STATE PLAN ON AGING

for the period of
October 1, 2007- September 30, 2011
(Federal Fiscal Years 2008-2011)

Bill Ritter, Jr. Governor
State of Colorado

Karen L. Beye, Executive Director
Colorado Department of Human Services

Jeanette Hensley, Director
Division of Aging and Adult Services

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Letter from Governor Bill Ritter, Jr.

a. Purpose of *State Plan on Aging*

This document reflects Colorado's plan to respond to the needs of Colorado's older adults and to the changes in the service delivery systems required to address these needs. The *State Plan on Aging* (hereinafter referred to as the *State Plan*) is submitted to the Federal government in compliance with Federal regulations. When the *State Plan* is approved, the State of Colorado receives Federal funds to administer the *State Plan.* These funds are matched with State and local funds. The *State Plan* reflects goals and objectives for the four-year period October 1, 2007 through September 30, 2011. The *State Plan* serves as the primary document, at the State level, to monitor statewide goals and objectives in responding to the needs of older adults.

b. *State Plan on Aging* Requirements

Federal law and regulations require each state to have an approved *State Plan* in order to receive funds under the *Older Americans Act.* A state may use its own judgment as to the format, how to collect information for the *State Plan,* and whether the *State 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 designated to develop and administer the *State Plan*;

- Statewide program objectives to implement the requirements under the *Older Americans Act,* and any objectives established by the commissioner through the rule making process;

- A resource allocation plan indicating the proposed use of all *Older Americans Act* 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 the Area Agencies on Aging designated for each PSA;

- Provision of prior Federal fiscal year information related to low-income minority and rural older individuals; and

- Assurances currently required by the *Older Americans Act* of 1965, as amended in 2006.

c. Public Input

This *State Plan* represents State government's response to information about the needs of older adults and older adults with disabilities obtained by the Colorado Department of Human Services (CDHS), the State Unit on Aging (SUA), the Colorado Commission on Aging (CCOA), and citizens and organizational representatives who live in Colorado's sixteen Planning and Service Areas (PSAs). The *State Plan* was presented for public comment and further input in twelve public gatherings. Four of these public input sessions were with Native American groups.

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

The Division of 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 specifically with regard to the aging population. The systems designed are intended to include a broad array of services, including health care, abuse prevention, legal assistance, long-term care ombudsmen, nutrition, in-home support, transportation, health promotion, disease prevention, and caregiver support.

The Division of Aging and Adult Services has been given authority to develop and administer the *State Plan* 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 adults and for persons with disabilities or 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 quarterly and annual evaluation processes, which include the State Unit on Aging and Area Agencies on Aging.

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 Division of Aging and Adult Services:
> (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*: (42 U.S.C. 3001) to assist older adults to secure equal opportunity to the full and free enjoyment of:

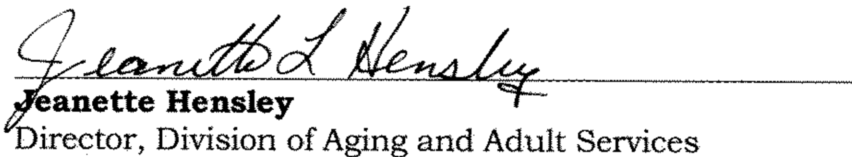
  (1) an adequate income in retirement in accordance with the American standard of living;
  (2) the best physical and mental health which science can make available without regard to economic status;
  (3) obtaining and maintaining suitable housing, independently selected, designed, and located with reference 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 adults in their communities and in their homes, including support to family members and other persons providing voluntary care to older adults 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 adults;
  (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 from abuse, neglect, and exploitation.

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

(e) divides the State into distinct planning and service areas, in accordance with guidelines issued by the Federal Administration on Aging (AoA), after considering the geographical distribution of older adults in the state, the incidence of the need for supportive services, nutrition services, multi-purpose senior centers, and legal assistance, the distribution of older adults 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 and has been approved and signed by the Governor, constituting authorization to proceed with activities under the *State Plan* upon approval by the Assistant Secretary on Aging.

The *State Plan on Aging* is hereby submitted for the State of Colorado for the period of October 1, 2007 through September 30, 2011.



9/24/07

Jeanette Hensley Date
Director, Division of Aging and Adult Services

9/27/07

Karen L. Beye Date
Executive Director, Colorado Department of Human Services

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 on Aging* require any amendments, I hereby delegate signatory authority to the Executive Director of the Colorado Department of Human Services.

Bill Ritter, Jr. Date
Governor, State of Colorado

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, Director

DIVISION OF AGING AND ADULT SERVICES
Jeanette Hensley, Director

Bill Ritter, Jr.
Governor

Karen L. Beye
Executive Director

July 30, 2007

It is with great pleasure that the Colorado Department of Human Services, the Office of Adult, Disability and Rehabilitation Services, and the Division of Aging and Adult Services, the designated State Unit on Aging, submit the *State Plan on Aging* (hereinafter referred to as the *State Plan.)* The *State Plan* includes specific program commitments that the State Unit on Aging will administer, coordinate, and supervise during Federal Fiscal Years 2008 - 2011. This *State Plan* provides direction for future State activities and programmatic goals and accomplishments. This *State Plan* includes an assessment of the needs of older adults in Colorado, a review of procedures, an implementation schedule, and established statewide priorities and objectives.

This *State Plan* builds upon leadership the Division of Aging and Adult Services provides. This direction is manifest in the first *Strengths and Needs Assessment of Older Adults* conducted in the nation, participation in the *White House Conference on Aging,* presentations of five regional *Colorado Governor's White House Conference on Aging Solutions Forums,* the development of comprehensive and coordinated services for older adults and for persons with disabilities or with special needs in Colorado, and effective and visible advocacy on their behalf. Boulder County Division of Aging Services continues to pioneer strengths-based programs in its region and this perspective is incorporated within the *State Plan.*

The *State 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 adults, advocates, service providers, and local government leaders. The Colorado Commission on Aging, the primary advisory body on matters affecting older adults, has been a vital participant in the development of the *State Plan* by providing facilitation at the public hearings, assistance with the development of the local area plans, and review of the final *State Plan.* 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

Executive Summary

The graying of Colorado heralds an unprecedented transformation that will markedly change the face of Colorado over several decades. During the four years of the *State Plan on Aging* (hereinafter referred to as the *State Plan),* the number of older adults 60 years and over will increase 15%. In a decade, the number of older adults will increase 54%. Within two decades, the number of older adults in Colorado will double (104%). During the course of the *State Plan*, older adults of advanced age (those 85 years and older) will increase 12%. In twenty years there will be an 82.5% increase in older adults 85 years and older.

As older adults age, their economic resources dwindle. The 2000 Census found approximately 30,000 persons 65 years and older in Colorado below the federally designated poverty level. If the same percentage (7.4%) of older adults 65 years and older were below the federal poverty level, in 2010, Colorado will have over 40,000 older adults 65 years and older below the federal poverty level. In 2020, over 64,000 older adults 65 years and older may be below the federal poverty level. Low-income minority older adults are at a higher risk of being unable to access housing and healthcare due to affordability, accessibility, and availability within their communities.

Six Substantive Trends

1. The vast majority of older adults in Colorado will be healthier, live longer, and be in better economic condition than their predecessors.
2. The technological divide between "have" and "have not" older adults will intensify.
3. Need will greatly surpass funding to deliver services.
4. Boomers entering the Aging Network will demand consumer direction.
5. Mental Health issues among older adults will grow. The stigma attached by older adults to seek and utilize mental health services will decrease.
6. The migration of aging older adults from rural areas to urban areas will increase exponentially.

Prioritized Strategies to Meet the Challenges

1. Increase organizational capacity.
2. Expand outreach to high risk and identified groups.
3. Promote active and healthy lifestyles.
4. Increase access to services.
5. Support coordination and expansion of transportation services.
6. Increase caregiver support.
7. Strengthen elder rights partnerships.
8. Strengthen emergency preparedness.

Section One: Public Input

In the years immediately before the writing of this *State Plan*, the Division of Aging and Adult Services engaged in extraordinary efforts to acquire public input on the strengths and needs of older adults. These efforts included:

1. During Fall 2004, the Division of Aging and Adult Services conducted *The Strengths and Needs Assessment of Older Adults in the State of Colorado* (hereinafter referred to as the *Strengths and Needs Assessment.*) The 8,903 older adults 60 years and older who completed surveys represent the largest sample to date on older adult strengths and needs in the nation. Care was taken in this random sample telephone survey to ensure demographic proportionality on age, gender, income, and ethnicity. The survey resulted in projections of service usage and economic cost of program provision for the years 2008 and 2012. A fundamental feature of the *Strengths and Needs Assessment* was a series of substantive *key informant* interviews in rural areas. Key informants are experts in aging issues including service provision, health, advocacy, geriatrics, ethnic communities, legislative, and faith-based communities.

2. *The 2005 Colorado Governor's White House Conference on Aging* invited over 700 Colorado older adults to attend regional forums and the culminating *Solutions Forum*. The *State Plan* continues the implementation of proposed solutions at the State level through changes to policies in partnership with local, federal, non-profit, and other State agencies. These collaborative partnerships promote change and growth to better serve Colorado older adults.

3. *Public Input Forums* to elicit community aspirations was a key step to provide both direction and assent to the *State Plan*. The *State Plan* is strengths-based. It is guided by the aspirations, strengths and needs of communities throughout the State. The *State Plan* draws upon the strengths and resources within communities.

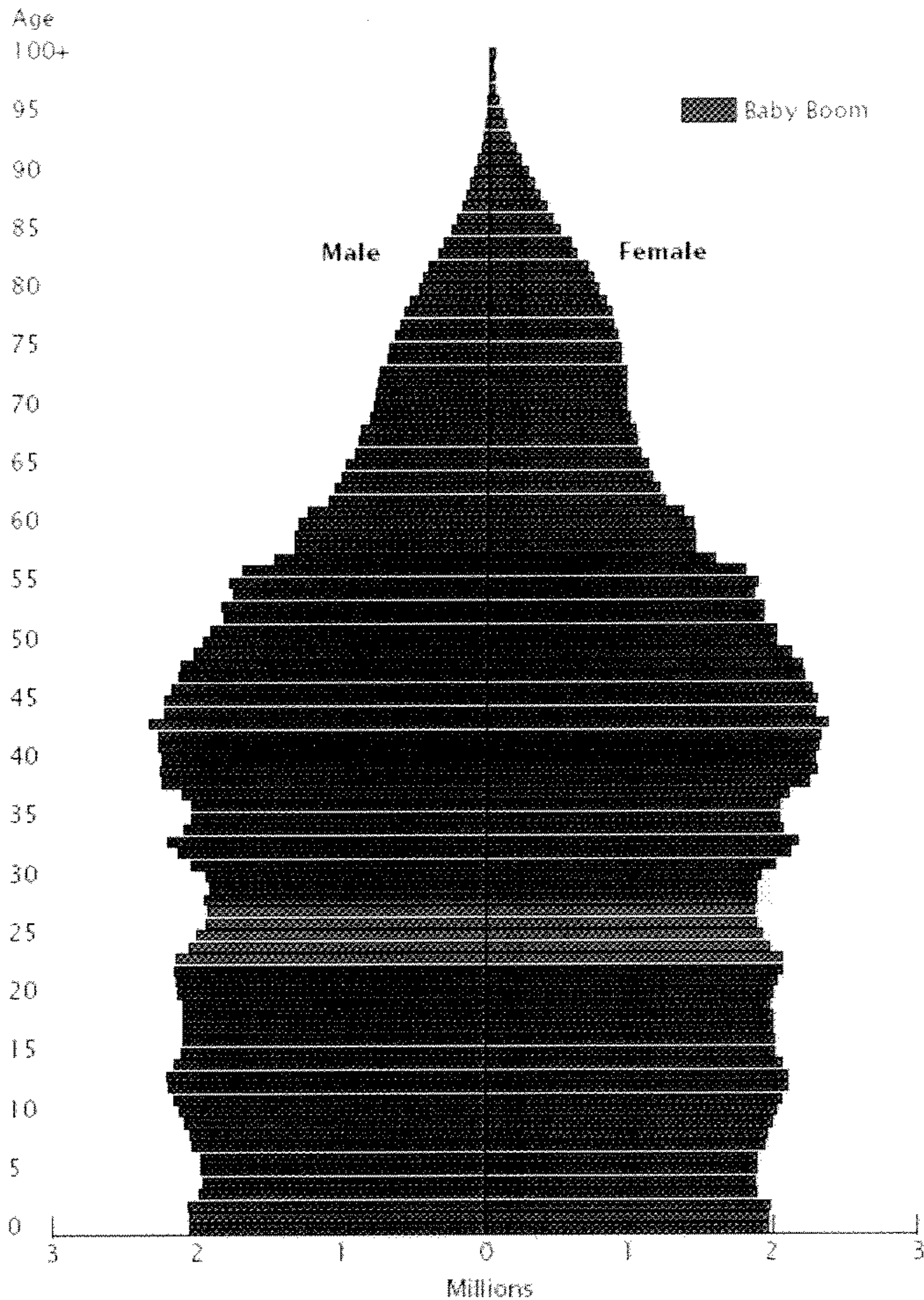
While each public input session differed, certain themes emerged that informed this current *State Plan*. These themes include: the need for improved access to services; the difficulty in accessing healthcare especially in rural communities; the importance for minority inclusion and representation; the importance of strengthening advocacy efforts; the need for leadership training, and the importance of increased funding.

