STATE PLAN ON AGING
FFY 2004-2007

October 1, 2003 - September 30, 2007

OCTOBER 2003

Bill Owens, Governor

Marva Livingston Hammons, Executive Director
Colorado Department of Human Services
Jeanette Hensley, Director
Division of Aging and Adult Services

TABLE OF CONTENTS: STATE PLAN ON AGING

1. Letter from Governor Bill Owens **Page 1**
- a. Purpose of *State Plan on Aging* Page 1
- b. *State Plan on Aging* Requirements Page 1
- c. Public Input Page 1
- d. Designation of State Agency to Develop and Administer *State Plan on Aging* Page 3

2. Letter from Division of Aging and Adult Services Director **Page 6**

3. Executive Summary **Page 7**

4. Challenges to Providing Services to the Poorest Older Coloradans **Page 9**
- a. The Great Recession Page 9
  - i. National and State Fiscal Impact Page 9
  - ii. Poverty and Older Coloradans Page 11
- b. Demography is Destiny Page 14
  - i. Colorado Demographic Projections: 2004 – 2007 Page 17
  - ii. Colorado Demographic Projections: 2004 – 2024 Page 18
  - iii. Colorado's Rural / Urban Dichotomy Page 20
  - iv. Comparison of Colorado to United States Page 24
  - v. Unmet Needs of the Elderly Page 27
  - vi. How Unmet Need is Determined for Aging Services Programs Page 29
  - vii. Determination of Need for OAA Programs Page 31
  - viii. Trends: The Changing World of Aging Page 33

5. Restructuring to Meet These Challenges **Page 35**
- a. Changing the Way We Do Business Page 35
  - i. Reciprocal Mentoring and Enhanced Cooperation Page 36
  - ii. Systemic Program Service Delivery Evaluation Page 38
  - iii. Efficient Technology Page 39
  - iv. Streamline Awarding of Funds – Contracts Page 47
  - v. Statewide Aging Disaster Preparedness Plan Development Page 49
  - vi. Outreach Page 51
- b. Joint State / AAA Objectives Page 53
  - i. Organizational Capacity Page 53
  - ii. Nutrition Page 53
  - iii. Transportation Page 54
  - iv. National Family Caregiver Support Program Page 55
- c. Regional Initiatives Page 57
- d. Measuring Progress Page 58
- e. Statewide *Strengths/Needs Assessment* Page 59
- f. Best Practices Page 60

6. The Heart of Our Activities **Page 62**
a. Current Programs Page 62
b. Providing services to older individuals with greatest economic need, with particular attention to low-income minority individuals and individuals residing in rural areas Page 67
c. Method for Carrying Out This Preference Page 67
d. Colorado's Intrastate Funding Formula Page 68

7. Accomplishments **Page 70**

8. Appendices **Page 72**
a. State Plan on Aging Implementation Checklist Page 72
b. Public Input Page 73
c. State Planning and Service Areas Page 78
d. Service Provision Charts and Table Page 80
e. Title III / Title VI Coordination Page 88
f. Case Management Page 89
g. Expanded Public Input Notes Page 90
h. List of Assurances Page 99
i. Tools You Can Use – Web and Other Resources (as of June 2003) Page 109
j. Abbreviations and Acronyms Page 113
k. Colorado Common Grant Application and Web Link Page 114
l. References Page 115
m. *State Plan on Aging* Provisions and Information Requirements Page 117

CHARTS, GRAPHS , MAPS AND TABLES

Charts

1	*Long-Term Projections of Seniors in Colorado 2000-2025*	Page 14
2	*Colorado Adults 60+ with Self-Care of Mobility Limitations*	Page 15
3	*Ethnic Composition of Colorado 2004*	Page 19
4	*Unmet Need of Coloradans below Poverty*	Page 27
5	*Hours Dedicated to Caregiving (Nationally)*	Page 56
6	*Services by Total Expenditures*	Page 80
7	*Estimated Average Unit Cost Per Service*	Page 81
8	*Percentage of Title III Funds to Total Expenditures*	Page 82
9	*Number of Registered Clients by Service*	Page 83
10	*Registered Client Minority Status*	Page 84
11	*Registered Client Demographics*	Page 85

Graph

1	*Percent of Population 60 and Over 1990-2020*	Page 26

Maps

1	*Poverty Levels of Persons Over 65 by County – 2000*	Page 13
2	*The Graying of Colorado – 2004*	Page 17
3	*The Graying of Colorado – 2007*	Page 17
4	*The Graying of Colorado – 2004*	Page 18
5	*The Graying of Colorado – 2024*	Page 18
6	*Percentage of the Population Age 65 and Older, by State, 2000*	Page 24
7	*State of Colorado Area Agencies on Aging*	Page 78

Tables

1	*Basic Needs Budget as Percent of Federal Poverty Level*	Page 12
2	*Current and Projected Ethnic Composition of Colorado 2004-2024*	Page 19
3	*Years of Potential Life Lost by Age 75 by Race/Ethnicity*	Page 25
4	*Poverty Level of Coloradans by Ethnicity and Gender*	Page 28
5	*Joint AAA/SUA Objectives, Initiatives and Measures*	Page 52
6	*SUA Performance Measures*	Page 58
7	*Projected Number of Caregivers Who Will Benefit*	Page 65
8	*Colorado's Intrastate Funding Formula – FFY 2003*	Page 68
9	*State Plan on Aging Implementation Checklist*	Page 72
10	*Colorado Area Agencies on Aging*	Page 79
11	*Estimated Expenditures by Service*	Page 86
12	*Estimated Expenditures by Service 2002-2007*	Page 87

COLORADO'S *STATE PLAN ON AGING*

1. Letter from Governor Bill Owens

a. Purpose of *State Plan on Aging*

This document reflects Colorado's plan for responding to the needs of Colorado's older population and to the changes in the service delivery systems needed to address these needs. The *State Plan on Aging* is submitted to the Federal government in compliance with Federal regulations. When approved, the State of Colorado receives Federal funds to administer the State Plan, which are matched with State and local funds. The Colorado *State Plan on Aging* reflects goals and objectives for a four-year period: October 1, 2003 through September 30, 2007. The Plan serves as the primary document, at the State level, to monitor statewide goals and objectives.

b. *State Plan on Aging* Requirements

Federal law and regulations require each State to have an approved *State Plan on Aging* in order to receive funds under Title III of the *Older Americans Act*. A State may use its own judgment as to the format, how to collect information for the plan and whether the plan will remain in effect for two, three or four years. In addition, the State Plan must include:

- Identification by the State of the sole State agency that has been designated to develop and administer the plan;
- Statewide program objectives to implement the requirements under Title III of the Act and any objectives established by the commissioner through the rule making process;
- A resource allocation plan indicating the proposed use of all Title III funds, and the distribution of Title III funds to each Planning and Service Area (PSA);
- Identification of the geographic boundaries of each PSA and of Area Agencies on Aging designated for each PSA;
- Provision of prior Federal fiscal year information related to low income minority and rural older individuals;
- Assurances currently required by the *Older Americans Act* of 1965, as amended in 2000 (P.L. 106-501), and section 1321.17(f) beginning at (f)(1); and
- National Family Caregiver Support Plan Objectives.

c. Public Input

This plan represents State government's response to information about the needs of older persons and older persons with disabilities obtained by the Colorado Department

of Human Services (CDHS), the State Unit on Aging (SUA), the Colorado Commission on Aging (CCOA), from citizens and organizational representatives who live in Colorado's sixteen (16) planning and service areas (PSAs). The *State Plan on Aging* was presented for public comment and further input in five public gatherings.

DATE	TOWN	LOCATION	TIME	ATTENDANCE
May 1, 2003	Region 7 Pueblo	CCOA Meeting Pueblo Marriott Hotel and Convention Center 110 West 1st St. Pueblo, CO 81003	1:30 p.m. – 3:30 p.m.	29 persons
May 6, 2003	Region 11 Grand Junction	Mesa County Council Meeting Grandview Apts. 1501 1st. Street Grand Junction, CO 81502	1:00 p.m. – 3:00 p.m.	24 persons
May 7, 2003	Region 10 Montrose	Meadowlark Ct. Senior Housing 2378 Robins Way Montrose, CO 81402	10:00 a.m.– 12:00 p.m.	24 persons
May 12, 2003	Region 5 Limon	Hub City Senior Center 220 E. Avenue Limon, CO 80828	1:00 p.m. – 3:00 p.m.	5 persons
May 16, 2003	Region 3A Denver	DRCOG Advisory Meeting 4500 S Cherry Creek Dr. 1st Fl. Board Room 1 & 2 Denver, CO 80246	12:30 p.m. – 3:00 p.m.	40 persons

Statewide, twelve telephone and mail surveys were conducted by the Area Agencies on Aging (AAAs). Over 4,360 Coloradans sixty years or older responded to these surveys. In addition to the five statewide public hearings within Colorado listed above where 122 Coloradans offered input[1], 61 additional local public hearings were presented by the AAAs. Over 658 Coloradans offered input at these meetings. Nine focus groups and six Key Advisor groups were sponsored by the AAAs and facilitated to receive information.

[1] Further information on the public meetings may be found in Appendix b, page 73, "Public Input."

d. Designation of State Agency to Develop and Administer the *State Plan on Aging*

The Aging and Adult Services, in its function as the State Unit on Aging (**SUA**), has a mission **to develop or enhance comprehensive and coordinated community based systems in, or serving, communities throughout Colorado s**pecifically with regard to the aging population. The systems designed are intended to include a broad array of services, including health care, long-term care, housing, adult protection, legal services, ombudsman, nutrition, mental health, income support, etc.

The *State Plan on Aging* is hereby submitted for the State of Colorado for the period of October 1, 2003 through September 30, 2007. The Division of Aging and Adult Services has been given authority to develop and administer the *State Plan on Aging* in accordance with all the requirements of the *Older Americans Act* and my Executive direction. The Division of Aging and Adult Services is primarily responsible for the development of comprehensive and coordinated services for older persons, persons with disabilities and persons with special needs in the State of Colorado, as well as serving as the effective and visible advocate on their behalf.

Progress in achieving State plan goals will be reviewed in both quarterly and annual planning and evaluation processes, which include the Area Agencies on Aging, local providers and the Colorado Commission on Aging. The *State Plan on Aging* reports the accomplishments for the last four-year period.

As Governor of the State of Colorado, I designate the Division of Aging and Adult Services, Colorado Department of Human Services:

As the sole State agency on aging to receive Federal funds under the *Older Americans Act* for Colorado State Government.

In that role, the State agency:

(a) is the agency that has responsibility to develop a State plan within the state;
(b) is the agency that has responsibility to administer the State plan for the state;
(c) is primarily responsible for the planning, policy development, administration, coordination, priority setting, and evaluation of all State activities related to the objectives of the *Older Americans Act*:

To assist older persons to secure equal opportunity to the full and free enjoyment of:

(1) an adequate income in retirement in accordance with the American standard of living;
(2) the best physical and mental health which science can make available without regard to economic status;
(3) obtaining and maintaining suitable housing, independently selected, designed, and located with reference to special needs and available at costs which older citizens can afford;
(4) full restorative services for those who require institutional care, and a comprehensive array of community-based, long-term care services

adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services;

(5) opportunity for employment with no discriminatory personnel practices because of age;

(6) retirement in health, honor, dignity – after years of contribution to the economy;

(7) participating in and contributing to meaningful activity within the widest range of civic, cultural, educational and training and recreational opportunities;

(8) efficient community services, including access to low-cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older individuals.

(9) immediate benefit from proven research knowledge which can sustain and improve health and happiness; and

(10) freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services, and programs provided for their benefit, and protection against abuse, neglect, and exploitation.

(d) serve as an effective and visible advocate for older individuals by reviewing and commenting upon all State plans, budgets, and policies which affect older individuals and providing technical assistance to any agency, organization, association, or individual representing the needs of older individuals; and

(e) divide the State into distinct planning and service areas, in accordance with guidelines issued by the Federal Administration on Aging, after considering the geographical distribution of older individuals in the state, the incidence of the need for supportive services, nutrition services, multi-purpose senior centers, and legal assistance, the distribution of older individuals who have greatest economic need (with particular attention to low-income minority individuals) residing in such areas, the distribution of resources available to provide such services or centers, the boundaries of existing areas with the State which were drawn for the planning or administration of supportive services programs, the location of general purpose local government within the State, and any other relevant factors.

The *State Plan on Aging* complies with relevant Federal requirements and assurances have been approved and signed by the Governor, constituting authorization to proceed with activities under the plan upon approval by the Assistant Secretary on Aging.

_____ _____

Director, Division of Aging and Adult Services (State Unit on Aging) Date

_____ _____

Executive Director, Colorado Department of Human Services Date

I hereby approve this *State Plan on Aging* and submit it to the U.S. Assistant Secretary on Aging for approval. Should the State Plan require any amendments, I hereby delegate signatory authority to the Executive Director of the Colorado Department of Human Services.

_____ _____

Governor Bill Owens Date

2. Letter from Division of Aging and Adult Services Director

Colorado Department of Human Services
people who help people

OFFICE OF ADULT, DISABILITY, AND REHABILITATION SERVICES
John P. Daurio, Manager

DIVISION OF AGING AND ADULT SERVICES
1575 Sherman, Ground Floor
Denver, Colorado 80203
Phone 303-866-2800
TDD 303-866-2850
FAX 303-866-2696
www.cdhs.state.co.us

Jeanette Hensley
Director

Bill Owens
Governor

Marva Livingston Hammons
Executive Director

July 30, 2003

It is with great pleasure that the Colorado Department of Human Services, the Office of Adult, Disability and Rehabilition Services, and the Division of Aging and Adult Services, the designated State Unit on Aging, submit the *State Plan on Aging*. The *State Plan on Aging* (the Plan) includes specific program commitments that the State Unit on Aging will administer, coordinate, and supervise during Federal Fiscal Years 2004 - 2007. This Plan will provide direction for future state activities and programmatic goals and accomplishments. This Plan includes an assessment of the needs of older individuals in Colorado, a review of procedures, an implementation schedule for the State Plan, and established statewide priorities and joint objectives.

This Plan is a collaborative effort designed by the local Area Agencies on Aging and the State Unit on Aging with valuable input from the Colorado Commission on Aging, older Coloradans, advocates, service providers, and local government leaders. The Colorado Commission on Aging, the primary advisory body on matters affecting older persons, has been a vital participant in the development of the plan by providing facilitation at the public hearings, assistance with the development of the local area plans, and review of the final plan.

The development of the *State Plan on Aging* has primarily been the work of Todd Swanson, Aging and Adult Services; the Directors of the Area Agencies on Aging, and the State Unit on Aging. I appreciate the amount of discussion and work provided by all to achieve this working document for the Colorado Aging Network.

Sincerely,

Jeanette Hensley, Director
Aging and Adult Services

3. Executive Summary

Colorado is at a crossroads. The intersection of two forces, one economic and the other demographic, impacts planning and provision of services to the state's senior population. Past history and current demography indicates that failure to provide services now will cost the State and Federal governments more later.

Colorado is experiencing the worst recession since World War II[2]. Federal, state, and local funding for human services is reduced. Near-term uncertainty over the future level of funding from these sources is increasing. Unmet needs are significant.[3] Anecdotal evidence from public hearings suggests that untargeted needs are hidden within the vast reaches of the rural areas and congestion of urban areas in Colorado. A Statewide Strengths/Needs Assessment,[4] conducted when funding is available would result in targeted interventions where they are most needed and will be most beneficial.

"Baby Boomers" will begin to turn 60 years old in 2006 – Year Three of this Four-Year Plan. In the short run, because of the better health and increased prosperity of this generation, there may be an increase in numbers of persons who require *Older American Act* assistance and a percentage decrease of service needed by the "young old." In the long run, two decades from now, these "young old" will increasingly enter into the "frail elderly" cohort. The impact of the Boomers will be experienced more significantly in 2012. In nine years, the percentage growth of those 60 years of age or older in Colorado will exceed the national percentage growth rate of the same age group.[5] This is due to the migration of Boomers to Colorado when they were in their early adulthood and their "aging in place" in Colorado.

The 'coming of age' of the Boomers during this period is adequate reason for concern. The immediate concern is the current unmet need of seniors at or below the federal poverty level. Approximately six out of ten seniors at this level in Colorado do not receive *Older Americans Act* services or Old Age Pension grants.[6] Expanding services to these seniors during an era of restricted funding necessitates increased cooperation, communication and resource sharing among the state, county, local, private and non-profit organizations that deliver services. Facilitating this new interaction is a significant aspect of Colorado's *State Plan on Aging*.

Colorado's *State Plan on Aging* is focused, experimental, and adaptive. The Plan is focused because it concentrates on the invigoration of four main areas: strengthening organizational capacity, promoting improved nutrition, increasing access to transportation, and advancing the usage of the National Family Caregiver Support Program.[7]

---

2 Please refer to *The Great Recession*, page 9.
3 Please refer to *Unmet Needs of the Elderly,* page 27
4 Please refer to *Statewide Strengths/Needs Assessment,* page 44.
5 Please refer to *Percent of Population Age 60 + and over 1990-2020, Graph One, page 26.*
6 Please refer to *Unmet Needs of Senior Coloradans below Poverty Level, Chart Four, page 27.*
7 Please refer to *Joint State/AAA Objectives*, *Table Five*, page 50.

The Plan is experimental because it promotes and reinforces strengths – in systems and participants – when they are present, and builds and develops strengths when they are absent. By sharing information and mutual mentoring, by developing and re-visioning leadership development throughout the region, *Best Practices* will disseminate throughout the planning areas and become the norm. The confluence of economics and demographics means that greater needs will be met with fewer resources. Resource sharing must be promoted; duplication of effort diminished. Ultimately, success will depend on whether restricted resources result in greater competition or greater collaboration.

The Plan is adaptive because it is essential to change the way we do business[8] and must be flexible to meet the needs of the changing environment of the future. We will see what works to deliver the best services. Successful initiatives will be promoted and strengthened. Failed initiatives will be replaced. The main features of internal change of business practices include:

- reciprocal mentoring;
- redefinition of roles and responsibilities;
- increasing inter-agencies interactions;
- systemic program delivery evaluation;
- development and use of efficient technology;
- streamline awarding of funds and contracts; and
- successful implementation of the Joint AAA/SUA Objectives.

Preserving and extending services to seniors during a period of demographic growth and economic decline necessitates a review and revision of all aspects of service delivery. To be credible, the Division of Aging and Adult Services (AAS) must first model change. AAS must continue to develop leadership and increase efficiency. We must share ideas and resources, improve our work processes, utilize efficient technology, and communicate better. Our successes will influence other State departments, Area Agencies on Aging, and local and county partners. Together, with our partners, we will succeed in this new and challenging environment.

[8] Please refer to *Restructuring to Meet these Challenges,* page 31.

4. Challenges to Providing Services to the Poorest Older Coloradans

CHAPTER SUMMARY

1. *Colorado is experiencing the worst recession/fiscal crisis since World War II.*
2. *Among our clients, those who are the frail elderly, the urban and rural elderly poor, and those retired over twelve years tend to be impacted first and most severely by this crisis.*
3. *During the next decade, the population of persons over 60 years old will increase 47.3% in Colorado. The aging of the Baby Boom generation will have societal wide repercussions.*
4. *In the short term, our first responsibility is to frail and elderly seniors at or below poverty.*
5. *The State Unit on Aging and the Area Agencies on Aging are seeking to improve assistance to older Coloradans most in need.*
6. *Because of dramatic economic and demographic fluctuations, to provide service to those most in need, we need to change the way we do business.*

a. The Great Recession

i. National and State Fiscal Impact

The *State Plan on Aging* period of 2003-2007 will be a turbulent and challenging time to plan and coordinate services for older adults. A constant concern will be the need to balance the growth in numbers of the elderly and demand for services with the expected decrease in dollars to meet these needs.

While the last decades of the 20th century were marked by unprecedented prosperity for many Americans, the initial years of the 21st century have been characterized by recession and the prospect of decreased revenues and funding. Nationally, the poverty rate and the number of poor both rose in 2001, to 11.7% and 32.9 million, up from 11.3% and 31.6 million in 2000. These increases coincided with a recession that began in March 2001.[9]

Services such as in-home care, nutrition, transportation, and other necessities for the aging population are now more important than ever. Those not "lifted up" by the past economic rising tide, are threatened to be drowned as it recedes. One side effect of the previously booming economy was rising costs. This put a burden on seniors living on fixed incomes. Seniors are further impacted by a stagnant economy. Many businesses initially resist lowering prices because they have already lost volume. Seniors, both those on fixed income and those considered "well to do" are seriously affected when costs for services such as long-term care in nursing homes, assisted living facilities, apartments, and housing escalate. In 2002, there was a 3.8% increase in the cost of housing and a 4.7% rise in medical costs.

[9] National Bureau of Economic Research, www.nber.org

At the time of this writing, the national economy remains poised between recession and recovery. Growth to date has been slow. Uncertainty continues. Consumer confidence tumbled nearly 15 points in February 2003 to its lowest level in ten years. A modest recovery appears to have begun, but growth is slow in response to uncertainties arising from the war in Iraq, soaring energy prices, and weak labor markets. Federal government spending was led by national defense spending. Inflation was a meager 1.6% in 2002. Higher energy prices will lead to higher inflation in 2003. The cost of providing services continues to increase.[10]

The Colorado Office of State Planning and Budget's forecast for Colorado is a 2.9% inflation rate in both 2003 and 2004. As Colorado's economy gathers momentum in 2005 and beyond, inflation will also accelerate, reaching 3.7% by 2007. State and local government spending are forecast to grow less than 1% in 2003 and 2004, but are projected to rise 3% by 2007. [11] The recovery from Colorado's last major recession, over two decades ago, took forty-two months. The recovery from our current recession is projected to be slower and more uncertain.

Colorado is experiencing the largest shortfall of revenues in over sixty years. Colorado suffered an $869 million shortfall in State Fiscal Year (SFY) 2002-03. A $900 million shortfall is anticipated for SFY2003-04. This will result statewide in deeper and more significant program reductions at the State level. Little assistance from the Federal Government can be expected since recent Federal funding is flat. Some Area Agencies on Aging (AAAs) report one possible result of the combination of the reduction of State matching funds, the increased cost of goods and services, and stagnant Federal funds, is that only mandated services to seniors may be provided.

[10] Tom Dunn, Chief Economist with Legislative Council Staff, presentation to Joint Legislative Session, February 24, 2003.

[11] Tom Dunn, Chief Economist, Legislative Council Staff.

ii. Poverty and Older Coloradans

In 1959, 35% of older persons lived in poverty. Forty years later, this number declined to 11% nationally. [12] Over the same period, the overall median net worth of households headed by older persons increased approximately 70%. This median net worth increase is not "across the board." Distinct racial, ethnic, and gender economic disparities exist. Households headed by African-American elders had a median net worth of about $13,000 in 1999, compared with $181,000 among households headed by White elders. [13] Nationally, poverty rates are higher for older women who live alone than they are for older women who live with a spouse. In 1998, about 19% of White older women who lived alone were in poverty. Approximately half of older African-American and Hispanic women who lived alone are in poverty.[14]

The economic recession experienced during these early years of the 21st century has economically imperiled a greater percentage of the aged and disabled. In 2000, the incomes of nearly 16.7% of the Colorado population sixty years and older fell below the Federal poverty rate. Greater concentrations of those who fall below Federal poverty guidelines live in rural areas of Colorado. In Colorado, the poverty levels for African-American elders are at the level of the general population during the Great Depression. In addition, seniors living at about 200% of poverty are often unable to qualify for federal / state support programs. For these adults and others living on fixed incomes, access to *Older Americans Act* programs are essential.

Methods of measurement can alter perceptions of poverty. Different experimental measures used by the United States Census Bureau showed poverty rates for those 65 and over varied greatly according to how medical expenses were taken into account.[15] Although dollar expenditures increase with income, the relative burden of health care costs is much higher among lower and middle-income households compared with higher income households. [16]

Many analysts take the position that the federal poverty level (computed at $8,980 in 2003) does not accurately measure the amount of income a person requires to meet his/her needs. The following Chart One, *Budget as a Percent of Poverty,* is the result of an analysis of factors affecting the cost of living of a single adult. Seven selected necessities including housing, food, transportation, and healthcare are figured into the formulation. Different areas of Colorado have different costs of living, three areas of the state have been identified in the state covering areas that are urban, rural and resort. The conclusion the authors of this chart draw is that even if seniors had resources at twice the

---

[12] Federal Interagency Forum on Aging Related Statistics. *Older Americans 2000: Key Indicators of Well-Being.* (www.agingstats.gov).

[13] Federal Interagency Forum on Aging Related Statistics. *Older Americans 2000: Key Indicators of Well-Being.* (www.agingstats.gov).

[14] Dalaker, J. (September 1999). Poverty in the United States: 1998. Table 2. U.S. Census Bureau, *Current Population Reports* P60-207. Washington, DC: U.S. Government Printing Office.

[15] United States Census Bureau. *Poverty in the United States: 2001, p. 2.*

[16] Federal Interagency Forum on Aging Related Statistics. *Older Americans 2000: Key Indicators of Well-Being.* (www.agingstats.gov).

poverty guidelines, their income would fall far short of what is needed to assure access to housing, healthcare, and basic necessities.

TABLE ONE

BASIC NEEDS BUDGET AS A PERCENT OF FEDERAL POVERTY LEVEL[17]	
$8,980	
Single Adult	
Denver	250% of Federal Poverty Level
Boulder	273% of Federal Poverty Level
Montezuma / Yuma	230% of Federal Poverty Level
Eagle	295% of Federal Poverty Level
Pitkin	336% of Federal Poverty Level

The burden of housing costs relative to all expenditures increases as income declines. In 1998, low-income households headed by persons age 65 or older allocated an average of 36% of all expenditures to basic housing, compared with high-income households, which spent an average of 26%.

In addition to elders' income being imperiled, a critical issue for the continued provision of services to Colorado elders is the uncertainty of future levels of both State and Federal funding. Funding instability places greater numbers of Colorado's elders at-risk for abuse, neglect, isolation, inadequate services, insufficient support systems, increased hospitalization, and institutionalization. In 1996, older Americans living in institutions incurred $38,906 in annual health care expenditures on average, compared with $6,360 among older persons living in the community. Nursing home care accounted for 64% of the total expenditures of the institutional population.

