

# COLORADO STATE PLAN ON AGING

October 1, 2019 - September 30, 2023

Jared Polis, Governor  
State of Colorado

Michelle Barnes, Executive Director  
Colorado Department of Human Services

Mindy Gates, Director  
Division of Aging and Adult Services



**COLORADO**  
**Office of Community  
Access & Independence**  
Division of Aging & Adult Services



**COLORADO**  
Office of Community  
Access & Independence  
Division of Aging & Adult Services

July 1, 2019

Mr. Percy Devine III, Regional Administrator  
U.S. Department of Health & Human Services  
Administration for Community Living, Region 8 Office  
1961 Stout Street, Room 08-148  
Denver, Colorado 80294

Dear Mr. Devine:

I am pleased to submit Colorado's State Plan on Aging (State Plan) for Federal Fiscal Years 2020 through 2023. The State Plan provides a blueprint to build upon Colorado's past successes and prepare for the challenges and opportunities of the future.

Consistent with national trends, the population of older adults in Colorado is anticipated to increase significantly over the coming years. According to the Colorado State Demography Office, the population over age 60 will increase from about 1.1 million in 2019 to over 2 million in 2050. As a state, we must be mindful of this shift in demographics, understand how it will impact our ability to care for older adults, and strategically plan for the increasing demand for services that will result from this change.

The State Unit on Aging (SUA), located within the Colorado Department of Human Services, Division of Aging and Adult Services, administers Older Americans Act and State Funding for Senior Services programs and collaborates with a variety of stakeholders to provide services to older adults in the state. During the past year, the SUA has worked with stakeholders to identify areas of need, opportunities for improvement, and strategies to ensure successful programs. Specifically, the State Plan incorporates valuable feedback from representatives of state agencies, Area Agencies on Aging (AAAs), Colorado Commission on Aging, community stakeholders, service providers and older adults. The State Plan outlines goals, objectives, strategies and performance measures for the SUA's work over the next four years.

While the State Plan focuses on efforts to improve and enhance programs and services for older adults in Colorado, it is equally as important to recognize the significant contributions seniors have made and will continue to make to the state. As a result, the SUA will encourage AAAs and other statewide stakeholders to fostering opportunities for older adults to be meaningfully engaged in making a difference in their communities.

Sincerely,

Mindy Gates, Director  
Division of Aging and Adult Services  
Colorado Department of Human Services

# Verification of Intent


## Purpose of State Plan on Aging

Colorado's State Plan on Aging outlines goals, objectives, strategies and performance measures for the administration of programs and services funded by the Older Americans Act and state funding for senior services for Federal Fiscal Years 2020 to 2023. The State Plan on Aging focuses on ways to improve the efficiency, effectiveness, and impact of State Unit on Aging (SUA) programs to meet the needs of Colorado's older adults. When the State Plan on Aging is approved, Colorado will receive federal funds that will be matched with state and local funds to administer the plan.

## Designation of State Agency to Develop and Administer the State Plan on Aging

The Governor of the State of Colorado designates the Division of Aging and Adult Services (Division) within the Colorado Department of Human Services (CDHS) as the sole state agency in Colorado to receive federal funds under the Older Americans Act. The Division has been given authority to develop and administer the State Plan on Aging in accordance with all the requirements of the Older Americans Act. The Division is responsible for developing comprehensive and coordinated services for older adults in the State of Colorado, as well as serving as the effective and visible advocate on their behalf. Progress in achieving State Plan on Aging goals and objectives will be reviewed quarterly as well as through an annual evaluation process.


This State Plan complies with all relevant federal requirements and assurances. The Governor's approval and signature on the State Plan on Aging constitute authorization for CDHS to proceed with implementation upon approval by the U.S. Assistant Secretary on Aging. Should the State Plan on Aging require any amendments, the Governor delegates signatory authority to the CDHS Executive Director.

  
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Mindy Gates, Director  
Division of Aging and Adult Services  
Colorado Department of Human Services

5/23/19  
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Date

  
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Michelle Barnes, Executive Director  
Colorado Department of Human Services

5-24-19  
\_\_\_\_\_  
Date

  
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Jared Polis, Governor  
State of Colorado

6/28/2019  
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Date

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## EXECUTIVE SUMMARY

Colorado's population is aging. Currently, one in five Coloradans is age 60 or older but that will increase by a million people to account for more than 25 percent of Colorado's population by 2050. This unprecedented and dramatic demographic shift will require special attention to ensure that communities are livable and accessible and that appropriate services are available to support an aging population.

The State Unit on Aging (SUA) is located within the Colorado Department of Human Services (CDHS), Division of Aging and Adult Services. The mission of the SUA is to ensure older adults in Colorado have the opportunity to live and thrive in the community of their choice. Over the last four years, the SUA has successfully administered programs funded through the Older American Act (OAA) and State Funds for Senior Services (SFSS) to support older adults living in community and their informal caregivers. With a focus on providing technical assistance to local Area Agencies on Aging (AAAs) and other community partners, improving policies to streamline and improve services and collaborating in several statewide initiatives focused on improving older adult health and well-being, the SUA has expanded the number of services provided to older adults and their informal caregivers. Additionally, over 90 percent of clients identified that the services provided help maintain their independence in the community.

Over the next four years, the SUA will work strategically to prepare Colorado to address the challenges and take advantage of the opportunities of an aging population by focusing on three primary goals:

**Goal 1: Older adults in Colorado have opportunities to remain active, healthy, engaged and independent.**

**Goal 2: Older adults and their caregivers in Colorado are informed about and have access to available supportive services.**

**Goal 3: Older adults in Colorado live safely with dignity and respect and are empowered to self-advocate.**

The Colorado State Plan on Aging (State Plan) is a comprehensive blueprint that identifies the goals, objectives, performance measures, and strategies for the work of the SUA in Federal Fiscal Years (FFY) 2020 to 2023. Over the course of this State Plan period, the SUA will continue to provide quality services to older adults, efficiently and effectively monitor and oversee funded programs, collaborate with other state agencies and stakeholders, partner with the network of local AAAs and continuously improve processes, policies and procedures to improve service quality and delivery.

In order to ensure that this State Plan accurately reflects the current needs and priorities of older adults in Colorado, the SUA gathered input from stakeholders, community partners, older adults, informal caregivers and key informants and conducted an analysis of demographic trends. The information gathered in this process provided the SUA with a deeper understanding of the aging landscape across the state and was instrumental in the development of the goals and objectives of the State Plan.

The SUA recognizes that an increasing demand for services will require continued and new strategic collaborations with statewide partners in order to maximize resources and increase efficiencies. Additionally, new and emerging technologies may change the way services are provided in the future. SUA staff will continue to provide support to the AAA network, share information on best practices and maintain or revise policies as needed to assist partners in implementing programs that are efficient, effective and of the highest quality.

## INTRODUCTION

### COLORADO DEPARTMENT OF HUMAN SERVICES MISSION AND VISION

Collaborating with our partners, the mission of the [Colorado Department of Human Services \(CDHS\)](#) is to design and deliver high-quality human and health services that improve the safety, independence and well-being of the people of Colorado. CDHS is continuously working toward the vision that: the people of Colorado are safe, healthy and prepared to achieve their greatest aspirations.

### STATE UNIT ON AGING OVERVIEW

The [State Unit on Aging \(SUA\)](#) is housed within CDHS' Division of Aging and Adult Services, which is also home to [Adult Protective Services \(APS\)](#). The SUA ensures older adults are able to live and thrive in the community of their choice by administering programs and services funded by the Older Americans Act (OAA) and State Funding for Senior Services (SFSS). The SUA is responsible for providing funding and oversight to 16 local Area Agencies on Aging (AAAs) that in turn provide funding to local service providers to deliver services to adults age 60 and older. This partnership between the SUA and AAAs provides an array of supportive programs and services for older adults across the state. Priority for services is given to older adults with the greatest social and economic need, with particular attention to low-income and minority individuals and those who are frail, homebound or otherwise isolated. In addition, the SUA is involved in a variety of collaborative initiatives aimed at helping older adults remain in their homes and communities as long as they choose.

### ABOUT THIS PLAN

The Colorado State Plan on Aging 2020-2023 (State Plan) presents goals, objectives, performance measures and strategies to address key demographic factors shaping the needs and priorities of the older adult population. The development of this plan was a cooperative effort, involving input from the 16 AAAs, other State agencies, the general public and organizations throughout the state. Data from the [Community Assessment Survey of Older Adults \(CASOA™\)](#), the [U.S. Census Bureau](#) and the [State Demography Office of the Colorado Department of Local Affairs](#) were used to identify demographic trends.

## COLORADO'S AGING NETWORK

Colorado is currently home to more than 1,183,300 individuals over age 60, and that number is growing. During the four-year period this State Plan addresses, that number is projected to increase by nearly 13 percent. Currently, one in five Coloradans is 60 or older. By 2050, more than a quarter of the state's population will be 60 or older.<sup>1</sup> This historic demographic shift will require special attention to ensure that communities are livable and accessible and appropriate services are available.

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<sup>1</sup> SUA analysis of Population Data from Colorado State Demography Office website. Accessed March 2019.



It is important to recognize that this State Plan is one component of a diverse and collaborative system of plans, initiatives, agencies and other groups who are working at both the state and local level to ensure that Colorado has the appropriate infrastructure in place to best serve older adults today and into the future. Whenever possible, the SUA will continue to make efforts to contribute ideas and expertise to and also learn from these plans, initiatives and work being done across the aging network. Some other efforts to plan for an aging population in Colorado include the Strategic Action Planning Group on Aging, Governor’s Senior Advisor on Aging, Colorado Commission on Aging, Lifelong Colorado, Colorado Association of Area Agencies on Aging (c4a). and sister state agencies. Only through these key partnerships and collaborations can the SUA build the infrastructure necessary to meet the needs of older adults in the state of Colorado now and into the future.

## STRATEGIC ACTION PLANNING GROUP ON AGING

In light of an increasing awareness of the aging population, in 2015 the Colorado General Assembly passed House Bill 15-1033, which established the [Strategic Action Planning Group on Aging \(SAPGA\)](#). The planning group is composed of a variety of stakeholders including representatives from the private sector, state departments, and public consumer members who represent both individual and geographic diversity. All members of SAPGA are appointed by the Governor and the Director of the Division of Aging and Adult Services is the Department’s representative. SAPGA is charged with examining and making recommendations about the impact of the shifting aging demographic on the economy and workforce, state and local budgets, Medicaid and other safety-net programs, family caregiving and long-term care, services and supports, federal entitlement programs and transportation services and infrastructure. In 2016, SAPGA issued a comprehensive long-term strategic plan which included specific recommendations to the General Assembly and governor on policies and laws that would address issues related to the increase in the number of older adults in Colorado through 2030 and beyond. SAPGA will continue to meet and study the issues of the aging demographic and update its plan until its statutory authority sunsets in 2022.

## THE GOVERNOR’S SENIOR ADVISOR ON AGING

One of the primary recommendations in SAPGA’s 2016 plan was the creation of a Senior Advisor on Aging position in the Office of the Governor. In early 2018, [NextFifty Initiative](#), a foundation in Colorado that focuses on funding aging-related projects, provided a three-year grant to the Governor’s Office to fund this position. The senior advisor on aging works closely with SAPGA and other aging experts and advocates in the state to identify and promote best-practices, empower and facilitate local and regional efforts to address the continued aging of their communities. The advisor also works in collaboration with stakeholders to develop and implement actionable policy recommendations in order to ensure that the State of Colorado is prepared to meet the coming challenges of an aging population. One example of this is the Lifelong Colorado Initiative. In 2018, Colorado became the third state to join the AARP Network of Age Friendly States and Communities, building upon age-friendly successes already found in cities and counties across Colorado. Lifelong Colorado encourages communities across the state to develop and implement local age-friendly strategies and policies to help their residents’ age in place and

will provide a statewide umbrella of resources to identify and encourage best-practices, empower and facilitate local and regional efforts and coordinate common public information strategies.

In addition, in one of his first acts in office in January 2019, the Governor signed an executive order that created the Office of Saving People Money on Health Care, the first step in the administration's plan to study and address increasing health care costs in Colorado. Among the proposals the office aims to develop are ways to increase competition in rural and mountain communities, increasing price transparency for hospital visits and pharmaceuticals and improving access to primary and behavioral health services. These efforts tie directly to the work of the SUA and others who are focused on providing preventative and supportive services to older adults in Colorado. The availability of these services and supports is crucial not only to help older adults remain in their own homes and communities but also reduce their dependence on more costly private and public resources such as Medicaid. Ultimately, the work of the SUA and other partners are a key component in helping save people money on healthcare.

## COLORADO COMMISSION ON AGING

The [Colorado Commission on Aging \(CCOA\)](#) was established in statute in 1964 under the authority of the Older Coloradans Act to serve as the primary advisory body on aging issues across the state. The CCOA consists of seventeen governor-appointed positions including two members appointed from each of the seven Congressional Districts, an at-large member and two state legislators. The CCOA is charged with studying the impact of Colorado's aging population, encouraging coordination among government and private agencies in order to increase effectiveness and reduce duplication of services, promoting local programs and services, increasing awareness of the challenges and opportunities of aging and reviewing existing aging services and programs to make recommendations to CDHS, the Governor's Office and the General Assembly.

## STATE AGENCIES

The [Colorado Department of Public Health and Environment \(CDPHE\)](#) and the state's Medicaid agency, [Health Care Policy and Financing \(HCPF\)](#), both have projects and initiatives in progress that address aspects of healthy aging and are strategically planning for the growth in the aging population. CDPHE's [Chronic Disease State Plan 2018-2020](#) identifies data, strategic priorities and emerging work to address the issue of chronic conditions among Coloradans, while [Healthy Colorado: Shaping a State of Health](#) is a community-wide plan for improving public health. Both documents address key health concerns for older adults. HCPF has identified the aging of the population as an area of focus, recently hiring an older adult policy advisor and working on an Older Adult Strategic Roadmap to identify best practices for implementation to best prepare for and serve the aging population.

## AREA AGENCIES ON AGING

AAAs are responsible for planning, coordinating and advocating for a comprehensive local service delivery system to meet the short and long-term needs of older adults and caregivers. The Colorado network of AAAs includes 16 agencies designated by the SUA in accordance with the laws and regulations promulgated by the Administration for Community Living (ACL) and authorized under the OAA. AAAs in Colorado are housed in: local councils of governments (10), county government offices (4) and non-profit organizations (2). AAAs provide an array of services either directly or through contracts with local service providers in their geographical areas. Services include: information and assistance, personal care, homemaker services, chore services, congregate and home-delivered meals, case management, nutrition counseling and education, assisted transportation, legal assistance, outreach and caregiver support services, among others. In addition, AAAs are active in advocacy, planning, coordination of services, sharing information and collaborating with local agencies in order to maximize the impact of the available funds.

AAAs are required to have an advisory council composed of members of the local community. These councils advise the AAAs on unmet needs in the community, represent the interests of older persons and serve as advocates for local aging issues. In addition to these council members, AAAs utilize volunteers in many programs to maximize their reach in the community. Every four years, each AAA submits a local Area Plan addressing the needs and changing demographics of their regions. The current Area Plans were submitted to the SUA in March of 2019 and major themes are reflected in this State Plan. One example is that many AAAs identified state and federal regulations as a barrier to service innovation and expansion. The SUA will work with the AAAs and other stakeholders to identify which regulations can be modified to encourage a better service delivery model. Together, the 16 AAAs in Colorado form the [Colorado Association of Area Agencies on Aging \(c4a\)](#). The mission of the c4a is to provide leadership, advocacy and a voice for the aging network in the state. A list and map of Colorado's AAAs is included in Attachment E.

## PAST SUCCESSES

Over the past four years, the SUA has focused on improving the services available to older adults across the state and making those services available to more people. In partnership with the AAAs, the SUA successfully administered OAA and SFSS-funded services to more older adults and informal caregivers than ever before. From Federal Fiscal Year (FFY) 2013 to FFY 2018, the number of older adults served nearly doubled from 28,460 to more than 53,000. These services included personal care, assisted transportation, congregate meals, home-delivered meals, homemaker services, adult day care, transportation and legal assistance. In FFY 2018, the SUA provided caregiver services to more than 2,500 caregivers of older adults. These services include counseling, support groups and respite care.

The SUA has focused on improving supports provided to AAAs and increasing access to and information about available resources. In 2018, the SUA implemented a new data management system called PeerPlace. This new system allows access to more data about OAA- and SFSS-funded services provided

across the state. With the goal of increasing data around the true impact of these services, the SUA incorporated performance measures in AAA contracts to start to identify outcomes of the services they provide. The SUA also provided technical assistance and training to AAAs and other community partners, revised policies to increase consumer choice, such as a new leftover policy for congregate meals, and implemented policies to improve and broaden consumer-directed and consumer choice voucher availability.

In addition, the SUA continued to manage a variety of discretionary grants and participated in many collaborative initiatives aimed at improving the health and well-being of older adults. These grants and initiatives allowed the SUA to increase the number and types of services provided for older adults and caregivers across the state as described below:

- **AGING AND DISABILITY RESOURCES FOR COLORADO PROGRAM/NO WRONG DOOR:** In October 2005, the SUA was awarded an initial [Aging and Disability Resource Center \(ADRC\) grant](#) from the federal Centers for Medicare and Medicaid services (CMS) and the ACL, to develop and implement an ADRC system in Colorado that would provide a coordinated and streamlined access point to available long-term services and supports. The 14 ADRCs in Colorado provided assistance to approximately 48,000 individuals in FFY 2017-18. In late 2014, CDHS began participating with HCPF on the [No Wrong Door \(NWD\) planning grant](#), which is designed to streamline access to long-term services and supports for older adults and adults with disabilities.
- **CHRONIC DISEASE SELF-MANAGEMENT PROGRAM (CDSMP):** in 2015, the SUA completed a three-year implementation grant for [CDSMP](#), a six-week, evidence-based program developed by Stanford University to help participants take charge of their health through nutrition, exercise, meditation and other skills.
- **ALZHEIMER'S DISEASE SUPPORTIVE SERVICES PROGRAM (ADSSP):** In 2017, the SUA completed a three-year [ADSSP](#) grant, which expanded the availability of responsive, integrated and sustainable community-level support for people with Alzheimer's Disease and related disorders and their informal caregivers.

## COLLABORATIONS AND PARTNERSHIPS

SUA staff participate in and contribute to numerous councils, boards, initiatives and other collaborative efforts with other State departments, community organizations and coalitions. These relationships are key to information sharing, improving efficiencies in program delivery and service delivery and help to move the needle in terms of Colorado's planning and preparation for its changing aging population. These include:

### COUNCILS, COALITIONS AND INITIATIVES:

- **Colorado Developmental Disabilities Council (CDDC):** advocates for people with developmental disabilities.
- **Colorado Respite Coalition (CRC):** strengthens services and supports for informal caregivers.
- **Denver Regional Mobility and Access Council (DRMAC):** coordinates transportation efforts.

- [Dementia Friendly Denver Initiative](#) (DFD): works to improve the quality of life for people with dementia and their families in the Denver area through education. The SUA works with DFD to provide education to families and professionals.

#### HCPF:

- Senior Dental Advisory Group: provides guidance on the Low-Income Senior Dental Program
- NWD: streamlines access to long-term care services
- National Core Indicators for Aging and Disability: conducts a national quality assurance survey
- Older Adult Stakeholder Group: meets to discuss older adult topics
- Colorado Choice Transitions: incorporates home-delivered meals into the Home and Community Based Services waivers

#### CDPHE:

- Violence and Injury Prevention-Mental Health Promotion Branch: opioid prevention programs and fall prevention activities
- Division of Environmental Health and Sustainability: retail food safety
- Prevention Services Division: diabetes programs, immunizations and vaccinations
- Health Access Branch: oral health for older adults
- Epidemiology Unit: disease prevalence in older populations

#### COLORADO DEPARTMENT OF TRANSPORTATION (CDOT):

- Multi-Modal Funding Group: coordination and improvement of transit programs

#### CDHS:

- MindSource and the Colorado Brain Injury Advisory Board: identifies gaps in services

## OLDER AMERICANS ACT CORE PROGRAMS

OAA core programs are the foundation of the work of the SUA. These core services include: nutrition, transportation, in-home services, caregiver support, health promotion and disease prevention services, the Senior Community Service Employment Program (SCSEP) and elder rights and abuse prevention. These services provide crucial support to older adults to live in the community with dignity and independence for as long as possible.

Many factors contribute to the need for supportive services. Conditions in the places where people live, learn, work, play and age affect a wide array of health, functioning and quality-of-life outcomes. These conditions are known as social determinants of health and are largely responsible for health inequities.<sup>2</sup> OAA core services positively impact social determinants of health, enhance quality of life and have a

<sup>2</sup> Centers for Disease Control and Prevention. *Social Determinants of Health: Know What Affects Health*. February 2018.

significant influence on health outcomes for older adults. The core programs support a range of home and community-based services intended to assist older adults in maintaining their independence and avoiding or delaying hospitalization and long-term care.

