy said that Nourish Meals On Wheels managed to get a vaccine site from Tri-County for their first vaccinations. DRCOG helped with all the transportation for those that needed it. The site for the second shot is coming up the end of April. They are identifying the homebound which is the hardest, it is difficult to figure out the logistics, the one and done shot would be better, because people wouldn't have to go out twice. She said they were still waiting to hear back from Tri-County. She thinks the Johnson and Johnson news shelved this to the side for this week.

Perla Gheiler's group has been sharing a flyer with all their partners. People who are not able to get out for the vaccine can call the number on the flyer and schedule a time for someone to go to their home. They will also be putting out a press release. So far, they have approximately 150 reservations.

County Reports

There were no County reports.

Other Matters by Members

Kelly Roberts

May is Older Americans month. The Colorado Senior Lobby is planning a series of webinars for three Wednesday's in May.

May 12th - Ageism in the Workforce, Health Care and Community

May 19th - Age-Friendly Communities in Colorado

May 26th - Regional Perspectives Across our State in Aging

Wynne Shaw

Really likes the Nymbbl app, she has been telling her friends and feels a difference.

Jayla said one of the good things about the app is it is evidence based and it can be paid for with Part D dollars. They are halfway to their goal of 5,000 participants.

Next meeting – **May 21, 2021**

Adjournment

The meeting adjourned at 1:24 p.m.