A concluding exercise of the Public Input meetings allowed participants to imagine a future in which they would like to live. Combining oft-repeated statements from older adults throughout Colorado, the following may represent their vision statement:

We live in safe communities where family, friends, and neighbors care for each other. We are empowered and contribute to the communities in which we live. We are respected and treated with dignity. There is easy and understandable access to necessary services.

The following table lists the Public Input sessions held February 2007 through April 2007.

DATE	TOWN	LOCATION	TIME	NUMBER OF OLDER ADULTS
2/21/07	West-minster	**Covenant Village** 5030 W. 88th Pl.	2:45 p.m.	25
3/23/07	Denver	**Denver Indian Center** 4407 Morrison Road (Native American)	10:30 a.m.	67
3/26/07	Yuma	**Community Center** 421 E. 2nd Av	1 p.m.	30
4/5/07	Denver	**South West Improvement Council** 1000 S. Lowell Blvd. *(Native American)*	1 p.m.	12
4/9/07	Fort Collins	**Court House** Carter Lake Room 200 West Oak	10:00 a.m.	8
4/11/07	Ignacio	**Southern Ute Senior Center** 115 Goddard Av *(Native American)*	Noon	26
4/11/07	Durango	**Durango Senior Center** 2424 Main Av.	3 p.m.	18
4/12/07	Towaoc	**NahnPucheuKa'an Towaoc Elder Care and Wellness Center** (Native American)	11:00 a.m.	12
4/17/07	Grand Junction	**Community Services Building** 510-29½ Road	1:30 p.m.	2
4/20/07	Glendale	**Denver Regional Council of Governments (DRCOG)** 4500 Cherry Creek Dr. South	9:00 a.m.	36
4/24/07	Monte Vista	**Tri-County Senior Citizen Center** 311 Washington Street	12:30 p.m.	43
4/26/07	Pueblo	**Senior Resource Development Agency (SRDA)** 230 N. Union – 1st Floor	Noon	61

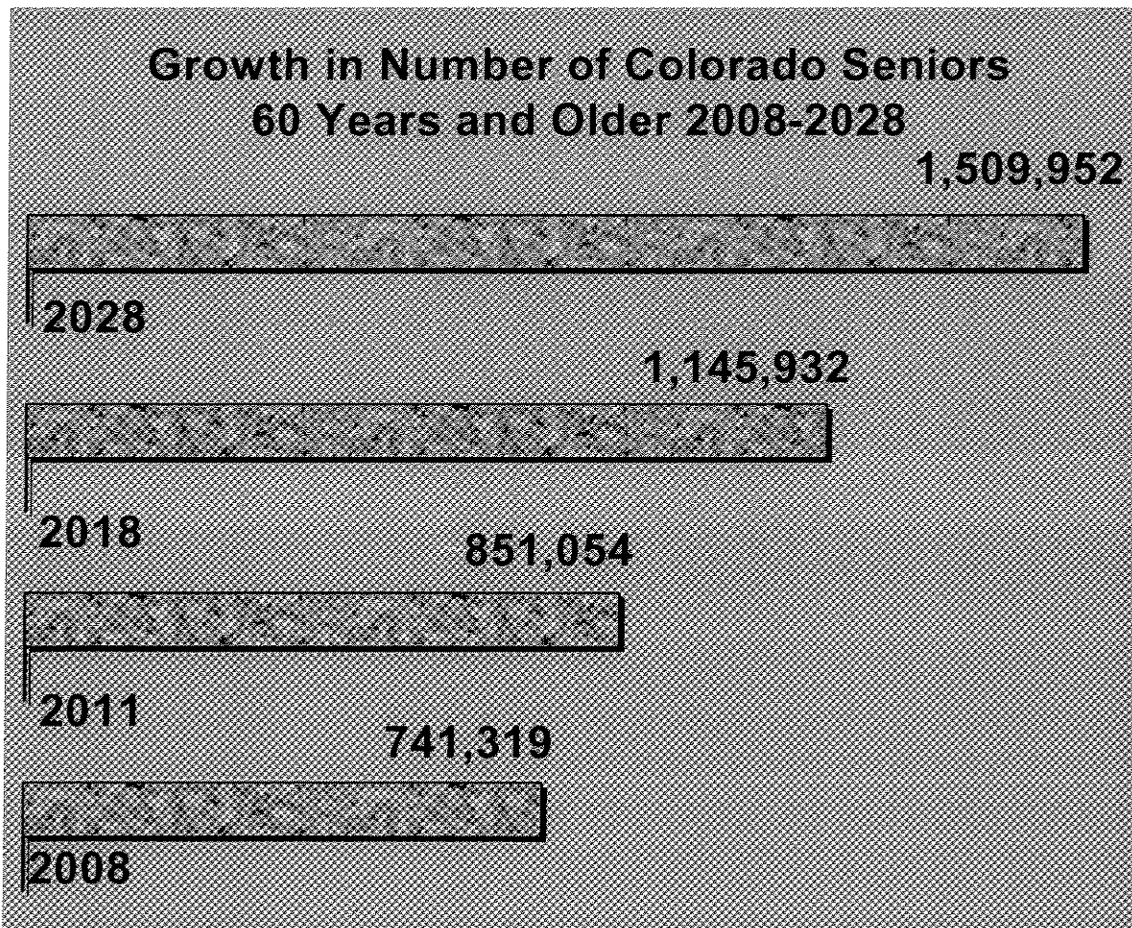


Note: The reference population for these data is the resident population.

Source: U.S. Census Bureau, 2004a. For full citation, see references at end of chapter.

The "population pyramid" on the previous page is a snapshot of America in the year 2003. Previously, when demographers charted population, the resulting shape would be a pyramid. The base traditionally would be the widest point representing every live birth during that year. As mortality takes its toll, the sides incline inward until they meet at the apex. Males are traditionally placed on the left, females on the right. The sheer numbers of the Boomer Generation (shown in red representing those born between 1946 and 1964) is transforming the traditional pyramid shape into a shape that some demographers predict will resemble a "population rectangle." Average life expectancy in the United States at birth rose from 47.3 in 1900 to 76.9 in 2000.[1]

The graying of Colorado heralds an unprecedented transformation that will markedly change the face of Colorado over several decades. During the four years of this *State Plan*, the number of older adults over age 60 will increase 15%. In a decade, the number of older adults will increase 54%. Within two decades, the number of older adults in Colorado will double (104%). In comparison, Colorado's population under 60 years of age will increase 31% over the next two decades.



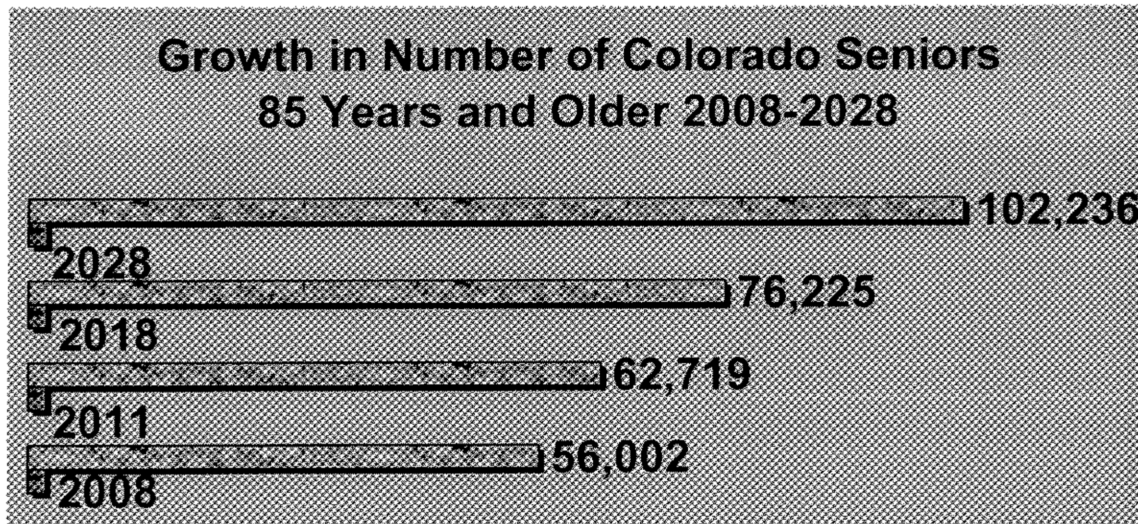
[1] US Census Bureau. *65+ in the United States: 2005*, December 2005, p. 1. http://www.census.gov/prod/1/pop/p23-190/p23-190.html

Increase in Older adult Population

Year	Total Population of Colorado	Percent Increase Total Population (from 2008)	Number of Persons ages 60+	Percent Increase 60+ (from 2008)	Number of Persons ages 0-59	Percent Increase ages 0-59 (from 2008)
2008	5,004,990		**741,319**		4,263,671	
2011	5,311,455	6%	**851,054**	**15%**	4,460,401	5%
2018	6,047,354	21%	**1,145,932**	**54%**	4,901,422	15%
2028	7,097,682	42%	**1,509,952**	**104%**	5,587,730	31%

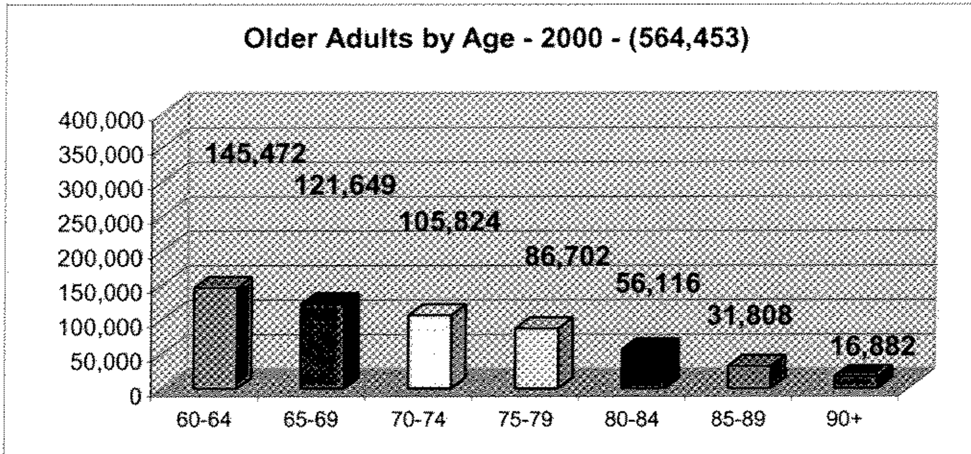
What implications will the increasing graying of Colorado drive? From a strengths perspective, older adults are living longer and healthier lives than ever before. Older adults have never been a more visible and vital part of society. Wealthy older adults continue to be an economic driver of second-home sales and related services. Past behavior indicates a generational expectation of consumer-directed demand that will reverberate through "aging-in-place" service supply sectors. The addition of 1,300,000 Colorado Boomers represents a social resource of unprecedented proportions.