While anyone age 60 or older is eligible for services, assistance is targeted to persons with the greatest social or economic need, such as low-income or minority persons, older adults with limited English proficiency and those residing in rural areas. OAA programs also support family caregivers and adults 18 or older with a disability. Over the next four-year period, the SUA will continue to implement core OAA programs and services by providing OAA and SFSS funds to the 16 AAAs in Colorado.

## **NUTRITION**

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Nutrition services are authorized under Title III-C of the OAA and are designed to promote health and well-being, reduce hunger and food insecurity, promote socialization and delay the onset of adverse health conditions. The data on poor nutrition and older adults is clear: Poor nutrition and food insecurity are directly correlated with poor health. A recent study by the Proceedings of the Nutrition Society reports that older adults with insufficient nutritional intake are more likely to have poor health outcomes, longer hospital stays and increased mortality.<sup>3</sup> A 2017 study found that food insecure older adults are 65 percent more likely to have diabetes, twice as likely to report fair or poor general health, are more than twice as likely to suffer depression, 66 percent more likely to have suffered a heart attack and are 91 percent more likely to have asthma than older adults with access to nutritious food.<sup>4</sup> Nutrition services are a vital component to helping Colorado seniors stay independent and healthy. Good nutrition can support active, healthy aging and poor nutrition can impair quality of life.

To combat the myriad negative consequences of poor nutrition, the SUA provides OAA and SFSS funding to the AAAs to provide or contract out the provision of both congregate and home-delivered meals at nearly 200 sites across the state. Nutrition screening is a component of the assessment process for both congregate and home-delivered meals as well as for other in-home services and offers the opportunity for consumers and their loved ones to check on their nutritional health. In addition to receiving nutritious meals, older adults and caregivers have the opportunity to meet with registered dietitians and receive nutrition education and/or nutrition counseling to help with self-management of chronic conditions.

## **CONGREGATE NUTRITION PROGRAM**

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Congregate meals are served in a variety of community settings such as senior centers, churches and senior housing communities across Colorado. The Congregate Nutrition Program seeks to reduce food insecurity and hunger, promote socialization and delay adverse health conditions resulting from poor nutrition. Older adults at the congregate sites are served meals that are nutritionally appropriate and tailored to meet community and cultural preferences. In addition to providing meals the congregate

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<sup>3</sup> S. Robinson. *Proceedings of the Nutrition Society*, Volume 77, Issue 3. August 2018: 257-264.

<sup>4</sup> C. Gundersen and J. Ziliak. *The Health Consequences of Senior Hunger in the United States: Evidence from the 1999-2014 NHANES*. 2017.

meal sites often act as hubs of information and resources for aging within communities. Older adults have the opportunity to not only enjoy a meal with friends, but also participate in health promotion activities and receive assistance with aging issues such as Medicare. The positive impact of participating in a congregate nutrition program has been proven. In the 2017 National Survey of OAA Participants, 80 percent of congregate meal participants reported that the program improved their overall health, 87 percent reported that they feel better as a result of the meals, and 85 percent reported that they see their friends more often due to participating in the program.<sup>5</sup> Furthermore, a recent study by Mathematica Policy Research showed that congregate meal participants were less likely to be admitted into a nursing care facility, when compared to nonparticipants. Congregate meal participants who lived alone were less likely than nonparticipants to have a hospital admission or have an emergency department visit that led to a hospital admission.<sup>6</sup> In 2016, the SUA initiated a survey of individuals receiving congregate meals and, on average, 89 percent of congregate meal participants identified that these meals helped to maintain or improve their independence.<sup>7</sup>

## HOME-DELIVERED NUTRITION PROGRAM

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Like the Congregate Nutrition Program, the Home-delivered Nutrition Program exists to reduce food insecurity and hunger, promote socialization and delay adverse health conditions resulting from poor nutrition. Unlike congregate participants, home-delivered participants are homebound, frail and at times geographically isolated. Because of their isolation, many home-delivered meal participants report that the only personal contact they have all day is the volunteer or staff-member delivering their meal. Research has indicated increased poor health implications due to social isolation. Providing isolated older adults with a meal is imperative and may impact their ability to remain independent. Data from the 2017 National Survey of OAA Participants indicate that home-delivered meal participants are more likely than both congregate meal participants and the general public to be over age 85, rate their health as fair or poor and to have difficulties with three or more activities of daily living (ADLs). In addition, home-delivered meal participants are more likely than congregate participants to have five or more medical conditions, self-report that their health has become worse over the past 12 months and report having felt depressed most or all of the time. Data on the efficacy of home-delivered meals also prove that the benefits extend beyond nutritional health. For example, 83 percent of participants in the Home-Delivered Nutrition Program report that the program improved their overall health, while 92 percent reported that the meals helped them stay in their own home.<sup>8</sup> And a 2015 study in the *Journal of Gerontology* states that older adults who receive home-delivered meals report improvements in feelings of loneliness.<sup>9</sup> The 2016 SUA survey of individuals receiving home-delivered meals identified

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<sup>5</sup> Administration for Community Living. *2017 National Survey of OAA Participants*. Aging Integrated Database (AGID).

<sup>6</sup> Mathematica Policy Research. *Evaluation of the Effect of the Older Americans Act Title III-C Nutrition Services Program on Participants' Health Care Utilization*. September 2018.

<sup>7</sup> SUA Nutrition Survey, 2016.

<sup>8</sup> Administration for Community Living. *2017 National Survey of OAA Participants*. Aging Integrated Database (AGID).

<sup>9</sup> *J Gerontol B Psychol Sci Soc Sci*. 71(6):1049-1058. Epub November 2015.



that 98 percent of individuals reported that home-delivered meals helped them improve or maintain their independence at home.<sup>10</sup>

## TRANSPORTATION

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Transportation services are pivotal for older adults to access essential services and remain active, engaged and independent in their communities. For older adults who do not drive or whose physical condition prohibits them from using public transportation, AAAs arrange rides for medical appointments, social activities, shopping and participating in senior activities such as congregate meals. The inability to leave one's home can lead to isolation, loneliness and poor health outcomes. National studies have found that older adults who no longer drive make 15 percent fewer visits to healthcare providers, 59 percent fewer trips to stores or restaurants and 65 percent fewer visits to friends and family.<sup>11</sup> In the 2017 National Survey of OAA Participants, nearly 87 percent of older adults receiving transportation services report that transportation helps them remain in their own homes.<sup>12</sup> The 2018 CASOA™ survey indicates that 52 percent of older Coloradans rely on family, friends or paid providers for their transportation needs. Additionally, 47 percent of Coloradans experienced trouble finding help with transportation and 30 percent were unable to get somewhere within the last month due to lack of transportation. On average, 98 percent of individuals surveyed in the 2016 SUA Transportation survey indicated that rides helped them improve or maintain their independence in their homes.<sup>13</sup>

## IN-HOME SERVICES

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In-home services are designed to assist individuals who are unable to perform at least two ADLs, such as eating, dressing or bathing, or instrumental activities of daily living (IADLs), such as shopping or light housework, without substantial assistance. Personal care services are designed to provide assistance with daily routines, such as bathing, dressing, grooming, eating, transferring, using the bathroom and mobility. Homemaker services assist older adults in a variety of ways such as preparing meals, shopping for personal items, doing light housework and managing money. Chore services are provided to assist with tasks such as heavy housework, or seasonal projects such as yard work in the fall or snow removal in the winter. Investment in these low-cost in-home services often helps keep individuals in their homes and out of institutional care. The SUA funds the AAA network to provide these services to older adults across the state. On average, 93 percent of individuals surveyed in the SUA In-Home Services survey identified that in-home services helped them improve or maintain their independence.<sup>14</sup>

## INFORMAL CAREGIVER SUPPORT

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Family, neighbors and friends perform many tasks as they provide unpaid care to older adults. These include shopping, doing housework, providing transportation, assisting with personal care, making

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<sup>10</sup> SUA Nutrition Survey, 2016.

<sup>11</sup> Colorado Health Institute. *Improving Senior Mobility*. September 2016.

<sup>12</sup> Administration for Community Living. *2017 National Survey of OAA Participants*. Aging Integrated Database (AGID).

<sup>13</sup> SUA Transportation Survey, 2016.

<sup>14</sup> SUA In-Home Services Survey, 2016.



appointments and managing medications. These unpaid caregivers play a crucial role in helping care for older adults, but are often invisible in the health care system. A study from the National Institutes of Health found that people who provide “substantial care” for a loved one were three times more likely to lose productivity in other areas of their life and five times more likely to neglect activities like socializing, working out or attending a religious service.<sup>15</sup>

Based on a 2015 report by AARP, approximately 843,000 family members in Colorado were caring for an adult age 18 and older with a disability, providing 551 million hours of care valued at \$6.6 billion.<sup>16</sup> In addition, CDHS Division of Child Welfare data from 2018 shows that approximately 6 percent of all children under age 18 in Colorado, or more than 36,915 children, live with their grandparents. Of those, 24 percent live in poverty. The goal of the Caregiver Support Program is to enhance skills and alleviate stress among caregivers by providing support in five key areas: information, access to services, counseling and training, respite care and supplemental services. The program supports caregivers of adults age 60 or older who are determined functionally impaired as well as grandparents age 55 and older who are raising grandchildren under 18, and adult caregivers for adults with dementia. All AAAs in Colorado provide caregiver support services. Ninety-eight percent of caregivers surveyed in the 2016 SUA Caregiver survey reported that the services they received helped them feel supported and increased their feelings of being able to care for their loved ones.<sup>17</sup>

## RESPIRE

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Respite care provides family caregivers a short-term break from their caregiving responsibilities. It can be arranged for a couple of hours or for several days or weeks. Care can be provided in the home, at an adult day center, or in a healthcare facility. A recent evaluation of the National Family Caregiver Support Program (NFCSP) found that caregivers who received four or more hours of respite care per week had a decrease in self-reported burden over time, while the comparison caregivers experienced an increase in self-reported burden.<sup>18</sup> The SUA was awarded a Discretionary Grant to fund the Lifespan Respite Program in 2017. The purpose of the grant is to build upon the established statewide, coordinated system to meet the respite needs of family members caring for adults or children with special needs, regardless of age, income, race, ethnicity, situation or disability. With this grant, the SUA is continuing to partner to improve access to and quality of respite services and offer caregivers short-term breaks to rejuvenate and relieve stress.

## HEALTH PROMOTION AND HEALTHY AGING INITIATIVES

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Maintaining or improving health in later life is critical to independence. Chronic condition management, fall prevention and oral health are focus areas for the SUA in order to facilitate healthy aging across the state. According to data from the National Council on Aging (NCOA), chronic diseases account for more

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<sup>15</sup> National Institutes of Health. *Invisible Work Toll Among Family and Unpaid Caregivers*. 2016.

<sup>16</sup> AARP and the Family Caregiver Alliance. *Caregiving in the U.S.* 2015.

<sup>17</sup> SUA Caregiver Survey, 2016.

<sup>18</sup> Administration for Community Living. *Outcome Evaluation of the National Family Caregiver Support Program*. 2018.

than 70 percent of deaths in the United States. Chronic diseases place older adults at greater risk for premature death, poor functional status, unnecessary hospitalizations, adverse drug events and nursing home admission.<sup>19</sup> Evidence-based health promotion and disease prevention programs offer older adults the opportunity to develop skills to manage chronic conditions, prevent falls and ease the stress of being a family caregiver. These programs empower older adults and their caregivers to make positive changes in their lives in order to maintain or improve their health. Evidence-based programs such as A Matter of Balance, Diabetes Self-Management Program, Powerful Tools for Caregivers, Stepping On, Walk with Ease, CDSMP, Stressbusting for Family Caregivers, among others, can lead to positive outcomes for older adults and their informal caregivers in Colorado.

Falls are a leading cause of injury among individuals 65 and older, and often lead to a loss of independence and a decrease in quality of life. According to data from NCOA, falls are the leading cause of fractures, hospital admissions for trauma and injury deaths among older adults. Falls are also the most common cause of older adult traumatic brain injuries, accounting for over 46 percent of fatal falls.<sup>20</sup> Currently, the nation spends upwards of \$50 billion a year treating older adults for the effects of falls.<sup>21</sup> According to the 2018 CASOA™, 34 percent of respondents reported injuring themselves in a fall during the preceding 12 months.<sup>22</sup> Evidence-based fall prevention initiatives have proven outcomes that can include fall prevention, reduction of falls, decreased fear of falling and increased strength and balance among older adults who complete the programs. The SUA has been working on evidence-based fall prevention initiatives since 2008 and will continue to work with partners to leverage resources to provide these programs across the state. Collaboration on fall prevention work will continue with key partners such as the CDPHE and MindSource, Colorado's brain injury program.

Oral health is an important part of overall health and quality of life for older adults. As oral health declines, negative impacts to nutrition often result. The 2018 CASOA™ reported that 37 percent of older adults in Colorado have tooth or mouth problems.<sup>23</sup> The SUA is committed to connecting older adults to oral health resources and continuing partnerships with key partners such as CDPHE and HCPF. Educating AAAs and local community partners on the importance of maintaining oral health as a part of healthy aging and engaging in innovative partnerships to provide oral health to older Coloradans will continue to be a priority for the SUA.

## SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM

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SCSEP is a community service and work-based employment training program for older adults. Authorized by the OAA, the program provides training for low-income, unemployed seniors who are 55 years of age or older, are at or above 125 percent of the federal poverty level and have multiple barriers to employment. Participants gain work experience in a variety of community service activities at non-profit organizations and public facilities, including schools, hospitals, day-care centers and senior

<sup>19</sup> National Council on Aging (NCOA). *Issue Brief: Chronic Disease Self-Management*. 2018.

<sup>20</sup> National Council on Aging (NCOA) *Fact Sheet: Healthy Aging*. 2018.

<sup>21</sup> Ibid.

<sup>22</sup> Community Assessment Survey of Older Adults (CASOA™). *State of Colorado Final Report*. 2018.

<sup>23</sup> Ibid.

centers. Participants work an average of 20 hours a week and in the process, upgrade their skills and experience to help them become gainfully employed. The SUA oversees one contractor, SER National, to administer the SCSEP in the Denver metro area and southern Colorado. The U.S. Department of Labor contracts with vendors to cover the remaining areas of the state.

## ELDER RIGHTS

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Protecting the rights of older adults and preventing their exploitation and neglect is an essential issue for the SUA. A number of programs exist to prevent violence, promote safety, educate the public, and connect older adults to resources. A new study indicates that violence against older adults is a growing problem. Assault rates have increased 75 percent among men and 35 percent among women since 2002.<sup>24</sup> According to the 2018 CASOA™ survey, 6 percent, or nearly 70,000, older adults were the victims of a crime, 9 percent, or nearly 104,000, older adults were victims of scams and 3 percent, or almost 35,000, older adults were victims of physical or emotional abuse in 2017.<sup>25</sup> The SUA collaborates with many organizations and agencies to protect the rights of older adults to live safely, with dignity and respect, free from abuse, neglect or exploitation. These multidisciplinary efforts to individuals who are vulnerable or in crisis situations provide access to necessary services and supports to ensure their safety. These efforts include the Long-Term Care Ombudsman Program (LTCO), the [Colorado Coalition for Elder Rights and Abuse Prevention \(CCERAP\)](#) and the Legal Assistance Program.

The purpose of the LTCO Program is to advocate on behalf of nursing home and assisted living residents and to investigate issues and complaints that affect their health, safety, rights, welfare and quality of life. The LTCO works to resolve individual resident issues and to bring about changes at the local, state and national levels to improve long-term care. Trained ombudsmen regularly visit nursing facilities, monitor conditions and care and provide a voice for those unable to speak for themselves. The SUA contracts with a not-for-profit agency, [Disability Law Colorado](#), to staff and administer the Office of the Colorado LTCO.

The SUA contracts with CCERAP to promote opportunities for collaboration within the aging network and provide information and training focused on the detection and prevention of abuse, neglect and exploitation of older adults. Through CCERAP, various subject matter experts deliver training to consumers and professionals within the aging network, law enforcement and legal services providers on topics such as: informed consent, elder abuse, ethics, intimate partner abuse and responding to people with dementia.

The purpose of the Legal Assistance Program is to provide older adults access to legal advice and representation in matters affecting their safety and quality of life. These may include abuse and neglect, age discrimination, defense of guardianship, housing, utilities, income, long-term care, nutrition and adult protective services. These services help older adults maintain their independence and have access

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<sup>24</sup> J. Logan, T. Haileyesus, A. Ertl, W. Rostad and J. Herbst. *Nonfatal Assaults and Homicides Among Adults Aged ≥60 Years — United States, 2002–2016*. MMWR Morbidity and Mortality Weekly Report 2019; 68:297–302.

<sup>25</sup> Community Assessment Survey of Older Adults (CASOA™). *State of Colorado Final Report*. 2018.

to the services they need to live with dignity and respect. In Colorado, local legal assistance programs for older adults are administered under the direction of the AAAs. The SUA contracts with Disability Law Colorado to oversee the legal assistance program statewide. Together, these efforts help ensure that the most vulnerable older adults have access to services and trained advocates to assist them.

## TITLE III AND TITLE VI COORDINATION

Colorado is home to two federally recognized tribes. The Ute Mountain Ute Tribe located in Towaoc and the Southern Ute Indian Tribe located in Ignacio are both within the geographic area of the San Juan Basin Area Agency on Aging (SJBAAA, Region 9), in the southwest corner of the state. The SUA requires that the SJBAAA addresses the coordination of the programs in its Area Plan and report on activities to coordinate Title III OAA programs with Title VI Native American programs in that region. The SJBAAA maintains a positive working relationship with Southern Colorado Community Action Agency (SoCoCAA), a subcontractor with the Southern Ute Tribe, however the Ute Mountain Ute tribe and senior center remain outside of the SJBAAA's contracted provider network. Over the course of the 2015-19 State Plan, SJBAAA staff pursued opportunities to conduct outreach to and involve the Ute Mountain Ute Senior Center Director in board meetings. In order to gather feedback from the tribes for the 2020-23 time period, the SJBAAA conducted a focus group as part of their Area Plan effort. The SUA will work closely with the SJBAAA, the Ute Mountain Ute Tribe and the Southern Ute Indian Tribe to continue to expand coordination and access to available services.

Public input received from the tribes indicates that one of the barriers to providing services to older adults in the tribes is the reluctance to accept assistance from those who are not part of the tribe. The SUA has worked with the SJBAAA and the senior services directors for both tribes to identify service delivery models that would be effective in reaching older adults that need services. SJBAAA staff and board members will attend Tribal Council meetings to give presentations about OAA services and will increase outreach efforts to tribal members who live off the reservation. Additionally, the SUA will work with the SJBAAA and the tribes to determine ways to leverage Title III and SFSS to provide services to tribal members.

## PUBLIC INPUT AND NEEDS ASSESSMENT

Public input and stakeholder involvement are crucial to the development of a quality State Plan. The SUA engaged a variety of stakeholders over the course of a year in the development of this plan. A variety of mechanisms were utilized to engage stakeholders including community meetings, focus groups, AAA public input sessions, conversations with constituents and interviews with community partners. A comprehensive summary of the public input process can be found in Appendix F.

The following is a list of stakeholder organizations, community based service providers, and elder advocate organizations that provided input into the plan:

- 16 AAAs
- Local service providers
- Recipients of SUA-funded services
- CCOA
- HCPF
- CDPHE
- National Association of Area Agencies on Aging (n4A)
- Disability Law Colorado
- U.S. Department of Health and Human Services, ACL
- Colorado Commission for the Deaf and Hard of Hearing (CCDHH)
- AAA Regional Advisory Councils
- Southern Ute Indian Tribe
- Nutrition Providers from around the state
- Older adults in Colorado
- DRMAC

The SUA based the goals, objectives, strategies and performance measures for this State Plan on the feedback received from older adult community members and stakeholders across the state. It is important to note, however, that each of the AAAs structured their public input slightly differently and asked different questions of participants. In most cases, the input received was only from people who attended the public meetings. Although, a few AAAs conducted surveys of people who did not attend a meeting, there are many more that were not able to participate who may or may not have different insights into needs in their communities. The following list reflects the needs that emerged from the public input process conducted by each of the 16 AAAs in developing their Area Plans, in order of frequency/importance state-wide:

- Increased transportation and mobility services
- Physical and mental health and access to health care
- Nutrition and food security
- In-home services for older adults
- Caregiver support services
- Affordable and appropriate housing for older adults
- Assistance with home repairs and modifications
- Outreach on available services and resources
- Access to financial assistance for older adults
- Assistance with technology
- Grandparents raising grandchildren
- Chore services
- Need for more services in rural areas
- Services and supports for social needs for older adults to reduce isolation

Regionally, different themes emerged from public input gathered by the AAAs. The Eastern Plains of the state (Regions 1, 5 and 6), which are more rural and frontier areas, identified nutrition, healthcare access, housing assistance, in-home services and transportation as their primary areas of concern. The Front Range/Metro AAAs (Regions 2A, 2B, 3A, 3B, 4 and 7), which account for the bulk of the State's population, identified transportation, healthcare access and caregiver support as top concerns. The core issues of concern for the Central and Southern Mountains (Regions 8, 12, 13 and 14) were nutrition services, transportation and housing. And finally, the Western Slope of Colorado (Regions 9, 10 and 11) highlighted transportation, in-home services, housing, nutrition and caregiver support as their top priorities.