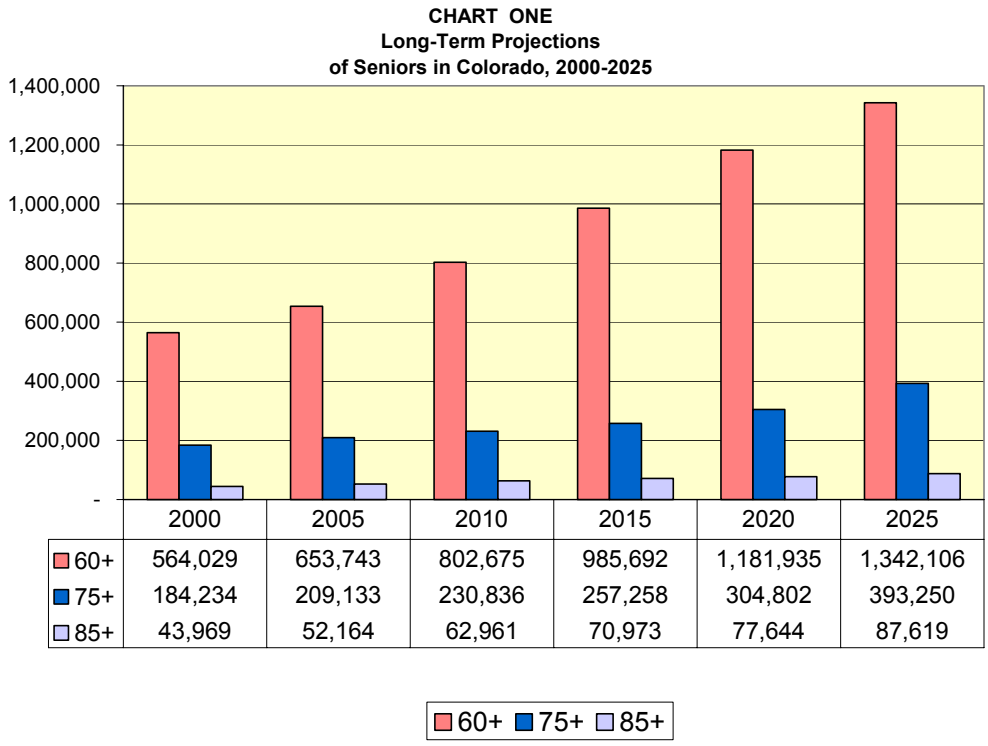
Because Americans' inflation-adjusted income erodes over time, falling by approximately 30% over the first 12 years after retirement,[18] even those who retire with relative economic security may find themselves economically at-risk as they age. Older adults with modest incomes often find it difficult or impossible to secure assistance for unusual expenses, ranging from broken furnaces to dental needs. These individuals often go without - or sacrifice other basic needs - to pay for these necessities. Many other adults are unaware of most assistance programs available to them or are reluctant to request assistance because it counters their values of "self sufficiency." Most of this population's decisions are based on their economic situation. The assistance programs provided by the AAAs with *Older Americans Act* funding make it possible for low-income seniors and those just above the poverty level to live independently and in their own homes for as long as possible.

---

[17] Colorado Fiscal Policy Institute, 2000.

[18] Thomas L. Hungerford. *Is There an American Way of Aging? Income Dynamics of the Elderly in the United States and Germany*. **Levy Institute Report**, February 2003.

Strengthening seniors by strengthening programs designed for maximum independence in the least restrictive environment is good business practice. Past history and current demography indicates that failure to provide services now to allow seniors maximum independence in their homes and communities will cost the State and Federal governments more later.



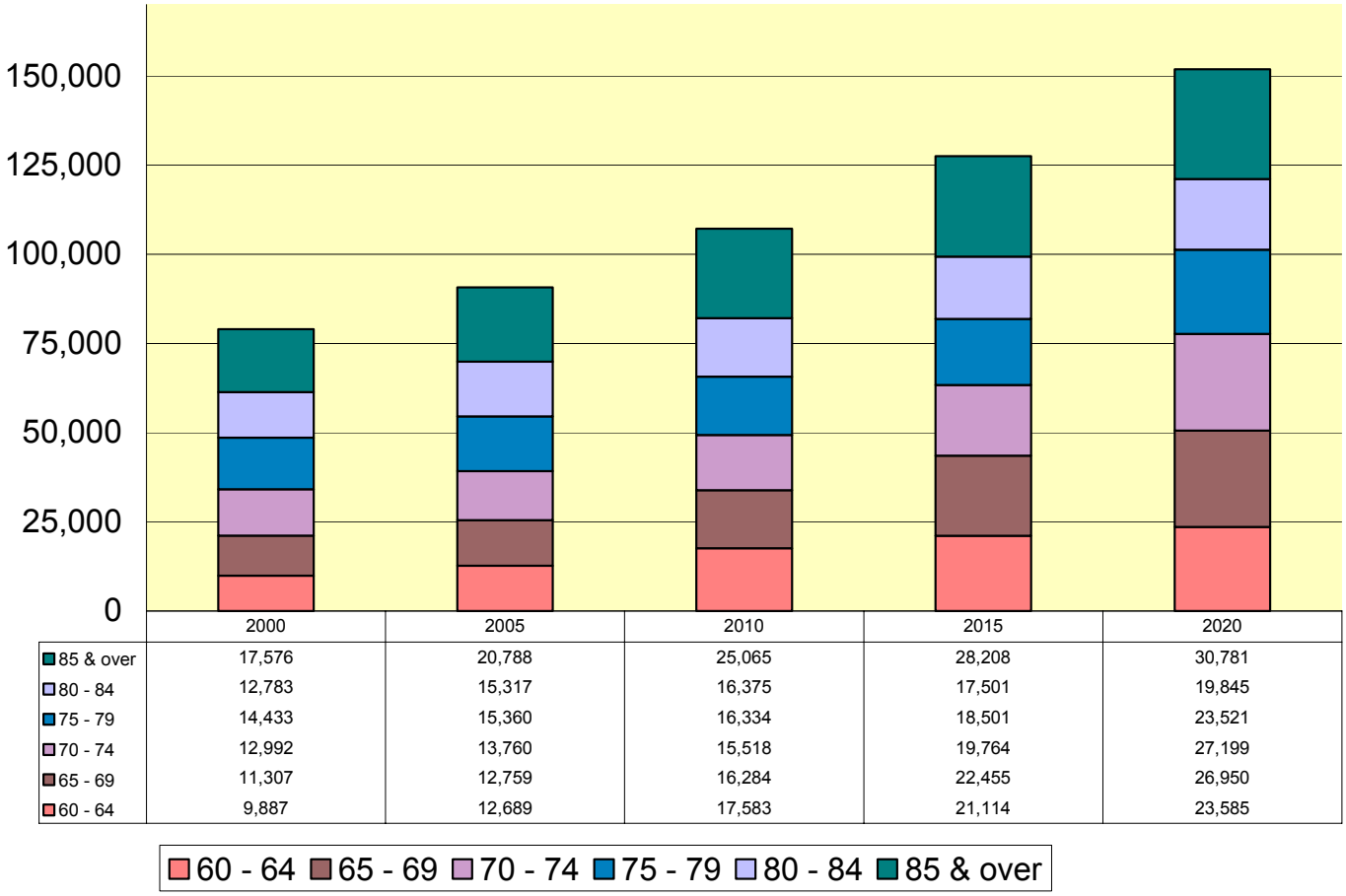
b. Demography is Destiny

Preparing for a demographic shift is a formidable task. During the next decade, the population of persons over sixty years old in Colorado will increase 47.3%. Of these nearly 900,000 persons, 38.6% will be moderately disabled and need some form of assistance. In 2006, the "baby boom" generation will begin to turn 60, and by 2030, it is projected that one in five people will be age 60 or older. Nationally, the size of the older population is projected to double over the next 30 years, growing to 70 million by 2030. This group can become an important future resource or a major burden. To ensure that Boomers are a resource as they age, it is important to empower these seniors to take more responsibility for their health and to act at a time when they are still relatively young and healthy.

The population age 85 and older is currently the fastest growing segment of the older population. In 2000, an estimated 2% of the population was age 85 and older. By 2050, the percentage in this age group is projected to increase to almost 5% of the U.S. population. The size of this age group is especially important for the future of our health care system because these individuals tend to be in poorer health and require more services than the young elderly. Functioning in later years may be diminished if illness, chronic disease, or injury limits physical and/or mental abilities. The percentage increases in disability has important implications for work and retirement policies; health and long-term care needs; and the social well being of the older population as seen by the following Chart Three *Colorado Adults 60+ with Self-Care of Mobility Limitations*.

CHART TWO

Colorado Adults 60+ With Self-Care or Mobility Limitations
Non-institutionalized Seniors, 2000 to 2020



	2000	2005	2010	2015	2020
85 & over	17,576	20,788	25,065	28,208	30,781
80 - 84	12,783	15,317	16,375	17,501	19,845
75 - 79	14,433	15,360	16,334	18,501	23,521
70 - 74	12,992	13,760	15,518	19,764	27,199
65 - 69	11,307	12,759	16,284	22,455	26,950
60 - 64	9,887	12,689	17,583	21,114	23,585

With the demographic boom, the need for in-home assistance will dramatically increase. Relatively low cost assistance can be provided to seniors that allow them to remain in their communities. Service provision failure may result in staggering increases in the societal economic cost of institutional care. Just as life insurance is cheaper the younger a person buys it, the costs of strengthening senior support systems will be more inexpensive now, than later.

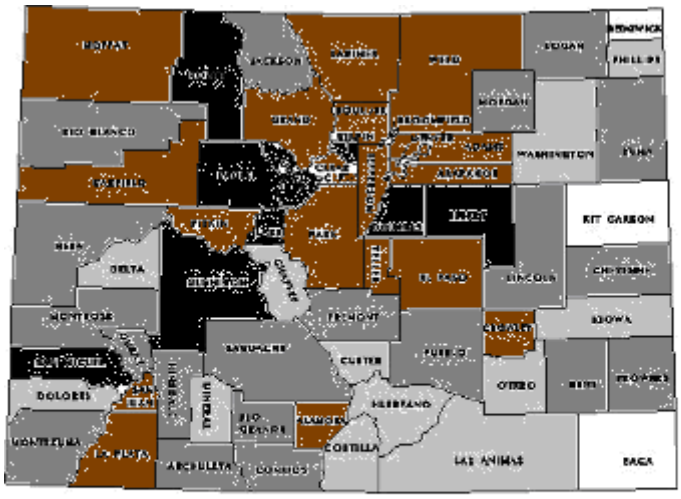
Over the next four years, throughout most areas of Colorado, the percentage change of seniors remains relatively stable. In 2003, Colorado's population exceeds four and a half million persons. 13% of the population is over sixty years.[19] In four years, Colorado's population will be close to 5,000,000 persons with 14% of the population over 60 years. Two decades from now, Colorado's population will exceed 6,000,000 with over 20% of the population over 60.

[19] 60-64 years = 170,970; 65+ years = 434,131

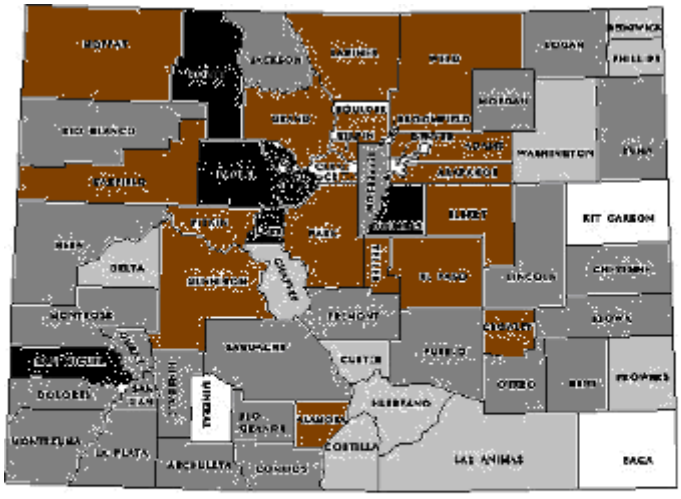
In 2006, as the Baby Boomers begin to turn 60 years of age, radical and striking demographic shifts will be seen. The following maps offer a visual comparison of the current demographics of 2004 to the projected demographics in 2024. This is the "Graying of Colorado." This demographic surge will transform our society.

i. Colorado Demographic Projections: 2004 – 2007

MAP TWO – THE GRAYING OF COLORADO -2004



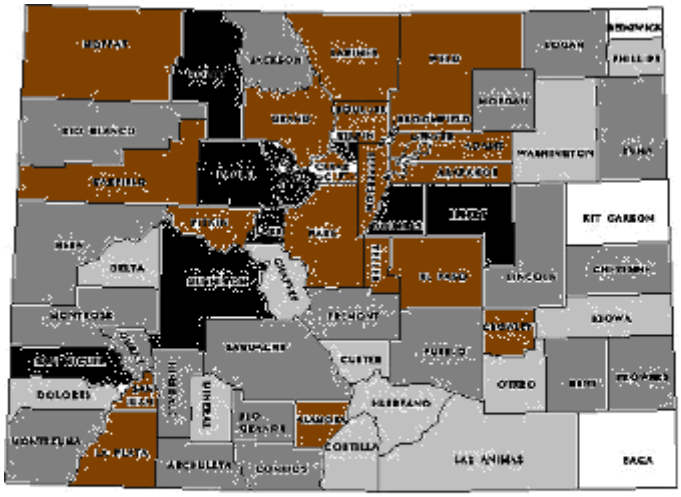
MAP THREE – THE GRAYING OF COLORADO – 2007



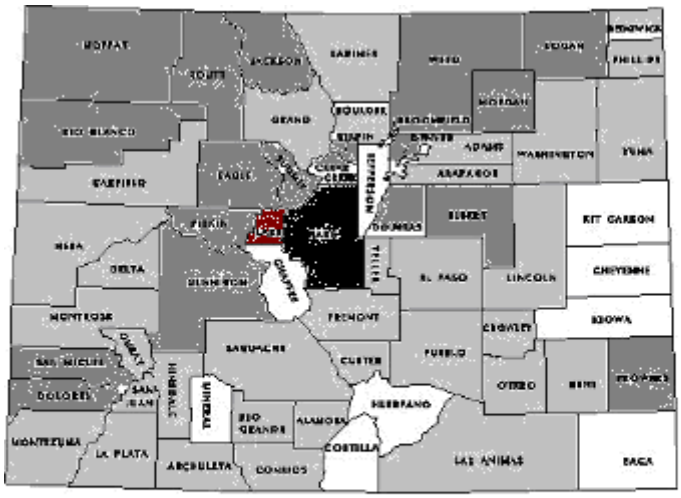
0% - 9%	of population over age 60	Black
10% -14%	of population over age 60	Brown
15% - 19%	of population over age 60	Dark Gray
20% - 25%	of population over age 60	Light Gray
25% or over	of population over age 60	White

ii. Colorado Demographic Projections: 2004 – 2024

MAP FOUR – THE GRAYING OF COLORADO 2004



MAP FIVE -THE GRAYING OF COLORADO 2024



10% or under	of population over age 60	Black
11% -14%	of population over age 60	Brown
15% - 19%	of population over age 60	Dark Gray
20% - 24%	of population over age 60	Light Gray
25% or over	of population over age 60	White

While different regions within Colorado will experience a shift in the racial and ethnic composition of their residents, as a whole, Colorado's projected racial and ethnic background is projected to remain relatively constant. Nationally, however, the Asian population will be the fastest growing ethnic population. The Hispanic population will be the second fastest growing population. The Native American population will be the third fastest growing population. The White population is projected to be the slowest growing population in the country. The African-American population is projected to be the second slowest growing population.

CHART THREE

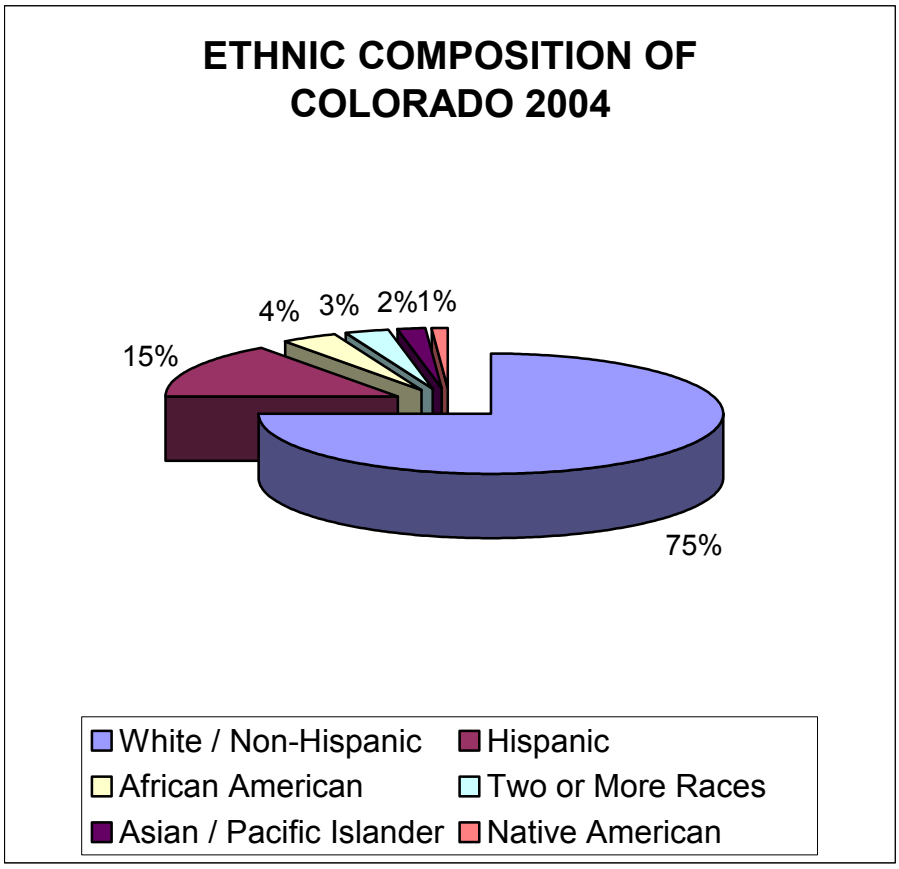


TABLE TWO: CURRENT AND PROJECTED ETHNIC COMPOSITION OF COLORADO 2004-2024

RACE / ETHNIC BACKGROUND	% 2004 (Projected)	% 2024 (Projected)
White / Non-Hispanic	75%	76%
Hispanic	15%	15%
African-American	4%	4%
Two or More Races	3%	(Less than 2%)
Asian / Pacific Islander	2%	2%
Native American	1%	1%

iii. Colorado's Rural/Urban Dichotomy

Geography, like demography, is destiny in Colorado. The Front Range effectively splits Colorado in half, with agrarian agricultural areas lying primarily to the east and Federal government lands to the west. The Denver metropolitan area holds the greatest population concentration within Colorado. Over half of Colorado's seniors live within this area. Other major urban concentrations reside both north and south of Denver, along the I-25 corridor. In many respects, these areas are relatively more alike than different.

- With respect to services for older individuals residing in rural areas, the State agency assures it will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

While urban populations are concentrated, rural populations tend to be more geographically isolated. In Colorado, some rural counties average only 4 individuals per square mile - compared to Colorado's average of 41.5. Wealth tends to concentrate in industrialized urban areas, so a greater proportion of elders are below poverty level in rural areas. The wealth concentration often draws young rural adults to urban areas to seek better paying jobs and further education. This migration of the rural young to urban area has been an increasing trend over the last several decades, and results in eroding tax bases, inadequate labor pools, and general economic decline in many rural communities.[20] Because of the sparseness of region's population coupled with geographic size and distance from metropolitan areas, many rural AAAs define social need as "rural isolation." Because of rural elders' traditions of fierce independence and self-sufficiency, agencies and service providers often are aware of need long before individuals are willing to accept the services.

Although the rural/urban service gap has diminished for some services during the last 20 years, a significant rural disadvantage still exists. The needs and resources of seniors in rural areas tend to differ from their urban counterparts in the following areas of Health, Transportation, Nutrition, and Housing.

Health

Rural older persons generally have access to a smaller number and more narrow range of community-based services than do urban elders. This is especially true for services for the severely impaired.[21] Clear gaps exist in the "continuum of care" in rural communities. The one exception to this picture is that of nursing home beds where rural areas have a higher per capita capacity than do urban ones. [22]The annual per capita, total health care expense for an individual living in the community is $6,366 compared to

---

[20] Linda Redford and David Cook. Rural Health Care in Transition: The Role of Technology. *The Public Policy and Aging Report.* National Academy on an Aging Society, Gerotogical Society of America. Fall 2001, Volume 12, Number 1.

[21] John A. Krout. Community Services and Housing for Rural Elders. *The Public Policy and Aging Report.* National Academy on an Aging Society, Gerotogical Society of America. Fall 2001, Volume 12, Number 1.

[22] Coward, R.T., Duncan, P.R. & Utarro, R. (1996) The Rural Nursing Home Industry: A National Perspective. *Journal of Applied Gerontology,* 15, 153-176.

$40,036 for the cost of health care expenses in nursing homes.[23] Advanced age and poverty, separately and in combination, place people at greater risk for chronic illness and subsequently at a greater need for health care services.[24]

The rural population is more likely to experience higher rates of chronic conditions and activity limitations. Rural residents are more likely to be uninsured for longer periods and health care expenditures are slightly higher for the rural population.[25] Limited access to health care in rural areas is generally associated with the fact that there are fewer providers.[26] Elders living in rural and mountainous areas are particularly underserved in medical and mental health care, including tests for various chronic conditions, and are less likely to receive dental care.[27]

This situation is exacerbated by the recent exodus of HMOs from rural areas because of low Medicare/Medicaid reimbursement rates. Given the proposed 4.4% cut in Medicare payments to doctors in 2003, after a 5.4% cut in 2002, the U.S. Department of Health and Human Services predicts that these cuts will "cause fewer physicians to accept new Medicare patients" and could prompt doctors to increase their charges to some of the 40 million Medicare beneficiaries.[28]

Over the last decade, health care costs have increased about 12% annually. In 1996, the average annual expenditure on health care was $5,864 among persons ages 65 to 69, compared with $9,414 among persons ages 75 to 79, and $16,465 among persons age 85 or older.

In a given year, health care expenditures tend to be concentrated among a relatively small group of individuals. In 1996, 1% of Medicare beneficiaries age 65 or older incurred 13% of the health care expenditures in that age group. The top 5% of enrollees with the highest expenditures incurred 37% of all health care expenditures.

Transportation

Restricted mobility affects both urban and rural elders. However, since rural elders are often more geographically isolated, the lack of available transportation more severely lowers choices and reduces independence of a greater proportion of rural elders. Transportation is inadequate to enable some seniors to seek the medical, dental and

---

[23] Centers for Medicare and Medicaid Services, (2002). *Program Information on Medicare, Medicaid, SCHIP, and Other Programs of the Centers for Medicare and Medicaid Services.*

[24] Linda Redford and David Cook. Rural Health Care in Transition: The Role of Technology. *The Public Policy and Aging Report.* National Academy on an Aging Society, Gerotogical Society of America. Fall 2001, Volume 12, Number 1.

[25] Center on an Aging Society. *Chronic and Disabling Conditions, Challenges for the 21st Century, Number 7, January 2003.*

[26] Center on an Aging Society. *Chronic and Disabling Conditions, Challenges for the 21st Century,* Georgetown University, *Number 7, January 2003.*

[27] Center on an Aging Society. *Chronic and Disabling Conditions, Challenges for the 21st Century, Number 7, January 2003.*

[28] Rocky Mountain News. *Bush Orders Health Cutback; Medicare Payments to Docs Will Be Less*. December 21, 2002.

mental health services required. Malnutrition, health, and depression may increase because seniors do not want to be a burden on others to transport them.

Nutrition

The Administration on Aging funding for Colorado's Nutrition Program began March 1972. Over three decades, it has grown from serving 2,000 meals per year to approximately two million meals per year. Any person sixty years or older is eligible for the program, including the spouse of an elderly person if younger than sixty. There are no income requirements, but the OAA does require nutrition providers to target service to those elderly who are low income and minority. Sixteen Area Agencies on Aging (AAA) are local agents for the administration of the *Older Americans Act / Older Coloradans Act* programs. The Program provides nutrition screening and counseling, therapeutic meals and medical foods as medically warranted, a full complement of daily meals, and other services. In addition, the Program provides nutrition education services to the elderly; prepares and delivers nutritious meals to senior centers, dining centers, or nutrition sites; and deliver meals to the homes of older persons unable to prepare their own nutritious meals. The team of health and social services professionals serving older persons and their caregivers are encouraged to evaluate the nutritional status of elderly persons through nutrition screening for malnutrition as a part of regular assessment procedures. Comprehensive preventive approaches, which utilize community nutrition services to maintain the health and independence of older persons, are promoted.

Rural areas face the same challenges urban areas do when providing nutritive services to seniors. These problems are intensified by the increased percentage of seniors who are isolated and alone in rural settings. Colorado's winter weather further complicates the provision of assistance. Most nutrition projects provide meals to clients who have no other support system either for supper or for weekend meals. Projects provide "Blizzard Boxes" that contain three meals for three days. These meals are shelf stable and meet the meal requirements of the *Older Americans Act*. Clients are instructed to use these in case of an emergency such as a snowstorm that would close the Project. Projects receive contributions to offset the cost from local businesses and volunteers who help in the delivery.

Dietary quality plays a major role in preventing or delaying the onset of chronic diseases. The Federal Government measures dietary quality by the Healthy Eating Index based on the United States Department of Agriculture's Food Guide Pyramid and its published Dietary Guidelines. The Healthy Eating Index (HEI) has a maximum score of 100. An HEI score between 51 and 80 signals a diet that needs improvement and an HEI score below 51 indicates a poor diet.

Nationally, a majority of older persons reported diets that were poor (13%) or needed improvement (67%.)[29] Older persons living in poverty were more likely to report a poor diet (21%) than were older persons living above the poverty level (11%).

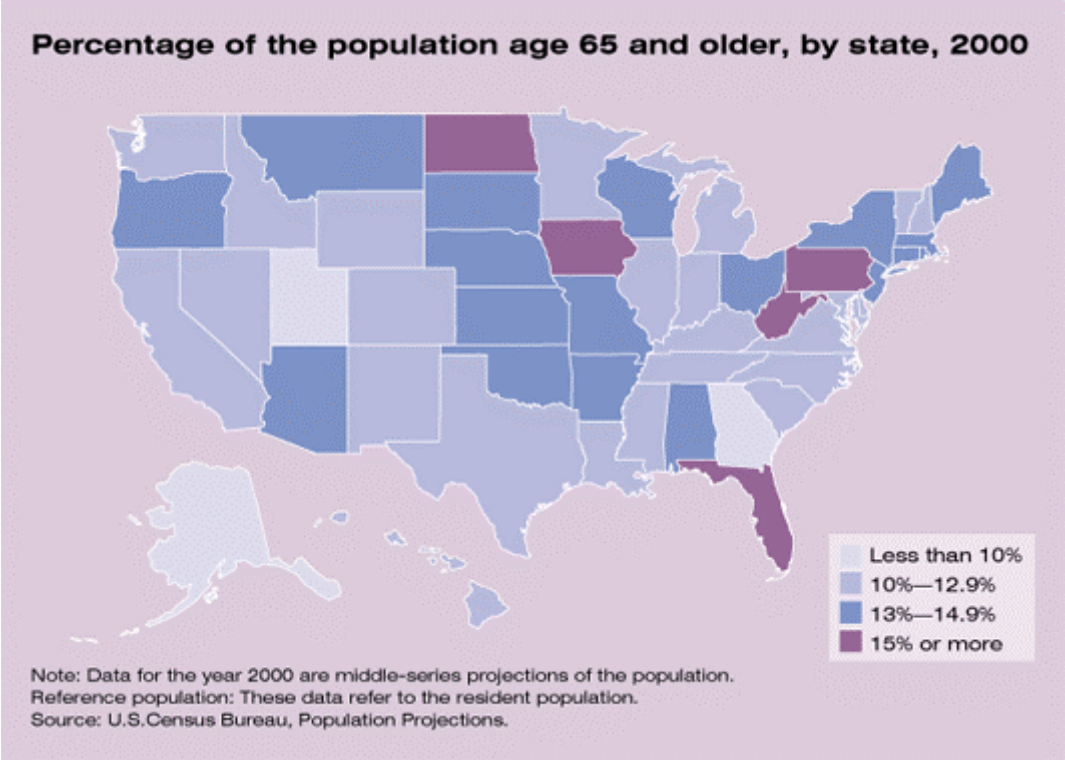
[29] Federal Interagency Forum on Aging Related Statistics. *Older Americans 2000: Key Indicators of Well-Being.* (www.agingstats.gov).