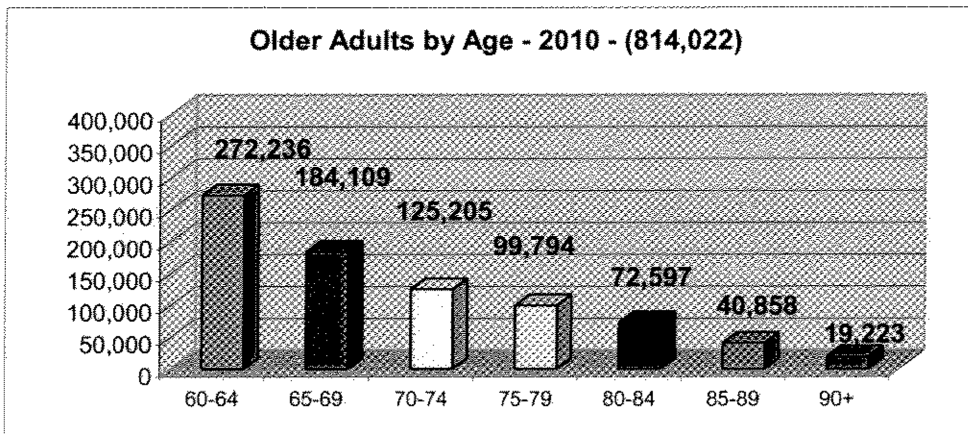
During the next four years, older adults of advanced age (those 85 years and older) will increase 12%. In twenty years, there will be an 82.5% increase in older adults over 85. The oldest-old population is projected to grow rapidly after 2030, when the Boomers begin to move into this age group.[2] Since persons' resources diminish as they age, large increases in the most socially vulnerable groups are expected. These groups include older adults of advanced age living alone, older women, unmarried older adults with no family, minority elders, and the socially isolated.

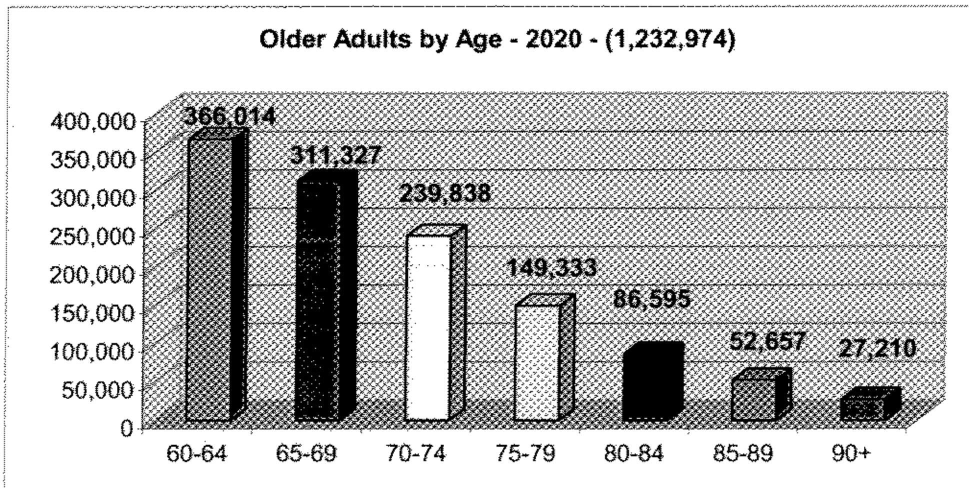


[2] US Census Bureau. *65+ in the United States: 2005,* December 2005, p. 135 http://www.census.gov/prod/1/pop/p23-190/p23-190.html

Several challenges exist because of the impact on society of the growing numbers of older adults. The trend in the immediate future for service needs is more benign now. In the near future, the highest growth rates will be for younger age groups that tend to need fewer services. Nevertheless, the anticipated annual growth rate for the population 85 and over will be almost 3% per year for the next eight years. This is the age group with the greatest need for services.



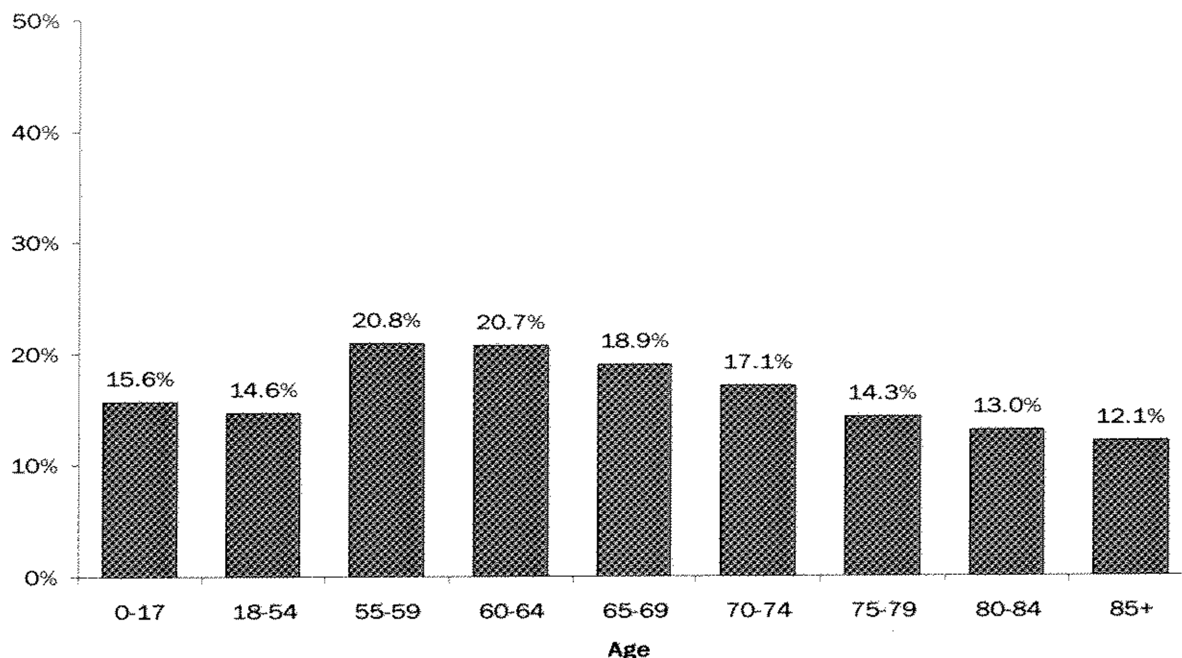




Section Three: Colorado's Rural - Urban Dichotomy

The 2000 Census found that approximately 85% of Colorado's population lives in urban areas and 15% in rural areas.[3] The chart below shows the proportion of Colorado's population living in rural areas by age. With respect to services for older individuals residing in rural areas, the State agency assures it will spend for each fiscal year of the *State Plan*, not less than the amount expended for such services for fiscal year 2000.

Proportion of Colorado Population Living in Rural Areas by Age



The 2000 Census altered its previous definition of "urban" to include "urban areas" and "urban clusters." In Colorado, the following are now considered **urban areas**: Boulder, Colorado Springs, Denver-Aurora, Fort Collins, Grand Junction, Greeley, Lafayette-Louisville, Longmont, and Pueblo.[4] The following locations are considered to be **urban clusters:** Alamosa, Aspen, Avon, Basalt, Battlement Mesa, Breckenridge, Brighton, Brush, Buena Vista, Burlington, Canon City, Carbondale, Castle Rock, Cortez, Craig, Dacono, Delta, Durango, Eagle, Eaton, Estes Park, Evergreen, Florence, Fort Morgan, Fruita, Glenwood Springs, Gunnison, Gypsum, Johnstown-Milliken, La Junta, Lamar, Las Animas, Leadville, Monte Vista, Montrose, New Castle, Pagosa Springs, Rifle, Rocky Ford, Roxborough Park, Salida, Silverthorne, South Florence (Federal Correctional Institution), Steamboat Springs, Sterling, Trinidad, Vail, Walsenburg, Wellington, Windsor, Woodland Park, and Yuma[5].

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3 U.S. Bureau of the Census, 2000 Census, Summary File 3.
4 U.S. Bureau of the Census http://www.census.gov/geo/www/ua/ua_state_100302.txt
5 U.S. Bureau of the Census http://www.census.gov/geo/www/ua/uc_state_100302.txt

All other areas are considered by the United States Bureau of the Census to be **"rural"**.

The Front Range effectively splits Colorado in half, with agricultural areas lying primarily to the east and a large proportion of Federal government lands to the west. Over half of Colorado's older adults live within the Denver metropolitan 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.

While urban populations are concentrated, rural populations tend to be isolated. In Colorado, some rural counties average only four individuals per square mile - compared to the State's average of 45.4 individuals per square mile.

When the *Strengths and Needs Assessment* was conducted in 2004, in addition to a random sample of 8,903 older adults, key informants in rural areas were interviewed to gain and ensure their perspective was incorporated. Some insights of key informants on the challenges of rural service provision follow:

> *It is difficult to have the numbers to justify the cost of adding a service. We lack community resources, workforce resources, financial resources and space.*
>
> *The distance itself can hinder things from happening and for programs to be effective and reach everyone. People who live out on the farm and only come to town once a month - it's a challenge getting the information to them.*
>
> *If you have an emergency medical issue, even a non-emergency, there are no hospitals, no clinics, and no doctors in town. When you are in pain, you need help and older adults cannot get any assistance due to distance.*
>
> *We don't have enough people to get to all the older adults. We are a big county and very spread out. We cannot provide services to the smaller towns, we have a restricted service area and the problem comes back to transportation.*[6]

Although the rural/urban service gap has diminished during the last two decades, a significant rural disadvantage still exists. Both the needs and resources of older adults in rural areas tend to differ from their urban counterparts in the areas of health, transportation, and nutrition.

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6 *Strengths and Needs Assessment of Older Adults in Colorado*, September 2004.

Health

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.[7] Limited access to health care in rural areas is generally associated with the fact that there are fewer providers.[8] Older adults 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.[9] This situation is exacerbated by the exodus of HMOs and physicians from rural areas because of reduced Medicare/Medicaid reimbursement rates.

Transportation

Since rural older adults are often more geographically isolated, the lack of available transportation severely lowers choices and reduces independence of a greater proportion of rural older adults. Transportation is inadequate to enable some older adults to seek the medical, dental and mental health services required. Extreme malnutrition, health, and depression may increase because older adults cannot obtain transportation or do not want to be a burden on others to transport them.