Feedback from stakeholders and agencies is also important, as these groups are in touch with or serve a large number of older adults across Colorado. Input gathered from stakeholders and service providers through both SUA sessions and AAA conversations identify the following priority need areas, in order of importance:

- Transportation and mobility
- Concerns over workforce availability now and in the future
- Increasing services available in rural areas
- Affordable and appropriate housing for older adults
- Assistance with home repairs and modifications
- Mental health and depression
- Caregiver support services
- Nutrition and food security
- Increasing complexity of case management
- Health care access and navigation

## GOALS, OBJECTIVES, PERFORMANCE MEASURES, AND STRATEGIES

The SUA has identified several key strategic priorities to set the context for the goals, objectives, performance measures and strategies for this State Plan. These include, increasing consumer choice, reducing barriers, expanding the capacity of the network, and more effectively using data to increase efficiency and decrease duplication.

Over the past year, the SUA completed an inventory of its existing services throughout the state, conducted research on national best practices, evaluated demographic and other data specific to Colorado and sought public input in developing goals and strategies for this State Plan. The SUA has identified three goals that will be carried out through collaborations and partnerships with state agencies, community organizations, volunteers, Colorado's aging population and others in the aging network. This section identifies the goals, objectives, performance measures and potential strategies for aging and adult services for the next four years.

### GOAL 1: OLDER ADULTS IN COLORADO HAVE OPPORTUNITIES TO REMAIN ACTIVE, HEALTHY, ENGAGED AND INDEPENDENT

#### OBJECTIVE 1.1: STRENGTHEN AND ENHANCE THE NUTRITION PROGRAM TO PROMOTE INDEPENDENCE

##### PERFORMANCE MEASURES

- A. Increase nutrition programming that focuses on consumer choice.
- B. Annually track and analyze the number of nutrition program participants who report that the program helped them live independently.
- C. Track and analyze the percentage of nutrition program participants with nutrition risk scores of six or higher.

##### STRATEGIES

Innovation is key to strengthening the nutrition program. The SUA will explore working with AAAs, registered dietitians, and nutrition programs to spotlight best practices, revise policies and replicate programming that is innovative, consumer-driven and focused on choice. In collaboration with the AAAs, the SUA will share information on best practices with AAAs in order to identify and analyze measurable outputs and/or outcomes related to nutrition programs. These may include nutrition education participant self-report surveys measuring change in knowledge, consumer-led committees to improve congregate meal quality and others.

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## **OBJECTIVE 1.2: COLLABORATE IN HEALTH INITIATIVES TO IMPROVE HEALTH OUTCOMES FOR OLDER ADULTS**

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### **PERFORMANCE MEASURES**

- A. Track and analyze the percentage of AAA consumers who have limitations in three or more ADLs and/or IADLs to connect consumers to services to maintain or improve ADL/IADL functioning.
- B. Track and analyze the percentage of AAA consumers who live alone to identify possible solutions to social isolation and loneliness.
- C. Track and analyze the number of older adults who participate in evidence-based programs that demonstrate improvement in various health measures.

### **STRATEGIES**

The SUA will strengthen key relationships with CDPHE, HCPF and other entities with older adult health-related initiatives in order to identify current gaps in health services, highlight opportunities to leverage existing funding, establish appropriate policies to reduce duplication of funding and promote healthy aging and independence. These health-related initiatives include oral health, social isolation, food insecurity, malnutrition, fall prevention, chronic disease management, suicide prevention, opioid abuse, transportation, emergency preparedness (EP), visual impairment, vaccinations/immunizations and others. Additionally, the SUA will work with AAAs and providers to increase the types of evidence-based programming available to consumers, explore the feasibility of reimbursement from public and/or private insurance, encourage transportation for consumers who want to attend classes and identify appropriate measurable outputs and/or outcomes for targeting older adults most in need of health services. Behavioral health is another component of older adult health. The SUA will work to expand training and education on behavioral health issues for providers, caregivers and others, will evaluate the feasibility of adding depression screening questions to consumer assessments and explore ways to contribute to the newly-formed CDHS Behavioral Health Task Force.

## **GOAL 2: OLDER ADULTS AND THEIR CAREGIVERS IN COLORADO ARE INFORMED ABOUT AND HAVE ACCESS TO AVAILABLE SUPPORTIVE SERVICES**

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### **OBJECTIVE 2.1: RAISE AWARENESS OF AVAILABLE SUPPORTIVE SERVICES FOR OLDER COLORADANS**

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#### **PERFORMANCE MEASURES**

- A. Research and identify methodologies for targeted outreach to older adults and informal caregivers.
- B. Identify communication tools with multiple language options.



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## STRATEGIES

Collaborations and partnerships are key to raising awareness of available services across the state. The SUA will partner with AAAs and other community agencies to promote aging resources, highlight the ADRC network as local aging experts and share best practices in marketing and outreach to older adults and informal caregivers. Together with the network of AAAs, the SUA will coordinate targeted outreach of OAA programs, seeking out opportunities to utilize technology and educate State agencies and other entities about OAA programs. The SUA will also provide technical assistance to AAAs in the form of reports, demographics and statistics of their served communities, provide training on developing marketing plans, creating appropriate messaging, and identifying target audiences and assist in identifying measurable outputs and/or outcomes related to outreach efforts.

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## OBJECTIVE 2.2: IMPROVE ACCESS TO TRANSPORTATION BY COLLABORATING WITH LOCAL, REGIONAL AND STATE PARTNERS

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### PERFORMANCE MEASURES

- A. Collect and analyze data on consumers served and transportation units being provided by the AAAs to assess strategies to improve access.
- B. Analyze the number of transportation consumers who indicate transportation services were or were not available to access necessary services in the community.

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## STRATEGIES

The SUA will identify and partner with agencies and groups that encourage transportation coordination and mobility management and decrease duplication of services across the state. In collaboration with the AAA network, the SUA will identify opportunities to increase innovation such as the use of transportation network companies, taxis, family and friend voucher programs and partnerships with other AAAs to share services across regions, expand innovative and successful pilot programs and identify measurable outputs and/or outcomes related to transportation services. Also key to improving access to transportation services, is better gauging overall consumer need through the collection of additional consumer demographics for assisted transportation and surveying consumers of all supportive services to assess their transportation needs. The SUA will also represent transportation-related needs of Colorado's older adults by providing input to DRMAC, the SAPGA transportation subcommittee and other organizations developing strategic transportation plans, partner with HCPF's transportation programs to ensure SUA services are non-duplicative and increase coordination with the regional transportation service, Bustang.

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## **OBJECTIVE 2.3: DEVELOP POLICIES THAT SUPPORT CONSUMER CHOICE AND PERSON-CENTERED PLANNING**

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### **PERFORMANCE MEASURES**

- A. Support the implementation of vouchers to improve choice and access to services.
- B. Identify ways to increase consumer choice across all OAA core programs.

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### **STRATEGIES**

The SUA will provide support and technical assistance to AAAs to effectively implement consumer directed and consumer choice vouchers as well as organize trainings for AAAs and ADRC options counselors to share best practices and increase knowledge of consumer choice policies and person-centered strategies. Additionally, the SUA will explore methods for AAAs to evaluate the extent to which person-centered programs are honoring participants' preferences.

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## **OBJECTIVE 2.4: STRENGTHEN, EXPAND AND EVALUATE THE CAREGIVER SUPPORT PROGRAM**

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### **PERFORMANCE MEASURES**

- A. Track and analyze the number of caregivers receiving services through AAA programs and the number of respite services provided.
- B. Identify and promote evidence-based programs for informal caregivers.
- C. Identify strategies to evaluate caregiver services and impact.

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### **STRATEGIES**

Collaborating with key partners, the SUA aims to increase access to services, expand education and trainings to multiple audiences and develop outcomes to track progress. Increasing access begins with expanding awareness of caregiver programs, augmenting resources for specific populations, such as grandparents raising grandchildren and adding additional evidence based programs specific to informal caregivers. The SUA will actively partner with other State departments, agencies and initiatives who serve multi-generations in order to expand educational trainings on topics such as dementia, caregiver burnout and hands-on care skills to the general public as well as CDHS staff. Finally, the SUA will work to identify strategies to increase informal caregiver satisfaction with services, perhaps through the use of pre/post surveys tracking caregivers and care-recipients status one year after receiving services.

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## **OBJECTIVE 2.5: OVERSEE, EXPAND AND EVALUATE THE EFFORTS OF THE LIFESPAN RESPITE PROGRAM**

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### **PERFORMANCE MEASURES**

- A. Track and analyze the number of respite providers registered in the CRC's respite locator.
- B. Track and analyze the respite service hours and the number of caregivers in the Lifespan Respite Program.
- C. Determine the impact of respite services on caregiver stress through the Lifespan Respite survey.

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### **STRATEGIES**

The SUA will engage in strategies to expand and improve data collection, focus efforts on key collaborations to increase available services and augment educational training offerings across the state. Sharing best practices in the collection and analysis of data related to respite services will assist AAAs in establishing measurable outputs and/or outcomes related to respite services. Partnerships with the CRC and other respite organizations will be strengthened in order to expand available services and funding and explore innovations to service delivery. The SUA will increase focus on education of CDHS employees, employers and the general public on the importance of respite for informal caregivers and continue to oversee the implementation of the recommendations of the Respite Care Task Force, as mandated in House Bill 16-1398.

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## **GOAL 3: OLDER ADULTS IN COLORADO LIVE SAFELY WITH DIGNITY AND RESPECT AND ARE EMPOWERED TO SELF-ADVOCATE**

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### **OBJECTIVE 3.1: IMPROVE OUTREACH AND EDUCATION EFFORTS OF LTCO SERVICES**

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#### **PERFORMANCE MEASURES**

- A. Improve the number of community education events and materials to increase awareness of LTCO services.

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#### **STRATEGIES**

The SUA will partner to increase education and awareness of and access to LTCO services as well as explore the potential for establishing additional LTCO performance measures. Working in collaboration with the Colorado Legal Assistance Developer (CLAD), trainings will be developed in order to promote the services of the LTCO with the goal of increasing the number of consumers served by LTCO services. In addition, the SUA will evaluate the potential for establishing additional LTCO performance measures, such as timeliness of initiation and closure of investigations, outcomes at case closure, reductions in subsequent intake reports, percentage of complaints resolved to the satisfaction of the resident and/or overall satisfaction with LTCO and legal services.

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## **OBJECTIVE 3.2: SUPPORT THE ON-GOING TRAINING AND EDUCATION OF LTCOS ACROSS THE STATE**

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### **PERFORMANCE MEASURES**

- A. Increase the number of LTCOs participating in local multi-disciplinary teams.
- B. Ensure statewide consistency in delivering service by developing and implementing standard toolkits for Ombudsman training at the local level.

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### **STRATEGIES**

The SUA will provide and evaluate trainings to LTCOs to ensure ongoing certification requirements are fulfilled and will evaluate the feasibility of utilizing technology such as web-based training and video conferencing to increase access to trainings for LTCOs in rural areas.

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## **OBJECTIVE 3.3: PROVIDE OVERSIGHT AND DIRECTION TO THE EDUCATIONAL AND TRAINING OPPORTUNITIES OFFERED BY ELDER RIGHTS AND ABUSE PREVENTION PROGRAMS**

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### **PERFORMANCE MEASURES**

- A. Provide trainings to AAAs that encourage communication and collaboration.
- B. Evaluate efficacy of community education events in order to improve outcomes.
- C. Provide trainings to stakeholders on a variety of elder rights and abuse prevention topics through CCERAP.

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### **STRATEGIES**

The SUA will provide continued support for training opportunities for consumers that increase understanding of elder abuse, neglect and exploitation and available resources and trainings for professionals that foster collaboration and multidisciplinary responses related to issues of abuse, neglect and exploitation. The SUA will promote innovative strategies for targeting underserved or at-risk elders and work with local partners to leverage funding in the Title VII Elder Abuse Prevention to maximize impact.

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## **OBJECTIVE 3.4: PROMOTE SELF-ADVOCACY PROGRAMS FOR OLDER ADULTS**

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### **PERFORMANCE MEASURES**

- A. Identify self-advocacy training models to provide to older adults and informal caregivers.

### **STRATEGIES**

The SUA will explore forming consumer-led committees to improve service delivery across programs, encourage older adults to plan and collaborate with the Task Force for Financial Security for Older Coloradans.

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## **OBJECTIVE 3.5: PROMOTE SENIOR LEGAL ASSISTANCE PROGRAMS**

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### **PERFORMANCE MEASURES**

- A. Identify strategies to promote legal assistance programs
- B. Identify the most important legal issues for older adults and ensure AAAs target funding to those areas.

### **STRATEGIES**

The SUA will partner with the State LTCO to identify and implement measurable outputs and/or outcomes as appropriate, for example the number of legal assistance presentations completed, number of cases handled successfully (regarding benefits, housing, health insurance, etc.), responses to participant satisfaction surveys regarding legal services, etc. Efforts will also be made to enhance outreach to underserved populations and develop policies and procedures for identifying older adults with unmet legal needs.

## QUALITY MANAGEMENT

Quality management of programs and services funded through the SUA will be a primary focus over the next four years. The SUA will strive to ensure that federal, state and local funds provided to AAAs and other grantees through the SUA are used effectively, efficiently and strategically for services and supports for older adults in Colorado. SUA staff act on opportunities to maximize available resources to ensure the greatest impact on older adults' health and well-being.

## DATA COLLECTION

The SUA currently has limited capacity to track outcomes and performance measures for services provided by AAAs and other funded programs. The SUA data system captures demographic, service delivery, and functional abilities of the clients. The SUA recently changed data systems. The new system is offering more opportunities to conduct analysis on information that can tie to outcomes. Nationally, there are a limited number of studies that have shown that home and community based long term care services can postpone or, in some cases, prevent a nursing home placement, especially when individuals receive greater numbers of services.<sup>26</sup> The SUA will continue to analyze the information collected to identify trends and outcomes related to the services provided. Consumers receiving our services are often receiving more than one service and/or other services from the community and our partner agencies, making it challenging to describe the impact of any particular Older Americans Act service. However, surveys of consumers have reported positive outcomes from receiving these services, particularly nutrition and transportation. The SUA will encourage AAAs to identify and track appropriate performance metrics and outcomes.

## MONITORING AND OVERSIGHT

In order to be effective stewards of state and federal funds, it is essential that the SUA effectively monitor and oversee programs funded by OAA and SFSS. AAAs will be monitored annually through either on-site reviews or desk audits. This monitoring of all applicable federal and state policy and procedures will support efficient and effective service delivery of OAA programs. The SUA will use the monitoring process to identify areas requiring additional training and/or policy clarification.

In the summer of 2018, the SUA engaged a graduate-level intern to analyze all applicable policies, regulations and laws used to monitor and oversee the AAAs federal and state funding. The intern created a comprehensive monitoring and compliance framework that the SUA now uses to guide the annual monitoring and evaluation of the AAAs. The framework includes risk scores assigned to each regulation to assist SUA staff in prioritizing which areas to monitor each year. Those risk score categories include safety, financial, previous monitoring, eligibility and regulatory compliance. This framework will allow SUA staff to more efficiently and effectively monitor and evaluate the AAAs in the future. In the

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<sup>26</sup> Westat. *Risk Factors for Nursing Home Placement Among Older Americans Act (OAA) Service Recipients – Summary Analysis of Data From Five Sources: Rhode Island, Georgia, North Carolina, New York and Health and Retirement Survey, 2011.*

next four years, SUA staff will also increase technical assistance to the AAAs in order to enhance and improve the annual evaluations and monitoring of their providers.

## CONTINUOUS IMPROVEMENT

CDHS is committed to continuous improvement efforts and uses several methods to assess the need for and implement change within existing programs and services. Training and technical assistance to AAAs and other contracted organizations and community stakeholders will be a primary way the SUA will continuously improve services for older adults in Colorado during the next four years. In addition, through research of national trends and evaluation of programs, the SUA will identify best practices and strategies to improve programs, services and access to services and will share successful practices with other regions and providers.

## APPENDIX A: STATE PLAN ASSURANCES AND ACTIVITIES

### STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES *Older Americans Act, As Amended in 2016*

*By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.*

#### **ASSURANCES**

##### **Sec. 305, ORGANIZATION**

*(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title--*

*(2)The State agency shall—(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;*

*(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan;*

*(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;*

*(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and*

*(G)(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low -income minority older individuals;*

*(c) An area agency on aging designated under subsection (a) shall be--...*

*(5) in the case of a State specified in subsection (b) (5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.*

*Note: States must ensure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.*



**Sec. 306(a), AREA PLANS**

*(a) Each area agency on aging...Each such plan shall--*

*(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services -*

*(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);*

*(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and*

*(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;*

*(4)(A)(i)(I) provide assurances that the area agency on aging will—*

*(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;*

*(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and*

*(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);*

*(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—*

*(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;*

*(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and*

*(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and*

*(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared --*

*(I) identify the number of low-income minority older individuals in the planning and service area;*

*(II) describe the methods used to satisfy the service needs of such minority older individuals; and*

*(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).*

*(B) provide assurances that the area agency on aging will use outreach efforts that will—*

*(i) identify individuals eligible for assistance under this Act, with special emphasis on --*

*(I) older individuals residing in rural areas;*

*(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);*

*(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);*

*(IV) older individuals with severe disabilities;*

*(V) older individuals with limited English proficiency;*

*(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and*

*(VII) older individuals at risk for institutional placement; and*

*(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and*

*(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.*

*(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;*

*(9) provide assurances that the area agency on aging, in carrying out the State Long -Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;*

*(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including --*

*(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;*

*(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and*

*(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;*

*(13) provide assurances that the area agency on aging will—*

*(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;*

*(B) disclose to the Assistant Secretary and the State agency --*

*(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and*

*(ii) the nature of such contract or such relationship;*

*(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;*

*(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;*

*(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;*

*(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;*

*(15) provide assurances that funds received under this title will be used--*

*(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and*

*(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;*

### **Sec. 307, STATE PLANS**

*(a) . . . Each such plan shall comply with all of the following requirements:...*

*(3) The plan shall--*

*(B) with respect to services for older individuals residing in rural areas—*

*(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...*

*(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.*

*(B) The plan shall provide assurances that --*

*(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;*

*(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and*

*(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.*

*(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long -Term Care Ombudsman, a State Long -Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.*

*(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.*

*(11) The plan shall provide that with respect to legal assistance --*

*(A) the plan contains assurances that area agencies on aging will*

*(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;*

*(ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and*

*(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.*

*(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for*

*service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.*

*(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and*

*(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.*

*(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals --*

*(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for ---*

*(i) public education to identify and prevent abuse of older individuals;*

*(ii) receipt of reports of abuse of older individuals;*

*(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and*

*(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;...*

*(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State...*

*(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—*

*(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and*

*(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include --*

*(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and*

*(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.*

*(16) The plan shall provide assurances that the State agency will require outreach efforts that will—*

*(A) identify individuals eligible for assistance under this Act, with special emphasis on—*

*(i) older individuals residing in rural areas;*

*(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);*

*(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);*

*(iv) older individuals with severe disabilities;*

*(v) older individuals with limited English-speaking ability; and*

*(vi) older individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and*

*(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.*

*(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.*

*(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community -based, long -term care services, pursuant to section 306(a)(7), for older individuals who --*

*(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;*

*(B) are patients in hospitals and are at risk of prolonged institutionalization; or*

*(C) are patients in long -term care facilities, but who can return to their homes if community -based services are provided to them.*

*(19) The plan shall include the assurances and description required by section 705(a).*

*(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.*

*(21) The plan shall—*

*(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and*



*(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.*

*(23) The plan shall provide assurances that demonstrable efforts will be made --*

*(A) to coordinate services provided under this Act with other State services that benefit older individuals; and*

*(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.*

*(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.*

*(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.*

*(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.*

*(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.*

### **Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS**

*(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.*

### **Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)**

*(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307--*

*(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;*

*(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;*

*(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;*

*(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;*

*(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).*

*(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—*

*(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for --*

*(i) public education to identify and prevent elder abuse;*

*(ii) receipt of reports of elder abuse;*

*(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and*

*(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;*

*(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and*

*(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except --*

*(i) if all parties to such complaint consent in writing to the release of such information;*

*(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or*

*(iii) upon court order...*

## **REQUIRED ACTIVITIES**

### **Sec. 305 ORGANIZATION**

*(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .*

*(2) the State agency shall—*



*(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;*

*(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals; and*

*(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .*

### **Sec. 306 – AREA PLANS**

*(a) . . . Each such plan shall— (6) provide that the area agency on aging will—*

*(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;*

*(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;*

### **Sec. 307(a) STATE PLANS**

*(1) The plan shall—*

*(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) be based on such area plans.*

*Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.*

*(2) The plan shall provide that the State agency will --*

*(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;*

*(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; ...*

*(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).*

Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The plan shall provide that the State agency will:

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals—

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

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Signature and Title of Authorized Official

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Date

## APPENDIX B: INFORMATION REQUIREMENTS

**IMPORTANT:** States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

### **Section 305(a)(2)(E)**

*Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;*

The SUA monitors the AAAs to ensure preference is provided to individuals with the greatest social and economic needs through annual onsite evaluations or desk evaluations. The SUA requires the AAAs to address efforts to target underserved individuals in its Policy Directive for the Area Plans. Additionally, the SUA has policies and regulations requiring AAAs to identify targeting requirements in their requests for proposals to select providers of OAA services.