Housing

Many rural elders' homes are older. This contributes to the probability that when these older adults sell their home or seek reverse mortgages to defray long-term care costs, real estate values will generally be much lower than for homes in urban areas. In the event that any elder – rural or urban – loses his or her home, the increasing costs of real estate makes it difficult for them to find alternative housing and increases their risk of homelessness. There may not be availability of low income housing in rural or urban communities. If Section 8 housing is provided in the community, waiting lists may be over two years long.

iv. Comparison of Colorado to United States

MAP SIX



Planning efforts throughout Colorado must accelerate to mitigate the effects of the demographic tidal wave of Baby Boomers that will roar across Colorado. On the positive side, Coloradans tend to be healthier than their national peers. In 2002, the Overall Health Rating ranked Colorado as seventh in the nation.[30] Colorado ranks low in risk for heart disease (19% below the national average) and has high support for public health (63% above the national average.) Colorado also ranks in the top 10 states for few cancer deaths.

Unfortunately, health is not equal among ethnic groups in Colorado. Premature death differences illustrate this health disparity within Colorado. The Centers for Disease Control and Prevention recently reported that African-American non-Hispanic individuals experience 12,917 years of potential life lost per 100,000 population. This is double the potential life lost per 100,000 population of White non-Hispanic individuals with 6,308 years lost.

---

[30] United Health Foundation. *America's Health: United Health Foundation State Health Rankings, 2002 Edition.* www.unitedhealthfoundation.org

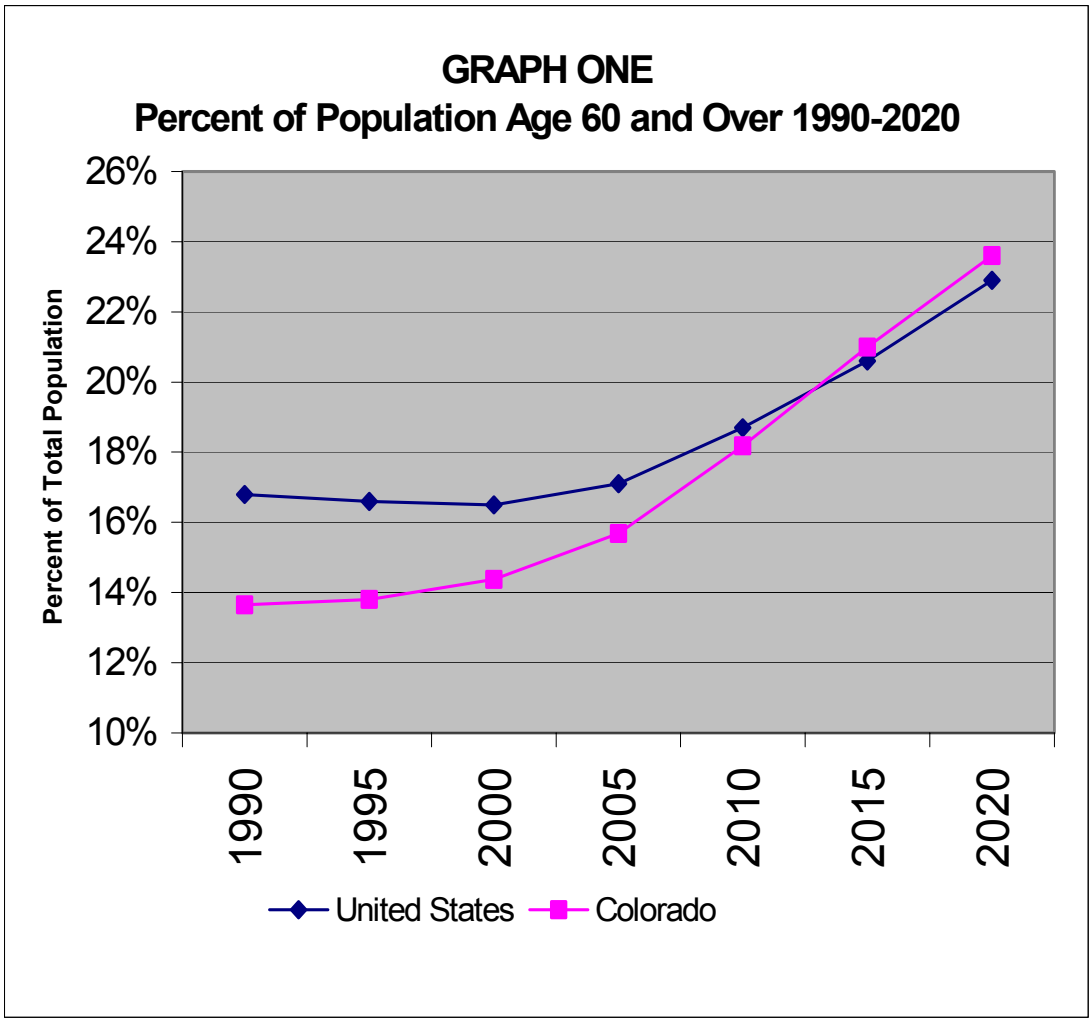
Low socioeconomic status is the single most contributing factor to poor health. This is partially due to a lack of health insurance. A person without health insurance is three times more likely to suffer from adverse health. Older adults living below the poverty level are significantly more likely to report recent problems with their living situation and to have unmet needs.

TABLE THREE

YEARS OF POTENTIAL LIFE LOST BEFORE AGE 75 BY RACE / ETHNICITY 1997-1999[31]

RACE / ETHNICITY	YRS/100,000 POPULATION USA	YRS/100,000 POPULATION COLORADO
White, Non-Hispanic	**7,045**	**6,308**
African-American, Non-Hispanic	**14,217**	**12,017**
Hispanic	**6,372**	**7,862**
Native American	**9,723**	**8,531**
Asian, Pacific Islander	**4,052**	**3,325**

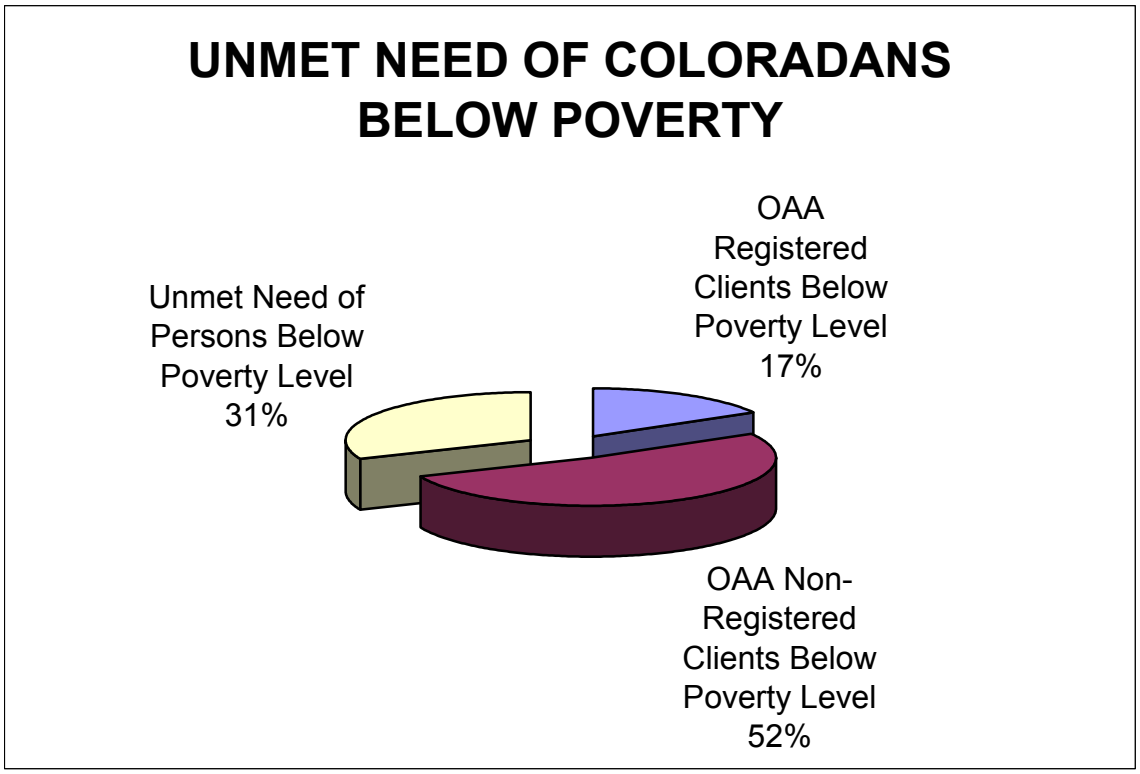
[31] 1997-1999 data, Centers for Disease Control and Prevention.



During the next decade, the Baby Boomers will constitute the "young old." It is unlikely that a large negative affect will impact the service systems. However, as Boomers age, their need for various forms of assistance will increase. In the U.S, the older population is expected to double over the next 30 years. Colorado will exceed the national percentage of growth in the population age 60 and over in 2011. This is due to the influx of Baby Boomers in Colorado when they were in their twenties and thirties, who then "aged in place." As the population ages, the number of frail elderly will increase.

v. Unmet Needs of the Elderly

CHART FOUR



A tremendous effort has been exerted since the enactment of the *Older Americans Act* to provide services to older individuals with the greatest economic and social need. In the 2000 Census, 55,109 Colorado seniors sixty years of age or older reported low income. The NAPIS report for FFY2002[32] shows that 9,248 clients at or below the federal poverty level received registered *Older Americans Act* services, and an additional 28,635 unduplicated clients at or below poverty received at least one non-registered service. The non-registered service with the greatest usage is Information and Assistance. It is speculated that a great proportion of the 28,635 persons below poverty who made an initial contact did not receive further services. The reason why these persons did not receive registered services is unclear at this time. 31% of persons at or below poverty had no contact with *Older Americans Act* programs in FFY2002. 52% of persons at or below poverty who were eligible for assistance from *Older Americans Act* registered programs did not receive further services. This fact compels an increased targeting of services to those at or below the poverty level during the next four years.

Being poor means constantly weighing one priority against another, managing one crisis against another, and allocating scarce resources to patch immediate problems.

[32] Source material for Chart "Unmet Need of Coloradans below Poverty" found in NAPIS, Title III Service Utilization, Summary Client Profile, 101/2001 to 9/30/2002.

Knowing what's for dinner sometimes constitutes long range planning.[33] Having income even at twice the federal poverty level, does not shield elders from day-to-day crises. These seniors' significant needs are appropriately addressed by the *Older Americans Act* and often unmet. The *State Plan on Aging*, while strongly promoting and targeting services to those at or below the federal poverty level, supports and encourages service provision to all seniors who need assistance to remain strong, healthy, and independent in their communities. The information below compares poverty levels of Coloradans in their peak earning years and at ages 65 years and older. Census data[34] reveals for Coloradans below the federal poverty level, poverty increases with age. Women, especially those of color, move into more extreme poverty as they age, at double the rate of males.

TABLE FOUR
POVERTY LEVELS OF COLORADANS BY ETHNICITY AND GENDER

MALE

Age	All Races (Total)[35]	All Races (Percent of total poverty)	White Alone	Black Alone	American Indian Alone	Asian Alone	Hawaiian Or Pacific Islander	Some Other Race Alone	Two Or More Races	Hispanic Or Latino[36]	White Alone, Not Hispanic Or Latino
45-54 Years[37]	15,274	5.0%	11,302	1,048	356	332	20	1,720	496	3,820	9,553
65-74 Years	4515	4.3%	3,627	259	50	103	0	340	136	1,104	2,951
75 + Years	3,661	5.5%	2,994	153	54	121	0	254	85	617	2,686

FEMALE

Age	All Races (Total)	All Races (Percent of total poverty)	White Alone	Black Alone	American Indian Alone	Asian Alone	Hawaiian Or Pacific Islander	Some Other Race Alone	Two Or More Races	Hispanic Or Latino	White Alone, Not Hispanic Or Latino
45-54 Years[38]	16,948	5.6%	12,522	1,125	429	382	20	1,789	681	3,994	10,735
65-74 Years	9,361	7.7%	7,516	553	95	273	0	734	190	2,021	6,310
75 + Years	12,124	11.3%	10,759	478	86	132	5	500	164	1,691	9,663

33 Barbara Maddox. Letters to the Editor. *The Atlantic Monthly,* May 2003, p. 18.

34 Census 2000, Summary File 3, prepared by the U.S. Census Bureau, 2002.

35 The "total" figure does not include persons in institutions.

36 The U.S. Census Bureau does not consider "Hispanic" or "Latino" a race. People who reported themselves as Hispanic or Latino are also counted in the seven racial categories.

37 Peak earning years.

38 Peak earning years.

vi. How Unmet Need Is Determined for Aging Services Programs

To date, the Department of Human Services has utilized demographic data and survey information supplied by Area Agencies on Aging to determine an estimate of unmet need in Colorado's Aging Services Programs.

Demographic Data. The Department of Human Services works collaboratively with the Area Agencies on Aging to predict service needs for older Coloradans. The Department utilizes demographic data based on data provided by the State Demographer's Office, Colorado Department of Local Affairs. A substantial increase in the older population is the result of several factors, including increased life expectancy, the aging of the baby-boomers, and the influx of retirees to the state.

Survey Information. The SAMS (Social Asset Management System) database was implemented in 1995. At that time, the primary purpose in implementing the system was to enable the Department to collect data from all the Area Agencies on Aging to produce the required annual NAPIS (National Aging Program Information System) report for AoA. Consequently, the initial training of SAMS focused on collecting the data to produce the federal report. At that point, the education for the SAMS users was not as developed as it is today, in terms of utilizing data for the purpose of planning and projecting future client service needs.

To gather information to justify these needs the Area Agencies on Aging utilized a methodology involving:

- establishing a focus group comprised of all of the Directors of the Area Agencies on Aging;
- conducting interviews with providers;
- completing assessment surveys; and
- collecting and analyzing data through their information and referral tracking processes.

Throughout Colorado, the greatest concerns, expressed by older persons in needs assessments and surveys, are increasing nutritional programs, access to transportation services, increasing in-home services and increased provision of services relating to health. In the largest survey conducted of seniors by an AAA, the Denver Regional Council of Governments (DRCOG) asked seniors what the biggest problems were affecting adults 60 years and older. The most common unprompted responses were poor health (18%), financial programs (17%), and health insurance problems (17%). At present, there is a national crisis regarding affordability of prescription drugs for seniors. Many low-income seniors do not have adequate insurance coverage for prescriptions and must make the decision whether to eat, or take their medications as prescribed. Studies have shown that increased cost sharing for prescription drugs among poor and older persons resulted in reductions in use of essential drugs and a higher rate of visits to

emergency departments and a higher rate of serious adverse events associated with these reductions.[39]

A common health concern for many seniors is having difficulty procuring dental care. The most common barrier to dental care was cost and lack of dental plans for seniors. As one senior reported during the State Public Hearings, "you have to have something to eat with for nutrition programs to work." Other health concerns are a great need for appropriate eye care, hearing aids, and medication management.

As functional disability increases at advanced ages, a critical need for many older adults is assistance with household tasks and personal care needs. Many elderly live alone in isolated rural areas. Their homes consist of the bare necessities and some still use wood heating for their home and cooking purposes. They find it hard to cook for themselves, eating what is easy and simple to prepare. This does not give them a well-balanced meal, thus causing malnutrition. 34% indicated they were unable to do heavy housework, while 15% stated they were unable to do light housework.

AAAs often refer to transportation as the glue that holds together the activities of daily living. The best programs in the world are useless if people cannot get to them. Unmet transportation needs deter seniors from receiving adequate medical, dental, and mental health services. A major mental health issue among the elderly is suicide, particularly among White males. Suicide rates steadily increase in the older population. The highest rate of suicide for all groups in Colorado is adults 85 years and older.[40]

---

[39] Adverse events associated with prescription drug cost sharing among poor and elderly persons. (2001) *Journal of the American Medical Association*, 285 (4): 421-9, January 2001.

[40] *Supplemental Project: Colorado Department of Public Health and Environment.*

vii. Determination of Need for OAA Programs

Based on the *Older Americans Act* of 1965, the Department is required to allocate the funding according to the Intrastate Funding Formula developed and approved by the Colorado Commission on Aging and the State Department of Human Services Board.

The current formula is as follows:

40% Population aged 60 and over
15% Rural population aged 60 and over
15% Minority population aged 60 and over
15% Low income population aged 60 and over
15% Population aged 75 and over.

The Department collects fiscal data through spreadsheet forms and requests for reimbursement regarding precisely how Area Agencies on Aging (AAAs) spend their allocations by program area. The Department is responsible for reviewing the expenditures by program area and comparing those expenditures to their annual plans. This information may be used to re-direct funding to appropriate areas to meet deficiencies or to address future programmatic needs.

The Department also receives data collected through the AAAs from their contracted service providers. Some AAAs provide more direct aging services than others do. This data is collected in the SAMS database and transmitted to the Department on a quarterly and annual basis. The Aging Services Staff has the opportunity to review the data and compare units of service to the projections made in the annual plans. At the end of the year, the information collected from all sixteen Area Agencies on Aging is compiled by SAMS and reported to AoA through NAPIS. The Department staff reviews the data for possible errors in reporting or potential gaps in service.

SAMS data is used to determine current needs as well as future needs. The current needs may be determined through analysis of actual results versus plans. For example, if an AAA planned to serve 2,000 meals annually, but actually served 3,000, this would indicate either an increasing need or a trend change. Based on this scenario, AAAs may have to make funding decisions at the regional level to address new needs.

Much time and effort has been put into processing and analyzing the data for confirming accuracy. As a result, the Department has now positioned itself to be able to review historical data over time to determine trends. For example, the Department will be able to strengthen its analysis of increases or decreases in units of services (e.g. transportation and in-home services, etc.). Based on what the trends indicate after evaluation, reprioritization and reallocation of funding may be necessary.

Changes in demographics determined through SAMS reporting is used (in addition to demographic information provided by other State departments) to determine future needs. For example, low-income minorities are a targeted group; therefore, the populations in this category may be tracked in a specific geographical area to determine if

this group is being served appropriately. Based on the analysis, projections for future need and financial impact can be determined. The unmet needs of Colorado's seniors are significant and are projected to grow during the next four years.

viii. Trends: The Changing World of Aging

Short Term Trends

- Boomers who delayed marriage and childbirth are likely to find themselves "sandwiched" between the need to care for frail, aging parents and young children.

- More women work outside the home; therefore, they will be less available to assume traditional caregiving roles at home and will require a variety of in-home services as well as eldercare services in the workplace. Caregiver respite is an increasing unfilled need throughout the state.

- The use of service coordinators is likely to expand as mobility continues to separate the generation needing care from the generation able to provide care.

- Dramatic increase in the number of seniors in Colorado whose incomes are at or below poverty will require an intensive diversion of resources to meet their needs.

- As programs on State, County and Local level are reduced because of funding difficulties, the composition of congregate meal sites may change. More homeless and desperately poor persons may avail themselves of nutrition programs at the congregate meal sites.

- Reductions to county adult protection programs will most likely increase the number of complaints addressed by the Office on Aging's Colorado Long-Term Care Ombudsman program. This may increase the difficulty of providing required Long Term Care Ombudsman services in the heavier populated areas of Colorado, where the number of nursing homes and assisted living facilities have increased drastically in the past two or three years.

- Successful recruitment will become an increasingly important cornerstone of service provision. Volunteer outreach efforts will be increased to meet the growing need of service provision and counter the effects of reductions in funding. The use of volunteers results in significant cost savings to programs.

Long Term Trends

- Since elders choose to remain in their homes longer, the gap between in-home service programs and in-home unmet service needs will grow exponentially.

- The importance and use of preventative nutritional programs that improve health, prevent more costly interventions, and allow the elderly population to remain independent longer will increase with the percentage of the aging population.

- Nursing home utilization rates have declined substantially, especially among persons aged 75 and older.

- People of all ages prefer to receive care at home. In the next 40 years, the number of people 85 and older is expected to quadruple. Since this group generally has a high need for service, there will be a concomitant increase in the use of in-home services.

- Lifestyle choices of Boomers will influence their need for, and use of, aging services. Individuals who chose to remain single and childless, and married couples without children, may find themselves without the family support that traditionally has been important to elders.

- Families with fewer children, divorced families and single parent families may encounter a dearth of familial resources and need to turn, instead, to the community for support.

- Socioeconomic improvements have helped reduce disability rates among older persons.[41] Educational attainment influences socioeconomic status, and thus can play a role in well being at older ages. Higher levels of education are usually associated with higher incomes, higher standards of living, and above-average health status among older Americans. This may mitigate, to a degree, the intensity of services provided to Boomers as they age.

- Assisted Living Facilities will see significant growth, however, only a very limited number of Assisted Living Facilities will accept Medicaid payments.

[41] AERO Research. *In Brief, Before the Boom:* Trends in Long-Term Supportive Services. http://research.aarp.org/health/inb60_trends.html

5. Restructuring to Meet These Challenges

CHAPTER SUMMARY

1. *Meeting these challenges requires cooperation, collaboration, promoting best practices, and using efficient technology to build a strengths-based network.*
2. *Reciprocal Mentoring will allow the AAAs and SUA to share resources, knowledge, skills, and talent.*
3. *Internal Assessments, the Balanced Scorecard, and SAMS are methods used for systemic evaluation.*
4. *A greater use of technological resources will result in enhanced case management decisions, better service delivery, quicker dissemination of information, and paperwork reduction.*
5. *Joint AAA/SUA Objectives and Initiatives have been developed in the areas of Organizational Capacity, Nutrition, Transportation, and the National Family Caregiver Support Program.*

a. Changing the Way We Do Business

Although substantial progress continues to be made to meet the needs of older adults and provide an effective service delivery system, the dramatic confluence of economic downturn and demographic growth referred to in the last section means there is less money available to serve more people. To meet this challenge and offer services to those in greatest need will require cooperation, collaboration, promoting best practices, and use of more efficient technology.

Boulder County's *Strengths Associated with Successful Aging*[42] reports: building and nurturing strengths provides people with buffers against the problems that arise in life. Just as nurturing strengths will assist an individual, enhancing best practices and procedures will assist in the creation of a strengths-based network[43] – one that uses strengths where they are present and builds strengths where they are missing. In this way, the AAAs and State Unit on Aging (SUA) will construct a new foundation of service delivery. The main features of internal change of business practices include:

- reciprocal mentoring;
- redefinition of roles and responsibilities;
- increasing inter-agencies interactions;
- systemic program delivery evaluation;
- development and use of efficient technology;
- streamlining awarding of funds and contracts; and
- successful implementation of the Joint AAA/SUA Objectives.

---

42 Lynn Osterkamp and Allan N. Press. *Strengths Associated with Successful Aging,* 2002.

43 Boulder County Aging Services Division, Four-Year Planning & Service Area Aging Plan.

i. Reciprocal Mentoring and Enhanced Cooperation

The need to share resources, including knowledge, skills, and talent, has never been greater. The Division of Aging and Adult Services is committed to promoting increased collaboration between the State Unit on Aging, Colorado Commission on Aging, Area Agencies on Aging, the State Board of Human Services, State departments, the county Departments of Social Services, the Rose Foundation, the Daniels Fund, non-profit agencies, and private businesses throughout the state that serve Colorado's seniors. The Division of Aging and Adult Services will accomplish this by building on the system strengths already articulated[44] as regional cohesion, broad knowledge of programs and systems, and the increased influence of the OAA Aging Network. Regular meetings are held with each of these stakeholder groups throughout the fiscal year to develop shared agendas and strategies, increase state contribution rates and pursue cost sharing, improve data and management reports, and co-determine performance based outcomes.

- *From Training to Reciprocal Mentoring.* The *Division of Aging and Adult Services* proposes, during 2003-2007, the initiation of an on-going system of Reciprocal Mentoring. Members of the Aging Network have developed phenomenal expertise. All too often, a combination of modesty and a lack of a method to communicate success have restricted the sharing of this information and best practices. During AAA/SUA meetings, the Division of Aging and Adult Services will create a forum where participants can share the nuts-and-bolts examples of innovation and sound judgment that have created effective volunteer corps, successful targeting strategies and efficient training methods, among others.
- *Balancing Roles and Responsibilities.* Mutual coordination and cooperation involves the recognition and balancing of proper roles and responsibilities, strengths and vulnerabilities of each member. Oftentimes, these roles and responsibilities are unstated. This may result in confusion and mutual frustration in times of uncertainty. The SUA serves as the focal point for all matters relating to older persons within the state. The SUA is responsible for ensuring the effective implementation of broad policy objectives. The SUA's broad functions include management, administration, and service system development. AAAs assume many of the same broad responsibilities as the SUA – management and administration, and service system development, but focus more on the local area and on direct involvement in services development and delivery, as well as advocacy. The recognition and balancing of proper roles and responsibilities represents an opportunity to re-define our activities and ourselves.
- *Increasing Inter-Agency Interactions.* Toward the end of this decade, the Elder Boom will affect most State agencies. The State of New York has initiated a statewide review of agencies that serve the elderly. The Division of Aging and Adult Services will follow New York's lead[45], and collaborate with state agencies to review major policies, programs, and structures in light of Colorado's increasingly older and more diverse population. This proposal, painted in broad strokes, will include the following:

---

[44] 1998-2000 *Aging Network Issues and Priorities*.

[45] *Project 2015: State Agencies Prepare for the Impact of an Aging New York: White Paper for Discussion, Albany, New York, 2002.*

- *Presentation of Demographic Information.* To initiate this, over the next four years, the Division of Aging and Adult Services, in collaboration with the Colorado Demography Section of the Colorado Department of Local Affairs, will present to each State agency that serves older persons, information on near and long-term demographic changes.
- *Facilitation of Discussion and Review of Policy.* The impact of Colorado's changing demographics on State agencies will include review of agencies' overarching policy issues, direction, program considerations, changing constituency needs, and management issues related to these changing demographics.
- *Sharing of Information.* For those agencies that have already begun to address the impact, Aging and Adult Services will develop a mechanism to share what these agencies currently do to address or respond to the anticipated changes.

- *Development of Action Plans and Collaborative Approaches.* Colorado's next four year *State Plan on Aging* will include agencies' recommended actions taken and action steps to be taken in the following four to eight years to address identified priorities that impact the anticipated demographic changes. These could emerge as part of an overall State planning process during 2007-2011.

Especially in times of fiscal retrenchment, volunteers become an important segment of successful program delivery. Within Colorado, several AAAs asked, in telephone and survey sessions, why people volunteered, and why they did not. Consistently, respondents stated they did not volunteer because they were not asked. In Florida,[46] the State Agency developed and paid for the printing of volunteer cards. The Department of Motor Vehicles included the cards with renewed driver's licenses at no additional cost for postage. Over 7,000 individuals returned the cards indicating an interest in volunteering to serve elders. In August 2003, the Division of Aging and Adult Services submitted a grant request for a Sustainability Coordinator to develop an effective volunteer recruitment, development, and retentention program. Among the intitiatives of this position will be to:

- Develop a volunteer database containing number of volunteers for each AAA partner; current use of volunteers; strengths / best practices of volunteer programs; and anticipated volunteer need through September 2007;
- Develop a volunteer training module;
- Assist in collaboration with Department of Motor Vehicles and other state agencies to include volunteer cards with drivers' licenses; and
- Conduct *Train the Trainer* modules with Volunteer Coordinators to be prepared to develop the volunteer base that responds to the mailing.