Nutrition

Rural areas face many of the same challenges as urban areas when providing nutrition services to older adults. These problems are intensified by the increased percentage of older adults who are isolated and alone in rural settings. Colorado's winter weather can further complicate 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 a three-day supply of meals. These meals are shelf stable and meet the meal requirements of the *Older Americans Act.* Programs receive contributions to offset the cost of the meals from local businesses and volunteers who help in the delivery.

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

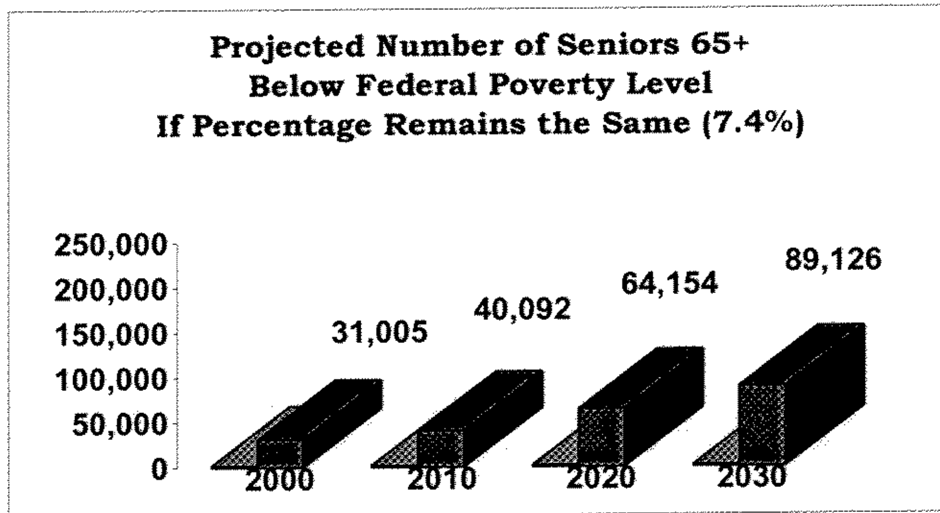
8 Ibid.

9 Ibid.

Section Four: Poverty, Preference, and Priority

Even if the *percentage* of older adults below the federal poverty level remains the same as the current 7.4%, the *number* of older adults below the federal poverty level will greatly increase. The human and fiscal impacts are vast. There are insufficient public dollars to serve all older adults in need now. The demographic surge will exacerbate the growing importance of *Older Americans Act* services.

As older adults age, their economic resources dwindle. The 2000 Census found approximately 30,000 persons 65 years and older in Colorado below the federally designated poverty level. If the same percentage (7.4%) of older adults 65 years and older were below the federal poverty level, in 2010, Colorado will have over 40,000 older adults below the federal poverty level. In 2020 over 64,000 older adults 65 years and older may be below the federal poverty level.[10]



As the graph on the next page indicates, the 2000 Census found approximately 71,000 older adults 65 years and older in Colorado below 150% of the federally designated poverty level. If the same percentage (9.5%) holds, in 2010, Colorado will have 92,000 older adults below 150% of federal poverty level. In 2020 over 147,000 older adults 65 years and older may be below 150% of the federal poverty level.[11]

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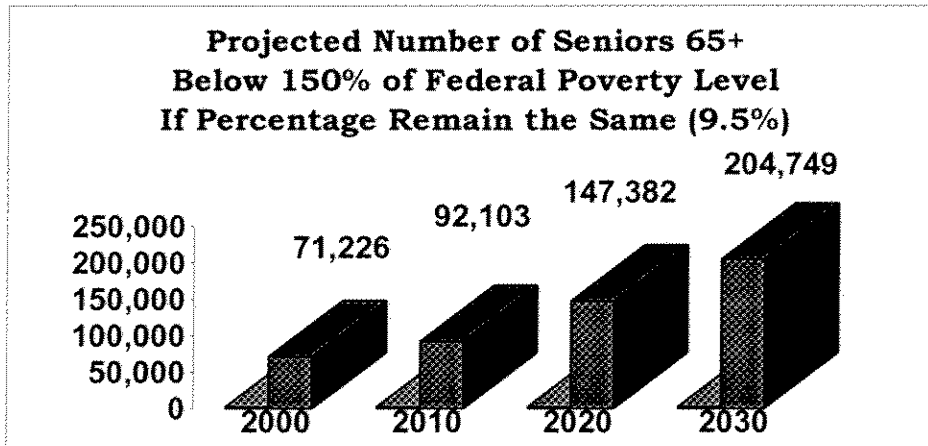
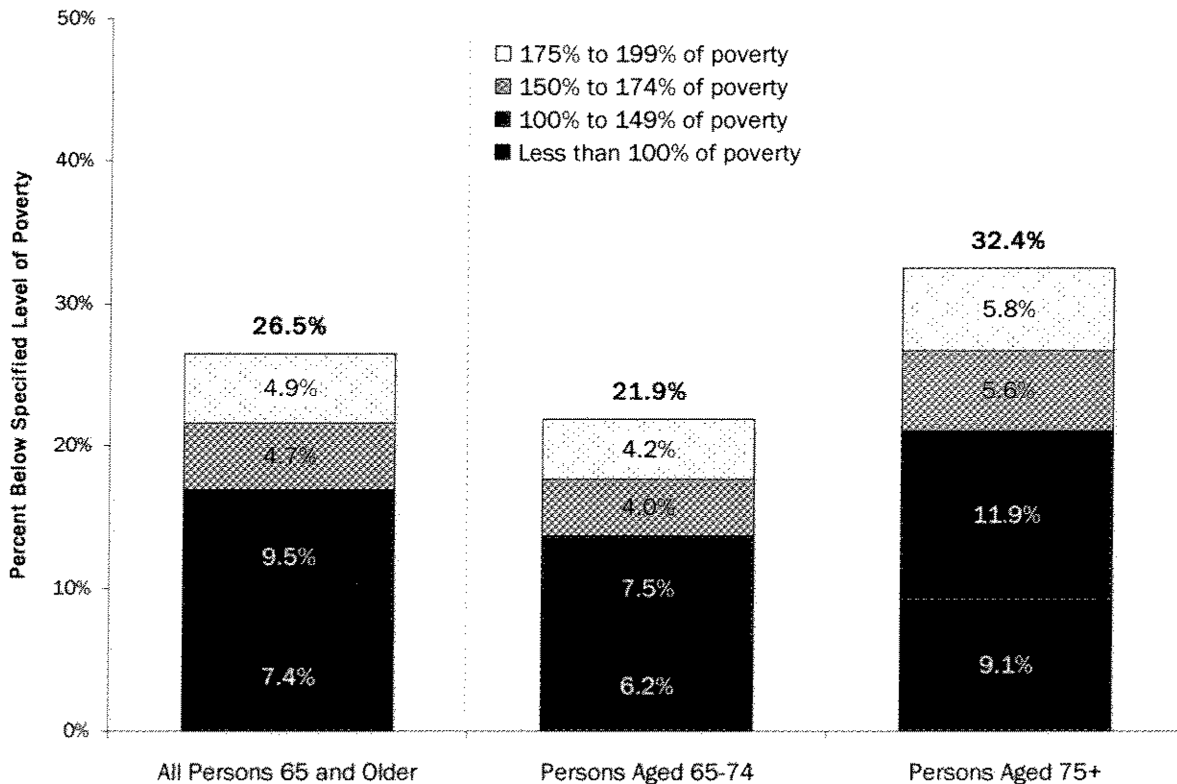
10 (The following two charts show United States Census Bureau projections of the number of older adults 65 years and older. Administration on Aging programs serve older adults 60 years and older, so the total numbers for those eligible for *Older Americans Act* programs are higher.)

11 (The following two charts show United States Census Bureau projections of the number of older adults 65 years and older. Administration on Aging programs serve older adults 60 years and older, so the total numbers for those eligible for *Older Americans Act* programs are higher.)



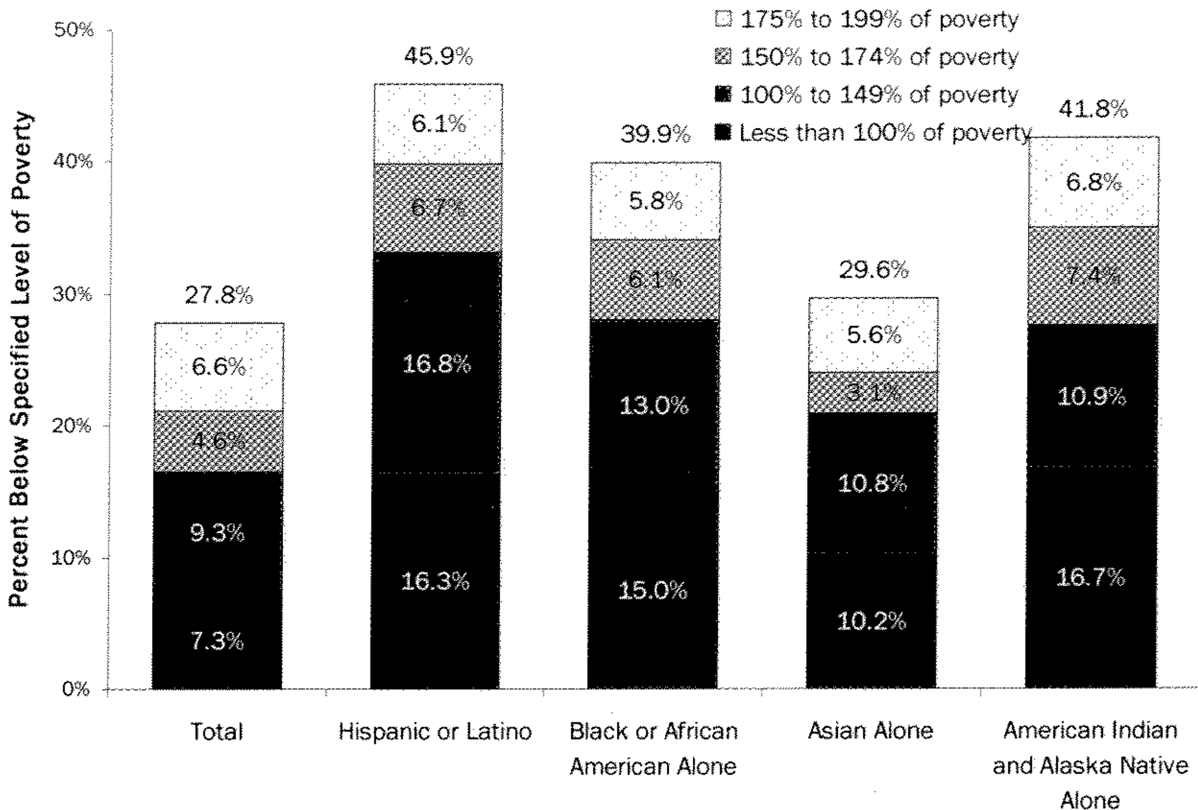
Poverty is substantially more prevalent among Hispanic, Black and Native American older adults than for all older adults in Colorado. Poverty is only slightly more prevalent among Asian older adults than all older adults combined. Low-income minority older adults are at a higher risk of being unable to obtain housing and healthcare due to affordability, accessibility, and availability within their communities.

Percent of Older adults (65+) at Various Levels of Poverty[12]



[12] *Strengths and Needs Assessment of Older Adults in the State of Colorado*, September 2004.