The State does not currently conduct cost sharing. The SUA and the AAAs will continue to explore this option and, if it is determined to implement cost sharing, the SUA will submit an amendment to the State Plan.

### **Section 306(a)(17)**

*Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.*

The SUA monitors the AAAs to ensure emergency plans are in place through annual onsite evaluations or desk evaluations. The SUA requires the AAAs to facilitate continued health, safety and welfare of consumers, especially consumers deemed “vulnerable” during declared emergencies. AAAs shall designate staff as Emergency Preparedness and Continuity of Operations Coordinators. EP coordinators are responsible for emergency preparedness and continuity of operations planning for the AAA and proactively bringing the likely needs of older adults in their regions to the attention of county emergency managers to ensure the health, safety, and welfare of OAA and State Funds for Senior Services consumers. The EP coordinator is the primary point of contact with the SUA and county emergency managers.

Each county has a unit designated as the Office of Emergency Management. A plan manager within the county office is responsible for overseeing the county emergency preparedness and continuity of operations plans developed under the direction of the Colorado Office of Emergency Management. The

county emergency manager is the likely contact for coordination efforts by AAA EP coordinator. The Division of Homeland Security and Emergency Management website contains information on emergency preparedness at <http://www.dhsem.state.co.us/>.

In the event of a disaster of such proportions that the president approves an Executive Order declaring any county within a Planning and Service Area (PSA) a “federal disaster area”, the SUA may be notified by the ACL of the availability of “disaster funds”. These funds, if awarded, are typically granted without match requirements. Additionally, the SUA has policies and regulations requiring AAAs to identify targeting requirements in their requests for proposals to select providers of OAA services.

### **Section 307(a)(2)**

*The plan shall provide that the State agency will --...*

*(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306*

*(c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

The SUA requires the AAAs to expend Part B funding, at a minimum, in the following percentages:

1. Access: 25%
2. In-home: 15%
3. Legal: 3%

### **Section 307(a)(3)**

*The plan shall--*

*(B) with respect to services for older individuals residing in rural areas--*

*(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;*

*(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*

*(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

The SUA incorporates a rural component into its Intrastate Funding Formula. The funding of rural areas of Colorado remains constant with this method. As funding increases through the OAA and SFSS, the

funding component associated with the rural population is increased. Assuming flat funding, the component of appropriations associated with the rural population will be:

<u>Federal Fiscal Year</u>	<u>Total Funding Associated with Rural Populations</u>
2019-20	\$7,089,956
2020-21	\$7,089,956
2021-22	\$7,089,956
2022-23	\$7,089,956

**Section 307(a)(10)**

*The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.*

The SUA has worked with the AAAs to identify new service delivery models to ensure older adults residing in rural areas have access to services. Due to the geographic expanse in rural areas, the use of self-directed services has expanded to address the need for services. Consumers in rural areas are able to identify individuals to provide services that may or may not be associated with a formal provider. This method works well with in-home services and transportation. Additionally, the overhead associated with an agency is avoided through this practice.

**Section 307(a)(14)**

*(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—*

*(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and*

*(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

The SUA requires the AAA maintain current information about opportunities, benefits, and services available to older adults and their caregivers. In an area in which five percent or more of older adults speak a given language (other than English) as their principal language, information, and assistance service shall also be provided in that language.

Additionally, the SUA requires in the AAAs' Area Plans to outline specific steps to target consumers of the greatest economic and social need, low-income minority, frail, and rural consumers.

**Section 307(a)(21)**

*The plan shall --*

*(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.*

The SUA requires information and assistance, and outreach activities are conducted in the principle language spoken in areas where Native American older adults comprise at least:

- One percent of a PSA's population age sixty (60) and over; or,
- Five percent or more of the state's age sixty and older Native American population reside within a PSA.

**Section 307(a)(28)**

*(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.*

*(B) Such assessment may include—*

*(i) the projected change in the number of older individuals in the State;*

*(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;*

*(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and*

*(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive*

**Section 307(a)(29)**

*The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.*

The SUA requires the AAAs to facilitate continued health, safety and welfare of consumers during declared emergencies, especially consumers deemed "vulnerable". AAAs designate staff as EP coordinators. EP coordinators are responsible for emergency preparedness and continuity of operations planning for the AAA and proactively bringing the likely needs of older adults in their regions to the

attention of county emergency managers to ensure the health, safety, and welfare of OAA and SFSS consumers. The EP coordinator is the primary point of contact with the SUA and county emergency managers.

Each county has a unit designated as the Office of Emergency Management. A plan manager within the county office is responsible for overseeing the county emergency preparedness and continuity of operations plans developed under the direction of the Colorado Office of Emergency Management. The county emergency manager is the likely contact for coordination efforts by AAA EP coordinator. The Division of Homeland Security and Emergency Management website contains information on emergency preparedness at <http://www.dhsem.state.co.us/>.

In the event of a disaster of such proportions that the president approves an Executive Order declaring any county within a Planning and Service Area (PSA) a “federal disaster area”, the SUA may be notified by ACL of the availability of “disaster funds”. These funds, if awarded, are typically granted without match requirements. Additionally, the SUA has policies and regulations requiring AAAs to identify targeting requirements in their requests for proposals to select providers of OAA services.

**Section 307(a)(30)**

*The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.*

The State Department of Public Safety, Division of Homeland Security develops the State of Colorado Emergency Operations Plan for the governor. That order directs CDHS to provide mass care, emergency assistance, housing, and human services for individuals in need throughout Colorado.

**Section 705(a) ELIGIBILITY --**

*In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307--*

*(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).*

*(Note: Paragraphs (1) of through (6) of this section are listed below)*

*In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307--*

*(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;*



*(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;*

*(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;*

*(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;*

*(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);*

*(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3 - -*

*(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-*

*(i) public education to identify and prevent elder abuse;*

*(ii) receipt of reports of elder abuse;*

*(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and*

*(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;*

*(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and*

*(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except - -*

*(i) if all parties to such complaint consent in writing to the release of such information;*

*(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or*

*(iii) upon court order.*



The SUA confirms that it has complied with the above assurances. The SUA has met the requirements of each of these assurances and continues to review policies, procedures and regulations to ensure services provided through the OAA comply with these and other requirements of the program.

## APPENDIX C: INTRASTATE FUNDING FORMULA

The SUA met with the AAAs this year to review possible changes to the Intrastate Funding Formula. After consideration of a variety of options and the input from AAAs, the SUA decided to continue to use the existing formula. The SUA will continue to review options for changes to the formula throughout the next four years. If a revision to the formula is developed, the SUA will submit the proposed changes to the ACL for approval. The Intrastate Funding Formula for Colorado is based on the following demographic breakouts:

- 40% Population age 60 years and older
- 15% Rural population age 60 years and older
- 15% Minority population age 60 years and older
- 15% Low-income population age 60 years and older
- 15% Population age 75 years and older

The following table shows the resulting allocations for the planning service areas, the 16 AAAs in Colorado, for SFY 2019-20.

Colorado Area Agencies on Aging Allocations State Fiscal Year 2019-20									
Region	Part B	Part C-1	Part C-2	Part D	Part E	Ombudsman	Elder Abuse Prevention	Administration	Total
Region 1	\$106,122	\$139,806	\$71,001	\$7,126	\$40,788	\$4,765	\$817	\$38,133	\$408,558
Region 2A	\$284,762	\$375,144	\$190,515	\$20,760	\$118,834	\$12,248	\$2,766	\$103,454	\$1,108,483
Region 2B	\$256,412	\$337,797	\$171,549	\$18,596	\$106,447	\$7,122	\$2,139	\$93,089	\$993,151
Region 3A	\$2,084,625	\$2,746,221	\$1,394,656	\$158,229	\$905,728	\$95,092	\$19,772	\$761,621	\$8,165,944
Region 3B	\$236,898	\$312,081	\$158,489	\$17,981	\$102,925	\$12,548	\$2,196	\$86,550	\$929,668
Region 4	\$565,472	\$744,942	\$378,316	\$42,184	\$241,470	\$22,463	\$5,450	\$206,094	\$2,206,391
Region 5	\$75,351	\$99,271	\$50,415	\$4,777	\$27,344	\$1,181	\$406	\$26,884	\$285,629
Region 6	\$88,885	\$117,100	\$59,470	\$5,810	\$33,257	\$2,813	\$666	\$31,833	\$339,834
Region 7	\$223,447	\$294,368	\$149,495	\$16,080	\$92,045	\$8,980	\$2,059	\$81,033	\$867,507
Region 8	\$107,117	\$141,118	\$71,667	\$7,201	\$41,222	\$1,534	\$619	\$38,498	\$408,976
Region 9	\$167,036	\$220,054	\$111,754	\$11,774	\$67,400	\$2,867	\$981	\$60,409	\$642,275
Region 10	\$184,816	\$243,477	\$123,649	\$13,131	\$75,167	\$3,847	\$1,341	\$66,910	\$712,338
Region 11	\$267,627	\$352,571	\$179,052	\$19,452	\$111,347	\$11,309	\$2,453	\$97,190	\$1,041,001
Region 12	\$133,881	\$176,383	\$89,576	\$9,245	\$52,917	\$182	\$544	\$48,292	\$511,020
Region 13	\$123,137	\$162,225	\$82,385	\$8,424	\$48,222	\$2,808	\$1,063	\$44,358	\$472,622
Region 14	\$58,316	\$76,830	\$39,019	\$3,477	\$19,902	\$742	\$370	\$20,656	\$219,312
<b>Total</b>	<b>\$4,963,904</b>	<b>\$6,539,388</b>	<b>\$3,321,008</b>	<b>\$364,247</b>	<b>\$2,085,015</b>	<b>\$190,501</b>	<b>\$43,642</b>	<b>\$1,805,004</b>	<b>\$19,312,709</b>

## APPENDIX D: COLORADO DEMOGRAPHIC DATA

Colorado and the United States as a whole are in the midst of an unprecedented and historic demographic shift. The population over the age of 60 is in the process of doubling. In the next four years alone, Colorado's population over the age of 60 will increase by nearly 13 percent. Even more significant is the change in the 75-84 year old segment of the older population. This group, which utilizes the services funded by the SUA at a higher rate than younger ages, will increase by more than 27 percent between now and 2023. Looking long-term, Colorado's population over the age of 60 will grow by more than 76 percent to account for over a quarter of the state's entire population by the year 2050. This rate of aging of the population ranks Colorado as the third fastest growing population of older adults in the nation.<sup>27</sup>

A key factor in the rate of the aging of Colorado's population is the Baby Boomers. In about 2030, they will begin turning 85 and will continue doing so until about 2050. The growth in the 85-plus population during this time period will be exponential. However, the aging of the population does not end with the Baby Boomer generation. Subsequent generation cohorts are about the same size (Generation X) or larger (Millennials) than the Baby Boomers. This means a lasting change to the composition of Colorado's population.

These changing demographics are fundamentally changing the way we do business here in the state of Colorado. This rapid aging of the population presents significant challenges and many opportunities that have never before existed. As the number of older adults increases, the number of frail, vulnerable and potentially isolated older adults needing supportive services will increase, straining the current infrastructure that provides services to older adults. At the same time, the number of healthy, active and engaged older adults who will continue to contribute through employment and volunteerism will also increase. Proper planning now can ensure the availability of adequate resources and infrastructure necessary to provide services to a rapidly growing population of older adults here in Colorado.

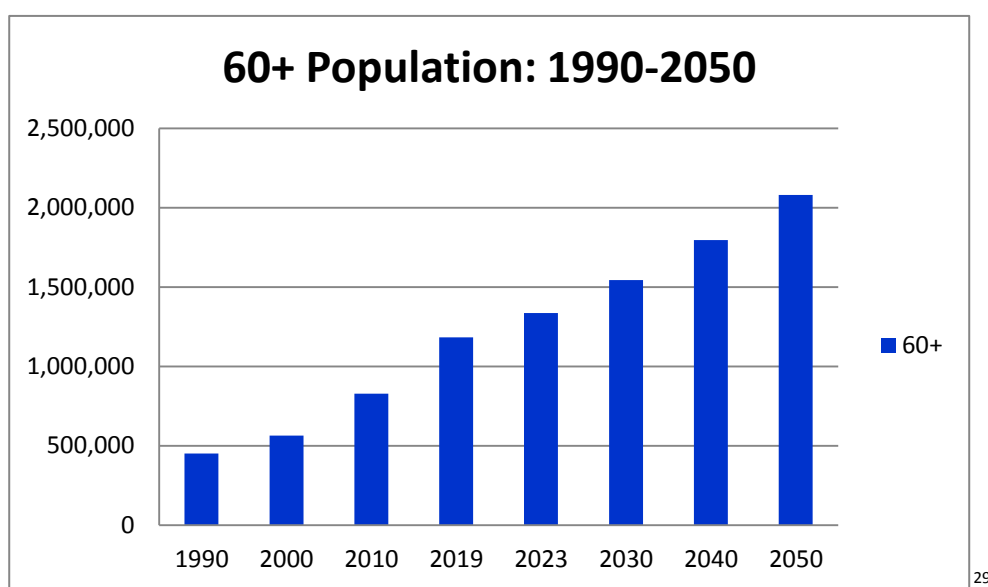
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<sup>27</sup> SUA analysis of Population Data from Colorado State Demography Office website. Accessed March 2019.

## POPULATION CHANGE

Colorado, like much of the nation, is in the midst of an unprecedented population aging. Adults aged 60 and older currently account for just over 20 percent of Colorado’s population, but that will grow to more than a quarter of the population by 2050. Colorado is the third fastest aging state in the United States.<sup>28</sup> By 2050, more than 2 million Coloradans will be age 60 or older. Figure 1 illustrates a steady increase in Colorado’s 60-plus population from 1990 to 2050. Although Colorado is aging faster than most states, the increase in the aging population is felt most significantly in more urban areas. Some of Colorado’s smallest AAA regions are not experiencing the same growth rate in their 60 and older population (see Figures 1-4).

FIGURE 1: COLORADO’S 60+ POPULATION GROWTH



Over the four-year period of this State Plan, the AAAs will experience varying growth in their 60-plus population, with the largest growth happening in Douglas (Region 3A), Elbert (Region 5) and Garfield (Region 11) counties, along the Front Range and in parts of the southwest corner of the state.<sup>30</sup>

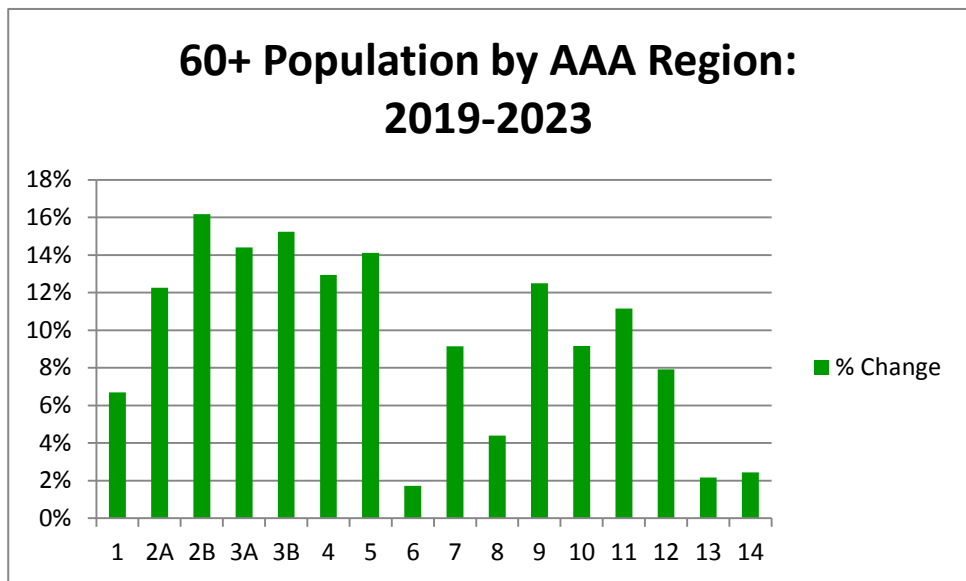
Figure 2 depicts the projected population change in Colorado’s 60 and older age group by AAA region from 2019-2023. Most of the growth over the next four years is tied to AAAs that are predominantly urban. (Regions 1, 6, 13 and 14 are more rural areas.)

<sup>28</sup> SUA analysis of Population Data from Colorado State Demography Office website. Accessed March 2019.

<sup>29</sup> Ibid.

<sup>30</sup> Ibid.

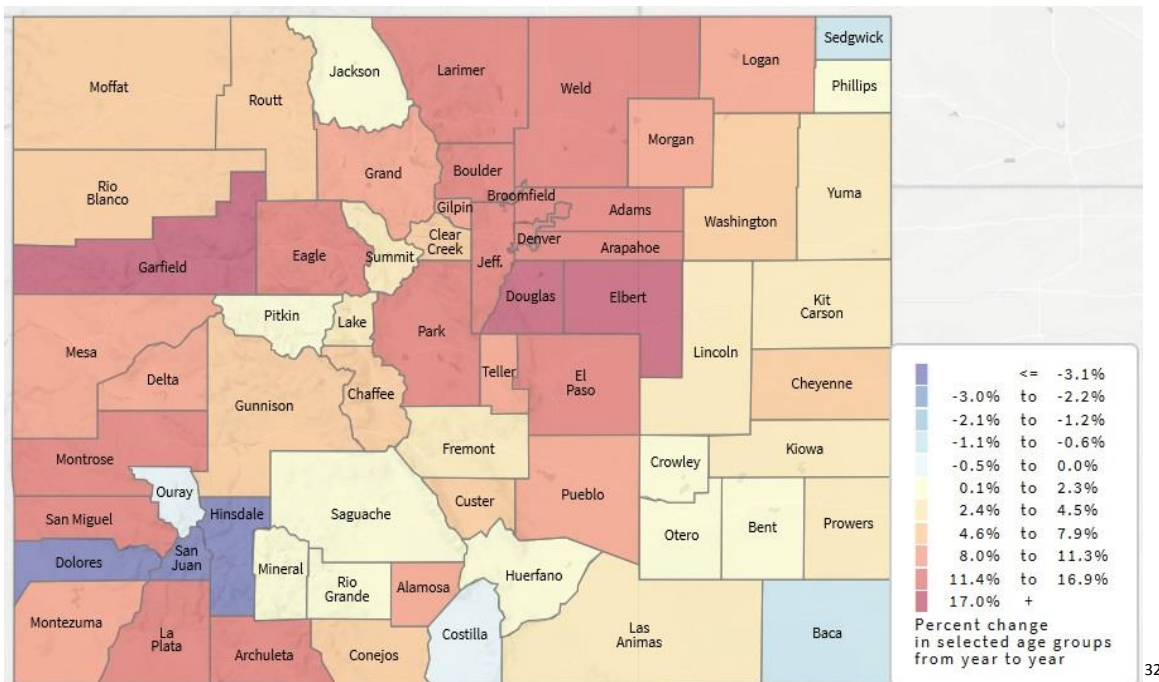
FIGURE 2: COLORADO'S 60+ POPULATION CHANGE BY AAA REGION



Figures 3 and 4 depict the projected percentage of change in population of people 60 and older in each of Colorado’s counties. Figure 3 illustrates the impacts over the course of the State Plan time period to the 60-plus population to the southwest, the central mountain corridor and the Front Range. In Figure 4, the southeast and eastern plains of Colorado are more significantly impacted.