If funded, this initiative would significantly strengthen the organizational capacity of the AAAs and State. The proposal strengthens the capacity to properly accommodate, train, and develop the maximum potential of volunteers as an active and creative force.

---

[46] Master Plan on Aging, 1996-2001, Department of Elder Affairs, State of Florida.

ii. Systemic Program Service Delivery Evaluation and Change

The mission of the Division of Aging and Adult Services is to empower aging persons, persons with disabilities and others with special needs, including persons who are homeless, to live safely with maximum independence. The Division of Aging and Adult Services achieves this mission by planning and promoting an effective, integrated, accessible system for the delivery of financial and medical support and support services including information and assistance; prevention and protection from abuse, neglect and exploitation; senior employment; nutrition and supportive services; legal and ombudsman services; transportation; and caregivers.

The Division's strategic plan acts as a roadmap of where the Division wants to go. An essential element of reaching the Division's goals is to monitor progress and determine where changes are needed. One primary method used by the Colorado Department of Human Services is the Balanced Scorecard.[47] The Balanced Scorecard can be viewed as a tracking device. Within the Scorecard, the SUA and the AAAs have developed Joint Objectives and Initiatives to focus efforts over the next four years. The Division of Aging and Adult Services uses the Social Asset Management System 2000 (SAMS 2000) to collect accurate data, examine trends, and facilitate management decisions on service delivery. The SUA also seeks public and community input through annual grant applications for upcoming services.

In April 2003, the Division of Aging and Adult Services began to conduct quarterly internal assessments. These assessments allow the Division to review current workflow processes, eliminate inefficiencies and bottlenecks, clarify processes, and enhance internal and external communications.

The Division of Aging and Adult Services will assist AAAs throughout Colorado to conduct their own internal assessments throughout 2003-2007. There has been a significant turnover in AAA Directors in the last year (five new Directors within the sixteen AAAs.) This turnover suggests the need for greater technical assistance from the SUA, the reduction of paperwork that would allow AAA Directors to focus on service delivery, clear administrative processes, and increased user-friendly technology. By strengthening the technological and administrative capacity of agencies within the Colorado Aging Network, services will be delivered more efficiently, and funding will get to grantees quicker. This will benefit the seniors we serve.

The SUA proposes to offer this assistance in the following sequence:

First: Region VI, Region VIII, and Region XIV.

Second: Region I, Region IIB, Region IV, Region V, Region VII, Region IX, Region X, Region XI and Region XIII.

Third: Region IIA, Region IIIA, Region IIIB, and Region XII.

[47] Please refer to "Measuring Progress" page 45 for further information on the Balanced Scorecard.

iii. Efficient Technology

By strengthening the technological and administrative capacity of agencies with the Colorado Aging Network, agencies will be able to deliver services more efficiently, administer funding to grantees more expeditiously, and thus deliver higher quality services more quickly to seniors. A basic component of this is the setting of basic threshold measures for service delivery of OAA programs. Data tracking of low-income and minority participation for all OAA programs is performed through SAMS 2000 (Social Asset Management System) and NAPIS (National Aging Program Information System) report reviews followed up annually with providers via assessments. The objectives of the implementation of the automated systems are two-fold: First, to meet the reporting requirements of the *Older Americans Act*. Second, and more importantly, to develop systems that collect data critical to overall operation of Colorado's Aging Network.

The timeframe for accomplishing this is as follows:

2003-2004 *Phase One*: *Centralize data at the State Unit on Aging and Increase Efficiency of Data Collection and Transmission.* The proposed data management system will include the use of hardware and software necessary to electronically manage and transmit data from more than 125 service providers to the sixteen AAAs and then centrally store the information at the Division of Aging and Adult Services.

Phase Two: Develop a model. The model will integrate grant expenditure tracking with service delivery assessment and client intake.

*Phase Three: Develop a Description of OAA Clients***.** For the most efficient service provision, it is important to determine who our clients are and what their needs are, while at the same time, protecting the confidentiality of their information. A primary step to achieving this is to standardize assessments / intake / and client demographic information. Currently, each AAA has a unique method of collecting and reporting this information. Standardization will allow each AAA and the SUA to access what services have been provided previously to the client, client needs, income levels, and nutrition screening and supportive services' assessments.

Phase Four: Tailor ILA Tool to Meet Colorado's Needs. The SAMS Assessment Module offers a comprehensive questionnaire that records information to assist in assessment of client well-being. The vehicle used to perform the analysis is the Independent Living Assessment tool (ILA).

The ILA tool records client information in the following seven areas:

1. Basic Assessment Intake
2. Financial Resources[48]
3. Health Assessment[49]
4. Functional Assessment
5. Mental Health
6. Home Environment
7. Informal Supports.

This information will allow for the future development of client-centered outcomes. Client care plans can be developed and the SUA can assess whether services are targeted to those clients with the greatest needs. We will be able ensure that clients are receiving the services and supports that are most beneficial to them. The SUA will be able to determine whether seniors use the transport systems to go where they need to go. In the future we will be able to determine the cost effectiveness of providing community based services by monitoring a higher percentage of seniors who return home from hospitals or a short stay in a skilled nursing facilities to their communities with community based support. Even more important, we can assess the client who comes for services and never returns and determine what was lacking for the client and what needs to be added.

2004-05 *Phase Five:* Build and test the system as described above.

2005-06 *Phase Six:* Implement program – base year.

2006-07 *Phase Seven*: Evaluate program success.

The Colorado Department of Human Services has implemented the National Aging Program Information System (NAPIS) as the main reporting system used to report data from the state to the federal government.

National Aging Program Information System (NAPIS)

The NAPIS reporting system focuses specifically on 15 service categories related to the collection of data for the *Older Americans Act* Programs

- Personal Care
- Homemaker
- Chore
- Home-Delivered Meals
- Adult Day Care
- Case Management

[48] Financial Resources are not used to determine eligibility, since the *Older Americans Act* has no means testing. However, it will provide valuable information on success of targeting low-income persons.

[49] Nutritional Risk is a sub-category of Health Assessment.

- Congregate Meals
- Nutrition Counseling
- Assisted Transportation
- Transportation
- Legal Assistance
- Nutrition Education
- Information and Assistance
- Outreach
- Other

The Federal intent with this design is to improve the quality of collection, reporting and utilization of data for these key aging services through standardization of data collection.

Social Asset Management System (SAMS)

The Department of Human Services receives funding under the *Older Americans Act* and administers the program through the Division of Aging and Adult Services since 1965. The intent of the OAA programs is to provide services to the elderly population (60+). The program is administered at the federal level through the U. S. Department of Health and Human Services, Administration on Aging (AoA).

Colorado was the first state to purchase the SAMS software and is viewed by other states as the national leader in setting directions for data collection with regard to the *Older American's Act* population.

SAMS is a comprehensive database system, providing and recording a broad span of data concerning individual clients. Data collected allows for determination of the following:

- Number of unduplicated clients served in *Older Americans Act* Programs;
- Unduplicated number of ethnic/minorities receiving *Older Americans Act* services;
- Heightened levels of detailed information collected for 14 select services, including number of providers, number of minority providers, and total services units provided;
- Nutrition risk assessment regarding Home-Delivered Meals, Case Management, Congregate Meals, and Nutrition Counseling service programs;
- Individualized ability to perform Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL).

This data may be compiled and utilized in the following ways:

1. Basic Client Information

Demographic, as well as personal information on all clients is tracked within the system. SAMS has the ability to separate identifying information (name, SSN, etc.), so that the data recorded for a client can be confidentially reported, while maintaining unduplicated client counts.

2. Contact Information

A contact is defined as communication initiated with a client for the purpose of Case Management or Information and Referral/Assistance. SAMS tracks the activities associated with the contact, the topics discussed (such as services the client could receive or is receiving), and any outcomes resulting from the contact. This information allows for more detailed analysis of these two particular activities, case management and information and referral.

3. Care Plans

Each client registered within SAMS may be assigned a Care Plan. The Care Plan specifies which provider will be delivering what services to the client, the number of units of service allocated and over what period of time the service units will be provided. Care Plans are optional in SAMS; however, they are a useful feature in that they may be used as the basis for roster (list) generation. Rosters make it easier for AAAs or providers to record services for large numbers of clients (e.g. at meal sites). Documented Care Plans also makes it easier to keep track of each individual service plan implementation because the individual is automatically placed on appropriate rosters from the care plan, both developed through SAMS.

4. Individual or Aggregate Information

SAMS records the delivery of services to clients in enough detail to include the units served per instance of delivery. The recording of services may be done per specific client, or per an aggregate or total. The recording of an Aggregate Service tracks service delivery to a number of non-specific clients, who have a service or need in common. An example is a group of clients using transportation provided to a specific point. This would also be called a unit of service per client and counted in aggregate or total.

5. Sub-Services for Additional Detail

With SAMS, Sub-Services may be defined in the software windows by the local Area Agency on Aging under Services and selected in the Care Plan and Roster windows. These Sub-Services may be selected when designing reports, which allows increased detail for management and programming analysis. An example could be where an AAA provides elder abuse provider training, a sub-service, under the service definition of education.

6. Client Assessment Tool

The SAMS Assessment module offers a comprehensive questionnaire that records information to assist in assessment of client well-being. The Assessment additionally records a wealth of demographic information that may be used for detailed analysis. The vehicle used to perform the analysis is the Independent Living Assessment Tool (ILA).

The data collected in each assessment area is detailed and quantifiable, allowing for broad analysis regarding services provided and the client's well-being.

7. Rosters for Ease of Data Collection

To facilitate data entry, SAMS provides, as previously mentioned, a roster-based data entry option. The roster function allows service delivery to be specified from pre-

formatted client lists, with SAMS managing the recording of individual services received within a single update. The roster function permits listings to be predefined and saved for use on multiple occasions. Service providers may be given these rosters for ease of service unit tracking in remote locations.

All aging services data collection systems for the Division of Aging and Adult Services and the Area Agencies on Aging are intended to provide management information for evaluation and analysis of the effectiveness of aging services programming and funding.

The goal is maximization of the effectiveness of every funding dollar from federal, State, or local sources. SAMS provides information, which will continue to assist us in gaining a better understanding of needs-based services and programs delivered by the Area Agencies on Aging and their providers. The data collected through SAMS provides the Area Agencies on Aging with the ability to retrieve data, which will assist them in effectively managing their day-to-day operations, including evaluation of overall effectiveness of program delivery. SAMS is used as a tool for planning by comparing data from previous years program data with current year program data to project future service needs. Planning is accomplished through evaluation of the data to determine the following:

- Comparison of units of service provided by reporting period
- Comparison of cost per unit of service (increase or decrease)
- Comparison of congregate meals provided versus home delivered meals
- Trend analysis within an area, across areas and statewide
- Comparison of overall services among Urban areas
- Comparison of overall services among Rural areas
- Impact of congregate and home delivered meals on elderly nutrition
- Impact on elderly transportation needs
- Impact on supplemental supportive services needs
- Number of referrals to county departments by area
- Number of referrals for legal assistance
- Number of referrals to supportive housing
- Number of referrals to mental health groups
- Impact of in-home services on admissions into nursing facilities or Assisted Living Residences

Currently, the Department is able to extract statewide totals in a summary format. Detailed data of the above is available at the local AAA level.

The data is used for strategic planning, monitoring, analysis, and evaluation with a goal of demonstrating program success statewide. Additional training and software design is in process to make this objective a reality in Colorado.

The SAMS data is collected for all the Aging Services Programs, however, the initial use of the SAMS data has been to meet federal reporting requirements. The Department continues to enhance the SAMS system for general-purpose use in tracking

the *Older Americans Act* Programs, *Older Coloradans* Program/Fund, and State Funding for Senior Services Program.

The State Office utilizes data collected for the purpose of the following program components including:

- Planning
- Evaluation
- Monitoring
- Analysis
- Federal Reporting

Planning

The annual area plans submitted by the Area Agencies on Aging identify the amount as well as the types of services, to be provided for the coming year. The annual plans are critical to the overall operations as the sixteen combined plans make up the planned services for the state. Each of these plans are reviewed by staff and compared to the data collected regarding services for previous years. If there is a significant difference in the previous performance compared to the plan submitted, the staff will use this data as a basis for training or technical assistance to the Area Agency on Aging. Each category of service is reviewed in this manner and the Department has the option of exercising its approval or denial process. SAMS/NAPIS data is also used to determine where services levels may need to be increased. For example, one service provided by AAA is transportation. If plans for this category of service appeared significantly under-served, then the State Office would direct the Area Agency on Aging to re-assess the transportation plan and consider allocating more financial resources toward this category. Another example is regarding services to targeted populations, such as low income and minorities. The AAA plan indicates that its goal is to serve a certain number of minority elderly in their region. However, in reviewing data provided by the State Demographer for the region, it shows several times that number of potential eligible clients who are minorities. The AAAs would be asked to review and justify their plan in that category.

Evaluation

The *Older Americans Act*, Section 206(a), states: "The Secretary shall measure and evaluate the impact of all programs authorized by this Act, their effectiveness in achieving stated goals in general, and in relation to their cost, their impact on related programs, their effectiveness in targeting for services under this Act unserved older individuals with greatest economic need (including low-income minority individuals) and unserved older individuals with greatest social need (including low-income minority individuals), and their structure and mechanisms for delivery of services, including, where appropriate, comparisons with appropriate control groups composed of persons who have not participated in such programs. Evaluations shall be conducted by persons not immediately involved in the administration of the program or project evaluated."

The Department utilizes the SAMS/NAPIS data to evaluate the AAA Area Plans against their actual performance in the delivery of services. The State Office is responsible for ensuring that under the *Older Americans Act* the overall specific

population targeted groups are served. The dollars spent in each of these service categories are also tracked.

The financial data is reviewed with the same scrutiny as the client and services data. The State Office reviews the Area Agency on Aging financial plan against their actual expenditures. Any category showing a variance of 10% or more would require a written response from the AAA and a plan revision would be requested, if appropriate.

Monitoring

Monitoring is performed by the Department to ensure reporting compliance by the Area Agencies on Aging in accordance with all the rules and regulations. The Program Specialists monitor the Area Agencies on Aging on at least a quarterly basis, reviewing programmatic and financial performance and providing corrective action steps, as needed. Client demographics are monitored to insure that AAAs are targeting low-income minorities.

Analysis

After all the data has been entered into the software program and compiled, opportunity for analysis begins. The complexity of this input task will vary by each AAA office. The results of activities or outcomes are analyzed and compared from region to region. Results of the activities in the urban and rural area are compared for similarities. Success in like areas will be shared with less effective areas including recommendations for improvement. The analysis will result in "Best Practices" shared statewide.

Plans within the Department are to collect historical data regarding unit costs per program area, so that comparisons may be made across regions. For example, the Department could compare the number of hours of service in adult day care region to region by averages for this activity. Adult day care is a relatively expensive service. AAAs providing fewer hours of this type of service could possibly offer suggested alternatives to other AAAs who are providing more of this type of service to reduce costs. Variances in unit costs may provide opportunity to streamline services or reallocate funding for maximum effectiveness.

Trend analysis has the possibility to provide insights that could result in improved effectiveness and efficiency for an AAA or the network. An example of analysis capabilities has been demonstrated by development of a chart from AAA demographic data, which shows that the majority of the clientele being served are between the ages of eighty and eighty-seven. Such analysis will result in production of management information for use by the Area Agency on Aging for services planning. For instance, knowing that the majority of the clientele are eighty to eighty-seven might demonstrate an increased need for assisted transportation.

Federal Reporting

The 2000 reauthorization of the *Older Americans Act* directed the AoA to report on activities carried out under this reauthorization. The annual report requirements, per the *Older Americans Act*, are as follows:

"with respect to each type of service or activity provided with such funds –

(i) the aggregate amount of such funds expended to provide such service or activity;

(ii) the number individuals who received such service or activity; and

(iii) the number of units of such service or activity provided;

(B) the number of senior centers which received such funds; and

(C) the extent which each area agency on aging . . . satisfied the requirements. . ."

SAMS generates the data necessary to meet the annual NAPIS report for the AoA annually, which includes all of these required data elements.

iv. Streamline Awarding of Funds – Contracts

The SUA will collaborate with the AAAs in FY04 to establish a contractual agreement as a basis for awarding future *Older Americans Act* funds. Contracts facilitate performance, minimize problems of coordination, and minimize risks associated with contingencies that may arise during contract performance. It makes good business sense to move in this direction with regard to funding.

Older Americans Act funds are awarded by the SUA to the AAAs to provide a comprehensive and coordinated system of services. The *Older Americans Act* Program requires the SUA to ensure that the AAAs submit Annual State Grant Applications for funding. The State Application process requires AAAs to provide a plan projecting the type of services, units of services and number of unduplicated persons that will be served during that year. These plans are submitted to AAA's Council of Governments (COGS) or Board Chairs for approval. Currently, the SUA reviews the annual grant application and either approves or approves with conditions. The AAAs are notified of their financial grant award via a Notification of Grant Award (NOGA). Conditions are attached to the NOGA and the AAAs are expected to comply with the requirements as a condition for receiving the funding. The Colorado Department of Human Services (CDHS) has been utilizing the NOGA for many years. The Colorado Department of Human Services, Division of Contract Management no longer utilizes the NOGA process to grant federal dollars. In fact, the Division of Contracts prefers a contractual agreement as a best practice for awarding federal funds.

Contracts document the way in which business is conducted between the agency or institution and the contractors. Contracts represent the requirements of the agency or institution in clearly worded, understandable, legally enforceable terms. Contracts specify remedies available to either party in the event that the other breaches any portion of the contract.

SUA visualizes that the contractual agreement will clearly outline the expectations and assurances as required under the *Older Americans Act* Program as well as the responsibilities of the SUA. A schedule of deliverables will be included in the contract, which will include time lines. The General Provisions contained in the contract provide contingencies, which allow termination of the contract based of availability of funding.

The state contract can serve as a model for the Area Agencies on Aging to pass on to their sub-grantees or contractors. State contracts contain a clause that allows the contractor the flexibility of extending the length of the contract contingent on the availability of funding.

The State Agency stipulates that no supportive services, nutrition services, or in-home services are 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.

v. Statewide Aging Disaster Preparedness Plan Development

During FFY2004-2007, a Statewide Aging Disaster Preparedness Plan will be designed, implemented, and evaluated. The majority of this work is planned for the first year, concluding with definitive steps for completion, refinement, and evaluation.

Year One: Design

1. **Design an Area Agency on Aging Disaster Planning Guide**

    a. Convene the Disaster Preparedness Taskforce representing Colorado's AAAs and Nutrition sites.
    b. Research documents written by the Administration on Aging, other state's agencies, Area Agencies on Aging, Nutrition sites, etc.
    c. Author the Aging Disaster Preparedness Planning Guide.

Year Two: Implementation

2. **Disaster Preparedness Plan Development**

    a. The Aging Disaster Preparedness Planning Guide, and detailed instructions on planning and construction of a local Area Agency on Aging and Nutrition Site Disaster Preparedness Plan will be issued. The instructions will include timelines with a requirement for submittal to the State Unit on Aging for approval.
    b. Local plans are implemented.

3. **Compilation**

    a. Compilation of the Colorado Aging Disaster Preparedness Plan documents from the AAA and Nutrition Site Disaster Preparedness Plans.

4. **Coordination with Office of Adult, Disability, and Rehabilitation Services**

    a. The Office of Adult, Disability and Rehabilitation Services (ADRS) is composed of
        - Aging and Adult Services,
        - The Division of Developmental Disabilities,
        - State and Veterans Nursing Homes,
        - The Division of Vocational Rehabilitation and
        - The Grand Junction, Pueblo and Wheat Ridge Regional Centers.

        The State Unit on Aging will participate in bi-monthly work groups on Emergency Preparedness within ADRS. The Office of Risk Management orchestrates Emergency Preparedness of these work groups.

Year Three: Evaluation

5. **Operation under the Colorado Aging Disaster Preparedness Plan (CADPP).**
    a. The Colorado Aging Disaster Preparedness Plan will be reviewed and discussed with AAA and Nutrition Site Directors and other stakeholders.
    b. Any necessary adjustments to local Aging Disaster Preparedness plans will be made.
    c. The taskforce and SUA will monitor and evaluate effectiveness of the Colorado Aging Disaster Preparedness Plan.

vi. Outreach

The State has teamed with radio station KEZW AM 1430, and will continue to collaborate with the Area Agencies on Aging, to inform the public of services available under the *Older Americans Act*. The State provides brochures and information promoting the programs available to the public at fairs, public gatherings, training sessions, and workshops. Presentations to promote the programs are also made to organizations such as the United Way, County Departments of Social Services, and Veterans' groups.

Since Food Stamps are a major source of assistance for adequate nutrition for older Americans, within the first year of the *State Plan on Aging,* the State Unit on Aging will team with the Office of Self Sufficiency to develop an Outreach Program. Colorado elders are often reluctant to use Food Stamps because Food Stamps are negatively viewed as "welfare." An additional outreach that can assist in overcoming this reluctance is the BenefitsCheckUp Program. Coloradans can access the BenefitsCheckUp website from home or at sites visited by the BenefitsCheckUp van to discover available resources.

The State Unit on Aging staff has developed a centralized referral directory. Staff is trained to offer assistance and make appropriate referrals. This reduces the number of phone contacts an individual may make to receive services. Future efforts will focus on relevant, timely issues and the development of outreach materials that are user friendly. The State Agency stipulates that the Area Agencies on Aging may provide outreach, information, and assistance directly.

b. TABLE FIVE: JOINT AAA/SUA
OBJECTIVES, INITIATIVES AND MEASURES 2003-2007

OBJECTIVES	INITIATIVES	MEASURES
ORGANIZATIONAL CAPACITY		
Dedicate adequate resources (staff and funding) to planning, management, and development of Older American Act programs.	• Prioritize current services and commit current and new resources to organizational capacity. • Analysis of administrative and reporting requirements. • Conduct internal assessments – AAS May 2003, AAA – 2004. • Keep the CDHS staff manual for Aging Services (Volume 10) updated in compliance with *Older Americans Act* regulations. • Conduct statewide strengths and needs assessment of older adults and caregiving families.	• Statewide carryover is no more than 10% of available Federal funding. • Count of administrative FTE dedicated to OAA programs. • Count of funding dedicated to OAA programs. • Count staff training / development activities related to OAA. • Count annual turnover rate. • Number of Internal Assessments conducted. • Update of Volume 10 completed. • Statewide strengths/needs assessment accomplished.
TRANSPORTATION		
Increase transportation services for older Americans in Colorado.	• Expand resources used for transportation for older Americans in Colorado. • Transfer of clients to registered services	• Percent of OAA clients using transportation services; • Registered Clients 2004–25%; 2005–50% 2006 – 75%; 2007–100%
NUTRITION		
Stabilization or reduction of nutritional risk of client-recipients of OAA nutritional services determined to be nutritionally-at-risk.	• Increase collaboration among state, nutrition Directors, providers, appropriate stakeholders, etc. • Review effectiveness of nutritional services data. • Target nutritionally-at-risk clients to receive nutrition counseling.	• Percent of new recipients of nutritional services who are nutritionally at-risk. • Count home delivered and congregate meals.
NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM		
Satisfaction of the respite component for caregivers who receive services under OAA program.	• Develop survey to measure caregiver satisfaction of respite services. Survey random sample of caregivers who receive respite services.	• 75% of Caregivers surveyed report satisfaction of respite services in areas where program is implemented.

Joint State / AAA Objectives

Colorado's AAA Directors and the SUA developed the Joint State/AAA Objectives during the past year through a mutual effort. The overarching goal is to build on strengths to improve and enhance the delivery of services to seniors across Colorado.

i. Organizational Capacity

Any dynamic organization needs the ability to change in response to new and altered environments. The needs of older persons challenged the Aging Network design in the Nineties, and resulted in activities to obtain increased financing, resource development, increased service delivery, greater caregiver support services, and increased local and State match to OAA programs. These successes and alterations forged cohesiveness for the network. Today, the aging services system faces new demands and anticipates greater pressures.

To meet these challenges, the Division of Aging and Adult Services and the Area Agencies on Aging are committed to prioritize current services and commit current and new resources to organizational capacity. This will be accomplished by conducting internal assessments within the AAAs and Division of Aging and Adult Services. Achieving these initiatives will allow a joint analysis of administrative and reporting requirements. The Division of Aging and Adult Services has completed the update of the Colorado Department of Human Services (CDHS) staff manual for Aging Services (Volume 10) in compliance with *Older Americans Act* regulations. Lastly, the Division of Aging and Adult Services will seek funding to conduct a statewide strengths and needs assessment of older adults and caregiving families. This will provide essential information to target resources during the four-year cycle.[50]

ii. Nutrition

Nutrition programs have a direct impact on the well-being and independence of older adults. Whether serving a homebound person with special dietary requirements or a frail older adult in a congregate setting, the nutrition program is a key component of a broader continuum of care. Through the provision of sustenance, the meal program supports families in caring for loved ones in their home so they remain in the least restrictive environment. Adequate nutrition plays a major role in preventing and managing chronic disease. In addition, appropriate physical exercise, chronic disease self management, and access to mental health services can also have a positive impact on frailty and stave off problems relating to isolation and depression.

While proper nutrition is a concern for all people, the elderly are the single largest demographic group at disproportionate risk of malnutrition. The Elderly Nutrition Program provides an array of nutrition services; including nutrition assessment and counseling; therapeutic meals and medical foods as warranted; and a full complement of daily meals and other services. Nutrition education services are provided to the elderly.

---

[50] Please refer to Statewide Strengths/Needs Assessment, page 45.

This service provides seniors accurate and culturally sensitive nutrition, physical fitness or health information to participants in a group or individual session by a dietician or individual of comparable expertise. Nutritious meals are served to senior citizens at congregate sites and delivered to the homes of older persons unable to prepare their own nutritious meals. For many older Coloradans, the home delivered meal staff person is their only contact with the outside world. This results in nutrition services staff becoming de facto counselors in topics ranging from nutrition to "how do I get my light bill paid?" to "how do I fill out my insurance papers?" Although many low-income seniors do not have computers in their homes, this is an area where the BenefitsCheckUp program can increase information available to seniors.

Teams of health and social services professionals are encouraged to routinely evaluate the nutritional status of elderly persons as a part of the regular assessment procedures. Comprehensive preventative approaches are promoted and emphasized to maintain the health and independence of older persons. Nationally, 88% of homebound OAA nutrition program participants are at moderate to high nutritional risk. Without these vital meal services, the health and well being of at-risk seniors can decline, making them vulnerable to further health complications that could ultimately result in hospitalization or a need to move to a long-term care facility. While the Nutrition Program has grown exponentially during the last few decades, and is usually cited as the most important service delivered, many communities in Colorado only provide nutrition service once a week; some rural communities have no services.

With the exponential increase in the age 75+ population, the demand for home delivered meals will continue to increase. This client profile is older and frailer with increased need for nutrition counseling and therapeutic diets. There are insufficient resources to meet this demand. Resources are needed to move the Nutrition Program into the twenty-first century as many of the kitchens across Colorado are outdated and may become out of compliance with Department of Health regulations. In rural Colorado, it is difficult to deliver to isolated elders, who may live many miles from the nearest kitchen. In these cases, food temperatures must be maintained over long distances to protect the health of a frail population. Home delivered meals are usually prepared at the kitchens of the congregate program. Investment in this program is well rewarded: the cost of one-year of home-delivered meals equals one day in a hospital or one week in a nursing home. Adequate nutrition reduces the dollars spent on health care and early institutionalization.