Poverty Rates for Minority Older Adults (65+)[13]



The figures cited above are for older adults 65 years and older reflected in United States Census projections. A more dramatic picture arises with older adults 60 years and older. The July 2005 population estimates (the most recent at the time of this printing) from the State Demographers Office reveal that of 658,501 older adults, 22,110 are below the federal poverty level and 50,752 are minorities. Fifty-six percent of older adults (12,334) under the federal poverty level are members of minority groups.

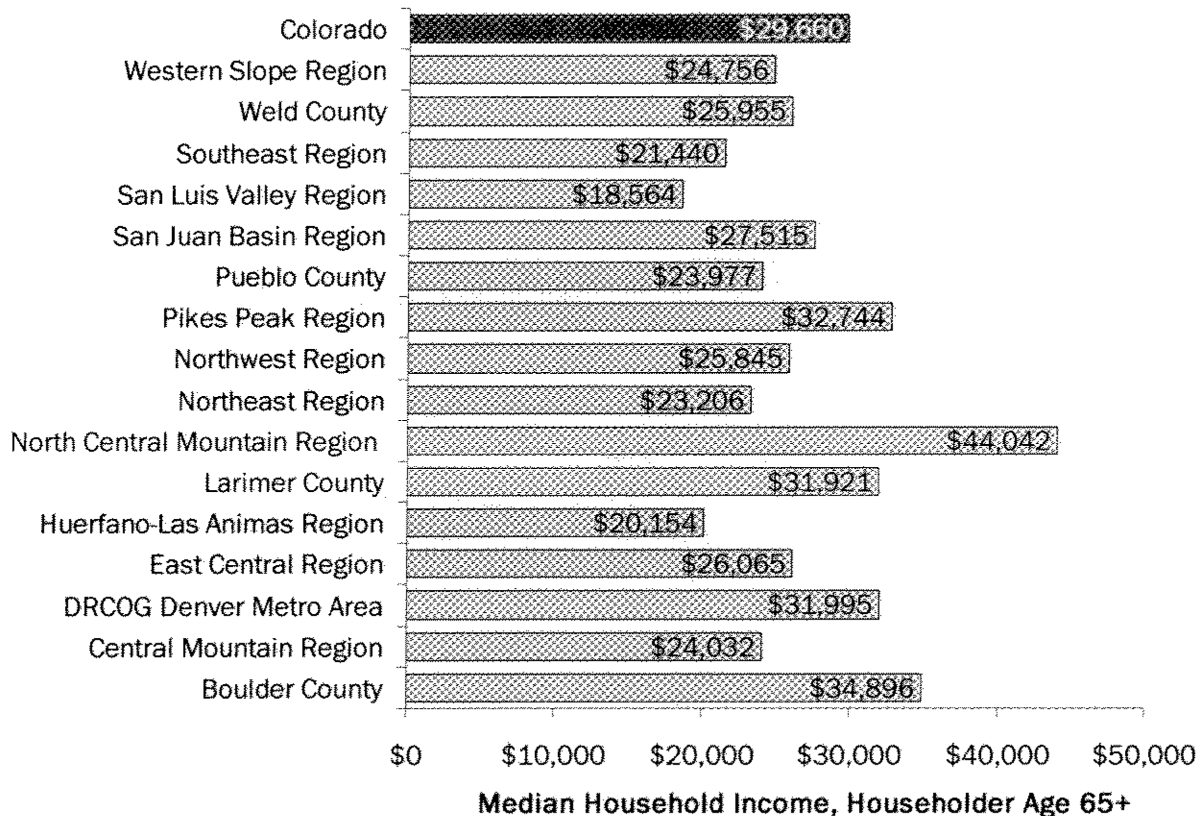
An essential method to ensure services are provided to older adults in poverty is incorporation of targeting language in Requests for Proposals (RFP) and contracts. A sample of language commonly used in contracts is *"in the delivery of services under this contract (provider) agrees to give preference and priority to older adults who meet the following criteria: are of a minority status or have a language barrier, are of low income, are homebound, live in a particularly remote area, live alone or are frail due to health condition or disability."* The State Unit on Aging assures that preference will be given to providing services to older adults with greatest economic need and older adults with greatest social need, with particular attention to low-income minority older adults and older adults residing in rural areas.

[13] Ibid.

Best practices for targeting utilized include:

- Networks of professionals who work with older adults meet bi-monthly to identify clients in greatest economic or social need;
- Collaboration on special projects and education programs that target older adults of diverse cultures and distribute information in languages other than English;
- 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; and
- Maintaining older adult nutrition programs in rural communities that have a significant number of targeted older adults.

The federal poverty level does not take into account regional variations in the cost of living. As demonstrated in the graph below, it is unlikely that an income below 200% of the federal poverty level would enable an older adult in most parts of Colorado to remain financially self-sufficient and pay out-of-pocket for the types of supports funded by the *Older Americans Act.*[14]



14 Ibid.

Section Five: Six Trends

The unprecedented increase in the aging population will affect us in ways that cannot be fully predicted. The following six substantive trends may provide a roadmap that can assist in the determination of future actions.

1. The vast majority of older adults in Colorado will be healthier, live longer, and be in better economic condition than their predecessors.

From a strengths perspective, the overwhelming majority of older adults in Colorado are thriving, healthy, and independent. In 2004, 89% of Colorado older adults described their overall quality of life as "very good" or "good".[15] Seven counties in Colorado share in the nation's highest longevity rate (81.3 years).[16] The new emphasis on healthy aging will assist older adults to maintain optimal health status and quality of life in their later years. The importance and use of preventative nutritional programs to improve health may prevent more costly interventions and allow older adults to remain independent longer. As a cost saving mechanism, private enterprise, counties and regions will continue to implement and promote increased coordination of health services.

2. The technological divide between "have" and "have not" older adults will intensify. Younger, wealthier adults will have enhanced access to electronic information. Older, low-income and frail older adults' lower technological access may intensify their marginalization. This potential increased disconnection from information will necessitate increased usage of care managers and community navigators.

The table on the following page is from the *Strengths and Needs Assessment of Older Adults in the State of Colorado 2004* and demonstrates use of information sources. The distinction between methods of accessing information of younger and older adults provides information on the most effective methods of reaching out to these groups.

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15 Ibid.

16 *Harvard School of Public Health; September 2006.*

Information Sources Used: Comparisons by Respondent Characteristics[17]

Following is a list of information sources. How often, if at all, do you use each source to find out about services and activities available to you?	Percent of respondents*						
	Television	Word of mouth	Newspaper	Radio	Senior publications	Library	Internet
Males 60-74	86%	87%	86%	70%	58%	52%	**60%**
Males 75-84	91%	81%	89%	63%	62%	48%	**35%**
Males 85+	90%	86%	79%	50%	67%	42%	**26%**
Females 60-74	86%	91%	86%	67%	63%	56%	**49%**
Females 75-84	89%	86%	85%	56%	64%	50%	**24%**
Females 85+	85%	78%	78%	58%	57%	38%	**9%**
Income less than $15,000	86%	84%	74%	56%	51%	39%	**19%**

Key informants interviewed by the *Strengths and Needs Assessment* provided multiple outreach suggestions to reach older adults who do not use the Internet.

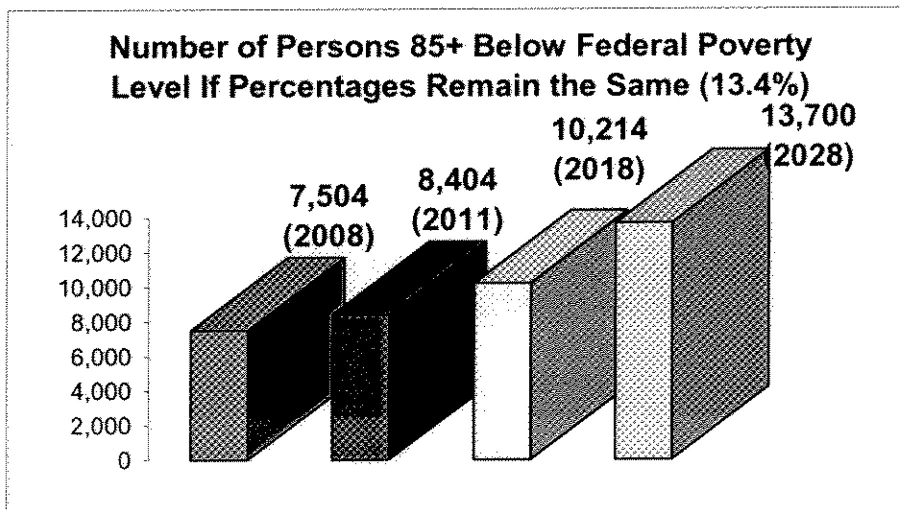
- Promote AAA services by accessing older adults at appropriate public venues (e.g. senior centers, churches, synagogues, doctors' offices, community events, grocery stores, pharmacies). Promotional activities may include booths, presentations, clinics, flyer distribution or utility bill inserts.
- Identify organizations and key staff that provide services to targeted special population groups. Network, collaborate and develop cooperative partnerships to promote and provide services. Expand the recruitment and use of volunteers.
- Provide and share best-practice training to local communities on effective outreach activities and the development of partnerships at the grass-roots level.
- Encourage word of mouth and door-to-door campaigning, especially in rural communities.
- Exercise patience, creativity and diligence when working with older adults, especially for older adults who are 75 years and older, frail with hearing loss or with signs of dementia. These older adults may need additional attention and support from service providers as they work to understand the options available, make decisions and get forms completed to get the help they need.

[17] *Strengths and Needs Assessment of Older Adults in the State of Colorado*, September 2004.

AAAs move quickly to cover these gaps by incorporating and utilizing innovative programs such as Adult Resources for Care and Help (ARCH)[18], and 211 and 311 telephone referral services where offered. Others offer instruction on use of the computers to access the Internet. Some AAAs have facilitated consumers' access to services by increasing their usage of care managers and community navigators. Some AAAs leverage unique opportunities to develop relationships with private industry, organizations, and higher education institutions to provide education, tools, and choices for older adults to plan, prepare, and finance their longevity.

3. **Need will greatly surpass funding. Increased stress on agencies to deliver services may precipitate system-wide gaps in the Aging Network.**

People of all ages prefer to receive care at home. The age 85 years plus group generally has a high need for service, so a related increase in the use of in-home services can be expected. The increase in this "oldest old" population demonstrated in the following chart will put pressure on service providers to serve more people within capped budgets.



One indicator of capacity-overload is the turnover of AAA Directors within the State. Both AAAs and older adults in public forums express concern that agencies are under-funded both administratively and programmatically. With the older adult population in Colorado increasing by 12% over the course of the *State Plan* and over 50% in the next ten years, reducing the burden on existing systems will be as crucial as building new systems.

[18] In Colorado, ARCH is the ADRC grant.