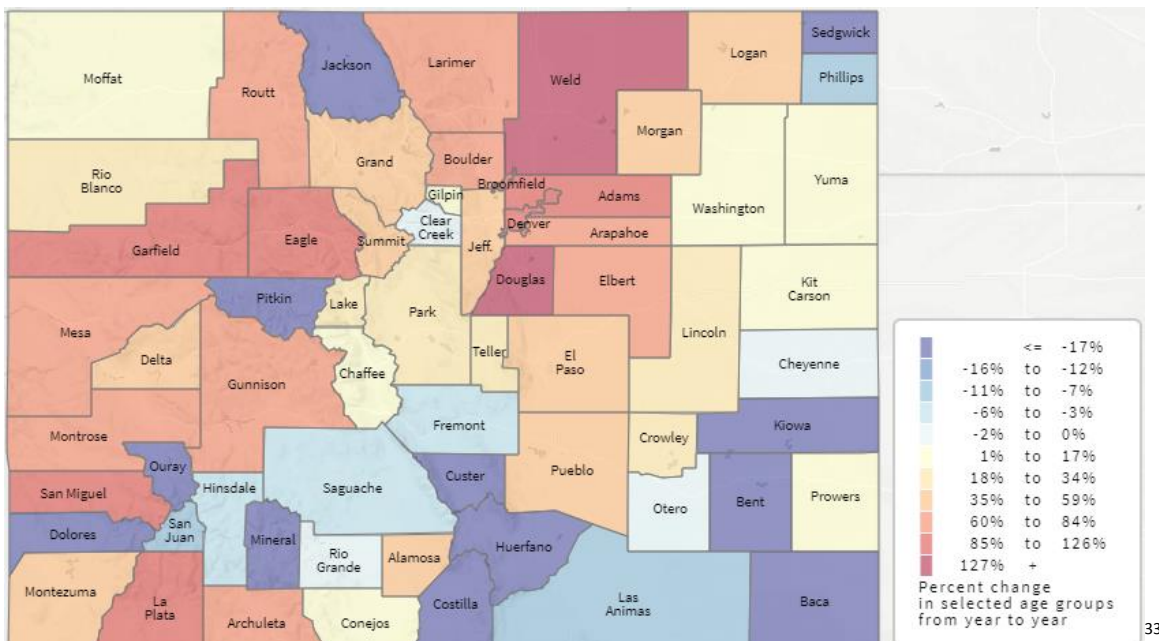
<sup>31</sup> SUA analysis of Population Data from Colorado State Demography Office website. Accessed March 2019.

FIGURE 3: 60+ POPULATION CHANGE BY COUNTY: 2019-2023



Between 2019 and 2050, the percent change of the 60-plus population across the state looks drastically different with frontier areas on the eastern plains actually experiencing a decrease in their older population.

FIGURE 4: 60+ POPULATION CHANGE BY COUNTY: 2019-2050



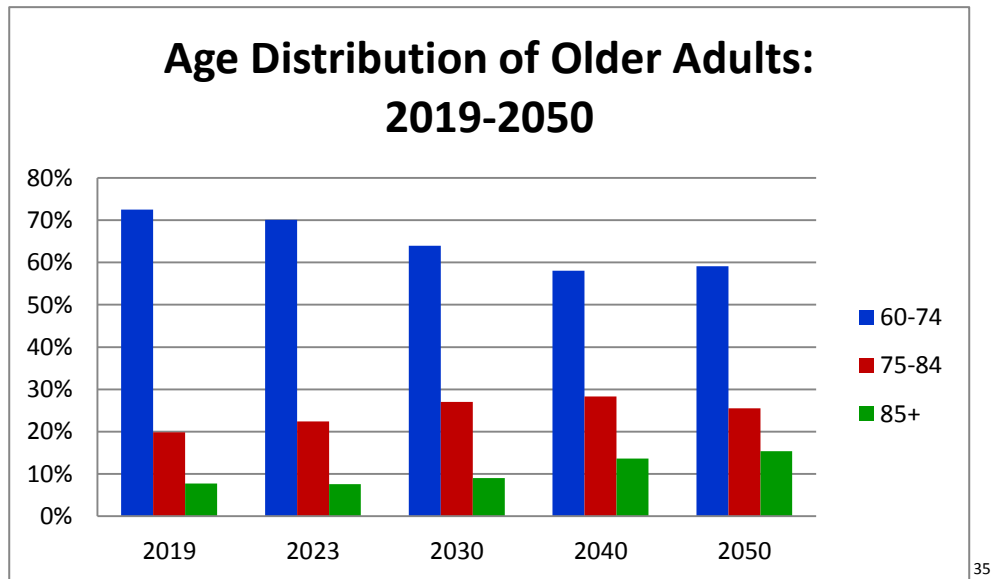
<sup>32</sup> Colorado State Demography Office Website: [Interactive Population Maps](#).

<sup>33</sup> Ibid.

## Age Distribution

As Colorado’s population steadily ages, the largest growth will be seen in the 75 and older segment of the population. A new study by Health Affairs reports that by 2029, more than half of middle income adults age 75 and older will not be able to afford housing or medical costs.<sup>34</sup> It is reasonable to assume that as this portion of the population grows, demand for supportive services funded by the OAA will also increase (see Figures 5-8).

FIGURE 5: AGE DISTRIBUTION OF OLDER ADULTS IN COLORADO



Over the four year period of this State Plan, the 75-84 year old age group will experience the largest rate of growth. Growth in the 60 and older population will drastically outpace growth in the 0-59 age groups. Between 2019 and 2050, the most significant growth will continue to be seen in the 75-84 and 85+ age groups. Faster rates of growth in the 60-plus populations than the 0-59 population sustained over time are cause for concern not only in having adequate resources and infrastructure to meet growing needs, but also potential workforce shortages in the future.

<sup>34</sup> Health Affairs Blog. *Many Seniors Will Be Unable To Afford Housing And Health Care By 2029*. April 24, 2019.

<sup>35</sup> SUA analysis of Population Data from Colorado State Demography Office website. Accessed March 2019.

FIGURE 6: POPULATION GROWTH BY AGE GROUP: SHORT-TERM

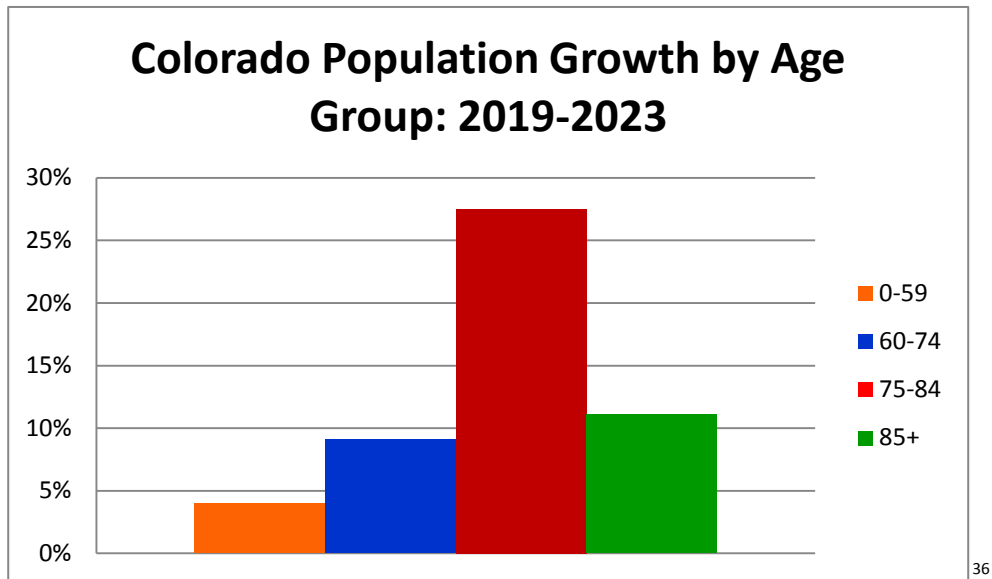
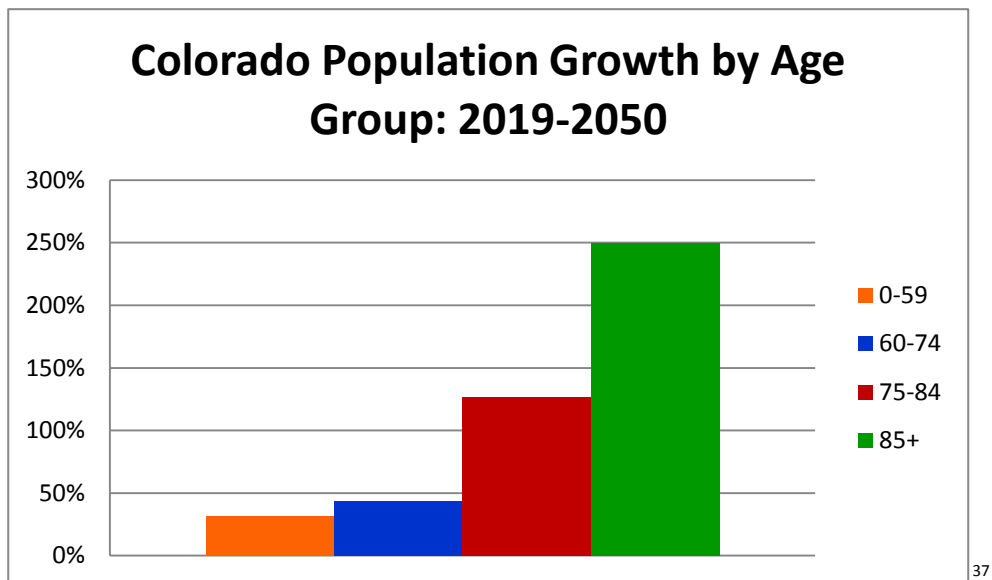


FIGURE 7: POPULATION GROWTH BY AGE GROUP: LONG-TERM



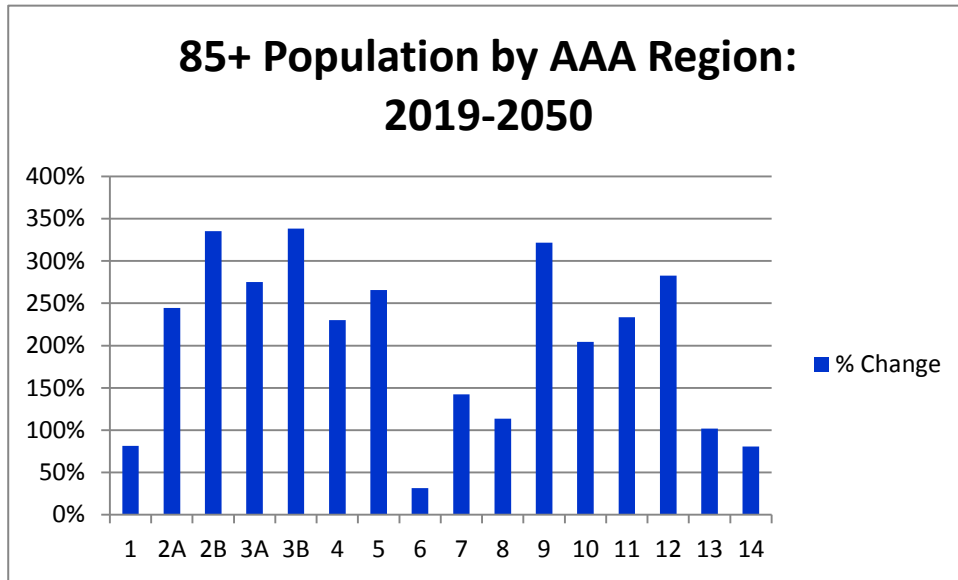
<sup>36</sup> SUA analysis of Population Data from Colorado State Demography Office website. Accessed March 2019.

<sup>37</sup> Ibid.



The growth Colorado is currently experiencing in 60-74 year olds will shift to become an exponential growth in the 85-plus population starting in about 2030. This will likely result in an increasing demand for supportive services funded by the OAA in order to help assist a growing population of Coloradans aging in the community.

FIGURE 8: COLORADO POPULATION GROWTH, 85+



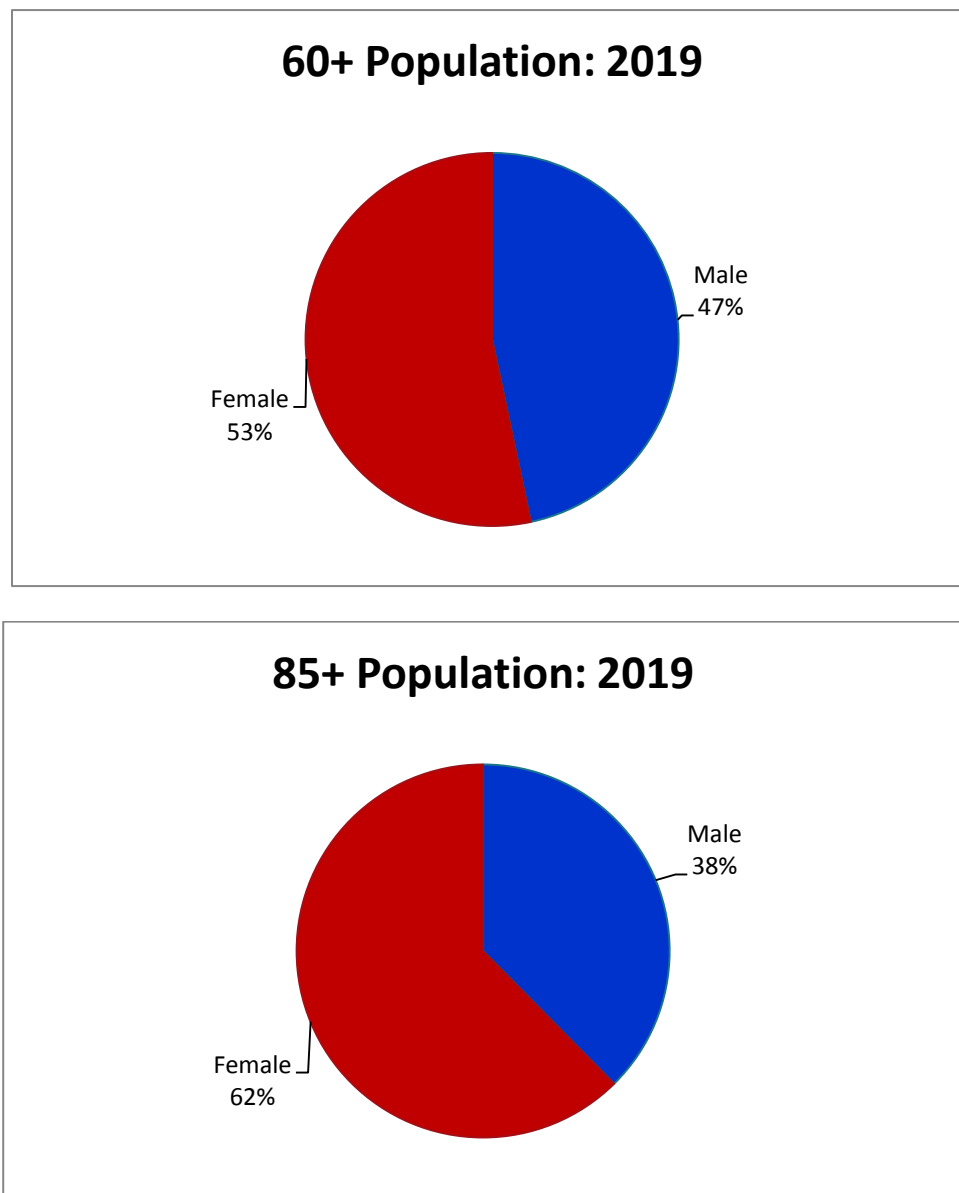
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<sup>38</sup> SUA analysis of Population Data from Colorado State Demography Office website. Accessed March 2019.

## GENDER

Females have longer average life expectancies than males. With growth in the oldest-old, we can anticipate a greater number of older women in the coming years. As women historically earn less than men over their lifetimes, we can expect to see an older, mostly female, population who may potentially have less savings to rely on during retirement. It is also likely that the demand for OAA funded services will also increase as a result. Figure 9 displays the male and female population in Colorado by age 60-plus and age 85-plus.

FIGURE 9: COLORADO'S POPULATION BY GENDER: 60+ AND 85+

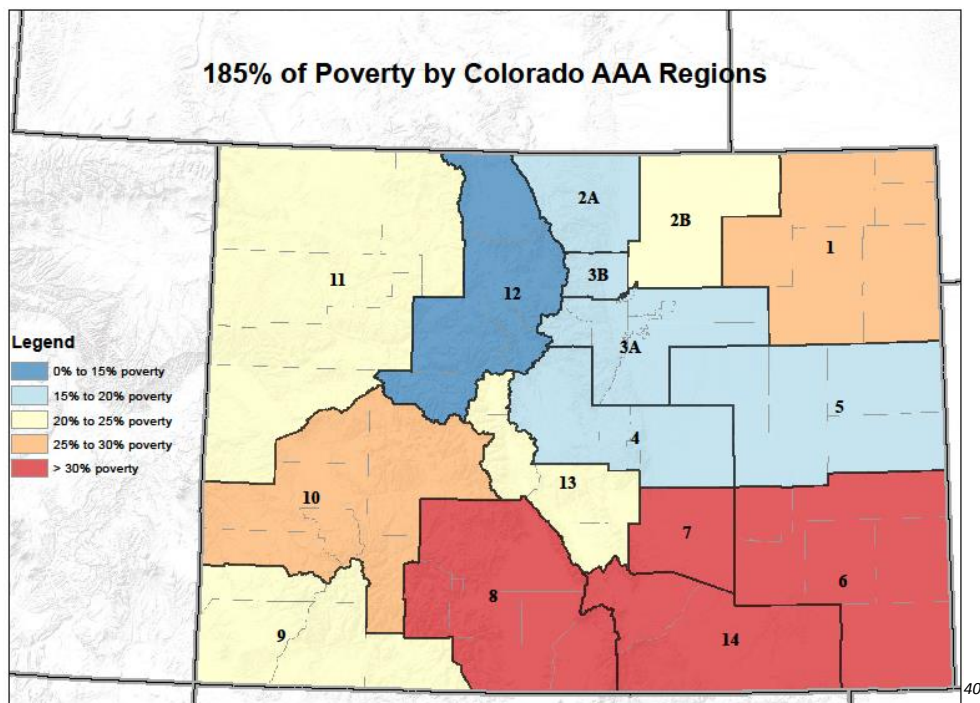


<sup>39</sup> SUA analysis of Population Data from Colorado State Demography Office website. Accessed March 2019.

## POVERTY

Figure 10 depicts the percentage of the older adult population in Colorado that lives at or below 185 percent of the federal poverty level. Rural areas experience higher rates of poverty among the older population than urban or suburban areas. There are inherent challenges in providing needed services to consumers in rural areas including a shortage of providers and geographic barriers, however it is often consumers at or below poverty who are most in need of services.

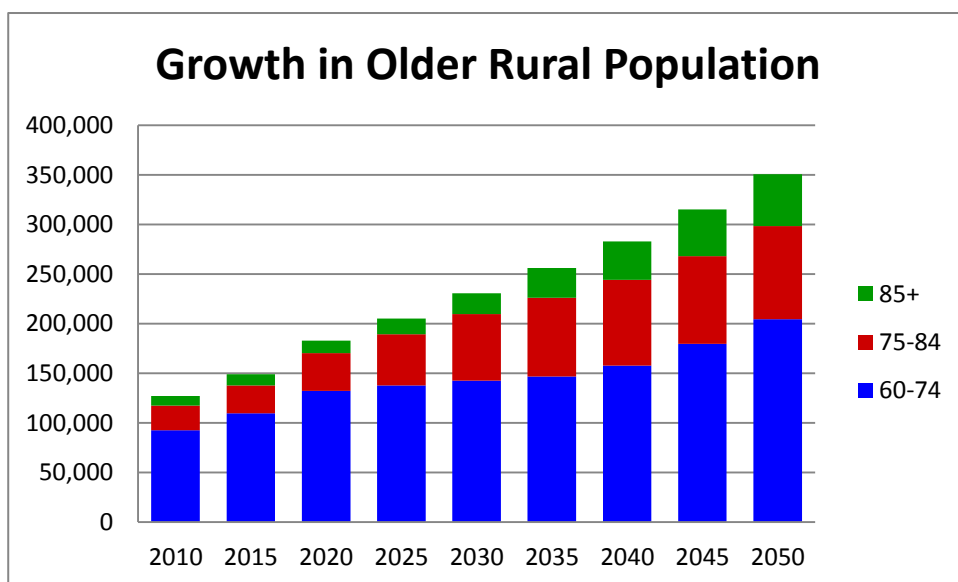
FIGURE 10: COLORADO 60+ POPULATION POVERTY LEVELS



<sup>40</sup> Colorado State Demography Office 2018 Presentation.

Seventy-three percent of Colorado’s landmass is either rural or frontier, so it is not surprising that rural areas are home to many older Coloradans. According to the Colorado Rural Health Center, residents age 65 and older now comprise 40 percent of rural Colorado’s population.<sup>41</sup> Figure 11 shows the projected growth in the older population in rural areas, based on past population changes, migration and consumer data from the last 10 years. Residents in Colorado’s rural areas face unique health challenges, including distance and travel time to the nearest hospital for emergency treatment, access to fewer doctors and dentists and higher rates of chronic disease.<sup>42</sup>

FIGURE 11: COLORADO’S 60+ RURAL POPULATION



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<sup>41</sup> <https://coruralhealth.org/> Accessed April 2019.