As part of the Joint Objectives, the Division of Aging and Adult Services and Area Agencies on Aging are committed to increase collaboration among state staff, Nutrition Directors, providers, and appropriate stakeholders. One initiative that will result in the delivery of the most effective nutrition programs is a review of national data to determine the most effective services currently provided nationally and information on how to best target nutritionally-at-risk clients to receive nutrition counseling.

iii. Transportation

Colorado is ranked 22nd among the states in per capita transportation spending. There is an increasing need for cost-effective senior transportation services. A recent

report by the Colorado Department of Health Care Policy and Financing (HCPF) found that Colorado's current transportation failed to tap the knowledge and expertise of transportation professionals and did not promote the least costly mode of travel appropriate to clients needs. As a result, unmet transportation needs deter seniors from receiving adequate medical, dental, and mental health services. It is estimated that existing transit service in the Denver Metro Area can provide only 65% of the demand. Services are fragmented, jurisdictional issues prevent easy travel, and communication among providers, referral agencies, and funders does not occur regularly.[51] A primary on-going concern about transportation is the lack of necessary operating dollars (to pay drivers' salaries, fuel and insurance.) Obtaining vehicles to transport persons is generally less of a problem.

During the next four years, the State Division on Aging and Adult Services and AAAs will track progress in the expansion of the network of resources used for transporting older Americans in Colorado. The Division of Aging and Adult Services and the AAAs are moving to transfer unregistered transportation clients to registered services. This will result in better knowledge of our customers and increased ability to target services to them.

iv. National Family Caregiver Support Program

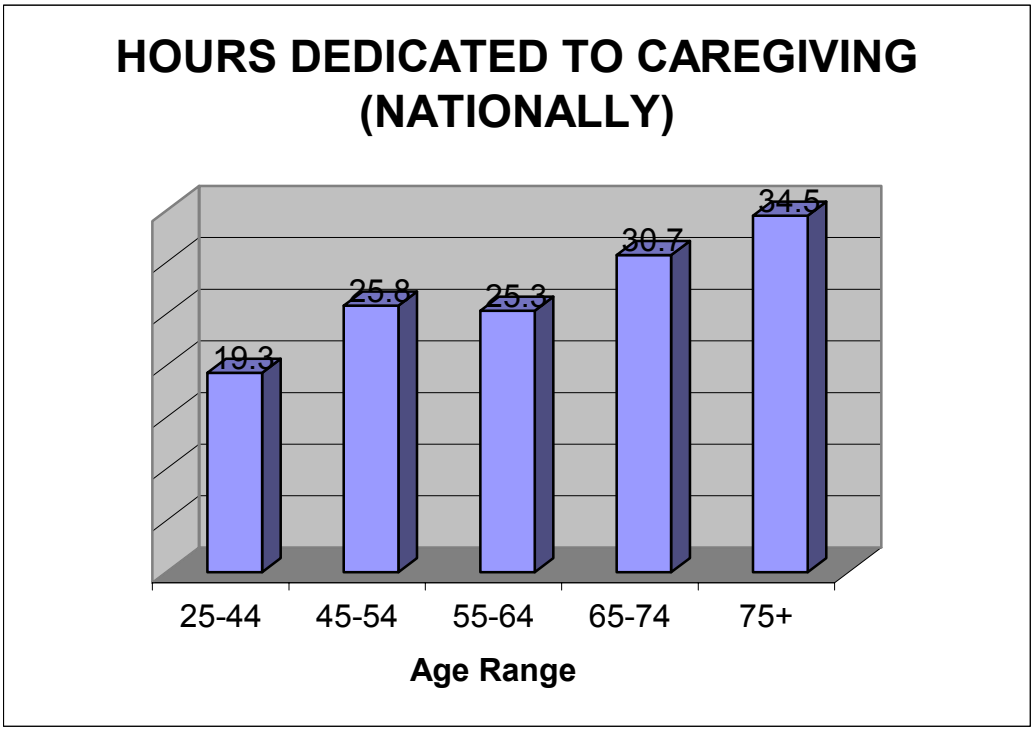
Family members and other informal caregivers are the backbone of our long-term care system, providing largely unpaid assistance to seniors with chronic illness or disabilities. The National Family Caregiver Support Program is designed to assist the millions of caregivers who struggle each day to provide for their chronically ill and/or disabled loved ones. Caregivers accomplish this assistance while juggling multiple family and job responsibilities. Although assistive services such as adult day care, respite care, support groups, or home delivered meals may be available, caregivers are often not aware that such services exist. Many caregivers rely on the assistance of paid caregivers who are often untrained, poorly compensated and many times unable to overcome the stress of caring for an older and often frail adult. This situation is compounded by the fact that the number of hours dedicated to caregiving increases with the age of the family caregiver.[52] In many situations, the elderly frail are caring for the elderly frail.

---

[51] *Transportation Summit, Research, and Final Report.* Rose Community Foundation. November 2000.

[52] Alecxih, L.M.B. et al. *Characteristics of Caregivers Based on the Survey of Income and Program Participation.* National Family Caregiver Support Program: Selected Issue Briefs. Prepared for the Administration on Aging by The Lewin Group, July 2001.

CHART FIVE



The acceptance of a caregiver role is often unplanned.[53] After a period, the stress of long-term caregiving by a family member is associated with physical, psychological, social, and emotional problems for the caregiver.[54]

Caregiving activities fall disproportionately on females. For every male caregiver, there are two female caregivers.[55] Just as there is gender disparity in caregiving, there is ethnic and racial disparity as well. Studies report a higher incidence of caregiving among Asian-American (31.7%), African-American (29.4%), and Hispanic (26.8%) households than in the general population.[56] In addition, caregivers of color tend to have lower incomes and are in poorer health than their Anglo counterparts.[57]

---

[53] Tennstedt, S. (1999). *Family Caregiving in an Aging Society.* Presented at the U.S. Administration on Aging Symposium. Longevity in the New American Century. March 29, 1999.

[54] Toseland, R. et al. Supporting the Family in Elder Care. In G. Smith et al. (Eds.) *Strengthening Aging Families: Diversity in Practice and Policy.* Sage Publications, Thousand Oaks, CA.

[55] Alecxih, L.M.B. et al. *Characteristics of Caregivers Based on the Survey of Income and Program Participation.* National Family Caregiver Support Program: Selected Issue Briefs. Prepared for the Administration on Aging by The Lewin Group, July 2001.

[56] National Alliance of Caregiving and the American Association of Retired Persons (1997). *Family Caregiving in the U.S.: Findings from a National Survey.* Bethesda, MD.

[57] Pruchno, R. et al. African-American and White Mothers of Adults with Chronic Disabilities: Caregiving Burden and Satisfaction. *Family Relations.* 46(4) 335-346.

c. Regional Initiatives

In addition to the Joint Statewide Objectives and Initiatives, local AAAs regional initiatives fall within these categories:

Transportation:

- Target transportation to seniors with disabilities and at-risk elders.
- Increase overall transportation options for elders.

Health, Medical, Dental:

- Increase resources for dental care for low-income elders.
- Work with dental community to increase pro-bono and sliding fee programs.
- Improve seniors' awareness of medication issues.
- Improve seniors' access to basic medical services.
- Encouraging older adults to achieve and maintain optimum health and wellness.
- Fostering the safe and appropriate use of medications and supplements.
- Devise a strategy for depression screening and increase efforts of friendly visitor and peer counseling programs.
- Reduce the incidence of loneliness among seniors.

Caregiver:

- Improve access to information and assistance to caregivers providing care to older adults.
- Target adult day and respite services to the elderly spousal caregiver.
- Increase respite hours.

Organizational Capacity:

- Concentrate on advocacy and resource development through education and coordination efforts.
- Increase volunteer outreach efforts.

Legal:

- Target legal assistance to most at-risk elders.

Information:

- Increase efforts to educate elders about property tax relief programs, home equity conversion programs, retirement planning, long-term care insurance, and other health care issues.
- Increase access to, and understanding of, the BenefitsCheckUp program.

In-Home Services

- Target in-home assistance to at-risk groups.

d. Measuring Progress

We cannot evaluate how close we are to achieving the Division's mission without methods to measure progress. Two measures used are the Balanced Scorecard and SAMS. Information from SAMS/NAPIS is used for the Balanced Scorecard measures.

Balanced Scorecard

The Colorado Department of Human Services uses a performance measurement system called the Balanced Scorecard. The Balanced Scorecard was developed in 1992 by two Harvard Business School professors for private sector and for-profit organizations. Currently about 40% of the *Fortune 1000* companies in the USA are using some form of a balanced scorecard. It is now being adopted for government and other public-sector organizations.

The Balanced Scorecard provides a framework that links actions to our overall mission. It tracks performance regularly so we know when, how, and where to make adjustments. More importantly, it identifies employee and organizational climate results as major contributors to organizational effectiveness and success.

TABLE SIX
SUA PERFORMANCE MEASURES AS OF MARCH 30, 2003

PERFORMANCE MEASURE	ACTUAL 6/30/2001	ACTUAL 6/30/2002	ACTUAL 9/30/02	ACTUAL 12/31/02	ACTUAL 3/30/03	TARGET 6/30/2003 Projections
Units of service provided to persons through the State Funding for Senior Services and Older Coloradans Program	N/A	N/A	41,752 (41,752)[58]	34,480 (76,232)	87,748 (163,980)	Baseline
Unduplicated clients served through the State Funding for Senior Services and Older Coloradans Program.	N/A	N/A	3,231 (3,231)	845 (4,076)	1155 (5,231)	Baseline
Units of service provided to persons served through the *Older Americans Act* Programs.	3,160,779	2,487,298	545,994 (545,994)	712,429 (1,258,423)	886,469 (2,144,842)	3,160,779
Unduplicated clients served through the OAA Programs.	34,007	30,496	19,553 (19,553)	5,521 (25,074)	2,451 (27,525)	35,000

[58] Numbers in parentheses represent cumulative totals over all quarters.

SUA PERFORMANCE MEASURES AS OF MARCH 30, 2003, Continued

PERFORMANCE MEASURE	ACTUAL 6/30/2001	ACTUAL 6/30/2002	ACTUAL 9/30/02	ACTUAL 12/31/02	ACTUAL 3/30/03	TARGET 6/30/2003 Projections
Percent compliance with State Long Term Care Ombudsman Program – visitation to nursing home facilities on a monthly basis.	N/A	82%	93.6% (93.6%)	100% (96.8%)	99.7% (97.7%)	100%
Percent compliance with State Long Term Care Ombudsman Program – visitation to assisted living residences on a quarterly basis.	N/A	56%	91.9% (91.9%)	100% (95.9%)	100% (97.3%)	100%
Percent satisfaction of the respite component for caregivers who receive services under NFCSP.	N/A	N/A	N/A	N/A	N/A	Baseline begins SFY04

e. Statewide Strengths / Needs Assessment

In a time of declining financial resources, clear, accurate, and timely information about senior needs, strengths, and issues is critical. There currently is no comprehensive picture of senior needs in Colorado. This results in less efficient, less focused and inadequately targeted delivery of vital services to seniors in need. A comprehensive strengths / needs assessment will provide a uniform set of data that will identify the critical services needed in specific regions, statewide, and for specific target populations. A statewide strengths / needs assessment will offer a compelling picture of seniors in Colorado and propel future funding targeted to those most in need.

Upon receipt of funding, the Division of Aging and Adult Services will conduct a random sample Statewide Strengths/Needs Assessment to identify strengths and needs, determine programs and services tailored to the area, and increase community awareness to promote the dignity, independence and well being of Colorado's older citizens when funding is available.

f. Best Practices

Best Practices were contained within Regional Four –Year Plans. These practices enhance services provided to seniors. These dozen best practices will be disseminated throughout the aging network. Forums will be created to assist in implementation of these practices throughout Colorado.

Strengths-Based Systems

- Create a strengths-based long-term care and supportive services system that uses strengths when they are present and builds strengths when they are missing.

Loan Closet

- Helping caregivers cope with the added expense of acquiring adaptive equipment (wheelchairs, walkers, lightweight reachers/grabbers, canes, crutches, shower benches, and grab bars) by providing a recycling "Loan Closet." Residents age 60 or over and caregivers of persons age 60 or over can borrow equipment from the Senior Center Loan Closet for their personal use at home for up to (2) months. After the equipment is returned, it is inspected for wear, sanitized, and recycled to another person in need.

Caregiver Assistance

- Provide individual counseling or training for Caregivers to provide individual, personal support to caregiving families. The Caregiver Support Coordinator listens supportively and provides information and recommendations to the family based on their assessment of the family's needs. Caregiver Support Coordinators meet with the caregivers and care receiver, with the caregiver individually, or with many members of the family. This meeting may be conducted in the caregiver's home, the Caregiver Support Coordinator's office, or at another mutually acceptable location. After the meeting, the Caregiver Support Coordinator provides caregivers with a letter reviewing the results of the consultation and the suggestions that were agreed upon. The Caregiver Support Coordinator is available for follow up contact as needed.

- Enhance and provide Information and Assistance that gives caregivers information about medical conditions, mental health concerns, and programs and services. Create a central source of information for caregivers at all stages to access (Caregivers have different needs in the "caregiving cycle." At the start of their caregiving journey, caregivers are interested in obtaining information and linkages. During the later states in the cycle, when caregiving burdens increase, caregivers need more assistance in personal care needs, sitting services, respite and support groups.)

Foot Care Program

- Contracting with RNs to trim toenails. If the RN sees other issues, s/he refers the participant to a foot specialist. This program has become extremely important as participants have a hard time trimming their toenails as they get older.

BenefitsCheckUp

- One concern voiced by seniors throughout Colorado is that they do not know where to find information about benefits for which they may qualify. **BenefitsCheckUp** is the first of its kind Web-based service designed to help older Americans, their families, caregivers and community organizations determine quickly and easily what benefits senior may qualify for and how to claim them. A companion program, **BenefitsCheckUpRx** is the first and only web-based service that offers seniors a personalized report of prescription savings that they otherwise may not have known they were eligible to receive. Information on these programs may be accessed at www.benefitscheckup.org.

Targeting

- Develop RFPs for all service providers based on their ability to target low income, minority, rural, frail, and socially isolated seniors. Require that contractors have a targeting plan that is part of the conditions of the contract.

- Develop tools to monitor and evaluate the targeting program and conduct training workshops with grantees to teach them how to set up, monitor and evaluate outcome measures during the 2003-2007 planning period.

Customer Service

- All calls received at the AAA office are handled courteously and information is passed on as quickly as possible. We have been complimented several times regarding the information we provide after "getting nowhere" with other agencies. Many of the elderly have reservations about using voicemail and are likely not to keep trying if not handled properly when they finally do make a connection.

Material Assistance

- The Hearing Aid Bank provides hearing aids to low-income seniors and is supported by OAA funds. In 2002, 23 used hearing aids were fitted to low-income seniors. Follow-up is provided to the seniors not less than once every six months.

911

- A cell phone donation program has been set up. Arrangements have been made with Qwest for volunteers to fix these phones so that only outgoing 911 emergency calls can be made. These phones are given to seniors at no charge for either the phone or service.

Medical Cards

- Because of the large number of prescription drugs many seniors take, there is an enhanced danger of negative interactions among pharmaceutical drugs. One inexpensive, "low tech" and highly effective method of dramatically reducing negative pharmaceutical interactions is with Med Cards. These cards list all of the prescription drugs a senior takes and allows an immediate crosscheck by the senior's physician.

6. The Heart of Our Activities

a. Current Programs

The services listed below are provided to persons aged 60 and over. In general, these persons do not qualify for Medicaid funded long-term care programs, Home Care Allowance, or Adult Foster Care Programs. Participants receive services through local providers of services and Area Agencies on Aging.

The *Older Americans Act* intent is for the SUA to be the leader, relative to all aging issues, on behalf of older persons in Colorado. The State is responsible for administering the Title III, IV, and V Programs funded under the *Older Americans Act*. It administers the Title III Community Services Programs through Colorado via Area Agencies on Aging based on contracts with their supervising and sponsoring agencies. It also administers the Title V Senior Community Service Employment Program in certain locations of Colorado via employment contracts.

The *Older Americans Act* requires the State to designate Area Agencies on Aging (AAA) to carry the programs for designated Planning and Service Areas (PSAs). The State is required to designate as its Area Agencies on Aging those agencies having the capacity and commitment to fully carry out the programs. The Area Agencies on Aging serve as the administrators of the programs at the local level. The Area Agencies on Aging also serve as the coordinating mechanisms to advocate, coordinate, monitor, and evaluate the following programs affecting the aging in their areas.

- The **Nutrition Services Program for the Elderly** provides meals that meet the one-third daily recommended dietary allowance to persons aged 60 and over in a congregate setting, such as a senior centers and schools. These assure a nutritionally balanced diet and provide opportunity for socialization. The Program provides meals to persons age 60 and over in a home setting for those unable to leave home to assure a nutritionally balanced diet and care in the home. Other services include nutrition screening, assessment, education and counseling to help older participants learn to shop and/or plan and prepare meals that are economical. These programs assist the elderly in managing their health problems and enhance their well-being. Participants receive services through local providers of service and Area Agencies on Aging.

- The **Transportation Service Program for Elderly** provides transportation to persons aged 60 and over to medical appointments, grocery shopping, meal sites, etc. Participants receive services through local providers of services and Area Agencies on Aging.

- The **In-Home Service Program for Frail Elderly** provides a variety of services to persons age 60 and over in need of assistance with daily activities of living because of functional impairments. These services include homemaker, personal care, home health services, visiting and telephone reassurance, chore maintenance, in-home respite, adult day care, and minor home modifications. Local providers and Area Agencies on Aging offer services.

- The **Disease Prevention and Health Promotion Program** provides a diverse array of programs including health risk assessments, routine health screening, nutrition counseling and educational services, health promotion, physical fitness, home injury control services, medication management screening and education, diagnosis, prevention treatment and rehabilitation of age-related disease and chronic disability conditions, and counseling.

- The **Long Term Care (LTC) Ombudsman Program** provides services on behalf of persons age 60 and older, who reside in long-term care facilities. LTC Ombudsmen identify, investigate, and work to resolve complaints filed by or on behalf of long-term care residents. Additionally, LTC Ombudsmen provide information to consumers about long-term care facilities and advocate for improvement in the long-term care system. Services are provided through the Office of the State Long Term Care Ombudsman. Local Long Term Care Ombudsman programs are supervised by the Area Agencies on Aging. HB 02-1420 ("The Long Bill") now funds the Colorado LTC Ombudsman Program through its own funding line.

  The *Colorado Long-Term Care (LTC) Ombudsman Program* is operated by a private nonprofit organization, The Legal Center for People with Disabilities and Older People, through a contract with the State Department of Human Services. A network of local long-term care ombudsmen work under the auspices of Colorado's sixteen Area Agencies on Aging, the Office of the State Long-Term Care Ombudsman (known as the Colorado LTC Ombudsman), and local LTC ombudsmen. Colorado's LTC ombudsmen include many volunteers who are trained and certified to assist by responding to, and resolving complaints by, residents, their family members, facility staff, and other members of the long-term care community. LTC ombudsmen advocate for the elderly by educating individuals and facilities; training facility staff; joining with state health inspectors and adult protection workers to help remedy facility deficiencies; providing information to the media and the legislature; and working jointly with other health and aging organizations to safeguard the lives and autonomy of the at-risk population they serve. Because the primary focus of the LTC Ombudsman Program is the quality of life of the individuals who reside in long-term care facilities—rather than on facility-based regulatory concerns—it is distinct from, but works closely with, the facility licensing and oversight role of the Department of Public Health and Environment and County and State Adult Protective services agencies.

  The LTC Ombudsman works totally at the behest of the resident (or resident's guardian, where the resident is not able to represent themselves). Pressuring or coercing a resident for any purpose would be a violation of the Colorado LTC Ombudsman certification and code of ethics and would be grounds for immediate de-certification. Confidentiality is absolute and a cornerstone of the LTC Ombudsman Program. Confidentiality processes and procedures are closely monitored by the local lead LTC Ombudsmen and the Office of the Colorado LTC Ombudsman. Databases containing personal resident information

are kept locally and require restricted pass codes to gain entry. Only aggregate data are reported to the State and federal levels.

The State stipulates it will place no restriction other than those in Section 712(a)(5)(C) on the eligibility of entities for designation of local Ombudsman activities.

- The **National Family Caregiver Support Program** provides services to caregivers, so they can continue to provide caregiving to family and loved ones. This is the first new program under the *Older Americans Act* since 1972. Services are provided to caregivers of individuals who are "frail" - persons medically determined to be functionally impaired and unable to perform at least two activities of daily living without substantial human assistance. This assistance includes verbal reminders, physical cueing, or supervision. The National Family Caregiver Support Program offers services to grandparents or older individuals who are caregivers to relatives. A "relative caregiver" means a grandparent or step-grandparent of a child, or a relative of a child by blood or marriage, who is 60 years of age or older and lives with the child; is the primary caregiver of the child; and who has a legal relationship to the child or raises the child informally.

How the NFCSP will be implemented in the State

1. *Develop a responsive caregiver support system at the state and local level.*

Action Steps

- Investigate 800 number for Statewide information on NFCSP
- Coordinate with the 211 system
- Publicize SUA and AAA phone number for questions regarding NFCSP
- Develop an internal list for each AAA containing contact name and phone number for each of the Caregiver Programs
- Conduct a Best Practices Sharing Session at State Training meeting September 2003
- Promote quarterly conference calls with NFCSP providers and AAA Offices to share information
- Advisory Committee will present coordination efforts with Community Centered Boards with Developmental Disabilities populations to the Aging Policy Advisory Committee

2. *Develop a system capacity for NFCSP*

Action Steps

- Develop Implementation Plan in all PSA Regions
- Develop a survey tool to gather data on program implementation
- Review data from expenditures and plans for patterns of service delivery and client count for each category of service
- Provide technical assistance to AAAs

- Report conclusions to AAA Directors and offer additional technical assistance where needed

3. *Coordinate between caregiver programs and the broader LTC system*

Action Steps

- Set meeting with Health Care Policy and Financing to share information on NFCSP implementation
- Develop partnerships with other state agencies, independent caregiver support systems, and other stakeholders to coordinate, maximize resources, and increase access to caregiver programs
- Coordinate with Paul Bell, Ph.D. from Colorado State University on the Alzheimer's Demonstration Grant and the Colorado Alzheimer's Association

Categories of services Colorado is providing to implement the NFCSP

- Information to caregivers about available services
- Assistance to caregivers on gaining access to services
- Individual counseling, organization of support groups, and caregiver training to caregivers to assist caregivers in making decisions and solving problems relating to their caregiving roles
- Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities
- Supplemental services, on a limited basis, to complement the care provided by caregiver

TABLE SEVEN

PROJECTED NUMBER OF CAREGIVERS WHO WILL BENEFIT

Total Unduplicated Clients	4,351
Total Aggregate Clients	76,219
Total Units of Service	232,249
Total number of Units of Service for Information	150,716
Total number of Unit of Service for Access	11,700
Total number of Units of Service for Counseling/Training	9,093
Total number of Units of Services for Respite Care	44,478
Total number of Units of Service for Supplemental Service	9,456

Steps to integrate the NFCSP into the State's existing comprehensive system of services for older individuals

- Collaborate with Colorado AARP Chapter to promote and provide information about the NFCSP to the AARP membership.
- Provide training to the Division of Developmental Disabilities staff regarding the services available under the NFCSP that could potentially serve the Developmentally Disabled populations.

- Develop program coordination with the State Health Department and County Nursing Services to provide information regarding the NFCSP.
- Collaborate with the National Council on Aging BenefitsCheckUp program.
- Continue to work closely with Health Care Policy and Financing Department who administers the Medicaid program and the Child Welfare Department who works with grandparents. These agencies will coordinate with SUA to provide information regarding caregiver services.
- Boulder County was the only AAA who implemented a caregiver program, with local funding, before the implementation of the NFCSP. Boulder County integrated existing caregiver services and expanded them into the new NFCSP.

How an emphasis on serving "caregivers" will be implemented
The Colorado State Unit on Aging works in partnership with Area Agencies on Aging, local community agencies, local providers, and State agencies to provide training, education, and information regarding the NFCSP. The emphasis of the services is to provide information to the caregiver about skills, training, and materials necessary to continue to provide caregiver services to the caregiver recipients.

- The **Senior Community Service Employment Program (SCSEP)** promotes useful, part-time employment opportunities in community service activities for persons with low incomes and who are fifty-five years of age or older. Eligible enrollees are provided wages, skill enhancement or acquisition of skills, personal and employment counseling and assistance in obtaining un-subsidized employment. Local community providers contract with Colorado to implement the program though non-profit host agencies.

- The **Legal Assistance Developer Program** provides legal services on behalf of persons aged 60 and over. Local legal service providers under contract with Area Agencies on Aging, assist older adults to resolve legal problems and advocate for the rights of older persons. The program also includes the State Legal Assistance Developer who provides training and technical assistance to local provider programs.

- The **Elder Abuse Prevention Program** provides education, training, and public awareness activities to prevent incidents of abuse, exploitation and neglect of at-risk adults. The Colorado Coalition provides educational training and public awareness activities for Elder Rights and Adult Protection as well as local county departments of social services and Area Agencies on Aging. The state stipulates it will not supplant pre-existing funds to carry out each of the vulnerable elder rights protection activities.

- **Information and Assistance Programs** provide information services to the customers of Aging Adult Services. The program furnishes customers with accurate and timely information through written, telephone, electronic and assistive technology.

These services allow many older persons to remain in their own homes and communities thereby avoiding unnecessary and costly institutionalization. This network of services is administered by sixteen (16) Area Agencies on Aging. These agencies are responsible for planning, developing, coordinating, and arranging for services in each of Colorado's sixteen planning and service areas. Local communities are expressing a need for more resources from the State and Federal levels to support this network of services. When the demographics of the aging population are compared to the historical funding pattern of this set of programs, it is clear funding has not kept pace with growth. The increase in the "oldest old" population (age 85+) puts pressure on service providers to serve more and more people within a capped budget.

b. Providing services to older individuals with the greatest economic need, with particular attention to low-income minority individuals and individuals residing in rural areas.

During the last year, significant and lengthy discussions have developed on targeting these individuals with greatest economic and social need as a core component of the *Older Americans Act service provision*.

c. Method for Carrying Out this Preference

The AAA requirement for various OAA services includes the setting of basic threshold measures for service delivery. Monitoring of low-income and minority participation for all OAA programs will be done through SAMS and NAPIS report reviews.