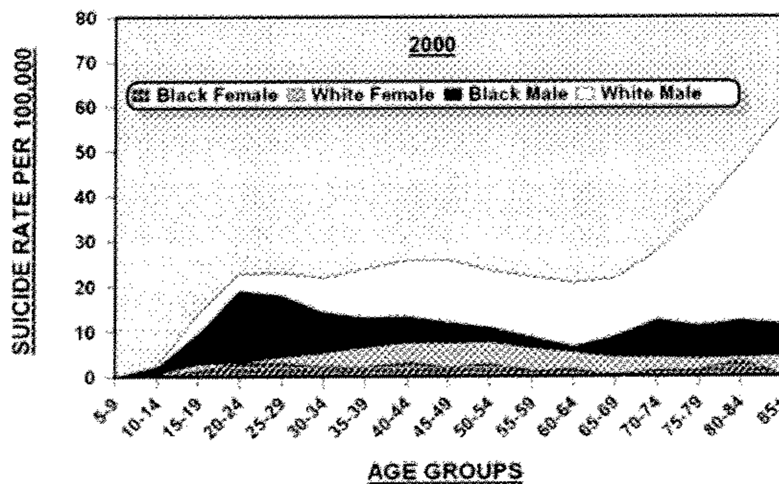
4. **Boomers entering the aging network will demand consumer direction. Private industry will expand to provide services to wealthier older adults.**

As a generation, Boomers (those born between 1946 and 1964) have seldom been shy in expressing their expectations. The line between a service recipient and service advocate may diminish. 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 that will be provided to Boomers in their sixties and seventies by governmental organizations.

The burgeoning Boomer market represents more than two trillion dollars annually in Boomer spending. Corporate America is moving fast to integrate itself into this market.[19] One AAA Director stated: "For seniors who have money, there are no gaps in service, just gaps in knowledge." Strong partnerships are currently forming between the business community and non-profit organizations.

5. **Mental Health issues among older adults will grow. The stigma attached by older adults to seek and utilize mental health services will decrease.**

Mental Health issues will become increasingly prominent. Depression is one of the most common underlying conditions associated with older suicides, yet it remains a largely under-recognized and under-treated medical condition. Late-onset depression among the older population is often associated with negative life events and daily stressors such as changing residence, serious illness of close relative or friend, and death of close family or friends.[20] Suicide risk for older adults is very high. Colorado's public mental health system currently is unable to meet the needs of persons with mental illness. There is a significant shortage of geriatric practitioners in the mental health field.



19 www.boomersummit.com

20 US Census Bureau. *65+ in the United States: 2005,* December 2005, p. 48. http://www.census.gov/prod/1/pop/p23-190/p23-190.html

Older adults demonstrate a gradual but increasing willingness to accept and access mental health services.[21] These types of services have traditionally held a stigma. Senior centers have often been instrumental in making mental health services an accepted and important facet of life. According to the *Strengths and Needs Assessment,* the number of older adults who report feelings of isolation or depression represents one-fifth of all older adults in the State. Reports of physical health problems, depression and loneliness were meaningfully more frequent among renters, older adults with low incomes, those limited physically, and those living alone. In 2000, the 65 and older population was less than 13% of the total population, but accounted for 18% of all suicide deaths. The suicide death rate for the oldest old among white men, 59 deaths per 100,000 people, is over five times the national rate of 10.6 per 100,000.[22]

6. Unless there is a significant increase in services and opportunities available to older adults in rural areas, the migration of aging older adults from rural areas to urban areas may increase exponentially.

Older adults living in rural and mountainous areas are particularly underserved in the areas of transportation, medical and mental health care. Travel in these regions is often difficult in the winter months. Since wealth tends to concentrate in industrialized areas, a greater proportion of older adults are below the federal poverty level in rural areas.[23] Young rural adults are often drawn to urban areas to seek better paying jobs and further their education. This migration has been an increasing trend over several decades, resulting in eroding tax bases, inadequate labor pools, and general economic decline.[24]

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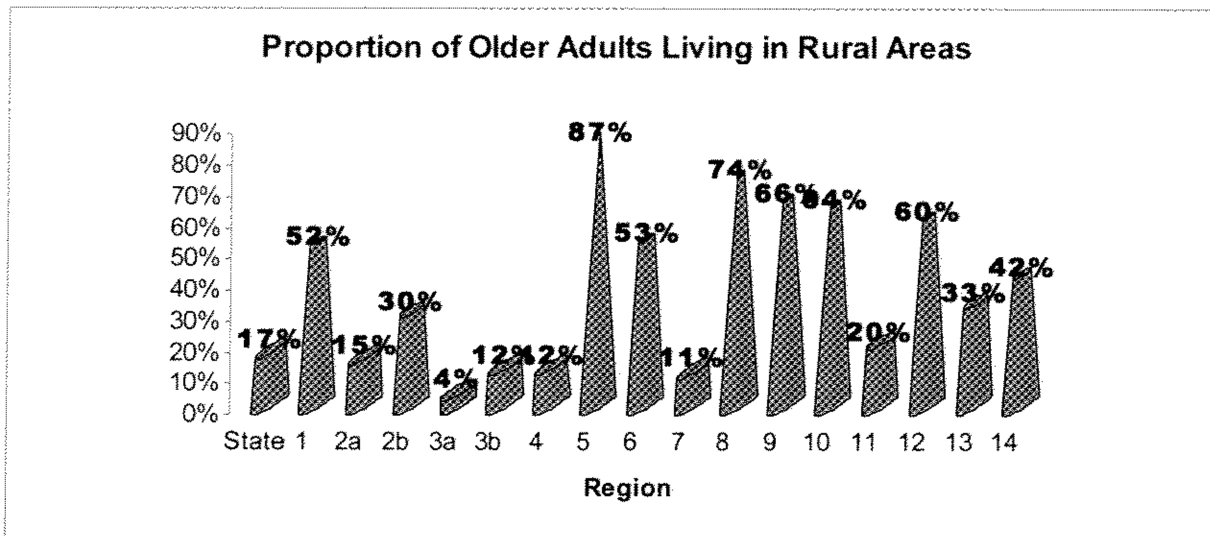
21 http://mentalhealth.samhsa.gov/publications/allpubs/sma05-3988/overcome.asp
US Census Bureau. *65+ in the United States: 2005,* December 2005, p. 48.
http://www.census.gov/prod/1/pop/p23-190/p23-190.html

23 *Strengths and Needs Assessment of Older Adults in Colorado,* 2004.

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, Gerontological Society of America. Fall 2001, Volume 12, Number 1.



Section Six: Current Programs

The services listed below are available to persons 60 years and over. Often, these persons do not qualify for Medicaid funded long-term care programs. Consumers receive services through local service providers and Area Agencies on Aging.

The *Older Americans Act* intent is for the SUA to provide leadership to all aging issues on behalf of older adults in Colorado. The State is responsible for administering the Title III, V and VII Programs funded under the *Older Americans Act*. The State administers Title III Community Services Programs via Area Agencies on Aging based on contracts with their supervising and sponsoring agencies. Additionally, the State Unit on Aging administers the Title V Senior Community Service Employment Program throughout Colorado. This is a collaborative process with national and state employers and contractors.

The *Older Americans Act* requires the State to designate Area Agencies on Aging (AAAs) to provide the programs through designated Planning and Service Areas (PSAs). The State is required to designate as its AAAs those agencies having the capacity and commitment to fully carry out the programs. The AAAs serve as the administrators of the programs at the local level and coordinate, plan, develop, advocate, monitor, and evaluate the following programs serving older adults in their areas.

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

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 for Elder Rights and Adult Protection, established by the State Unit on Aging, provides educational training and public awareness activities along with local county departments of social services and Area Agencies on Aging. The State stipulates it will not supplant pre-existing funds to carry out vulnerable elder rights protection activities.

The **In-Home Services Program** provides a variety of services to older adults in need of assistance with activities of daily living because of functional impairments. 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 **Information and Assistance Program** furnishes consumers with accurate and timely information through written, telephonic, electronic and assistive technology.

The **Legal Assistance Program** provides legal services under contract with Area Agencies on Aging to assist older adults in resolving legal problems, and advocate for the rights of older adults. The program includes the Colorado Legal Assistance Developer who provides training and technical assistance to local provider programs.

The **Long-Term Care (LTC) Ombudsman Program** provides services on behalf of persons who reside in licensed nursing homes and assisted living residences. LTC Ombudsmen identify, investigate, and work to resolve complaints filed by long-term care residents of these facilities. 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 Colorado (State) Long-Term Care Ombudsman and local Long-Term Care Ombudsman programs, which are supervised by the Area Agencies on Aging. Colorado's LTC Ombudsmen include paid staff and volunteers who are trained and certified to respond to complaints made by or on behalf of residents by the resident's family members, facility staff, and other members of the long-term care community. LTC Ombudsmen advocate for older adults by educating individuals; 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 vulnerable population they serve.

The **National Family Caregiver Support Program** (NFCSP) provides services to caregivers so they can continue to provide caregiving to family and loved ones. Services are provided to caregivers of "frail" individuals 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 NFCSP 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 55 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. The child is an individual not more than 18 years of age or an individual with a disability.

Priorities for the NFCSP include caregivers who are older; individuals with the greatest social need, greatest economic need, caregivers of older individuals with Alzheimer's Disease; and older individuals caring for individuals with disabilities, including adult children with severe disabilities.

The **Nutrition Services Program** provides meals that meet one-third of the Dietary Reference Intakes to older adults in a congregate setting, such as a senior center. Meal sites ensure a nutritionally balanced diet and provide opportunities for socialization. The Home Delivered Meals for the Homebound Program provides meals to older adults in a home setting to ensure a nutritionally balanced diet in the home. Other services include nutrition screening, assessment, education and counseling to help older consumers learn to shop and/or plan and prepare meals that are healthy and economical. These programs assist older adults in managing their health problems and enhance their well-being. Consumers receive services through local service providers and Area Agencies on Aging.

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 or government host agencies.

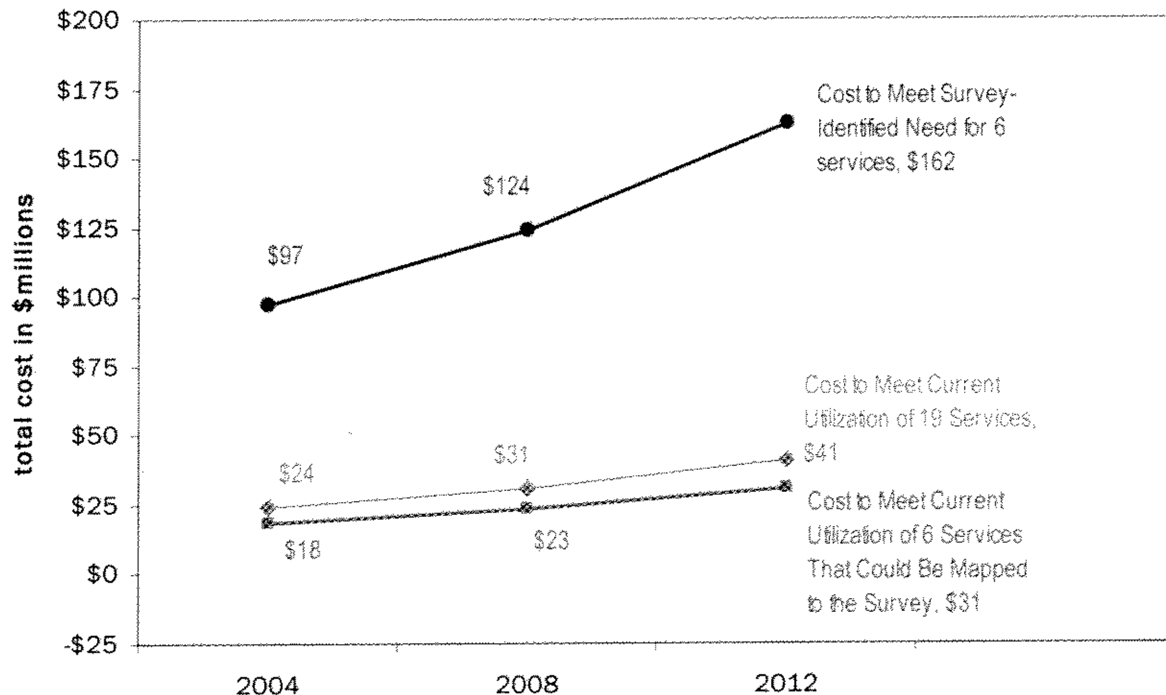
The **Transportation Service Program** provides transportation to older adults to medical appointments, grocery shopping, meal sites, and other locations older adults visit. Older adults receive services through local service providers and Area Agencies on Aging.