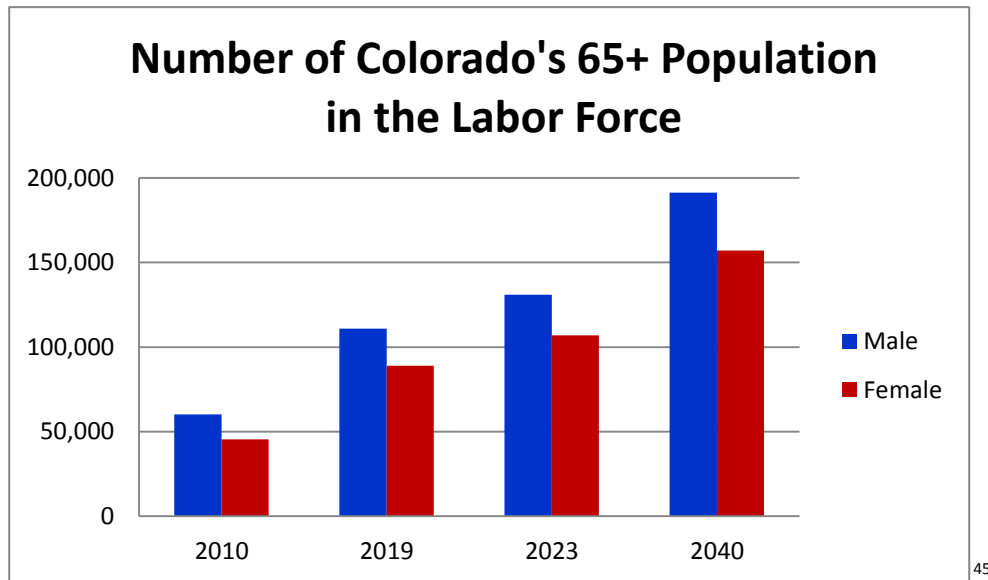
<sup>42</sup> Medline Plus. *Rural Health Concerns*. Accessed 4/19/19. <https://medlineplus.gov/ruralhealthconcerns.html>

<sup>43</sup> SUA analysis of Population Data from Colorado State Demography Office website. Accessed March 2019.

## LABOR FORCE

Social Security’s full-benefit retirement age is gradually increasing because of legislation passed by Congress in 1983. Currently at 66 years and 4 months, many people continue to work beyond this age either by choice or necessity. According to a study by the Insured Retirement Institute, 45 percent of Baby Boomers have no retirement savings and one-third of Boomers plan to retire at age 70 or older.<sup>44</sup> Figure 12 represents the projected growth in the labor force of Coloradans age 65 and older.

FIGURE 12: NUMBER OF OLDER COLORADANS IN THE LABOR FORCE



<sup>44</sup> Insured Retirement Institute. *Boomer Expectations for Retirement*. April 2019.

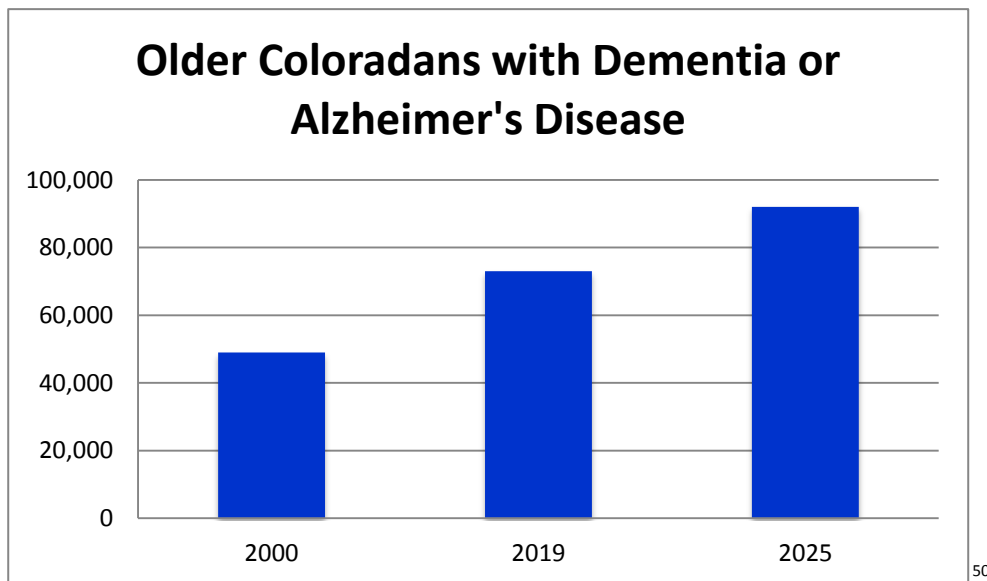
<sup>45</sup> SUA analysis of Population Data from Colorado State Demography Office website. Accessed March 2019.

## DEMENTIA AND ALZHEIMER'S DISEASE

The number of people living with dementia or Alzheimer's Disease is also growing. Approximately one in nine people age 65 and older will develop Alzheimer's, and that number increases to one in three once someone reaches 85.<sup>46</sup> Currently, there are about 72,000 Coloradans living with Alzheimer's Disease, which is the sixth leading cause of death in the United States.<sup>47</sup> Figure 13 displays the projected growth in dementia or Alzheimer's Disease in older Coloradans. Dementia is the leading contributor to disability and dependence among older adults. In 2019, Alzheimer's and other dementias will cost the nation \$290 billion, including \$195 billion in Medicare and Medicaid payments. By 2050, Alzheimer's is projected to cost more than \$1.1 trillion. This dramatic rise includes more than four-fold increases both in government spending and in out-of-pocket spending.<sup>48</sup>

The need for a caregiver often starts early in the disease process, intensifies as the disease progresses and continues until death.<sup>49</sup> Caregivers of individuals with Alzheimer's or dementia are more likely to be women (66 percent), have household incomes of \$50K or less (41 percent) and suffer from depression (30-40 percent). There were an estimated 252,000 dementia caregivers in Colorado in 2018 providing an estimated 287 million hours of unpaid care valued at \$3.6 billion.

FIGURE 13: RATES OF DEMENTIA/ALZHEIMER'S DISEASE



<sup>46</sup> Governing Magazine. *Alzheimer's Care Struggles to Meet Demands*. 2016.

<sup>47</sup> Alzheimer's Association. *Alzheimer's Disease Facts and Figures Report*. 2019.

<sup>48</sup> Ibid.

<sup>49</sup> World Health Organization. *The Epidemiology and Impact of Dementia: Current State and Future Trends*. 2015.

<sup>50</sup> SUA Analysis of Data from the Alzheimer's Association Website.

## CHRONIC DISEASES

Chronic diseases are conditions that last a year or more, require ongoing medical attention and limit ADLs. They can cause years of pain, disability and loss of function and independence before resulting in death. Chronic diseases burden the healthcare system because they require on-going medical care. It is estimated that more than 80 percent of all health care spending is on people with chronic diseases. The average healthcare costs for people with at least one chronic condition are 2.5 times higher than for people with no chronic conditions.<sup>51</sup> According to 2017 data from the Behavioral Risk Factor Surveillance System, 89.6 percent of adults aged 65 and older in Colorado have one or more chronic conditions.<sup>52</sup>

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<sup>51</sup> CDPHE website, accessed April 2019: <https://www.colorado.gov/pacific/cdphe/chronicdisease>

<sup>52</sup> CDPHE Chronic Disease State Plan 2018-2020.

## Appendix E: Community Assessment Survey of Older Adults (CASOA™) 2018 Summary of Findings

CASOA™, administered by the National Research Center, Inc., provides a statistically valid survey of the strengths and needs of older adults as reported by older adults themselves in communities across America. This research tool is intended to enable local governments, community-based organizations, the private sector and other community members understand more thoroughly and predict more accurately the services and resources required to serve an aging population. With this report, SUA stakeholders can shape public policy, educate the public and assist communities and organizations in their efforts to sustain a high quality of life for older adults. The 2018 CASOA™ in Colorado was sponsored by c4a and funded by NextFifty Initiative.

The objectives of the CASOA™ are to:

- Identify community strengths in serving older adults
- Articulate the specific needs of older adults in the community
- Estimate contributions made by older adults to the community
- Determine the connection of older adults to the community

Survey participants were asked to rate their overall quality of life, as well as aspects of quality of life. They also evaluated characteristics of the community and gave their perceptions of safety. The questionnaire was used to assess the individual needs of older residents and involvement by respondents in the civic and economic life of Colorado.

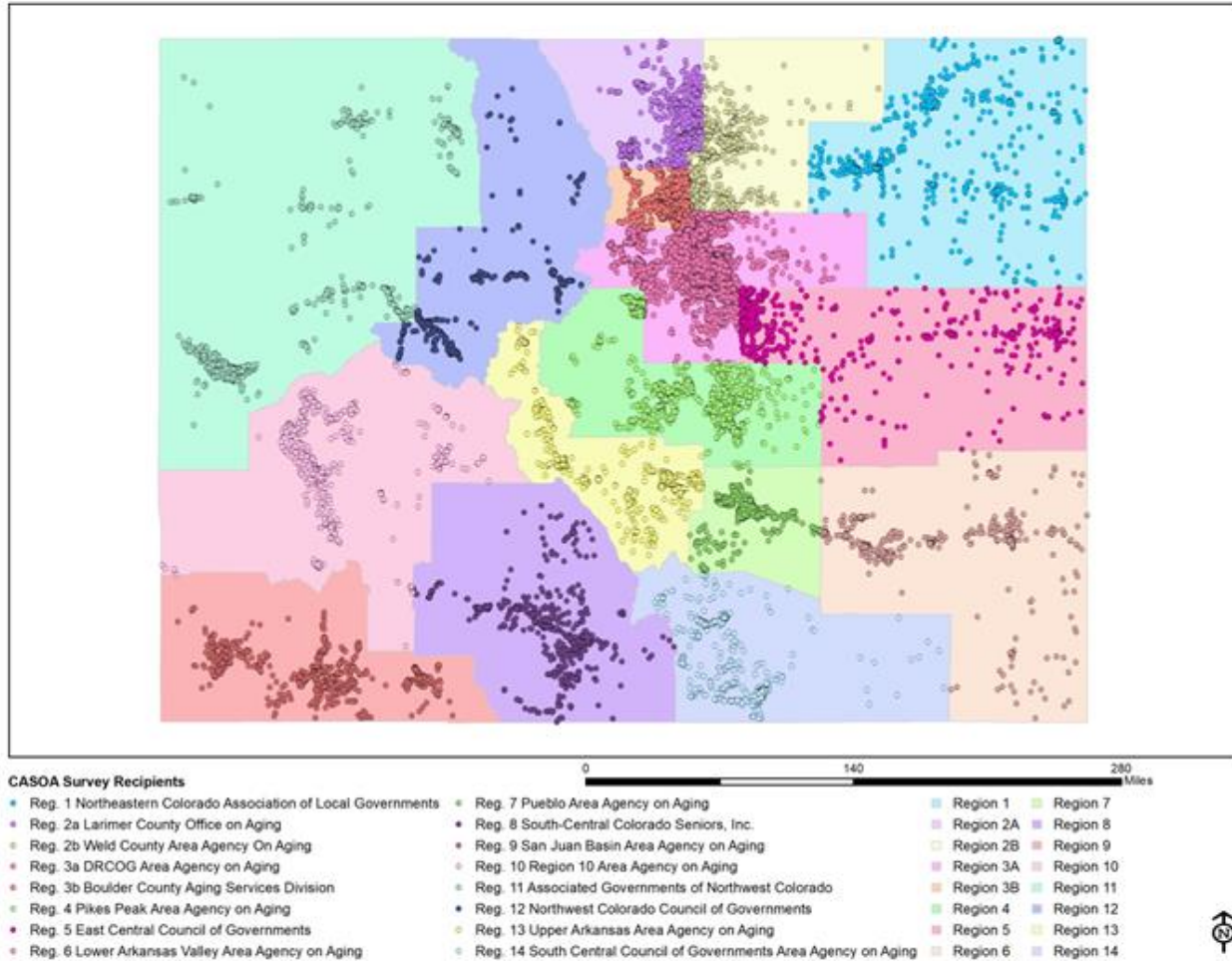
### Study Methods

The CASOA™ survey and its administration are standardized to assure high quality survey methods and comparable results across communities. Participating households with residents 60 years or older were selected at random and the household member who responded was selected without bias. Multiple mailings gave each household more than one prompt to participate with a self-addressed and postage-paid envelope to return the survey. Results were statistically weighted to reflect the proper demographic composition of older adults in the entire community.

The survey was mailed on May 25, 2018 to a random selection of 37,800 older adult households across Colorado. Older adult households were contacted three times about participation in the survey. A total of 6,247 completed surveys were obtained, providing an overall response rate of 17 percent and a margin of error of plus or minus 1 percent. Since this was the second CASOA™ of older adults in Colorado, the 2018 results are presented along with the prior results, when available. Differences between 2010 and 2018 can be considered “statistically significant” if they are two percentage points or greater than any given percent and one point or greater than any given average rating.



## Distribution of CASOA Surveys by AAA Region



### Key Findings

Communities that assist older adults to remain or become active community participants provide the requisite opportunities for recreation, transportation, culture, education, communication, social connection, spiritual enrichment and health care. The results of this survey describe Colorado as a livable community for older adults within six community dimensions of Overall Community Quality, Community and Belonging, Community Information, Productive Activities, Health and Wellness and Community Design and Land Use. The extent to which older adults experience difficulties and problems within these dimensions is also described. Highlights from the six dimensions are as follows:

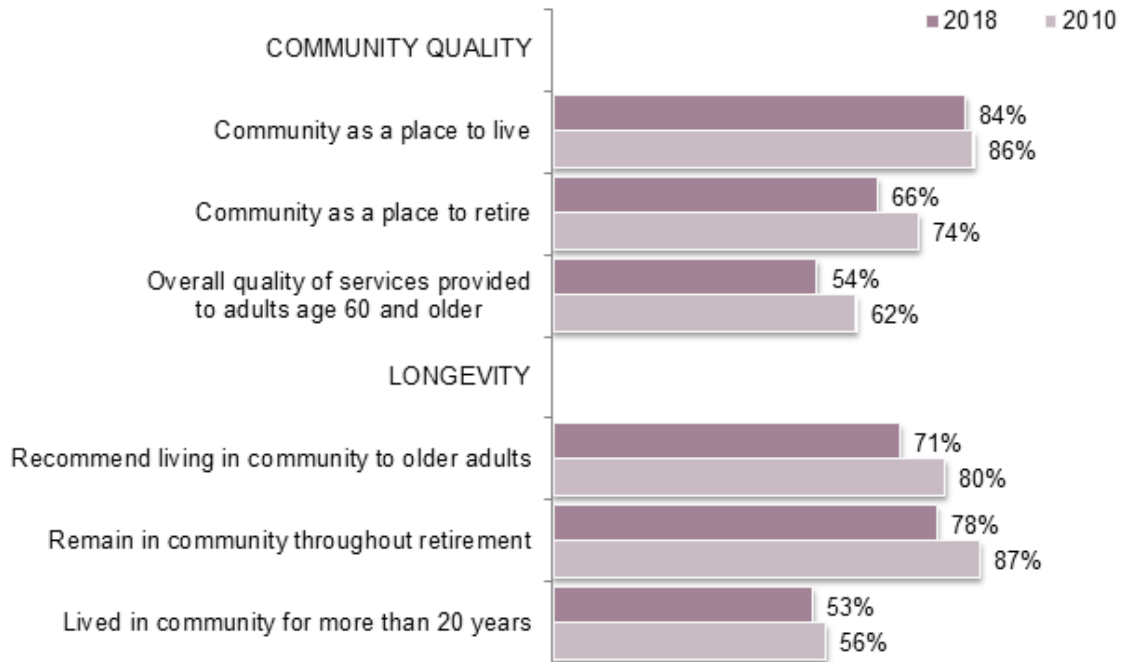
#### Overall Community Quality

Overall Community Quality explores how older residents view the community overall, how connected they feel to the community and how well they can access information and services, as well as how likely residents are to recommend and remain in the community.

- Most of Colorado’s older residents gave high ratings to the community as a place to live.

- Less than three-quarters of older adults would recommend Colorado to others.
- Over half of respondents had lived in the community for more than 20 years and more than three-quarters planned to stay in the community throughout their retirement.
- Older residents from other communities across the nation and Colorado tended to give similar ratings to aspects of Overall Community.

**Colorado as a Place for Older Residents**



*Percent rating positively (e.g. excellent or good, very, or somewhat likely)*

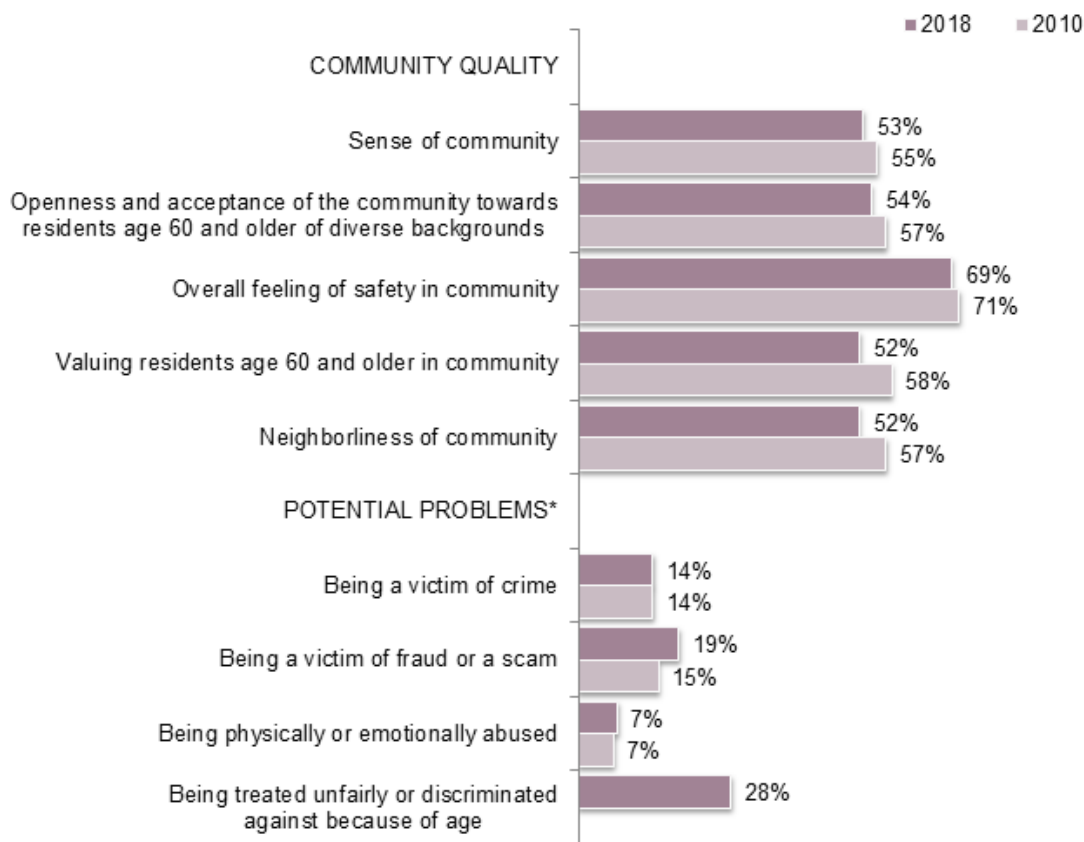
**Community and Belonging**

A community is greater than the sum of its parts, and having a sense of community entails not only a sense of membership and belonging, but also feelings of emotional and physical safety, trust in the other members of the community and a shared history. Older residents rated several aspects of Community and Belonging, including their sense of community and overall feelings of safety, as well as the extent to which they felt accepted and valued by others.

- About half of older residents rated the sense of community, neighborliness and feeling valued as “excellent” or “good.”
- Over two-thirds of respondents reported “excellent” or “good” overall feelings of safety.
- Between 7 percent and 19 percent had experienced being a victim of crime, abuse or fraud, and 28 percent reported experiencing age-related discrimination.

- When compared to other communities in the U.S., older residents in Colorado provided lower ratings for their sense of community and overall feeling of safety, but otherwise gave similar ratings for aspects of Community and Belonging.