In addition, Regions have carried out this preference by:

- Establishing programs with faith communities;
- Contacting community leaders each year representing low-income, minority, rural and at-risk elders;
- Collaborating on special projects or events annually that target caregivers of diverse cultures;
- Offering education programs on Medicare and health care choices in a language other than English;
- Employing full-time staff persons with responsibility for reaching elders and caregivers of diverse cultures;
- Operating Project HOPE (Project HOPE combines a Section 8 rental voucher with care coordination and supportive services to enable frail, low-income participant to remain safely in their homes);
- Networking with agencies such as Social Security, Food Stamps, county departments of Human Services, Low-Income Energy Assistance, and other low income or housing programs for identification of clients in the greatest economic need;
- Partner to find ways to better serve the transportation and general isolation problems of Hispanic elders;

- Maintain senior nutrition programs within Section 8 senior housing and surrounding communities;
- Maintain senior nutrition programs in rural communities that have a significant number of targeted seniors;
- Maintain requirements in all provider contracts to outreach to the appropriate target populations;
- Distribute posters and fliers in Spanish and English informing the public of the existence of AAAs and services available;
- Maintain the Options for Long Term Care program in-house to gain greater access to the frail and disabled seniors; and
- Develop RFPs for all service providers based on their ability to target low income, minority, rural, frail, and socially isolated seniors. Require that contractors have a targeting plan that is part of the conditions of the contract.

d. Colorado's Intrastate Funding Formula

Colorado's Intrastate Funding Formula distributes funds based on the following factors:

40% Population aged 60 and over
15% Rural population aged 60 and over
15% Minority population aged 60 and over
15% Low income population aged 60 and over
15% Population aged 75 and over.

TABLE EIGHT–COLORADO'S INTRASTATE FUNDING FORMULA FFY2003

Region	Allocation Ratios	Total Federal/State Administration	Total Svrc Federal/State Part B	Total Srvc Federal/State Part C-1	Total Svrc Federal/State Part C-2	Total Svrc Federal/State Part D	Total Svrc Federal/State Part E	Ombudsman Activties	Elder Abuse Prevention
1	0.029397408	$34,690	$114,094	$114,853	$60,247	$7,906	$39,081	$3,803	$1,026
2A	0.047738481	$53,837	$175,896	$177,065	$92,881	$12,838	$63,463	$5,681	$2,522
2B	0.046303461	$52,340	$171,061	$172,198	$90,327	$12,453	$61,555	$4,232	$1,787
3A	0.421193836	$443,251	$1,432,548	$1,442,073	$756,449	$113,275	$559,931	$53,219	$21,513
3B	0.047316239	$49,856	$161,161	$162,233	$85,100	$12,725	$62,902	$6,374	$2,446
4	0.106384387	$115,062	$373,507	$375,989	$197,228	$28,610	$141,426	$10,519	$5,109
5	0.013228286	$17,810	$59,612	$60,008	$31,478	$3,558	$17,585	$1,003	$329
6	0.025785108	$30,919	$101,923	$102,600	$53,820	$6,934	$34,278	$2,663	$803
7	0.054707406	$61,113	$199,379	$200,704	$105,281	$14,713	$72,727	$5,362	$2,558
8	0.026363366	$31,522	$103,871	$104,562	$54,849	$7,090	$35,047	$1,227	$659
9	0.031634367	$37,026	$121,632	$122,441	$64,227	$8,508	$42,054	$2,132	$959
10	0.039092282	$44,811	$146,762	$147,737	$77,497	$10,513	$51,969	$2,500	$1,137
11	0.054693766	$61,099	$199,332	$200,657	$105,256	$14,709	$72,709	$7,123	$2,509
12	0.015267191	$19,938	$66,482	$66,924	$35,106	$4,106	$20,296	$176	$290
13	0.026348550	$31,507	$103,822	$104,512	$54,822	$7,086	$35,027	$2,676	$1,071
14	0.014545868	$19,186	$64,053	$64,479	$33,823	$3,913	$19,339	$1,146	$518
	1.00	**$1,103,967**	**$3,595,135**	**$3,619,035**	**$1,898,391**	**$268,937**	**$1,329,389**	**$109,837**	**$45,235**

The formula has not been reviewed for over two decades. The State proposes a joint review of the formula the Division of Aging and Adult Services, and Area Agencies on Aging Directors. It is proposed that this review be guided by a neutral professional facilitator by the close of Federal Fiscal Year 2005 to reflect the needs of seniors in the state.

Section 307(a) of the *Older Americans Act* requires the State Agency 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(b) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). In Colorado, the percentages of Titles III and VII allocations are:

ACCESS	25%
IN-HOME	15%
LEGAL ASSISTANCE	3%.

7. Accomplishments

Systems Improvement

Centralized the Social Asset Management System (SAMS) data entry. Centralization of the system allows Area Agencies on Aging and their providers to enter aging services data directly through this web-based system, freeing the local agencies from requirements of software systems maintenance and backup.

The State Unit on Aging successfully issued RFPs for *Older Americans Act*, Title V, Senior Community Services Employment Program, Long-Term Care Ombudsman Program, and Legal Assistance Program Developer Program.

Media Outreach

The State Unit on Aging has worked closely with Mr. Dennis Stretar, Executive Producer of *Healthy Aging Today*. This radio program is designed to provide information to the senior population. SUA staff have been featured speakers on *Older Americans Act* Programs. As a result of the interviews, the SUA has received phone calls from listeners requesting additional information.

A national program titled *Thou Shalt Honor* regarding family caregiving was broadcast on Channel 6, during October 2002. The State Unit on Aging sponsored a phone bank to assist in Information and Assistance to the local Area Agencies on Aging.

Collaboration with BenefitsCheckUp Program

BenefitsCheckUp Program is a web-based program for the 55+ population designed to provide potential client eligibility information. Potential eligibility is determined through completion of a questionnaire by the client. Data from the questionnaire is entered through the web-based program. The client is provided with the results, which include a multitude of program services that the client may be eligible to receive.

***Older Coloradans Act* House Bill 02 1209**

The *Older Coloradans Act* was passed signed by Governor Owens May 2000 and became effective July 1, 2000. The purpose of the program is to provide community based services to persons sixty years of age or older. These services assist recipients retain maximum independence in the least restrictive environment. The Area Agencies on Aging have successfully advocated for increased funding for this population and received an additional $2.5 million for the program for SFY 2003-04.

***Older Coloradans Act* Rules and Regulations**

Volume X has been completely revised. The Area Agencies on Aging have been included in the review and input process of the draft regulations. The rules are scheduled to be presented the State Board of Human Services for approval.

Long Term Care Ombudsman Program

Through increased emphasis and monitoring, the Colorado Long-Term Care Ombudsman program reached 100% statewide compliance on facility visits.

Governor's Proclamation

The following annual events have received official recognition from the Governor: May- *Older Coloradans Month*, September- *Senior Community Services Employment Program*, and November *National Family Caregiver Support Program*. The proclamation signed by the Governor provides prominence to these programs.

Caregiver Conference June 2003

Denver, Colorado was one of only five states selected by the Administration on Aging in Washington to host the *National Family Caregiver Support Program Conference* on June 12, 2003. The purpose of the conference is to bring attention to businesses that have employees who are caregivers to families and loved ones. The Governor of Colorado has signed a letter of endorsement sent to the business community inviting them to participate in the conference.

State/AAA Bi-Monthly Training and Informational Meetings

The SUA implemented the State/AAA bi-monthly training and information as a means of increasing better communication and training. The AAAs are supportive in attending and actively participate in the meetings.

8. Appendices

a. *State Plan on Aging* Implementation Checklist

TABLE NINE – IMPLEMENTATION CHECKLIST

Task	Measure
Increase registered services to persons at or below federal poverty level.	Increase in number of clients in registered services.
Initiate On-Going System of Reciprocal Mentoring	Mentoring time component included in State/AAA meetings.
Balancing of Roles and Responsibilities	Facilitation and agreement is reached.
Increasing Inter-Agency Interactions	SUA will coordinate with at least two different state agencies on elder issues for each year of the plan.
Quarterly Internal Assessments - SUA	Efficiencies identified for SUA.
External (AAA) Assessments	External Assessments conducted by SUA of all AAA regions during first year of State Four-Year Plan.
Efficient Technology	Centralize data, develop model, develop client description, and tailor ILA Tool in FY04.
	Build and test system in FY05.
	Implement program, FY06 base.
	Evaluate program in FY07.
Streamline Awarding of Funds.	Contractual agreement established between SUA and AAAs.
Joint Objectives	Report to CDHS and AAAs on quarterly basis.
Statewide Aging Disaster Preparedness Development	Plan developed and implemented statewide.
National Family Caregiver Support Program.	Program fully implemented statewide.
Strengths/Needs Assessment	Colorado survey conducted by FY07.
Best Practices	Best Practice component included in State/AAA meetings.
Targeting Low Income / Minority Seniors	Data collected through Statewide Needs Assessment and more efficient technology will be analyzed to target seniors most in need.
Intrastate Funding Formula	Joint facilitated review and agreement.

b. Public Input

Public input was obtained on the *State Plan on Aging* during five public hearings. These were held in Pueblo on May 1, 2003, Grand Junction on May 6, 2003, Montrose on May 7, 2003, Limon on May 12, 2003, and Denver [DRCOG] on May 16, 2003. Citizens expressed appreciation for *Older Americans Act* programs. In addition, they often expressed concern about potential reductions in services, and cited numerous areas of needed program expansion. One senior described the current situation as "more people, less money." The concern for program expansion in Transportation, Nutrition, and In-Home Services were often cited.

Seniors expressed their worries about the escalating cost of living and medical care, and the need for inexpensive prescriptions. Some cited the importance of finding flexible, part time employment. One senior stated: "people want to be valued and they need income."

One area that elicited much conversation among professionals who attended the public hearings was the need to support and develop volunteers. Organizations who serve seniors often rely heavily on volunteers. As need for volunteers increases, the supply appears to dwindle.

The issue of service delivery barriers surfaced during the hearings. Seniors often stated they did not know what services were available. The need for increased outreach through mass media, churches, temples, synagogues, and mosques were mentioned. Senior often cited the need for short, "people friendly" applications. Jargon needs to be eliminated and language simplified. As one senior said: "Don't say 'respite care,' say, 'I need a break'."

The State Agency affords an opportunity for a public 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; issues guidelines applicable to grievance procedures required by section 306(a)(10); and affords 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 316.

Summaries of remarks during the public hearings follow.[59]

Pueblo, Colorado, May 1, 2003

Rural
It is more costly to provide services in the rural areas than in the urban areas due to the economy of scale. There are less health care services available in the rural areas.

---

59 For a full copy of the comments from these meetings, see Appendix g, p. 88.

Transportation is the biggest problem in the rural areas due to the distances needed to travel.

Migration
Living in the rural areas of Colorado is a choice, but providing the level of services as in the urban areas is difficult. There was discussion regarding the availability of good, inexpensive housing in the rural areas are attracting more seniors to retire in the rural areas, increasing the service needs.

Public Education
Public education on the *Older Americans Act* programs needs to be increased and targeted. There was discussion collaborating with various programs to increase the program visibility. "Outreach is essential - the more you know the better off you are."

Priorities
There should be a state specific initiative for rural service delivery, due to the increased cost for providing the services. A focus should be on individuals who are at 125% of the federal poverty level. The state should complete a statewide need assessment to determine the needs of individuals in the system and to needs in the community.

Grand Junction – May 6, 2003

Important Services
Nutrition and adequate dental care are important. If a person does not have teeth to eat with, then it compromises their nutritional status. The various components under material aid are important, especially hearing aids, eyeglasses, magnifying glasses, and transportation. There was concern regarding the fact that certain areas could provide one congregate meal a week and that the lack of funding for transportation is reducing service access.

Volunteers
The Aging Network needs to increase the volunteers. Often times a person may need a small amount of assistance in which a volunteer could provide, i.e., volunteers in a doctor's office could provide additional assistance with completing forms with limited special training. Many volunteers are willing to provide more services, but would like reimbursement on their fixed costs (gasoline, car maintenance, insurance.) Some areas do rely on volunteers for many of their services. It was recommended to update the cost saving of volunteers to each service provider and Area Agency on Aging. One volunteer in Mesa County provided a cost saving of $1,605. The cost saving nationally for the 2,800 – 3,000 Caregivers is over $50,000,000.

A concern about the volunteers was once you get a volunteer, the agency often "overloads" the person. Training and support for the volunteers are important as well as recognition, acknowledgement, and visibility. We need to work on changing the culture that volunteering is a "good" thing, we are " neighbor helping neighbor."

Barriers to Services
The amount of paperwork for any governmental program is burdensome and confusing, especially Medicaid. However, the biggest drawbacks to receiving services were individual's own "Pride" – a generation which does not take charity – what would my neighbors think" mentality. People do not like to feel that they are a "drain" on society, therefore will not accept charity.

Other
Services need to be consistent, confidential, current, and correct for the situation/person. There needs to be better coordination of services in the local areas. Affordable housing needs to be developed as well as increase use of financial planners to help individuals use their assets appropriately.

Montrose – May 7, 2003

Medication – Medical Management
Montrose uses medication cards to reduce negative drug interactions with the seniors. These simple cards placed in a person's wallet, purse, or on the refrigerator has reduced negative drug interactions from 80% to 18%. This card is used at the physician's office, hospitals and by the Emergency Medical Technicians. It lists allergies, current medications, but does not have advance directives.

Case Management
Each county in this region has their own case manager; this results in duplication of efforts and lack of communication and resource sharing among all the agencies. The case managers are often based on the medical model for accessing programs. It was suggested to increase the care coordination through the local case management agencies.

Barriers
Stigma of receiving social services and help from others, people think they do not deserve or warrant help. The referrals for from social services to the hospitals and vice a versa are cumbersome and will be even more difficult with the new federal confidentiality requirements. Not sufficient placement for individuals who are being discharged from the emergency rooms in the hospital and have not been confirmed Medicaid eligible. Coordination of long-term care placements needs to increase to decrease the waste of healthcare dollars.

Transportation
Much of this area is rural and many of the transportation providers do not travel to those locations due to the large distances. There needs to be a better infrastructure in place to coordinate the various vans and volunteers. Transportation is used for grocery shopping, to meal sites and medical appointments for those who live within the town limit. There is no listing of the number or individuals who have been denied transportation services; therefore, there is no way to know where people are who are in need of this service.

Volunteers
The volunteer base has been reduced because of many seniors who are "transidents, not residents." Of the volunteers who are in the area, many feel burned out. A volunteer base needs to be activated in this area.

Limon – May 12, 2003

Intrastate Funding Formula
This formula needs to be looked at again with all AAAs and the State keeping an open mind regarding the process. There is concern about targeting low-income individuals and the strong emphasis from the state when resources are lacking. A statewide need assessment would be helpful to assist in this process.

Outreach
It helps having outreach and resource directors in each county where the individuals know the person. A resource of available services is needed in each of the counties to assist with referrals. The local City Councils/Town Governments are asking the questions of what do they get for the amount of money they contribute to the local agencies. There were requests for cost-sharing information from the state.

Barriers
Transportation and cost for services are barriers in this extremely rural area of the state. It is cost prohibitive for clients to make a suggested donation for both a meal and for transportation services, yet the client does not want to "accept charity" and feels obligated to donate. In many cases, the clients will choose which service to "pay." Hiring providers for care is difficult when there are staff shortages and when homemaker and respite care providers are not available.

Denver - May 16, 2003

Services
The most important services are transportation, in-home services including chore services, (snow removal, lawn care, handyman work) respite care, emergency food supplies (blizzard box), eye care, dental care, and podiatry. There was much discussion about the lack of adequate medical care, specifically with many physicians dropping out of Medicare and Medicaid. Assistance with "end-of-life" care issues are needed as well as adult protective services, advocacy services, technology support, translation services for outreach and information sharing and prescription drug benefits.

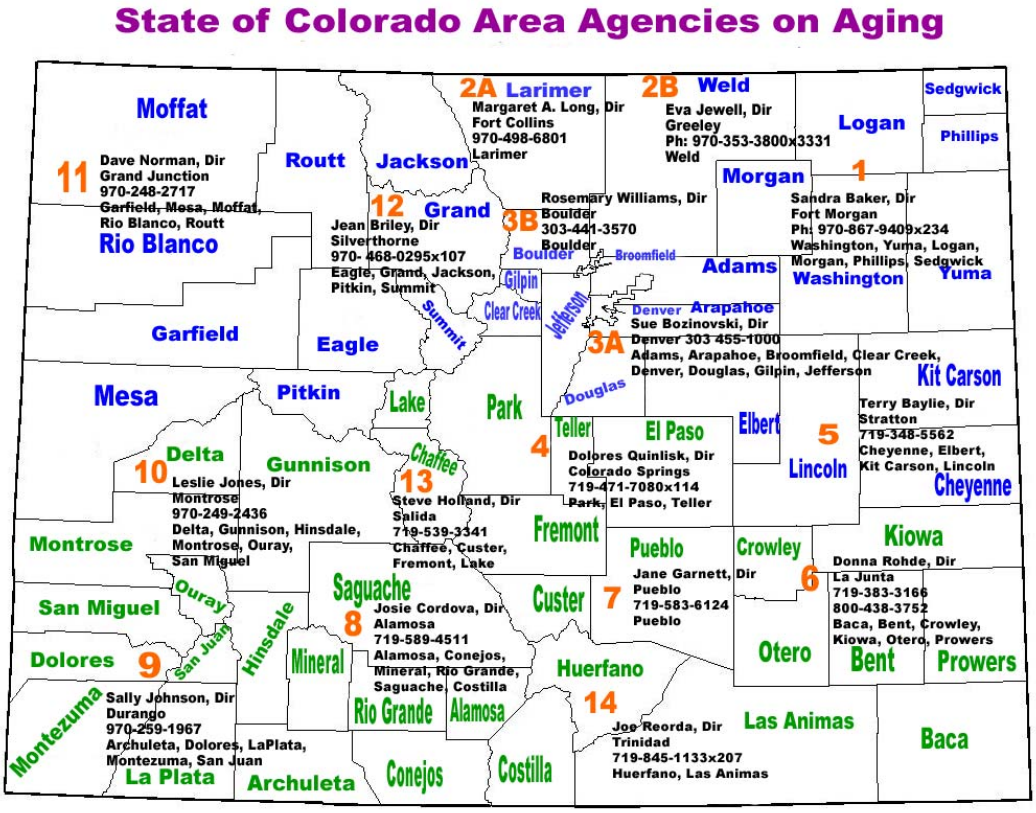
Barriers
Lack of knowledge about the available services seems to exist. There is the feeling that many people are "brick rich and cash poor" meaning they think they do not qualify for services but are in need. Affordable housing is needed; people want to move into smaller houses but in their same neighborhoods. It is hard for many seniors to ask for help even if they know they need it. Seniors still view government help as welfare and they often do not know where to look for help. The adult children are absconding with their parents' assets then expect the government to pick up the cost of care. Language was

identified as a barrier, not only in translation services but also in making the service understandable i.e. “respite care” vs. “I need a break.”

c. State Planning and Service Areas

The *Older Americans Act* requires the State to designate Area Agencies on Aging to carry the programs for designated Planning and Service Areas (PSAs). The State is required to designate as its Area Agencies on Aging those agencies having the capacity and commitment to fully carry out the programs. The Area Agencies on Aging serve as the administrators of the programs at the local level. The Area Agencies on Aging also serve as the coordinating mechanisms to advocate, coordinate, monitor, and evaluate the following programs affecting the aging in their areas.

MAP SEVEN



REVISED 9/24/03

COLORADO AREA AGENCIES ON AGING REGIONS

1 Sandra Baker, AAA Director
Northeastern Colorado Association of Local Governments-Northern Region
231 Main Street, Suite 211
Fort Morgan, CO 80701
Phone: 970.867.9409 ext. 234
Fax: 970.867.9053
Email: aaa@twol.com
Website: www.NortheasternColorado.com
Counties: Washington, Yuma, Logan, Morgan, Phillips, Sedgwick
ASU Contact: Steve Evans 303.866.2768
Field Contact: Dennis Fisher 303.866.3006

2-A Margaret A. Long, AAA Director
Larimer County Office on Aging
Northern Region
Larimer County Human Services
1501 Blue Spruce Drive
Fort Collins, CO 80524
Phone: 970.498.6801
Fax: 970.498.6455
Email: mlong@larimer.org
Website: www.larimer.org/seniors
Counties: Larimer
ASU Contact: Steve Evans 303.866.2768
Field Contact: Herb Covey 303.466.6813

2-B Eva Jewell, AAA Director
Weld County Area Agency On Aging
Northern Region
P.O. Box 1805 - 1551 North 17th Ave.
Greeley, CO 80632
Phone: 970.353.3800 ext. 3331
Fax: 970.304.6442
Email: EJewell@co.weld.co.us
Website: www.weld.co.us.co
Counties: Weld
ASU Contact: Steve Evans 303.866.2768
Field Contact: Herb Covey 303.466.6813

3-A Sue Bozinovski, AAA Director
Northern Region
Denver Regional Council of Governments Aging Services Division
Cherry Creek Corporate Center
4500 Cherry Creek Drive South, 8th Flr.
Denver, CO 80246
Phone: 303.455.1000
Fax: 303.480.6790
Email: sbozinovski@DRCOG.org
Website www.drcog.org
Counties: Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin, Jefferson
ASU Contact: Steve Evans 303.866.2768
Field Contact: Elaine Huffman 303.234.1058

3-B Rosemary Williams, AAA Director
Northern Region
Boulder County Aging Services Division
P. O. Box 471 (3482 North Broadway)
Boulder, CO 80306
Phone: 303.441.3570
Fax: 303.441.4550
Email: rwilliams@co.boulder.co.us
Website: www.co.boulder.co.us/cs/ag
Counties: Boulder
ASU Contact: Steve Evans 303.866.2768
Field Contact: Herb Covey 303.466.6813

4 Dolores Quinlisk, AAA Director
Pikes Peak Area Agency on Aging
Southern Region
15 South 7th Street
Colorado Springs, CO 80905
Phone: 719.471.7080 ext. 114
Fax: 719.471.1226
Email: dquinlisk@ppacg.org
Website: www.ppacg.org
Counties: El Paso, Park, Teller
ASU Contact: John Treinen 303.866.2846
Field Contact: Tom Perkins 719.547.9266

5 Terry Baylie, AAA Director
East Central Council of Governments
Northern Region
P. O. Box 28 – 128 Colorado Avenue
Stratton, CO 80836
Phone: 719.348.5562
Fax: 719.348.5887
Email: baylie@prairiedevelopment.com
Website: http://ecaaa.tripod.com
Counties: Cheyenne, Elbert, Kit Carson, Lincoln
ASU Contact: Steve Evans 303.866.2768
Field Contact: Dennis Fisher 303.866.3006

6 Donna Rohde, AAA Director
Lower Arkansas Valley Area Agency on Aging
Southern Region
P.O. Box 494 - 13 West Third St Room 110
La Junta, CO 81050
Phone: 719.383.3166
800.438.3752
Fax: 719.383.4607
Email: donna.rohde@state.co.us
Website: No website
Counties: Baca, Bent, Crowley, Kiowa, Otero, Prowers
ASU Contact: John Treinen 303.866.2846
Field Contact: Linda Amory 719.489.2347

7 Jane Garnett, AAA Director
Pueblo Area Agency on Aging
Southern Region
2631 E. 4th Street
Pueblo, CO 81001
Phone: 719.583.6124 or 6120
Fax: 719.583.6323
Email: jgarnett@co.pueblo.co.us
Website:
Counties: Pueblo
ASU Contact: John Treinen 303.866.2846
Field Contact: Linda Amory 719.489.2347

8 Dan Gutierrez, AAA Director
South-Central Colorado Seniors, Inc.
Southern Region
P.O. Box 420 - 1116 3rd Street
Alamosa, CO 81101
Phone: 719.589.4511
Fax: 719.589.2343
Email: slvsccs@amigo.net
Website: No website
Counties: Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache
ASU Contact: John Treinen 303.866.2846
Field Contact: Tom Perkins 719.547.9266

9 V.A. "Sally" Johnson, AAA Director
San Juan Basin Area Agency on Aging
Western Region
701 Camino Del Rio #208
Durango, CO 81301
Phone: 970.259.1967
Fax: 970.259.1968
Email: aregion9@fone.net
Website: No website
Counties: Archuleta, Dolores, LaPlata, Montezuma, San Juan
ASU Contact: John Treinen 303.866.2846
Field Contact: Jim Snyder 970.245.4772

10 Leslie Jones, AAA Director
Region 10 League for Economic Assistance & Planning – Western Region
Drawer 849
Montrose, CO 81402
Phone: 970.249.2436
Fax: 970.249.2488
Email: leslie@region10.net
Website: www.region10.net
Counties: Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel
ASU Contact: John Treinen 303.866.2846
Field Contact: Jim Snyder 970.245.4772

11 Dave Norman, AAA Director
Associated Governments of Northwest Colorado
Western Region
P.O. Box 20000-5035
Grand Junction, CO 81502
Phone: 970.248.2717
Fax: 970.248.2702 or 970.248.2849/2883
Email: norda@mcdss.co.gov
Website: www.nwc.cog.co.us
Counties: Garfield, Mesa, Moffat, Rio Blanco, Routt
ASU Contact: Steve Evans 303.866.2768
Field Contact: Jim Snyder 970.245.4772

12 Jean Briley, AAA Director
Alpine Area Agency on Aging -Western Region
P.O. Box 2308
Silverthorne, CO 80498
Phone: 970.468.0295 ext. 107
Fax: 970.468.1208
Email: jbriley@nwc.cog.co.us
Website: www.nwc.cog.co.us
Counties: Eagle, Grand, Jackson, Pitkin, Summit
ASU Contact: Steve Evans 303.866.2768
Field Contact: Herb Covey 303.466.6813

13 Steve Holland, AAA Director
Upper Arkansas AAA – Southern Region
139 East 3rd Street
Salida, C0 81201-2612
Phone: 719.539.3341
Fax: 719.539.7431
Email: smh@my.amigo.net
Website: www.uaacog.com/golden.htm
Counties: Chaffee, Custer, Fremont, Lake
ASU Contact: John Treinen 303.866.2846
Field Contact: Tom Perkins 719.547.9266