Section Seven: Unmet Needs

During Fall 2004, the Division of Aging and Adult Services conducted the *Strengths and Needs Assessment of Older Adults in Colorado.*[25] A total of 8,903 Colorado older adults were interviewed by telephone to identify the strengths and articulate the needs of older adults in Colorado, develop estimates of and projections for the cost of meeting expressed needs for the years 2004, 2008, and 2012, and provide useful, timely and important information for planning, resource development and advocacy efforts. The *Strengths and Needs Assessment* projected future needs and costs on a statewide basis, for each AAA region, and for eleven larger counties within the State.

If the AAAs in Colorado expanded their services to meet all the need identified from the *Strengths and Needs Assessment*, the cost to meet the need for each of the six services (congregate meals, home-delivered meals, transportation, homemaker, personal care and legal assistance) for which cost estimates were made would be $124 million in 2008 and grow to about $162 million by 2012. If the AAAs' utilization rates stayed constant at current levels, the cost to meet the same amount of demand for just these six services would be $23 million in 2008 and grow to $31 million in 2012.

Service Cost Projections



The combination of the increasing number of older adults and the expected rise in the cost of delivering services is projected to increase the cost of service provision about 67% from 2004 to the year 2012. For the service categories for

[25] http://www.cdhs.state.co.us/aas/aas_director.htm

which costs were estimated, the total was projected to grow from about $24 million in 2004 to about $41 million in 2012.

Client Utilization of Services and Projected Need

Service Area	Projected Utilization 2008	Assessment Identified Need 2008	Projected Utilization 2012	Assessment Identified Need 2012
In Home Support Services				
Chore Service	1,080	42,536	1,282	58,452
Homemaker	1,524	13,235	1,810	15,715
Personal Care Services	581	4,401	690	5,225
Nutrition and Food Security				
Congregate Meals Service	27,013	153,694	32,073	182,487
Home Delivered Meals	9,743	20,664	11,568	24,535
Transportation				
Assisted Transportation	727	36,078	863	42,837
Transportation	17,419	132,853	20,683	157,741

In-Home Support Services

In-home support services offered by AAAs include chores, homemaking, and personal care. Homemaker services include assistance to persons with the inability to perform one or more of the following instrumental activities of daily living (IADL) preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework. Chore services include assisting persons having difficulty with one or more of the following IADLs: heavy housework, yard work or sidewalk maintenance. Personal care includes the provision of personal assistance, stand-by assistance, supervision or cues with one or more of the following activities of daily living: eating, dressing, bathing, toileting, transferring in and out of bed/chair or walking.

Barriers to Meeting In-Home Support Needs

A lack of availability of services in general, as well as services designed to help older adults stay in their homes are issues cited most frequently as barriers to meeting in-home support needs. Service affordability and insurance reimbursements are additional barriers.

Nutrition and Food Security

A growing group of older Coloradans struggle to get enough or the right kinds of food for good health. Poor physical health, mental health and socioeconomic conditions are risk factors most often identified with malnutrition in older adults. Older adults living and/or eating alone are known to have worse nutritional outcomes. Homebound older adults and those who need help to

remain living in their homes have been particularly vulnerable to nutritional problems.

Congregate meals provided at a nutrition site, older adult center or some other congregate setting assure a nutritionally balanced diet and provide opportunity for socialization. Other nutrition and food security services offered by an AAA include home-delivered meals, nutrition screening, assessment, education, and counseling.

Barriers to Meeting Nutritional Needs

Barriers older adults face trying to get enough food and maintaining good nutrition include availability and proximity of services. Not being able to transport meals to all areas of the county and lack of transportation to congregate meal sites are additional barriers to getting nutrition needs met. Additionally, concerns such as lack of interest in eating and preparing food are social barriers impeding older adults' ability to eat nutritiously.

Transportation

Nothing saps the feeling of independence like barriers to mobility. Area Agencies on Aging provide transportation through local services providers for medical appointments, grocery shopping, and meal sites. Curb-to-curb services are provided as well as assisted transportation for persons with physical or cognitive difficulties.

Barriers to Meeting Transportation Needs

Availability, affordability and accessibility are frequently reported barriers to meeting the transportation needs of older adults.

Section Eight: Elder Rights (Title VII)

In Colorado, the Area Agencies on Aging (AAAs) implement the programs and activities concerning Elder Rights that are mandated in Title VII of the *Older Americans Act.* The State Unit on Aging (SUA) contracts with the *Legal Center for People with Disabilities and Older People (the Legal Center)* to provide technical support and continuing education and awareness of elder rights and abuse mitigation activities by administering the Offices of the Colorado Long-Term Care Ombudsman and Colorado Legal Assistance Developer.

The Long-Term Care Ombudsman and Legal Assistance programs are provided at the regional level by AAAs, and are actively invested in activities envisioned by Title VII of the *Older Americans Act.* The Long-Term Care (LTC) Ombudsman Program seeks, through intervention, to prevent abuse or mistreatment of residents of long-term care facilities, licensed by the Colorado Department of Public Health and Environment. The LTC Ombudsman investigates complaints received from residents or others and advocates on behalf of those residents. The LTC Ombudsman offers training and consultation regarding resident rights, resident council development and other LTC resident issues for facility staff, residents, and the public.

The Legal Assistance programs provide an array of legal services, such as assisting with the preparation of advance directives and applying for Medicare or other benefit-related issues to meet needs as described in the *Older Americans Act* to targeted populations across the State.

Each year, since the threshold year of 2000, increasing amounts of State and local funds have been expended on these programs. Each program routinely generates periodic activity and status reports. The SUA monitors report information to ensure appropriate expenditures of funds and that no supplanting of pre-existing funds occurs through the provision of vulnerable elder rights protection activities.

The designation of local LTC Ombudsman Programs is governed under federal and state statutes, and is implemented according to rules and policies and procedures designed in accordance with the *Older Americans Act* and the *Colorado Long-Term Care Ombudsman Act.* The Colorado Long-Term Care Ombudsman *Policy and Procedures Manual* contains details regarding eligibility for designation, de-designation, and re-designation. Each LTC Ombudsman is required to obtain approved continuing training and conduct himself or herself according to the above-mentioned statutes, rules and policies to retain designation as a representative of the Office of the Colorado Long-Term Care Ombudsman. Appropriate implementation processes are overseen through on-site evaluations, reports and analysis, monitoring, and contracts. The SUA assures that the Colorado Long-term Care Ombudsman Program places no restrictions, other than those in Section 712.a.5.c of the

Older Americans Act on the eligibility requirements of entities for designation of local Long-Term Care Ombudsman activities.

All Title VII programs are governed under carefully designed rules, policies and procedures, which define and require strict standards of confidentiality as prescribed. Automated and hard copy documentation is held to these high standards. The State, AAAs, and contractors conduct frequent and routine evaluations, audits and oversight to ensure that both the letter and intent of the *Older Americans Act* are implemented.

The State Unit on Aging supports the work of the Colorado Coalition for Elder Rights and Adult Protection (CCERAP). In keeping with directives in the OAA, this exceptionally effective and efficient organization impacts the lives of vulnerable, elderly adults by accomplishing four goals:

- **Educational:** provide statewide information and training for professionals and others regarding the abuse of vulnerable elderly and at-risk adults.
- **Promotional:** promote projects, publications, and activities that benefit older adult and at-risk adults.
- **Support:** provide support for laws, regulations and policies that promote the rights of older adult and at-risk adults.
- **Coordination / Cooperation:** provide opportunities for professionals to meet, share information, address policy issues and develop strategies for increased service coordination.

Specialists in Title VII Vulnerable Elder Rights in the SUA monitor and guide the CCERAP in developing educational events and information for training service professionals and for public information in regards to elder rights, abuse prevention, and available services. The Colorado Long-Term Care Ombudsman coordinates joint trainings with the separately administered State Adult Protective Services on role clarification, service coordination, and communication in order to facilitate optimal service provision to vulnerable and elderly persons. State statutes, rules, policies and procedures within the SUA define and support the enforcement of strict adherence to non-coercive, voluntary, and confidential processes with regard to services provided to vulnerable elderly adults and others.

Long-Term Care planning and case management are important aspects of the Elder Rights Title VII. Long-Term Care case management Services are provided by the Single Entry Point (SEP) agencies in Colorado. The SEP agencies administer the Home and Community Based Services (HCBS) waivers through the Colorado Department of Health Care Policy and Financing, the single Medicaid State agency. Area Agencies on Aging are encouraged to contract with their local SEP for case management services, unless the SEP is administered out of the local AAA. Three of the sixteen AAAs (Region 1, Northeastern Colorado; Region 2-B, Weld County; and Region 6, Lower Arkansas Valley) are designated as SEP Agencies, providing Long-Term Care case management services within their respective regions.

Region 2B - Weld County AAA has been the designated SEP for Weld County since 1993. Before the development of the SEP, the AAA provided closely related case management services for the Home and Community Based Program for the Elderly, Blind and Disabled. Housing both 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 Region 2B AAA staff members are aware of the programs (OAA and SEP) available either in-house or in the community that could potentially meet the needs of clients served.

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

Section Nine: Title III / Title VI Coordination

The State Unit on Aging will pursue activities to increase access by older adults who are Native Americans to all aging programs and benefits provided by the agency. In the State of Colorado, the Southern Ute and the Ute Mountain Ute are the federally recognized tribes. Native American tribal members sixty years and older are eligible for services under *Older Americans Act* funds. Fully one-third of the public input sessions were presented to Native American groups.

The San Juan Basin Area Agency on Aging in the Southwest corner of Colorado works with the Ute Mountain Ute and the Southern Ute Native American tribes on the *Older Americans Act* programs. This agency coordinates Title III and Title VI programs with the Ute Mountain Ute 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 services for transportation, nutrition, outreach, elder day care, and older adult centers are coordinated with the tribal organizations. 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 Native American Elders to 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. State Unit on Aging staff arrange coordination meetings with Area Agency on Aging and the Senior Service staff at each reservation when traveling in the area. State staff is assigned to meet with the Senior Service staff of Native American Elders to coordinate State programs.

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 the Ute Mountain Ute Tribal Elders.

Section Ten: Emergency Preparedness

The State Unit on Aging and Area Agencies on Aging have integrated efforts to enhance emergency preparedness in Colorado. The following materials and activities are in place:

- Design of AAA Disaster Planning Guide.
- Creation of, and annual update of, each Area Agency on Aging's *Emergency Response Plan.*
- Compilation of all regions' *Emergency Response Plans.* Every region is in contact with the Local Emergency Planning Commission (LEPC) and Emergency Manager. External relief organizations fall under the purview of the Emergency Manager.
- Coordination of the Division of Aging and Adult Service's disaster preparedness with that of the Colorado Department of Human Services.
- Participation of the State Unit on Aging as designee of the State Director with the *State All Hazards Advisory Committee*[26]. The *State All Hazards Advisory Committee* provides advice to the Colorado Departments of Local Affairs, Public Safety, and Public Health and Environment on all matters related to all hazards emergency management, coordinate, and facilitate information Region-to-Region and Region-to-State.[27]
- On-going training and dissemination of emergency preparedness information to Area Agencies on Aging.[28]
- Contact with, and updating Administration on Aging's Regional Office's Emergency Coordinator on areas of concern in Emergency Preparedness and Response.
- A Continuity of Operations Plan (COOP) was incorporated with the State Unit on Aging. An Emergency Operations Plan (OEP) and/or Emergency Response Plan is currently in the process of development for each of the Human Services facilities to ensure maintenance of the CDHS mission in the event of emergencies.