**Older Adult Ratings of Community and Belonging in Colorado**



*Percent rating positively (e.g. excellent or good, very, or somewhat likely)  
\*Percent rating as at least a minor problem*

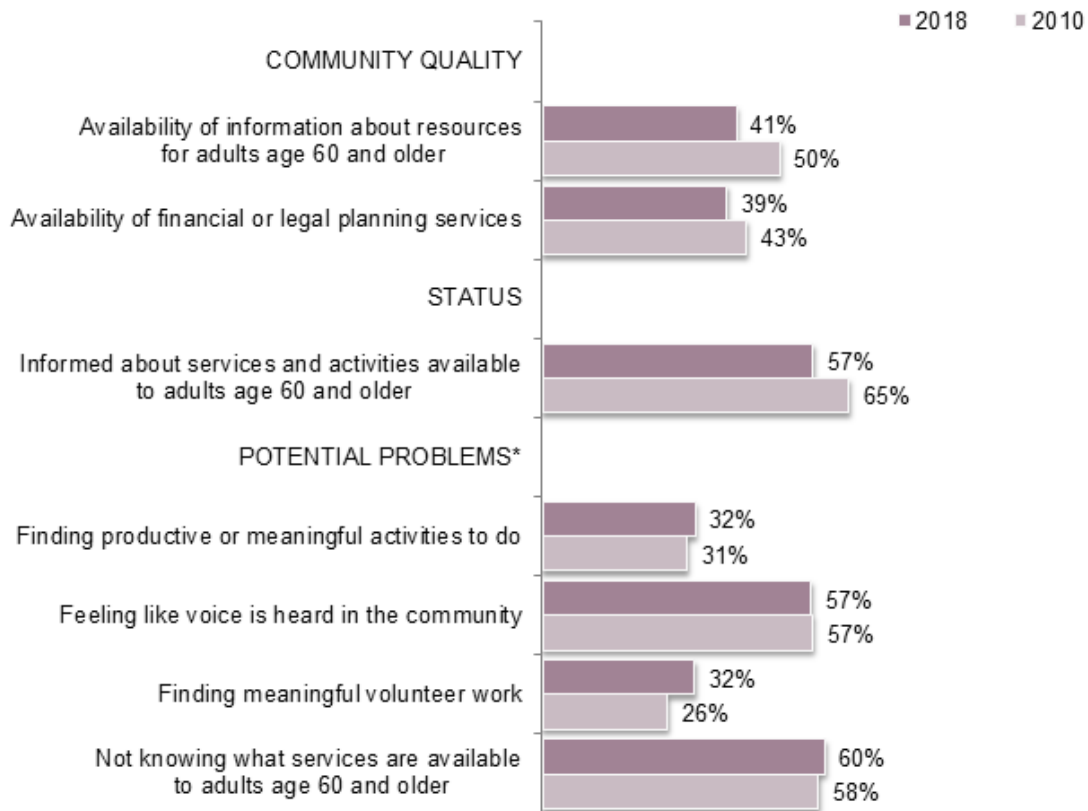
**Community Information**

The education of a large community of older adults is not simple, but when more residents are made aware of available programs and services, more residents will benefit from becoming participants.

- Over half of survey respondents reported being “somewhat” or “very” informed about services and activities available to older adults.
- About four in 10 older adults gave “excellent” or “good” ratings to the availability of information about resources and financial or legal planning services.
- About three in five respondents had problems knowing what services were available and feeling like their voice was heard in the community.

- About one-third reported having problems with finding meaningful volunteer work, a rate that was similar in Colorado and in other communities.

### Community Information in Colorado



*Percent rating positively (e.g. excellent or good, very or somewhat informed)  
\*Percent rating as at least a minor problem*

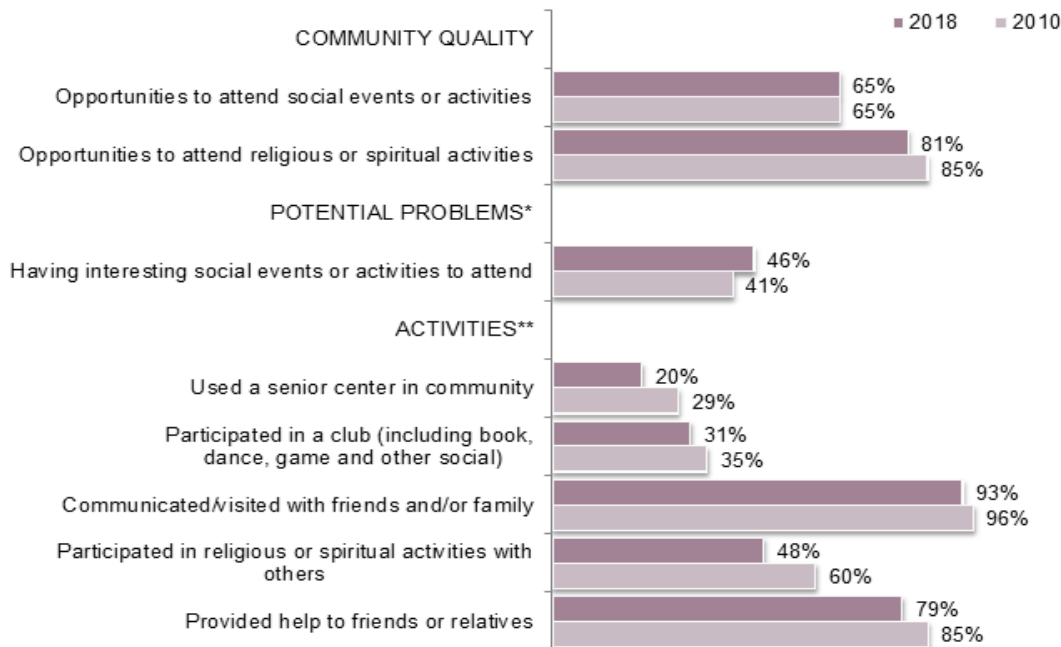
### Productive Activities

Productive activities such as traditional and non-traditional forms of work and social engagement combined with health and personal characteristics create a sense of quality of life in later life and contribute to active aging. Productive Activities examined the extent of older adults’ engagement participation in social and leisure programs and their time spent attending or viewing civic meetings, volunteering or providing help to others.

- Almost four in five of elders felt they had “excellent” or “good” opportunities to volunteer, and more than one-third participated in some kind of volunteer work.
- About two in 10 respondents had used a senior center in the community.

- Almost half of seniors said that they had at least “minor” problems having interesting social events or activities to attend.
- Three-quarters of older residents rated the recreation opportunities in Colorado as “excellent” or “good.”
- About two in five older residents in Colorado said they were caregivers; respondents spent between nine and 12 hours per week providing care for children, adults and older adults.
- About two in 10 older adults in Colorado felt physically, emotionally or financially burdened by their caregiving.
- About two-thirds of respondents were fully retired and two in five respondents experienced at least minor problems with having enough money to meet daily expenses.
- The value of paid (part and full-time work) and unpaid (volunteering, providing care) contributions by older adults in Colorado totaled \$21 billion in a 12-month period.

**Social Engagement in Colorado**

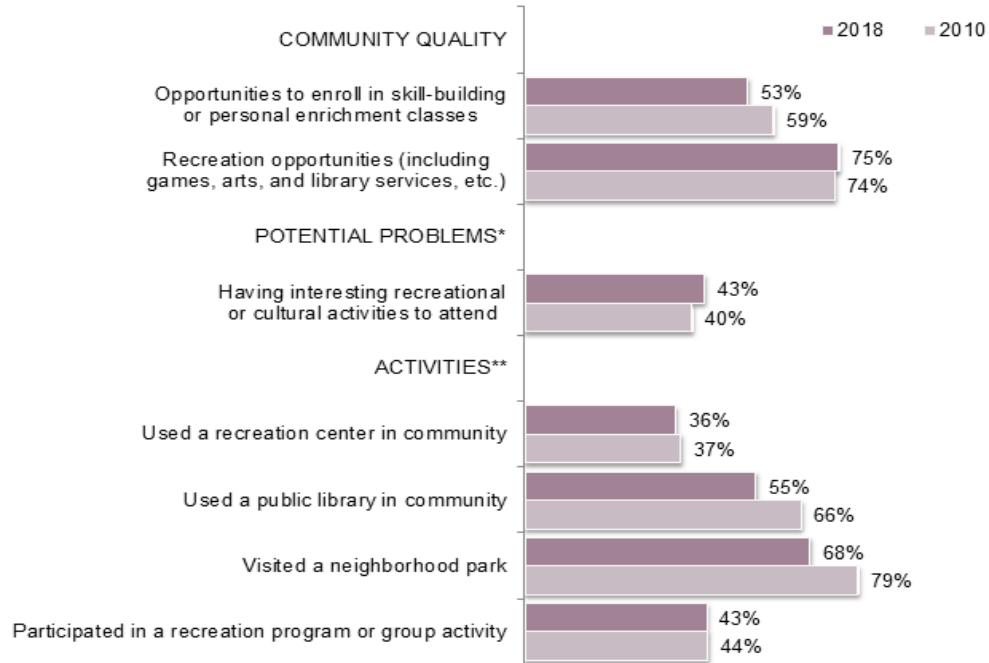


*Percent rating positively (e.g. excellent or good)*

*\*Percent rating as at least a minor problem*

*\*\*Percent at least once or ever*

## Recreation and Personal Enrichment in Colorado



*Percent rating positively (e.g. excellent or good)*

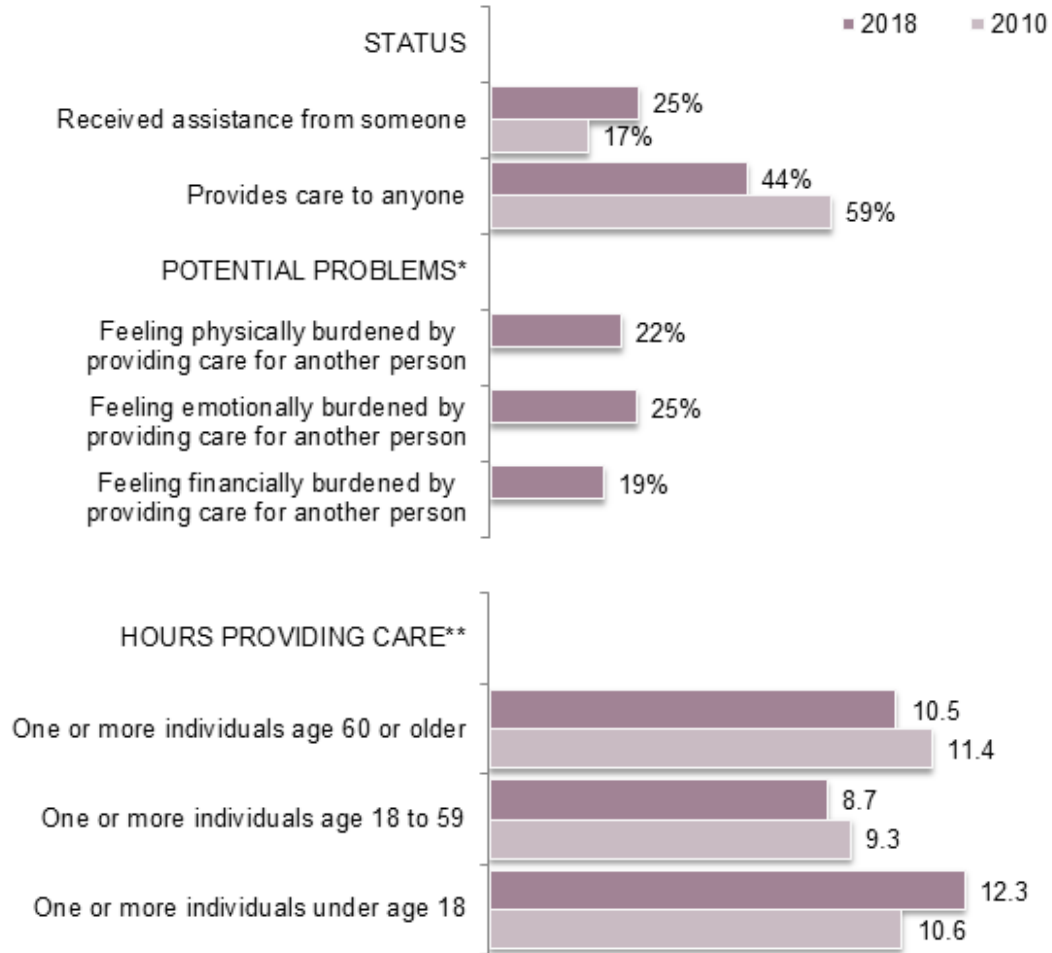
*\*Percent rating as at least a minor problem*

*\*\*Percent at least once or ever*

## Caregiving

Informal caregivers are those individuals who provide care to a loved one or friend who has some sort of disabling condition. These caregivers often feel a sense of contribution and personal worth despite the physical, emotional and financial burden such care can produce. Overall, 44 percent older residents in Colorado said they were providing care for others, and 25 percent were the recipients of care. Survey participants rated the extent to which they experienced physical strain, emotional stress or financial hardship as a result of being a caregiver. Generally, about two in 10 older adults felt burdened by their caregiving responsibilities, providing about 10 hours of care each week on average.

## Caregiving in Colorado

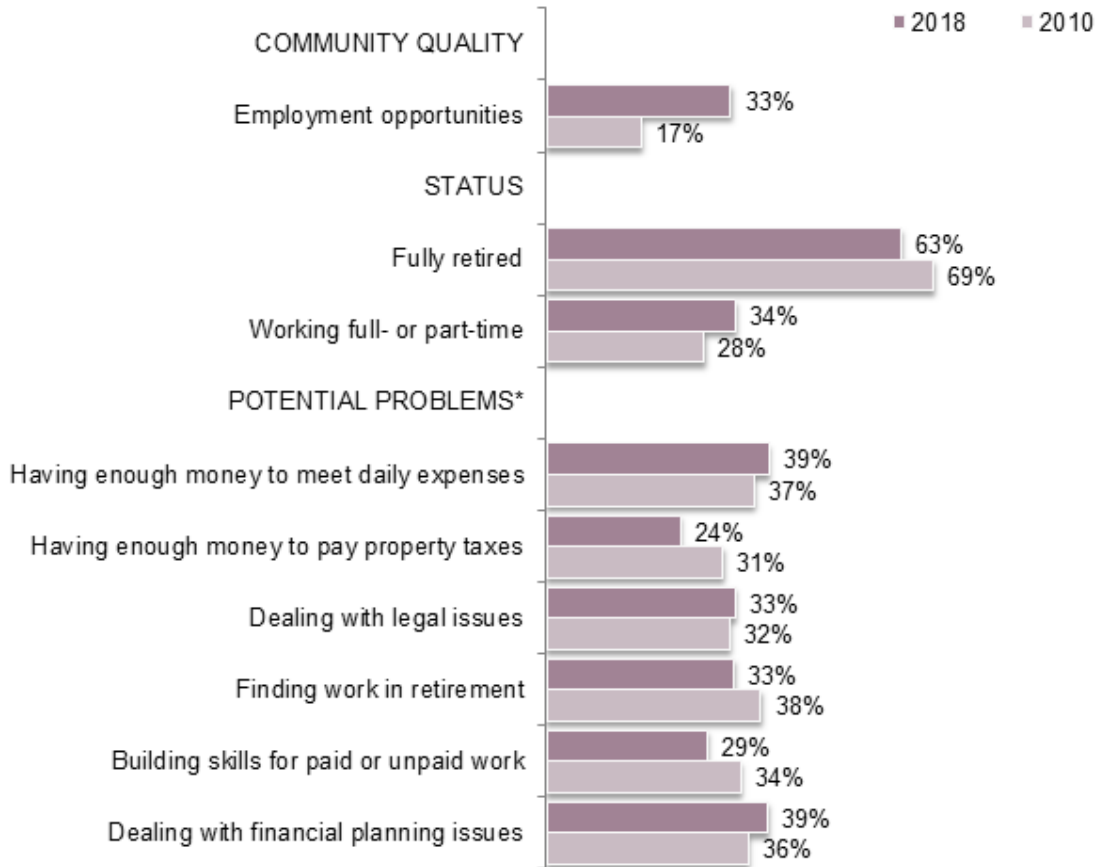


*Percent of respondents*

*\*Percent rating as at least a minor problem*

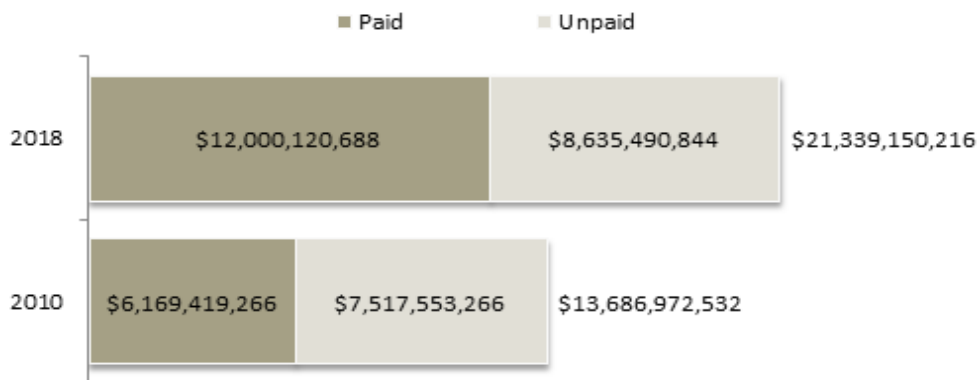
*\*\*Average number of hours of those who provide care*

### Employment in Colorado



*Percent of respondents  
Percent rating positively (e.g. excellent or good)  
\*Percent rating as at least a minor problem*

### Economic Contribution of Older Adults in Colorado



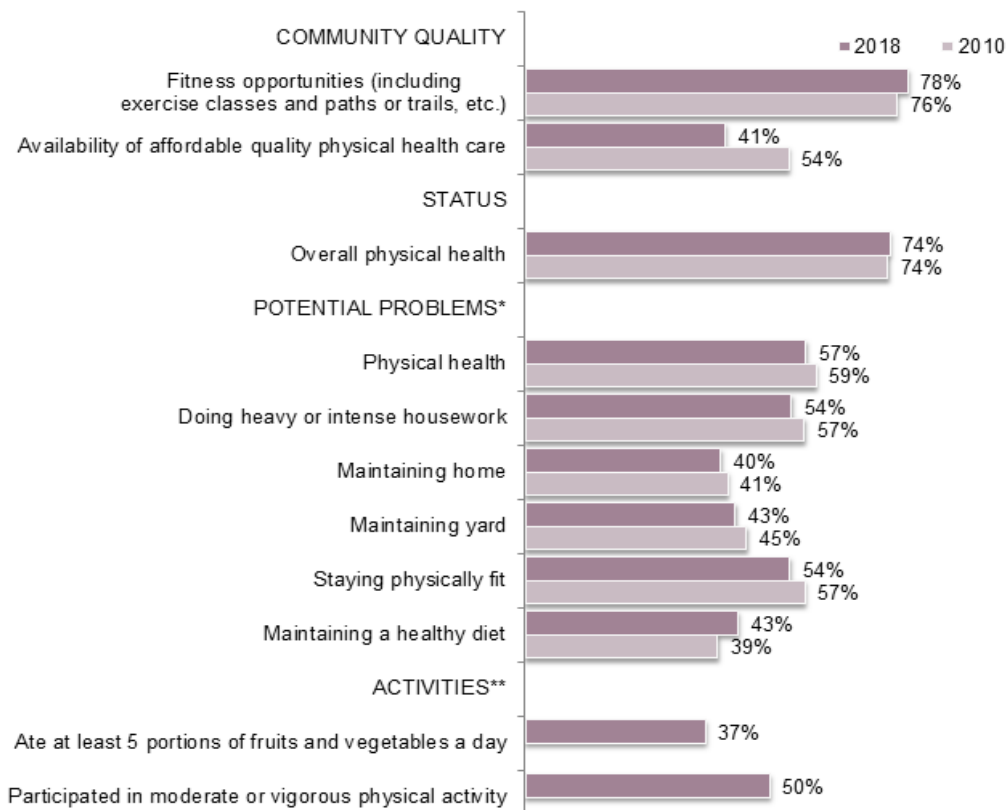


## Health and Wellness

Health and wellness, for the purposes of this study, included not only physical and mental health, but issues of independent living and health care.

- About four in five older residents felt they had good fitness opportunities and two in five felt they had good access to quality physical health care.
- 54 percent of older residents reported problems with doing heavy or intense housework, 43 percent with maintaining their yards and 54 percent with staying physically fit.
- About one-quarter of older residents felt there was “excellent” or “good” availability of mental health care in Colorado, while 86 percent rated their overall mental health/emotional wellbeing as “excellent” or “good.”
- About two in 10 respondents reported spending time in a hospital, and one-third had fallen and injured themselves in the 12 months prior to the survey.
- 30 percent reported having problems with performing regular activities, including walking, eating and preparing meals.