14 Joe Reorda, AAA Director
South Central Council of Governments AAA
Southern Region
300 Bonaventure Avenue
Trinidad, CO 81082
Phone: 719.845.1133 ext. 204 & 719.738.2205
Fax: 719.845.1130
Email: cogreorda@adelphia.net & cog@amigo.net
Website: No website
Counties: Huerfano, Las Animas
ASU Contact: John Treinen 303.866.2846
Field Contact: Linda Amory 719.489.2347

d. Service Provision Charts and Tables

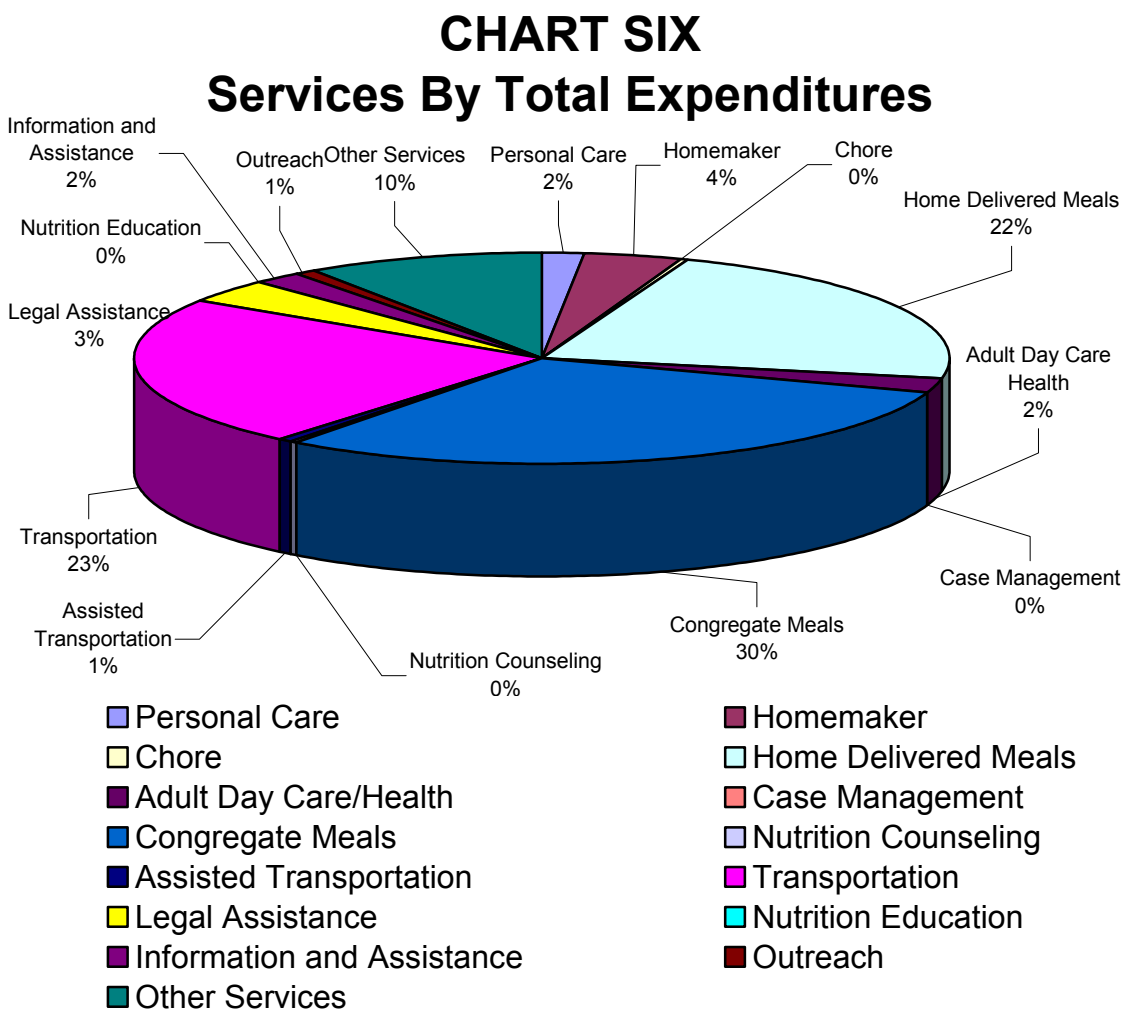


CHART SEVEN
Estimated Average Unit Cost Per Service

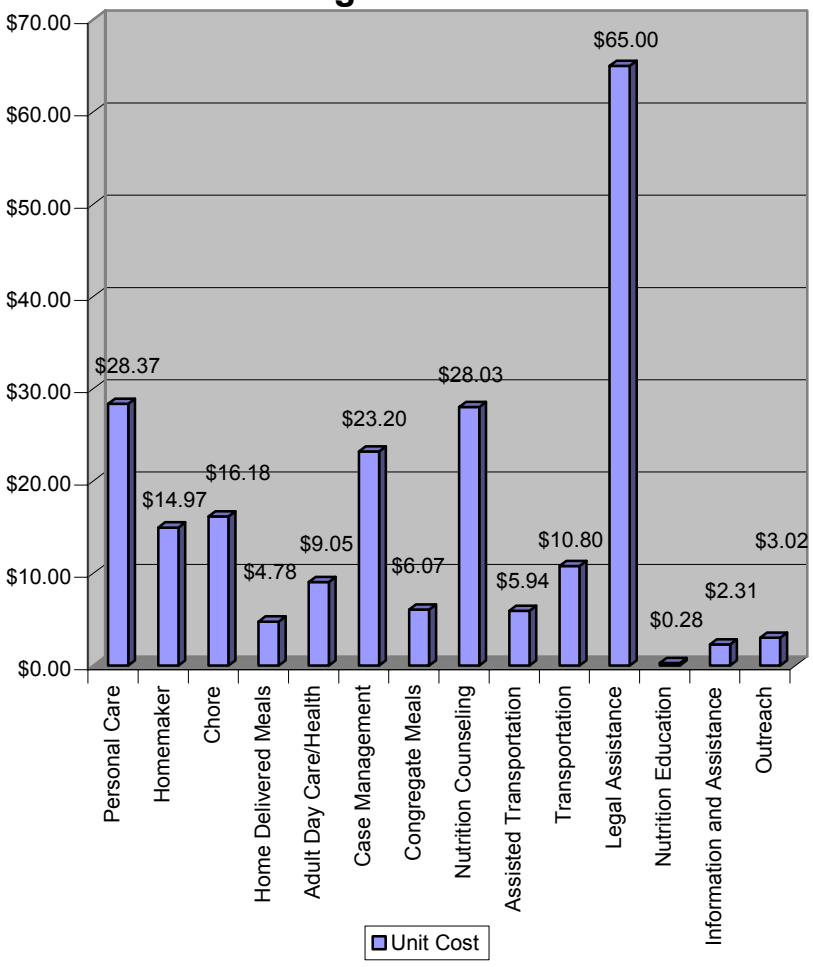


CHART EIGHT
Percentage of Title III Funds to Total Expenditures

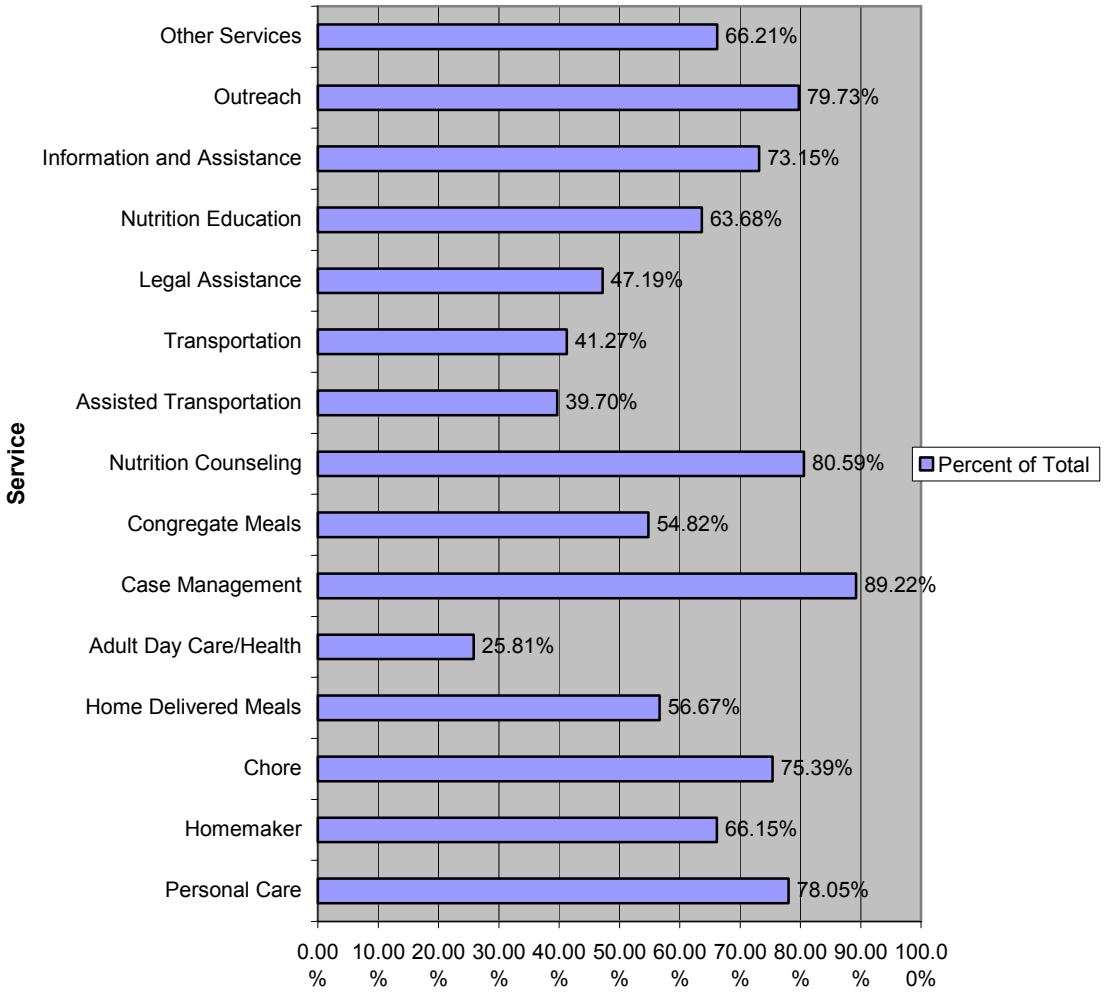


CHART NINE
Number of Registered Clients By Service

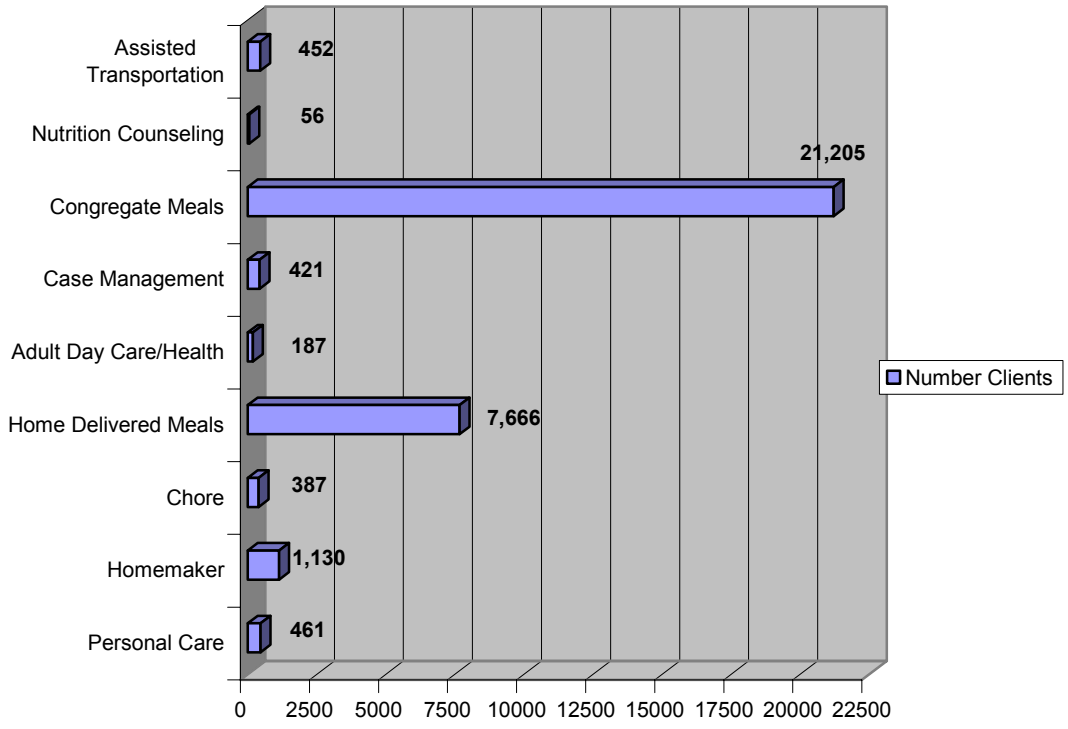


CHART TEN
Registered Client Minority Status

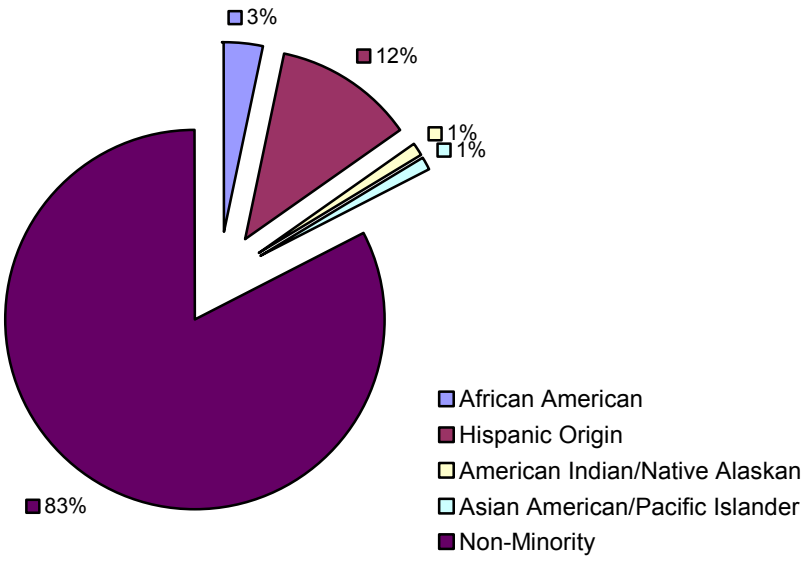


CHART ELEVEN
Registered Client Demographics

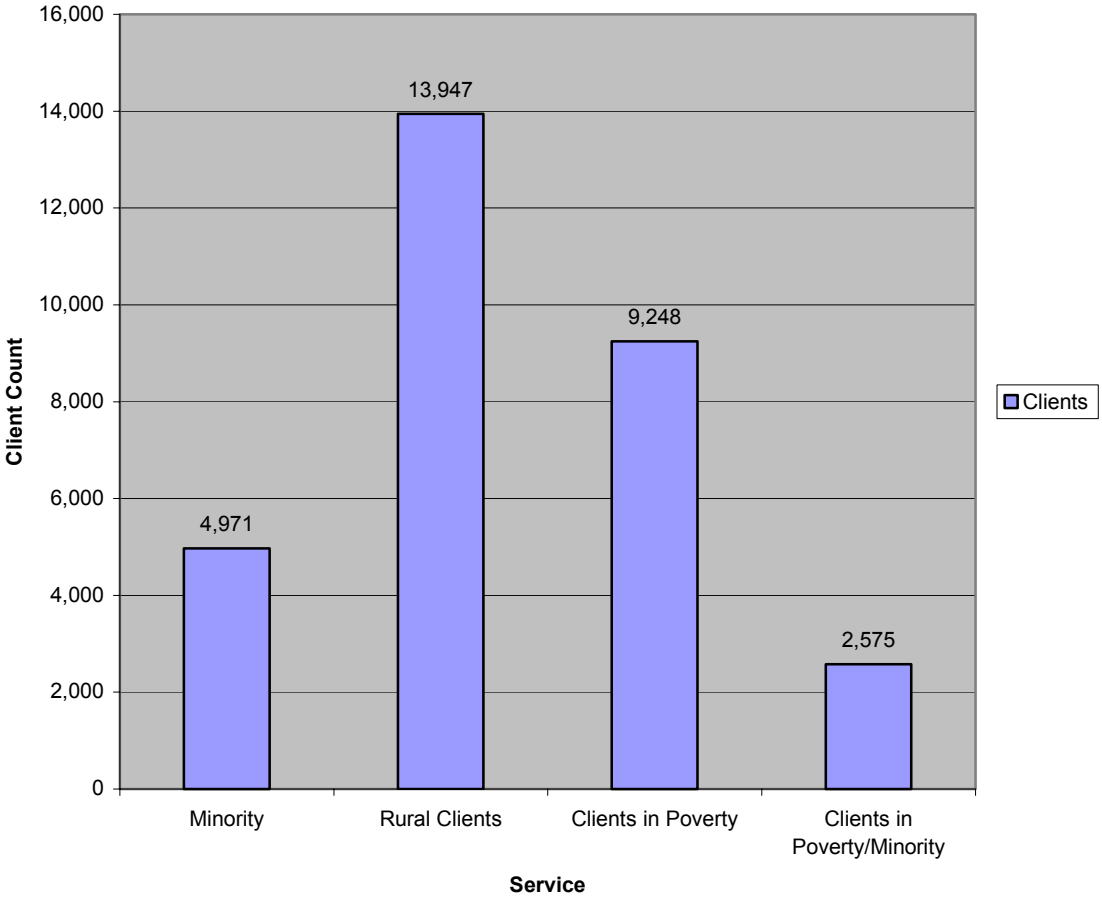


TABLE ELEVEN
Estimated Expenditures by Service (Based on Federal Fiscal Year 2002)

Service	Total Program Expenditures	Total Title III Expenditure	% of Total Service Expenditure	Total Program Income	Part B	Part C1	Part C2	Part D	Part F
1 Personal Care	$ 304,203	$ 237,433	78.05%	$ 17,024	$ 226,742	$ -	$ -	$ 10,691	$ -
2. Homemaker	$ 688,824	$ 455,631	66.15%	$ 60,781	$ 455,631	$ -	$ -	$ -	$ -
3. Chore	$ 47,830	$ 36,058	75.39%	$ 7,459	$ 36,058	$ -	$ -	$ -	$ -
4. Home Delivered Meals	$ 4,725,004	$ 2,245,322	47.52%	$ 1,145,752	$ -	$ -	$ 2,245,322	$ -	$ -
5. Adult Day Care/Health	$ 341,894	$ 64,994	19.01%	$ 155,430	$ 52,700	$ -	$ -	$ 12,294	$ -
6. Case Management	$ 14,365	$ 12,817	89.22%	$ 2,279	$ 2,898	$ -	$ -	$ 9,919	$ -
7. Congregate Meals	$ 5,286,256	$ 2,897,704	54.82%	$ 1,598,224	$ -	$ 2,897,704	$ -	$ -	$ -
8. Nutrition Counseling	$ 15,273	$ 12,308	80.59%	$ -	$ -	$ 6,895	$ 4,941	$ -	$ 472
9. Assisted Transportation	$ 98,463	$ 39,089	39.70%	$ 9,609	$ 39,089	$ -	$ -	$ -	$ -
10. Transportation	$ 4,188,106	$ 1,728,532	41.27%	$ 398,046	$ 1,728,532	$ -	$ -	$ -	$ -
11. Legal Assistance	$ 622,402	$ 293,728	47.19%	$ 7,163	$ 293,728	$ -	$ -	$ -	$ -
12. Nutrition Education	$ 29,456	$ 18,758	63.68%	$ -	$ -	$ 9,515	$ 9,243	$ -	$ -
13. Information and Assistance	$ 334,667	$ 244,825	73.15%	$ 3,259	$ 244,825	$ -	$ -	$ -	$ -
14. Outreach	$ 143,879	$ 114,716	79.73%	$ 1,143	$ 108,997	$ 4,419	$ 1,300	$ -	$ -
15. Other Services	$ 1,736,823	$ 1,150,024	66.21%	$ 54,348	$ 938,882	$ 500	$ 1,246	$ 160,642	$ 48,754
TOTAL	**$ 18,577,445**	**$ 9,551,939**	**53.73%**	**$ 3,460,517**	**$ 4,128,082**	**$ 2,919,033**	**$ 2,262,052**	**$ 193,546**	**$ 49,226**

TABLE TWELVE: ESTIMATED EXPENDITURES BY SERVICE FFY 2002-2007						
	FFY 2002	FFY2003[60]	FFY2004	FFY2005	FFY2006	FFY2007
Personal Care	$304,203	$314,546	$325,240	$336,299	$347,733	$359,556
Homemaker	$688,824	$712,244	$736,460	$761,500	$787,391	$814,162
Chore	$47,830	$49,456	$51,138	$52,876	$54,674	$56,533
Home Delivered Meals	$4,725,004	$4,885,654	$5,051,766	$5,223,526	$5,401,126	$5,584,765
Adult Day Care/Health	$341,894	$353,518	$365,538	$377,966	$390,817	$404,105
Case Management	$14,365	$14,853	$15,358	$15,881	$16,421	$16,979
Congregate Meals	$5,286,256	$5,465,989	$5,651,832	$5,843,995	$6,042,690	$6,248,142
Nutrition Counseling	$15,273	$15,792	$16,329	$16,884	$17,458	$18,052
Assisted Transportation	$98,463	$101,811	$105,272	$108,852	$112,553	$116,379
Transportation	$4,188,106	$4,330,502	$4,477,739	$4,629,982	$4,787,401	$4,950,173
Legal Assistance	$622,402	$643,564	$665,445	$688,070	$711,464	$735,654
Nutrition Education	$29,456	$30,458	$31,493	$32,564	$33,671	$34,816
Information and Assistance	$334,667	$346,046	$357,811	$369,977	$382,556	$395,563
Outreach	$143,879	$148,771	$153,829	$159,059	$164,467	$170,059
Other Services	$1,736,823	$1,795,875	$1,856,935	$1,920,071	$1,985,353	$2,052,855
TOTAL	**$18,577,445**	**$19,209,078**	**$19,862,187**	**$20,537,501**	**$21,235,776**	**$21,957,793**

[60] Inflation rate estimated at 3.4% for each FFY. http://www.whitehouse.gov/fsbr/prices.html

e. Title III / Title Six Coordination

The San Juan Basin Area Agency on Aging in the Southwest corner of Colorado works with the Mountain Ute and the Southern Ute Indian Tribes on *Older Americans Act* programs. This Agency coordinates Title III and Title VI programs with the Ute Mountain Senior Services and the Southern Ute Community Action Programs (SUCAP) Senior Services by agreement. The Indian Health Service (IHS) and tribal social services attend to health, financial, and protective needs of the Native American elders. The Agency's Registered Dietitian (RD) provides a diabetes education program to meet the needs of the older population in conjunction with the health services. This population has been identified as "high risk" for diabetes.

The services for transportation, nutrition, outreach, Elder Day Care, and senior centers are coordinated with the tribal organizations. These organizations provide additional funding to support the Elder Program to assure adequate availability of the services mentioned above. In addition, the Area Agency on Aging contracts with the County Health Department to provide Health Promotion with Part D funds, and In-Home Services and Personal Care Services with Part B funds. The Area Agency on Aging staff invites the Senior Service Staff of Indian Elders to the Aging Network trainings held on local and state programs.

The County Departments of Social Services in La Plata and Montezuma coordinate with IHS on Medicaid benefits, Health Department needs, medical transportation, Old Age Pension, Food Stamps, LEAP and other social programs. The State Unit on Aging has Title V Senior Community Service Employment Program enrollees at tribal Host Agency locations and continues to inform the staff of changes in the program. Senior Service Staff of Indian Elders at each reservation were invited to the April 2003 Quarterly meeting held in Durango. State Unit on Aging staff arrange coordination meetings with Area Agency and the Senior Service staff at each reservation when traveling in the area. State staff, through the Office of Field Administration, is assigned to meet with the Senior Service Staff of Indian Elders to coordinate all state programs.

In the future, the Area Agency on Aging will continue to work on improving the coordination in all program areas. Efforts will be made to encourage advisory board participation by the Southern Ute and Mountain Ute Tribal Elders.

f. Case Management

Long Term Care Case Management Services are provided by the Single Entry Point (SEP) agencies in Colorado. The Single Entry Point agencies administer the Home and Community Based Services (HCBS) waivers through Health Care Policy and Financing, the single Medicaid state agency. Area Agencies on Aging are encouraged by State Rule to contract with the Single Entry Point Agency for case management services unless they are dual Single Entry Point Agencies and Area Agencies on Aging. Three of the sixteen Area Agencies on Aging (Region 1, Northeastern Colorado; Region 2-B, Weld County; and Region 6, Lower Arkansas Valley) are designated as Single Entry Point Agencies and can provide Long Term Care Case Management.

An example of case management coordination working is in Region 2B. The Weld County Area Agency on Aging has been the designated Single Entry Point for Weld County since 1993. Before the development of the SEP, the Area Agency on Aging provided case management services for the Home and Community Based Program for the Elderly, Blind and Disabled. Housing the OAA programs and the Medicaid Long Term Care Programs in the same agency has been very effective for both the clients and staff. All AAA staff are aware of the programs (SEP and OAA) available either in-house or in the community that could potentially meet the needs of the wide variety of clients served.

For example, case managers have access to the Long Term Care Ombudsman if issues arise in the assisted living or nursing homes relating to resident rights and quality of care. If a legal issue occurs, the paralegal is in-house and accessible. Case Managers have direct access to the most frail and at risk senior population. The Case Managers' referrals to the OAA programs are very helpful in efforts to target those individuals in greatest need, while preventing duplication of services.

g. **Expanded Public Input Notes**

CCOA PUEBLO CONFERENCE
MAY 1, 2003
PARTICIPANTS' COMMENTS ON 4-YEAR PLAN
(Arranged by Subject Matter)

Rural
- Rural services are more costly than urban because of economies of scale
- Transportation is the biggest challenge – why doesn't county, churches, or community pay for transportation?
- High cost of Medicare, health care services in rural areas

Migration
- Need to give people incentives not to move to rural areas
- Living in a rural area is a choice
- Good, inexpensive housing in rural areas
- Trend is the postponement of retirement
- People need to know more about reverse mortgages

Public education
- Advocacy is cost effective
- More you know, better off you are
- Start in schools; teach, "What makes a healthy life"
- Senior Health Initiative Meetings in Boulder
- Medicare
- Prescriptions
- Health Care
- Environmental effect on personal psychology
- Dennis Streeter – *Healthy Aging* Radio Program
- Kaiser Permanente National Media Education
- Centers for Medicare and Medicaid – Aging Services
- Rose Foundation / DRCOG
- Silver Sneakers
- LTC Insurance
- Benefits Checkup
- Outreach is essential, media outreach
- Some seniors afraid to open doors to strangers
- Government Access Channel – very efficient
- Information on Fraud / Scams

The "cohort effect"
- Boomers are "me oriented"
- At what point do we redefine what "old" is?
- Employment after age 55

Where do Centenarians live?