### Physical Health in Colorado

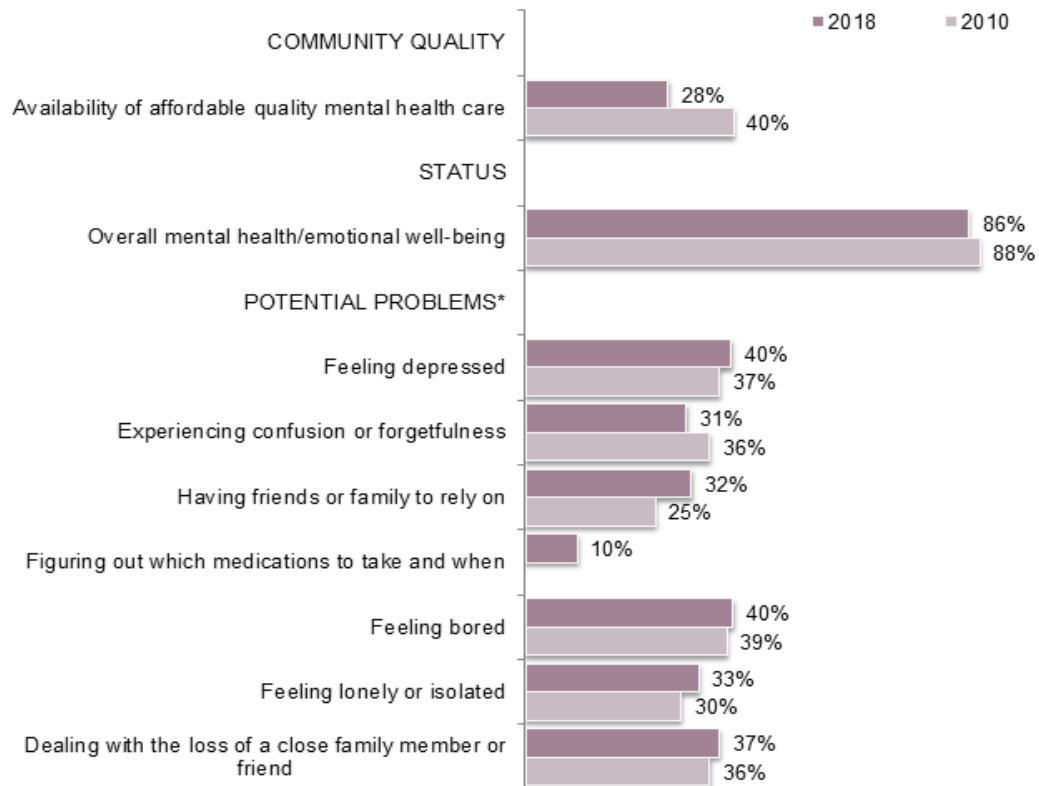


*Percent rating positively (e.g. excellent or good)*

*\*Percent rating as at least a minor problem*

*\*\*Percent at least always or usually*

## Mental Health in Colorado



*Percent rating positively (e.g. excellent or good)*

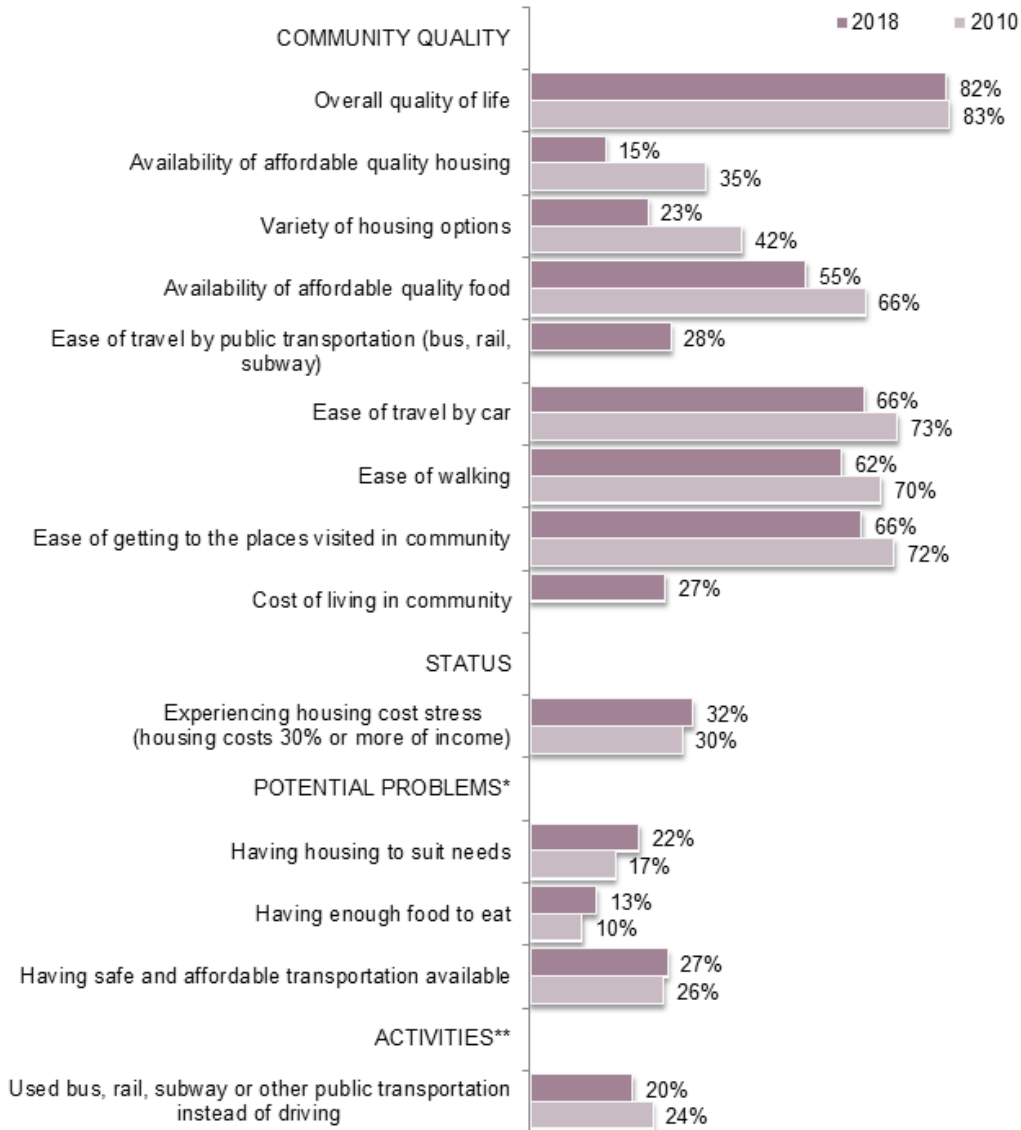
*\*Percent rating as at least a minor problem*

### Community Design and Land Use

The movement in America towards designing more “livable” communities – those with mixed-use neighborhoods, higher-density development, increased connections, shared community spaces and more human-scale design – are becoming increasingly necessary for communities to age successfully. Communities that have planned for older adults tend to emphasize access – a community design that facilitates movement and participation.

- Respondents rated the ease of getting to the places they usually have to visit, ease of car travel and ease of walking most positively with about two-thirds rating each as “excellent” or “good.”
- Some older adults experienced problems with having safe and affordable transportation available (27 percent) while others experienced problems with having housing to suit their needs (22 percent) or having enough food to eat (13 percent).
- Over eight in 10 older residents rated their overall quality of life as “excellent” or “good”, and Colorado’s quality of life was rated similar to other communities in the U.S.

## Community Design and Land Use in Colorado



*Percent rating positively (e.g. excellent or good)*

*\*Percent rating as at least a minor problem*

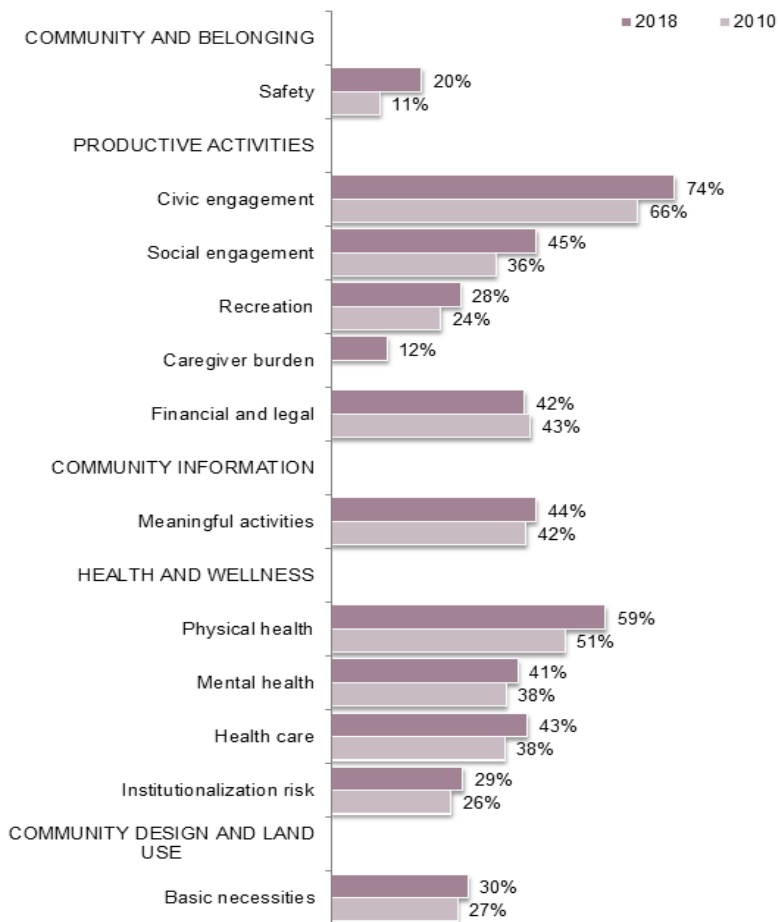
*\*\*Percent at least once or ever*

### Older Resident Needs in Colorado

Over 40 individual survey questions about specific problems faced by older community members, as well as participation levels and community engagement were summarized into 12 larger areas to provide a broad picture of older resident needs in Colorado. These 12 areas have been organized into the five community dimensions of Community and Belonging, Community Information, Productive Activities, Health and Wellness and Community Design and Land Use.

Typically, it is understood that the self-reported needs of older adults represent a conservative estimate attenuated by respondents’ strong desire to feel and appear self-reliant. These needs are also likely under-reported among some older adults who, no matter how sensitive the attempt, are too frail to participate in any survey. Nonetheless, clear patterns of needs and strengths emerged from this assessment.

**Older Adult Needs in Colorado by Community Dimension**



*Percent with need*

### Older Resident Needs in Colorado

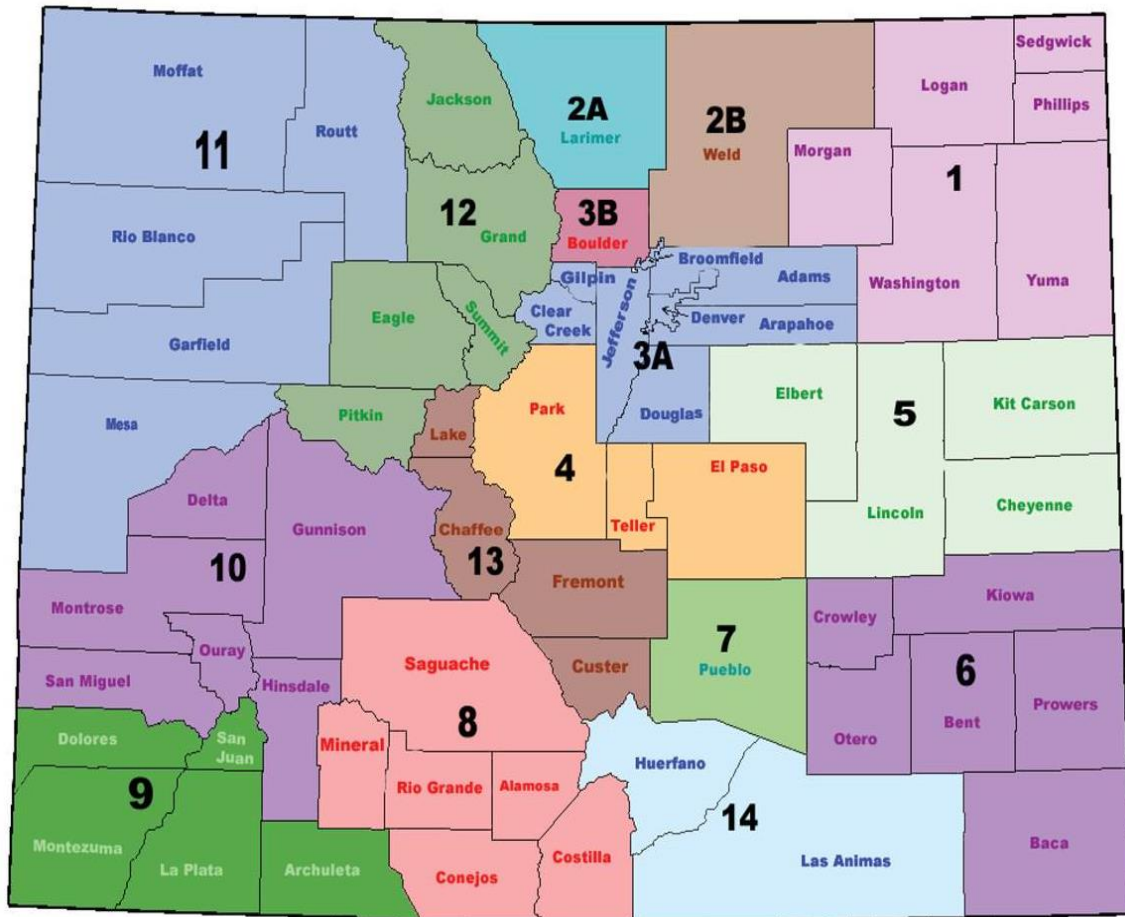
	Percent with need	Number affected in 2018 (N=1,153,330)*
<b>COMMUNITY AND BELONGING</b>		
Safety	20%	227,055
<b>PRODUCTIVE ACTIVITIES</b>		
Civic engagement	74%	859,063
Social engagement	45%	513,929
Recreation	28%	323,675
Caregiver burden	12%	140,985
Financial and legal	42%	483,476
<b>COMMUNITY INFORMATION</b>		
Meaningful activities	44%	512,285
<b>HEALTH AND WELLNESS</b>		
Physical health	59%	685,505
Mental health	41%	467,753
Health care	43%	490,394
Institutionalization risk	29%	330,361
<b>COMMUNITY DESIGN AND LAND USE</b>		
Basic necessities	30%	343,082

*\* Estimated, based on Colorado State Demography Office, Single Year of Age Data 1990-2050*

While older residents reported the lowest prevalence of need in the areas of safety and caregiver burden, needs can be quite serious for those affected. Some needs, however rare, can have a particularly devastating impact on residents' quality of life (e.g., needing help transferring from bed to wheelchair or feeling unsafe), so it is important to consider both the prevalence of the need and its centrality to residents' sustained independence.

**This is a summary of the 2018 findings. Read the entire CASOA™ report [here](#).**

## APPENDIX F: PLANNING AND SERVICE AREA



- Region 1: Northeastern Colorado Association of Local Governments AAA
- Region 2A: Larimer County Office on Aging
- Region 2B: Weld County AAA
- Region 3A: Denver Regional Council of Governments AAA
- Region 3B: Boulder County AAA
- Region 4: Pikes Peak Area Council of Governments AAA
- Region 5: East Central Council of Governments AAA
- Region 6: Lower Arkansas Valley AAA
- Region 7: Pueblo AAA
- Region 8: South-Central Colorado Seniors, Inc.
- Region 9: San Juan Basin AAA
- Region 10: League for Economic Assistance & Planning AAA
- Region 11: Associated Governments of Northwest Colorado AAA
- Region 12: Northwest Colorado Council of Governments Alpine AAA
- Region 13: Upper Arkansas AAA
- Region 14: South Central Council of Governments AAA

## APPENDIX G: SUMMARY OF PUBLIC INPUT AND NEEDS ASSESSMENT

The State Plan is based, in part, on the input of numerous older adults and providers with the collaboration of the 16 AAAs. Public input sessions were conducted throughout the state by, for, or in conjunction with the Division of Aging and Adult Services or one of the AAAs. These input sessions included the AAAs, tribal entities, the CCOA, SAPGA, Colorado Commission for the Deaf and Hard of Hearing, DRMAC, Disability Law Colorado, Senior Lobby, and other State agencies including HCPF and CDPHE. A summary of these sessions follows:

<b><u>MARCH 2018</u></b>	
March 22:	AAA Strategy Session: Area Plans
<b><u>JUNE 2018</u></b>	
June 5, 7-8, 11-14, 18-21, 26-28:	Boulder County Public Input
<b><u>JULY 2018</u></b>	
July 10:	Mesa County Public Input
July 11, 18-19, 24-25:	Weld County Public Input
July 11, 18:	Boulder County Public Input
July 19:	CCOA Input Session
<b><u>AUGUST 2018</u></b>	
August 6-8, 16-17, 20, 22:	Weld County Public Input
August 2018:	Southern Ute Public Input
<b><u>SEPTEMBER 2018</u></b>	
September 4:	Douglas County Public Input
September 5-6, 11:	Eagle County Public Input
September 6-7:	Pitkin County Public Input
September 10:	Summit County Public Input
September 10, 18:	Grand County Public Input
September 11:	Routt County Public Input and Nutrition Providers Input Session
September 13:	Jackson County Public Input
September 18:	Respite Coalition Feedback Session
September 19:	Montezuma County & Park County Public Input
September 19, 26:	El Paso County Public Input
September 20:	Denver County & Eastern Plains Public Input
September 24:	Gilpin County Public Input
September 25:	Dementia Friendly Forum input
September 26:	Yuma County Public Input
September 27:	Alamosa, Dolores, Logan and Teller County Public Input
September 28:	Morgan County Public Input
<b><u>OCTOBER 2018</u></b>	
October 2:	Adams County & Mesa County Public Input
October 3, 15, 24, 31:	Larimer County Public Input
October 4:	Douglas, Mineral, Montrose and San Miguel County Public Input
October 4, 9, 10, 11:	El Paso County Public Input
October 5:	Hinsdale County Public Input

October 9:	Broomfield County Public Input
October 10:	La Plata County Public Input
October 10, 11:	Costilla County Public Input
October 12:	Lake County Public Input
October 16:	Custer County & Gilpin County Public Input
October 18:	Lincoln County Public Input and n4a Strategic Session with c4a
October 18, 25:	Conejos County Public Input
October 22, 29:	Arapahoe County Public Input
October 22:	Elbert County & Fremont County Public Input
October 23:	Saguache County Public Input
October 24:	Archuleta, Denver and Gunnison County Public Input
October 25, 31:	Delta County Public Input
October 26:	Chaffee County Public Input
<b><u>NOVEMBER 2018</u></b>	
November 6:	Montrose County Public Input
November 6, 14:	Bent County Public Input
November 7:	Larimer County Public Input
November 8:	Huerfano County Public Input
November 8, 13:	Rio Grande County Public Input
November 9:	Montrose County Public Input
November 13:	Kiowa County Public Input
November 14:	Denver, Las Animas and Prowers County Public Input
November 15:	Arapahoe County & Ouray County Public Input
November 16, 19:	Pueblo County Public Input
November 16, 27:	Delta County Public Input
November 19:	Crowley County Public Input
November 20:	Kit Carson County & Otero County Public Input
<b><u>DECEMBER 2018</u></b>	
December 11, 12:	Pueblo County Public Input
December 19:	Gunnison County Public Input
<b><u>JANUARY 2019</u></b>	
January 14:	Colorado Senior Lobby Input
January 15:	Colorado Commission for the Deaf and Hard of Hearing Input
January 22:	Disability Law Colorado Feedback Session
<b><u>FEBRUARY 2019</u></b>	
February 5:	Denver Regional Mobility and Access Council Feedback Session
February 13:	HCPF & CDPHE Feedback Sessions
February 25:	SUA Staff Retreat
<b><u>APRIL 2019</u></b>	
April 2019:	SUA Staff Review of 16 AAA Area Plans



## APPENDIX H: ACRONYMS USED IN THE STATE PLAN ON AGING

AAA	Area Agency on Aging
ACL	Administration for Community Living, U.S. Department of Human Services
ADL	Activities of Daily Living
ADRC	Aging and Disability Resources for Colorado
ADSSP	Alzheimer’s Disease Supportive Services Program
C4A	Colorado Association of Area Agencies on Aging
CASOA™	Community Assessment Survey for Older Adults
CCDHH	Colorado Commission for the Deaf and Hard of Hearing
CCERAP	Colorado Coalition for Elder Rights and Abuse Prevention
CCOA	Colorado Commission on Aging
CDHS	Colorado Department of Human Services
CDOT	Colorado Department of Transportation
CDPHE	Colorado Department of Public Health and Environment
CDSMP	Chronic Disease Self-Management Program
CLAD	Colorado Legal Assistance Developer
CMS	Centers for Medicare and Medicaid Services
CRC	Colorado Respite Coalition
DRMAC	Denver Regional Mobility and Access Council
EP	Emergency Preparedness and Continuity of Operations
FFY	Federal Fiscal Year
HCBS	Home and Community Based Services
HCPF	Colorado Department of Health Care Policy and Financing
IADL	Instrumental Activity of Daily Living
LTCO	Long-Term Care Ombudsman
LTSS	Long-Term Services and Supports
N4A	National Association for Area Agencies on Aging
NCOA	National Council on Aging
NFCSP	National Family Caregiver Support Program
NWD	No Wrong Door Grant Initiative

OAA	Older Americans Act
PSA	Planning and Service Area
SAPGA	Strategic Action Planning Group on Aging
SCSEP	Senior Community Service Employment Program
SFY	State Fiscal Year
SFSS	State Funding for Senior Services
SJBAAA	San Juan Basin Area Agency on Aging
SNAP	Supplemental Nutrition Assistance Program
State Plan	Colorado State Plan on Aging for Federal Fiscal Years 2020-2023
SUA	State Unit on Aging