- 8 out of 20 are in institutions
- Alzheimer's will be up 78% in California by 2020

Priorities

- 125% of poverty, these people need help
- There should be state specific initiatives for rural service delivery

Statewide Needs Assessment

- All AAAs should contribute
- If we do, we would decrease services to seniors in need

GRAND JUNCTION
MESA COUNTY PUBLIC HEARING
MAY 6, 2003
PARTICIPANTS' COMMENTS ON 4-YEAR PLAN

Important Services
- Nutrition – Dental care is important – have to have something to eat with
- Hearing Aids
- Material Care
- Affordable prescription plan
- Continuum of services
- Eye exams
- Surgeries
- Magnifying glasses
- Increase public awareness – economic impact

Nutrition
- Some rural areas only provide one congregate meal a week
- Need to rethink how nutrition is funded in rural areas

Voucher services
- People are careful about what they ask for

Transportation
- Transportation – need operating funds to provide
- Need to deny 20% of service requests due to lack of funding

Volunteers
- Rely a lot on volunteers
- Costs, insurance, maintenance, gasoline
- Volunteers for Doctors' appts. need special training
- Update cost savings of volunteers

Volunteer retention
- Don't overload them
- Training and support systems
- Recognition
- Visibility
- Acknowledgement
- "Kindness is cheap"
- 12,000 volunteers in Mesa County
- $1605 cost savings of one volunteer hour
- 2800-3000 Caregivers – cost savings nationally over $50,000,000
- Information about cost savings of volunteers needs to go to legislature
- Volunteerism is the glue of democracy
- Neighbor helping neighbor

- Breaking point – volunteer crisis – volunteers not being replenished
- Cultivate positive volunteering
- Can't backfill as fast as we lose volunteers

Barriers
- Need to demystify Medicaid
- Eligibility
- Nursing Home care
- Prescriptions
- Prescription drugs – skyrocketing costs
- Offering drug plans – only one left in area
- Pride
- Not knowing what to do
- Generation does not take charity
- Senior Health Initiative educate
- What would my neighbors think?
- Economic life of the area
- People do not like to feel like they are a drain

Other
- Insurance (pool for community, LTC services)
- Premiums matched by state / cost sharing
- Downsize packages in stores: two meals for couples are six meals for a single person
- Affordable Housing: Use financial planners to help individuals use their assets
- Doctors give meds to seniors in need
- Senior match-up for expenses
- Use of faith-based communities
- Remind legislators about property tax exemption
- Increase state share
- Claim minimum amount to match grant

Services Need to Be
- Consistent
- Confidential
- Correct
- Current
- Make forms simpler
- Better coordinated intake / localized better
- Got be be ahead of the curve

MONTROSE PUBLIC HEARING
MAY 7, 2003
PARTICIPANTS' COMMENTS ON 4-YEAR PLAN

Medication
- Medication cards – reduction in negative drug interactions from 80% to 18%
- Lists allergies, meds, does not have advance directives
- Seniors don't have touchtone phones, won't order meds over phone, don't understand
- Provide education on medication management

Transportation
- Grocery shopping
- Meals and medical

Volunteers
- Volunteer base is reduced
- Volunteer burnout
- Activate Volunteer base
- Seniors have moved out - "transidents, not residents"
- Hilltop Guild – Annual Bazaar (crafts) raised $10,000 per year

Case Management
- Case Manager in each county
- Med background
- Utilize programs to seniors
- Reduce duplication
- Nutrition
- Discharge from hospital
- Case managers in each county – medical basis and informed al all programs
- Increase care coordination

Barriers
- Montrose – 2 days for assessment
- Waste of healthcare dollars
- 3 day stay for nursing home
- Can't discharge from Emergency Room
- Privacy
- Nursing Homes won't take people pending
- People think they don't deserve help
- Stigma of social services
- Referrals for Social Security, hospitals – no way to know who needs help and type of help needed

Transportation

- Infrastructure in place
- Vans / Volunteers
- Churches announce meals
- Don't go to rural areas, med appointments
- No list of people denied
- We don't know where people in need are

Caregiver

- So many people live alone, no caregiver support
- Using vouchers for respite care
- No plans to do Grand Parenting program in Region X

LIMON PUBLIC HEARING
MAY 12, 2003
PARTICIPANTS' COMMENTS ON 4-YEAR PLAN

Intrastate Funding Formula
- Needs to be looked at with open mind
- Concerns about targeting low-income emphasis by the state

Barriers
- Cost for services
- Transportation
- Cost prohibitive for clients – paying for transportation and meals
- Hiring providers for care – staff shortage
- Homemaker and respite care providers are not available

Vouchers
- Voucher system for Chore / In-Home services

Volunteers
- Youth groups work if group has strong leader

Needs
- Hearing aid, eyeglasses, dental
- Cost sharing 80% / 20%

Nutrition
- New meal site on Highway 36

Outreach
- Staff in each area from county, people know them
- Resource sheets in counties
- Rotate meeting locations each month – different counties
- Towns questioning the money – what do they get for what they pay in?

DENVER (DRCOG) PUBLIC HEARING
MAY 16, 2003
PARTICIPANTS' COMMENTS ON 4-YEAR PLAN

Most Important Services

- Medical Needs
- Prescription Drugs
- Transportation
- In-Home Services (blizzard, shoveling, branches…no one to do these – expand handyman)
- Respite Care
- Emergency Food Supply
- Blizzard boxes
- Affordable housing
- Communication and outreach (lack services information)
- Nutrition Services – congregate and home delivered
- Alternative housing (beyond what is currently available – example – independent 2-4 years before increase needs)
- Mental health services
- Eye care
- Dental care
- Podiatry
- Home repairs (grab bars, ramps) modification
- Financial, personal management
- Fraud protection
- Not enough doctors taking Medicare patients
- Technology support, help with Internet, phones
- End of Life issues (living wills, power of attorney), increased education, self-survey ahead of time, reduce medical roadblocks through education
- Recycling of cell phones (911 use only)
- Adult protective services (more $ needed)
- Limited driver's license (possibility)
- 5 Wishes Book (end of life) for use re: medical
- Assure LTC facility residents also have highest possible quality of life (often have the same needs as community dwellers)
- Advocacy Services important (such as Ombudsman)
- Dental Care (dentures that fit), simple dental services may be all that is needed
- Caregiving issues for families of Long Term Care facility residents
- Non-English speaking clients, including caregivers, have hard time communicating
- Lack of service coordination (several agencies providing same services)
- Language, cultural barriers – staff
- Increased support for volunteer programs (including respite) Acknowledge volunteers (e.g., Jeffco Senior Heroes event) through recognition programs, administrative costs for training, etc.)

- Examine / understand effects of lack of Medicare /Medicaid doctors on older adults – society issue, not just doctors at fault - Government's level of reimbursement to MDs keeps going down
- Prescription drug costs – Canada is cheaper –why? Take on pharmaceutical companies
- Some doctors loving to do research because they can make more money
- Lots of concern about pharmaceutical company charges
- Costs of malpractice insurance being passed on to consumers
- Remove barriers to transportation provision
- Some federal barriers
- Some state barriers (e.g., can't use some $ for operating, only to purchase vehicles – see DRCOG Transportation – Energy Assistance (TEA-21) policy paper)

Barriers to OAA Services Access

- Lack of knowledge that services exist
- Brick rich and cash poor, do not qualify for services (not minority, low-low income or rural) but they are hurting
- National health care in our future?
- Housing – people want to move into smaller homes in the same community – affordable for seniors – keep relationships intact – alternative housing
- Hard for seniors to ask for help and they may not know what they need – where to look?
- Seniors still view government help as welfare
- Adult children absconding with their parents' assets - then expect government to pick up costs of care - little being done to prevent this
- Comment: We do not need national health care – will be flooded with people
- Response: Works well in some countries
- Use of 2-1-1 system – need TV spots, radio, publicize in senior magazines
- Language, complexity, suspicion, etc. when applying for programs. Need to simplify and make people-friendly – example "respite care" vs. "I need a break"

Prevention, Awareness, Education

- How can use of government dollars by justified for awareness
- Customer service – sensitive to seniors' needs (many buttons to get live person)
- Buttons describe things that you don't want
- Misperception that our programs are only for the poor

h. List of Assurances

The State Agency makes the following assurances:

Sec. 305, ORGANIZATION

(1) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service 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. **((a)(2)(A))**

(2) The State agency shall 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. **((a)(2)(B))**

(3) The State agency shall 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 minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan. **((a)(2)(E))**

(4) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16). **((a)(2)(F))**

(5) The State agency shall 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 older individuals residing in rural areas. **((a)(2)(G)(H))**

(6) In the case of a State specified in subsection (b)(5), the State agency and area agencies 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. **((c)(5))**

Sec. 306, AREA PLANS

(1) Each area agency on aging shall 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, outreach, information and assistance, 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. **((a)(2))**

(2) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. **((a)(4)(A)(i))**

(3) Each area agency on aging shall 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

(A) specify how the provider intends to satisfy the service needs of low-income minority individuals and older individuals residing in rural areas in the area served by the provider;

(B) to the maximum extent feasible, provide services to low income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and

(C) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. **((a)(4)(ii))**

(4) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall

(A) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;

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

(C) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i). **((a)(4)(A)(iii))**

(5) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on

(A) older individuals residing in rural areas;

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

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

(D) older individuals with severe disabilities;

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

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

and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance. **((a)(4)(B))**

(6) Each area agency on agency shall provide 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. **((a)(4)(C))**

(7) Each area agency on aging shall 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, with agencies that develop or provide services for individuals with disabilities. **((a)(5))**

(8) Each area agency on aging shall 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. **((a)(9))**

(9) Each area agency on aging shall 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. **((a)(11))**

(10) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. **((a)(13)(A))**

(11) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency

(A) 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

(B) the nature of such contract or such relationship. **((a)(13)(B))**

(12) Each area agency on aging shall provide assurances that the area agency will 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 nongovernmental contracts or such commercial relationships. **((a)(13)(C))**

(13) Each area agency on aging shall provide assurances that the area agency will 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 nongovernmental contracts or commercial relationships. **((a)(13)(D))**

(14) Each area agency on aging shall provide assurances that the area agency will, 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. **((a)(13)(E))**

(15) Each area agency on aging 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 area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. **((a)(14))**

(16) Each area agency on aging shall 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. **((a)(15))**

Sec. 307, STATE PLANS

(1) The plan describes the methods used to meet the need for services to older persons residing in rural areas in the fiscal year preceding the first year to which this plan applies. ((a)(3)(B)(iii))

(2) 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. **((a)(7)(A))**

(3) The plan shall provide assurances that

(A) 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;

(B) 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

(C) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act. **((a)(7)(B))**

(4) 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. **((a)(9))**

(5) 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. **((a)(10))**

(6) The plan shall provide assurances that area agencies on aging will--

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

(B) include in any such contract provisions to assure that any recipient of funds under division (A) 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

(C) 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. **((a)(11)(A))**

(7) 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. **((a)(11)(B))**

(8) 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; **((a)(11)(D))**.

(9) 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. **((a)(11)(E))**

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

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

(B) receipt of reports of abuse of older individuals;

(C) 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

(D) referral of complaints to law enforcement or public protective service agencies where appropriate. **((a)(12))**

(11) 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. **((a)(13))**

(12) 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 fulltime 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. **((a)(14))**

(13) The plan shall provide assurances that the State agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

(A) older individuals residing in rural areas;

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

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

(D) older individuals with severe disabilities;

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

(F) older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance. **((a)(16))**

(14) 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. **((a)(17))**

(15) 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. **((a)(18))**

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

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

(18) 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. **((a)(21))**

(19) 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). **((a)(22))**

(20) 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. **((a)(23))**

(21) 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. **((a)(24))**

(22) 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. **((a)(25))**

(23) 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. **((a)(26))**

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

(1) No application by a State under subparagraph (b)(3)(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. **((b)(3)(E))**

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

(1) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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) The State plan shall provide 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.

i. Tools You Can Use –Web and Other Resources (as of June 2003)

One use of this document is as a resource for information on older Americans in Colorado. The following is a listing of websites that may assist in obtaining further information.

Aging:

.

- www.aarp.org/ppi AARP (American Association of Retired Persons) website.
- www.aoa.gov Administration on Aging website. Contains a wealth of resources from recent research and statistics on older persons and highlights of innovative programs on aging services.
- www.aging-society.org (Georgetown University)

Alzheimer's:

- www.alz.org The Alzheimer's Association.

BenefitsCheckUp and **BenefitsCheckUpRx**

- www.benefitscheckup.org The National Council on the Aging has come up with one place to learn about state and federal programs and benefits for which they may qualify.

Caregiving:

- www.aoa.gov/naic/notes/grandparents-grandchildren.html Information for older relative caregivers.
- www.caregiver.org The Family Caregiver Alliance.
- http://caregiving.com Online caregivers newsletters.
- www.nfcacares.org The National Family Caregivers Association.

Census Information:

- http://www.census.gov
- http://www.census.gov/hhes/income/histinc/h10.html Census Bureau information on Income.
- http://www.census.gov/hhes/poverty/histpov/hstpov3.html Census Bureau information on poverty. 10.2% is the poverty rate in 2000 for people 65 and over,

statistically unchanged from their historic low in 1999. However, this population group did experience a slight numeric increase from 3.2 million to 3.4 million.

Centenarians:

- http://www.census.gov/Press-Release/www/2001/cb01cn184.html 50,454 centenarians were counted in Census 2000, about 1 in every 5,578 people. In 1990, centenarians numbered 37,306 people, or 1 in every 6,667.

Colorado Census/ Demographic Information:

How to Find Current Census Data

- Log on to the **Colorado Demography Section** website

http://www.dlg.oem2.state.co.us/demog/

- On the left hand column, click on **Census Data**

http://www.dlg.oem2.state.co.us/demog/Census/SFHomepage.htm

- In the middle of the page, click on **Summary File 1 and Summary File 3 Data**

http://www.dlg.oem2.state.co.us/demog/Census/SFHomepage.htm

- Click on Demographic Profiles

http://www.dlg.oem2.state.co.us/demog/Census/SFDemographicProfiles.htm

- Click arrow on box **Select a County**

- Select a county and Print

How to find Age Related Information:

- Log on to the **Colorado Demography Section** website

http://www.dlg.oem2.state.co.us/demog/

- Click **Population on the Right Hand Column**

http://www.dlg.oem2.state.co.us/demog/Population.htm

- Under Population by Age in the Middle of the Page, click Estimates and Forecasts 1990-2025

http://www.dola.colorado.gov/demog/Population/widepro1.cfm

- Under Colorado Projections System, Click User Selected Age Groups , then Submit

Colorado Common Grant Application:

- **http://www.crcamerica.org/resources/CommonGrantApp.pdf**

Demography:

- http://www.census.gov/Press-Release/www/2001/cb01cn184.html 70: The number of men 65 and over in 2000 for every 100 women in this age group; in 1990, the ratio was 67. The male-female ratio drops steadily by age group, from 82 for those in the 65-to-74 age group to 41 for those 85 and over.

Economics:

- www.nber.org National Bureau of Economic Research.

- www.economy.com The Dismal Scientist.

Employment:

- http://www.census.gov/Press-Release/www/2001/cb01-96.html 14% is the proportion of people 65 and over in the civilian labor force in 2000.

- http://www.bls.gov/cps/home.htm U.S. Bureau of Labor Statistics.

Education:

- http://www.census.gov/population/socdemo/school/ppl-148/tab02.txt 49,000 people 65 and over were enrolled in college in October 2000.

Health:

- www.unitedhealthfoundation.org United Health Foundation State Health Rankings.

Homeownership:

- http://www.census.gov/Press-Release/www/2001/cb01cn191.html 81% of householders 65 to 74 who owned the home in which they lived, according to Census 2000. This is the highest homeownership rate of any age group.

Immigration:

- http://www.census.gov/Press-Release/www/2002/cb02-18.html 27% of U.S. residents 65 and over in 2000 who were foreign-born themselves or had at least one foreign-born parent.

Marital Status and Living Arrangements:

- http://www.census.gov/Press-Release/www/2001/cb01-113.html Among the population 75 years and over in 2000, 67 percent of men and only 29 percent of women were living with their spouses. Of the women, 49 percent were living

alone and 22 percent were not currently married but living with relatives or nonrelatives. Only 21 percent of men lived alone at this age.

- http://www.census.gov/Press-Release/www/2001/cb01-113.html Among the population 65-to-74 years old, 77 percent of men, and 53 percent of women lived with their spouses in 2000.

Nursing Homes

- http://www.census.gov/Press-Release/www/2001/cb01cn184.html 4.5% of people 65 and over living in nursing homes, down from 5.1% in 1990, according to Census 2000. The decline over the 10-year period was particularly sharp among those age 85 and over: 18.2 percent resided in nursing homes in 2000; 24.5 percent did so in 1990.

Statistics on Aging:

- www.agingstats.gov Federal Interagency Forum on Aging Related Statistics.

- www.cdc.gov/nchswww. National Center for Health Statistics. Select "Data Warehouse"

- www.rand.org RAND – a non-profit institution that conducts public policy analysis.

- www.unitedhealthfoundation.org United Health Foundation

Voting:

- http://www.census.gov/Press-Release/www/2002/cb02-31.html 72% of citizens ages 65 to 74 voted in the 2000 presidential elections, the highest rate of any age group.

j. Abbreviations and Acronyms

AAA	Area Agency on Aging
AAS	Aging and Adult Services (State of Colorado)
ADL	Activities of Daily Living
AoA	Administration on Aging
APS	Adult Protective Services
CADPP	Colorado Aging Disaster Preparedness Plan
CCOA	Colorado Commission On Aging
CDHS	Colorado Department of Human Services
CMS	Centers for Medicare and Medicaid
CY	Calendar Year
DD	Developmental Disabilities
DOLA	(Colorado) Department of Local Affairs
DRCOG	Denver Regional Council Of Governments
FFY	Federal Fiscal Year
HCBS	Home and Community-Based Services
HCPF	(Department of) Health Care Policy and Financing
I&A	Information and Assistance
IADL	Instrumental Activities of Daily Living
IFF	Intrastate Funding Formula
IHS	Indian Health Service
LEAP	Low-Income Energy Assistance Program
LTC	Long Term Care
MR/DD	Mental Retardation/Developmental Disabilities
NAPIS	National Aging Program Information System
NFCSP	National Family Caregiver Support Program
NOGA	Notification Of Grant Awards
OAA	*Older Americans Act*
OAP	Old Age Pension
RD	Registered Dietician
SAMS 2000	Social Asset Management System 2000
SCSEP	Senior Community Service Employment Program
SEP	Single Entry Point
SFY	State Fiscal Year
SUA	State Unit on Aging
SUA DPO	State Unit on Aging Disaster Preparedness Officer
SUCAP	Southern Ute Community Action Program

k. Colorado Common Grant Application

COMMON GRANT APPLICATION FORMAT

A. **COVER LETTER:** One page tailored to address the interests and specific priorities of the funding source and amount requested.

B. **SUMMARY OF APPLICANT ORGANIZATION:** (use form below)

C. **NARRATIVE:** (preferred length not to exceed three pages) Include the following information in any order:

1. Agency Information.
    1. Mission statement, brief statement of organization's goals, and/or objectives;
    2. Brief summary of organization's history;
    3. Description of current programs, activities, and accomplishments.
2. Purpose of Grant. This section should include the following:
    1. Brief statement of the issue to be addressed; description of constituency served (include number served); target population; how will they benefit?
    2. Description of goals and objectives for the purpose of this grant;
    3. Description of activities planned to accomplish these goals; is this a new or ongoing activity on the part of the sponsoring organization?
    4. Timetable for implementation (if for specific program or capital project);
    5. Other organizations, if any, participating in the activity;
    6. Long-term sources/strategies for funding at end of grant period.
3. Evaluation. Please discuss:
    1. Expected results during the funding period;
    2. How you would define and measure success;
    3. How will project's results be used and/or disseminated?

D. **ATTACHMENTS:** Please attach the following:

4. Board of Directors
    1. Occupations and/or community affiliations;
    2. Anti-discrimination statement adopted by board;
5. List of names and qualifications of key staff;
6. Most recent fiscal year-end financial statements (audited if available);
7. Current agency budget;
8. Annual report (if available);
9. Program/project budget (if applicable);
10. A copy of the original IRS determination letter indicating 501(c)(3) or 509(a) tax exempt status;
11. List of major contributors (and amounts) to organization/program (if applicable);
12. List of volunteer involvement and in-kind contributions.

You may also fill out the form online at
http://www.crcamerica.org/resources/CommonGrantApp.pdf.

l. References

_____, AERO Research. *In Brief, Before the Boom:* Trends in Long-Term Supportive Services. http://research.aarp.org/health/inb60_trends.html

_____*, Aging Network Issues and Priorities 1998-2000*.

Alecxih, L.M.B. et al. *Characteristics of Caregivers Based on the Survey of Income and Program Participation.* National Family Caregiver Support Program: Selected Issue Briefs. Prepared for the Administration on Aging by The Lewin Group, July 2001.

_____, Boulder County Aging Services Division, Four-Year Planning & Service Area Aging Plan

_____, Center on an Aging Society. *Chronic and Disabling Conditions, Challenges for the 21st Century, Number 7, January 2003*.

_____, Centers for Medicare and Medicaid Services, (2002). *Program Information on Medicare, Medicaid, SCHIP, and Other Programs of the Centers for Medicare and Medicaid Services*

_____, Colorado Demography Section, Department of Local Affairs, Percentage below Poverty Level in 1999, Colorado, and Counties. July 19, 2002 update.

Coward, R.T., Duncan, P.R. & Utarro, R. (1996) The Rural Nursing Home Industry: A National Perspective. *Journal of Applied Gerontology,* 15, 153-176.

Dalaker, J. (September 1999). Poverty in the United States: 1998. Table 2. U.S. Census Bureau, *Current Population Reports* P60-207. Washington, DC: U.S. Government Printing Office.

_____, Federal Interagency Forum on Aging Related Statistics. *Older Americans 2000: Key Indicators of Well-Being.* (www.agingstats.gov).

Thomas L. Hungerford*. Is There an American Way of Aging? Income Dynamics of the Elderly in the United States and Germany.* Levy Institute Report, February 2003.

_____, Adverse events associated with prescription drug cost sharing among poor and elderly persons. (2001) *Journal of the American Medical Association*, 285 (4): 421-9, January 2001.

John A. Krout. Community Services and Housing for Rural Elders. *The Public Policy and Aging Report.* National Academy on an Aging Society, Gerotogical Society of America. Fall 2001, Volume 12, Number 1.

Barbara Maddox. Letters to the Editor. *The Atlantic Monthly,* May 2003, p. 18.
_____, Master Plan on Aging, 1996-2001, Department of Elder Affairs, State of Florida.

NAPIS, Title III Service Utilization, Summary Client Profile, 101/2001 to 9/30/2002.

_____, National Alliance of Caregiving and the American Association of Retired Persons (1997). *Family Caregiving in the U.S.: Findings from a National Survey.* Bethesda, MD.

Lynn Osterkamp and Allan N. Press. *Strengths Associated with Successful Aging,* 2002.

_____*, Project 2015: State Agencies Prepare for the Impact of an Aging New York: White Paper for Discussion, Albany, New York, 2002.*

R. Pruchno, et al. African-American and White Mothers of Adults with Chronic Disabilities: Caregiving Burden and Satisfaction. *Family Relations.* 46(4) 335-346.

Linda Redford and David Cook. Rural Health Care in Transition: The Role of Technology. *The Public Policy and Aging Report.* National Academy on an Aging Society, Gerotogical Society of America. Fall 2001, Volume 12, Number 1.

_____, Rocky Mountain News. *Bush Orders Health Cutback; Medicare Payments to Docs Will Be Less*. December 21, 2002.

S. Tennstedt. (1999). *Family Caregiving in an Aging Society.* Presented at the U.S. Administration on Aging Symposium. Longevity in the New American Century. March 29, 1999.

R. Toseland, et al. Supporting the Family in Elder Care. In G. Smith et al. (Eds.) *Strengthening Aging Families: Diversity in Practice and Policy.* Sage Publications, Thousand Oaks, CA.

_____*, Transportation Summit, Research, and Final Report.* Rose Community Foundation. November 2000.

United Health Foundation. *America's Health: United Health Foundation State Health Rankings, 2002 Edition.* www.unitedhealthfoundation.org

United States Census Bureau. Poverty in the United States: 2001, p. 2.

m. AoA-PI-03-03: State Plan Provisions and Information Requirements

Section I. State Plan Provisions from Section 307(a)

The State Plan can address the Section 307 provisions (Section I) below by: (A) providing a statement of compliance which includes the re-stating of the following provisions; and/or (B) providing a written discussion on each of the provisions in a format determined by the State.

(A) The plan includes a statement of compliance that restates the following provisions from Sec. 307(a) and is found on page(s) 1.

(B) The plan provides a discussion of each provision as indicated below:

(1)(A)The State Agency requires 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) The State plan is based on such area plans.

Discussion of provision is found on page(s) 3.

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(29), 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;

Discussion of provision is found on page(s) 40-46, 58.

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

Discussion of provision is found on page(s)40-46, 58.

(4) The State agency conducts periodic evaluations of, and public hearings on, activities and projects carried out in the State under titles III and 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 individuals and older individuals residing in rural areas. Note: “Periodic” (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

Discussion of provision is found on page(s) 1, 73, 90.

(5) The State agency:

(A) affords an opportunity for a public 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) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords 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 316.

Discussion of provision is found on page(s) 73, 90.

(6) 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.

Discussion of provision is found on page(s) 40-46.

(8)(A) No supportive services, nutrition services, or in-home services are 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.

Discussion of provision is found on page(s)47-48.

Section II. State Plan Information Requirements

Information required by Sections 102, 305, 307 and 705 that must be provided in the State Plan:

102(19)(G) – (required only if State funds in-home services not already defined in Sec. 102(19)) The State agency includes and defines on page(s) 62, 86 the following in-home services in the plan:

Homemaker, personal care, home health services, visiting and telephone reassurance, chore maintenance, in-home respite, adult day care, and minor home modifications.

Discussion of requirement is found on page(s) 62, 86.

Section 305(a)(2)(E)

The State agency provides 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 minority individuals and older individuals residing in rural areas and includes proposed methods of carrying out the preference on page(s) 27-32, 67 in this State plan;

Discussion of requirement is found on page(s) 67.

Section 307(a)

(2) The State agency:

(C) specifies on page(s) 68 in this plan, 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(b) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2) and listed below (may be listed in dollars, or percentages of titles III and VII allocations):

ACCESS _____25%_____

IN-HOME _____15%_____

LEGAL ASSISTANCE _3%_____

(3) The plan:

(A) includes a numerical statement of the intrastate funding formula and a demonstration of the allocation of funds to each planning and service area (PSA).

Discussion of requirement is found on page(s) 68.

(B) with respect to services for older individuals residing in rural areas, the State agency:

(i) assures it will spend for each fiscal year of the plan, not less than the amount expended for such services for fiscal year 2000.

Discussion of requirement is found on page(s) 20.

(ii) identifies, 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).

Discussion of requirement is found on page(s)87.

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

Discussion of requirement is found on page(s) 40-46.

(8) (B) Regarding case management services, the following agencies are already providing case management services (as of the date of submission of the plan) under a State program, and the State agency specifies that such agencies are allowed to continue to provide case management services:

Discussion of requirement is found on page(s) 89.

(C) Regarding information and assistance services and outreach, the State agency specifies that the following agencies may provide these services directly:

Discussion of requirement is found on page(s) 51.

(10) The plan provides assurance that the special needs of older individuals residing in rural areas are taken into consideration and describes how those needs have been met and how funds have been allocated to meet those needs.

Discussion of requirement is found on page(s) 20,68.

(15) The plan, with respect to the fiscal year preceding the fiscal year for which this plan is prepared--

(A) identifies the number of low-income minority older individuals in the State.

Discussion of requirement is found on page(s) 28.

(B) describes the methods used to satisfy the service needs of such minority older individuals.

Discussion of requirement is found on page(s) 67, 68.

(21) (B) The plan specifies the ways in which the State agency intends to implement 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 title III.

Discussion of requirement is found on page(s) 88.

Section 705(a)(7)

The State Agency includes on page(s) 63-64 of this plan, a description of the manner in which the State agency will carry out Title VII (Vulnerable Elder Rights Protection Activities)in accordance with the assurances described in paragraphs (1) of through (6) of this section. The description must:

1- describe the program of services for the ombudsman program and describe the program for the prevention of abuse, neglect, and exploitation.

2- describe how the State uses public hearings and other means to obtain the views of older persons, area agencies on aging, Title VI grantees, and other interested parties.

3- describe how the State will consult with area agencies and will identify and prioritize statewide activities aimed at ensuring that older persons have access to and assistance in securing and maintaining benefits and rights.

4- describe how the State will ensure that it will not supplant pre-existing funds to carry out each of the vulnerable elder rights protection activities.

5- describe how the State will ensure that it will place no restriction other than those in Section 712(a)(5)(C) on the eligibility of entities for designation of local Ombudsman activities.

6- describe how the State agency will conduct a program of services consistent with State law and coordinated with existing State adult protective services for public education, receipt of reports, active participation of older persons through outreach, conferences, and referral, how referral of complaints to law enforcement or public protective services will be done, how the State will not permit involuntary or coerced participation in the program, and how all information gathered in the course of receiving reports and making referrals shall remain confidential except under prescribed conditions.