Emergency management tends to consider disaster response to have five phases:[29]

1. *Awareness:* The SUA and AAAs educate communities and increase awareness on precautions that can be taken to prevent avoidable disasters and improve emergency detection. AAAs have distributed

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[26] "All Hazards" includes, but is not limited to, natural and man-made disasters as well as health emergencies such as pandemic flu outbreaks.

[27] http://www.cdphe.state.co.us/bt/panflu.html

[28] Administration on Aging: *Emergency Assistance Guide* http://www.aoa.gov/PRESS/preparedness/pdf/Attachment_1357.pdf

[29] Administration on Aging: *Emergency Assistance Guide* *http://www.aoa.gov/PRESS/preparedness/pdf/Attachment_1357.pdf*

information to older adults and communities on *72-Hour Kits.*[30] AAAs have been trained on Health Insurance Portability and Accountability Act (HIPAA) Privacy and Disclosures as it relates to emergencies. After wildfires during the summer of 2006 and blizzards in the winter of 2007, AAAs in affected areas took advantage of the new awareness on the part of local residents to discuss future emergency preparation.

2. *Prevention:* Meal sites in rural areas are equipped with back-up generators and AAAs have discussed shelter facilities with local schools. Many AAAs in rural areas have developed "blizzard boxes" that contain a three-day supply of food.

3. *Preparedness:* Area Agencies on Aging have updated their Emergency Response Plans. Each AAA Director has met with and knows Emergency Management personnel in their area. Several AAA Directors have participated in Local Emergency Planning Commission exercises of disaster scenarios to share information and resources in advance preparation for a potential emergency. AAAs have utilized the Social Assistance Management System (SAMS) to provide lists of older adults who may be at-risk during emergencies to emergency managers. AAAs have provided locations of assisted living residences, nursing homes, and retirement communities to emergency managers. AAAs will coordinate with appropriate entities in the event of hazards including Biological, Nuclear, Incendiary, Chemical or Explosive (B-NICE), pandemic situations and other health and emergency concerns.[31]

4. *Activation:* In Colorado, the Division of Emergency Management, Department of Local Affairs and the Colorado Emergency Planning Commission take the lead in activation of emergency response. During recent wildfire and blizzard emergencies, AAA Directors have provided Emergency Managers information on the location of homebound older adults who may need evacuation; provided Emergency Managers, sheriffs, and the National Guard with locations of older adults so emergency personnel can deliver medications to older adults in affected areas; and have made buses and other forms of transportation available to Emergency Managers to assist in evacuations.

5. *Recover:* The Administration on Aging and SUA would facilitate regions receiving *Disaster Assistance Grants* when appropriate.

30 http://dola.colorado.gov/dem/public_information/emergency_kit.htm

31 http://www.pandemicflu.gov/plan/states/pdf/planningresolutionco.pdf

Section Eleven: Initiatives

The following represents an aggressive yet achievable agenda to address current challenges that incorporates recommendations from the Colorado Governor's White House Conference on Aging and Area Agency on Aging / State *Strategy Sessions*. The focus areas are listed in order of priority. Increasing Organizational Capacity is the first priority. Without achieving increased capacity, we are unable to meet the demands of the increasing population of older adults.

FOCUS AREA ONE: INCREASING ORGANIZATIONAL CAPACITY

Goal One: ***Strengthen the resource system of the Division of Aging and Adult Services, the Area Agencies on Aging, and the Aging Network, by increasing the necessary capacity to address the needs of older adults in Colorado.***

Objective 1: ***Seek additional funding.***

Strategy 1: SUA will continue to actively provide information to public and private advocate agencies and organizations that express an interest in the strengths and needs of Colorado's older adults and/or provide direct services to older adults and those who care for them.
Timeline: January – May 2008, 2009, 2010, and 2011 (Colorado Legislative session)

Strategy 2: SUA will review service gaps and create action plans to address the gaps annually.
Timeline: February 2008, February 2009, February 2010, and February 2011

Strategy 3: SUA will investigate additional funding opportunities with the AAAs to develop new or expand existing programs.
Timeline: On-going

Strategy 4: SUA will review and discuss new funding opportunities quarterly.
Timeline: January, April, July, and October 2008, 2009, 2010, and 2011

Objective 2: ***Strengthen training.***

Strategy 1: SUA will consult and review with Area Agencies on Aging to refine New Director Training.
Timeline: October 2007, 2008, 2009, and 2010.

Goal Two: ***Strengthen management information systems capacity.***

Objective 1: ***Increase system efficiency.***

Strategy 1: Review all required data reports and eliminate duplication to reduce AAA workload.
Timeline: September 2008

Strategy 2: Review client data systems; identify code errors, data retrieval problems, user friendliness and compliance with federal reporting parameters.
Timeline: On-going

Strategy 3: Continue usage of SAMS Users Group to identify system problems and solutions.
Timeline: January, April, July, and October 2008, 2009, 2010, and 2011

Strategy 4: Develop SAMS training website.
Timeline: December 2007

Strategy 5: Provide AAAs and SUA staff with the training and resources necessary to track services by consistent data entry protocols and quality control procedures.
Timeline: May 2008, 2009, 2010, and 2011

Goal Three: ***Develop leadership and volunteer training programs for AAAs and the Aging Network to utilize the talents, skills, and expertise of older adults in the State and to promote citizen participation.***

Objective 1: ***Develop groundwork for civic engagement.***

Strategy 1: Select a consultant knowledgeable in capacity building to facilitate workshop(s) in civic engagement and increasing organizational capacity to respond proactively to the demographic increases in the older adult population. State staff, AAA staff and relevant community partners will attend.
Timeline: September 2008

Strategy 2: Develop organizational capacity and civic engagement action plans and timelines from consultant workshops.
Timeline: October 2008

Strategy 3: Develop Volunteer Engagement programs in coordination with the Governor's *National Governors' Association Civic Engagement Policy Advisory Group.*
Timeline: September 2008

Strategy 4: Present Volunteer Engagement programs to Area Agencies on Aging, State Agencies and employers.
Timeline: September 2008, 2009, 2010, and 2011

Strategy 5: Develop Leadership Training programs for older adults to enhance skills in leadership, advocacy, organizational development, capacity building and grant writing.
Timeline: June 2008

Strategy 6: Present Leadership Training programs for older adults.
Timeline: July 2008, 2009, 2010, and 2011

FOCUS AREA TWO: HIGH RISK AND TARGETED GROUPS

Goal One: Provide additional choices for high-risk individuals.

Objective 1: Expand outreach to and engagement of high risk and targeted groups.

Strategy 1: Review AAA contracts for inclusion / revision of targeting language during On-Site Assistance reviews.
Timeline: October 2007 - April 2008

Strategy 2: Develop outreach activities with federally recognized tribes in Colorado and Native American groups.
Timeline: November 2007

Strategy 3: Pursue activities to increase access to Native American elders through aging programs and benefits provided under Title III and Title VII.
Timeline: November 2007, 2008, 2009, and 2010

Strategy 4: Engage AAAs and communities in discussion of methods to distribute information on services in a manner easily accessible by high risk and targeted groups.
Timeline: March 2008

Strategy 5: Continue to promote ways in which the public can accommodate older adults with vision and/or hearing impairment.[32]
Timeline: On-going

Strategy 6: Support training in cultural sensitivity and increase bilingual staff to address language and cultural barriers in health-related services to diverse populations such as African American, American Indian, Asian American, Hispanic/Latino/a American and gay, lesbian, bisexual and transgender older adults.[33]
Timeline: July 2008

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[32] *Colorado Governor's White House Conference on Aging, Solutions Forum, From Strengths and Needs to Action, Report to Colorado Citizens,* Recommendation 4, Priority 1, October 2005.
[33] Ibid.

FOCUS AREA THREE: HEALTH

Goal One: ***Empower older adults to stay active and healthy through evidence-based Health Promotion / Disease and Disability Prevention programs.***

Objective 1: ***Increase activity and health of older adults.***

Strategy 1: Implement *Empowering Older People to Take More Control of Their Health through Evidence-Based Prevention Programs* grant. In Colorado, this grant is called "Healthier Living."
Timeline: On-going

Strategy 2: Facilitate collaboration and partnerships with service providers, health care entities, county agents, State agencies, and Senior Health Insurance Program to promote healthy aging and healthy behaviors, increase education, sustain programs regarding preventative health care, physical activity, wellness, and available health benefits.
Timeline: On-going

Strategy 3: Review data systems and registered dietician's activities in training, education, and nutrition counseling quarterly.
Timeline: October 2007

Strategy 4: Promote training, education, and nutrition counseling regarding health and nutrition through the State Registered Dietitian.
Timeline: October 2007, 2008, 2009,and 2010: May 2008, 2009, 2010,and 2011.

Strategy 5: Continue to serve on the *Committee for Older Adults on Mental Health* to increase the awareness of and need for supplementing Mental Health Services.
Timeline: On-going

Strategy 6: Review coordination and collaborative partnerships with State agencies and community providers of mental health services.
Timeline: January, April, July, October 2008, 2009, 2010, and 2011

Objective 2: ***Support efforts to educate communities across Colorado on the mental health needs of older adults.***[34]

Strategy 1: The SUA and AAAs under the *Older Americans Act* Section 306(a)(6)(F) will collaborate with community health centers, public agencies and nonprofit organizations to provide access to mental health services, and increase public awareness of mental health disorders (e.g. depression, schizophrenia, bi-polar, etc.)
Timeline: September 2009

Strategy 2: Continue to provide opportunities for social interaction among isolated and vulnerable older adults to alleviate or reduce loneliness and depression.[35]
Timeline: On-going

Strategy 3: Distribute information on Mental Health in *Healthy Lifestyles Campaign Newsletter.*
Timeline: On-going

Goal Two: ***Enable older adults to remain in their own homes with high quality of life for as long as possible through the provision of supports for caregivers.***

Objective 1: Strengthen the Caregiver Summit group to promote greater access and availability to provide educational and support opportunities to caregivers.[36]

Strategy 1: Present annual Caregiver Summits.
Timeline: July 2008, 2009, 2010, and 2011

Strategy 2: In partnership with Caregiver Summit members, create electronic library of caregiver resources.
Timeline: June 2008

Strategy 3: Expand Caregiver access to information, especially to those caregivers of persons afflicted with Alzheimer's Disease, older caregivers of persons with disabilities; and caregivers with the greatest social and/or economic need. An example of a best practice is the implementation of the *Empowering Underserved Alzheimer's Families through Training, Support and Respite* grant awarded by the Administration on Aging to Colorado State University.
Timeline: On-going

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34 *Colorado Governor's White House Conference on Aging, Solutions Forum, From Strengths and Needs to Action, Report to Colorado Citizens,* Recommendation 1, Priority 2, October 2005.
35 Ibid, Recommendation 2, Priority 2, October 2005.
36 Ibid. Recommendation 1, Priority 3, October 2005.

Strategy 4: Review promotion of best practices disseminated within Caregiver Summit group annually.
Timeline: July 2008, 2009, 2010, and 2011

Strategy 5: Promote public awareness efforts that draw attention to in-home services available to older adults as a way of supporting those who provide care.[37]
Timeline: On-going

Strategy 6: Continue partnerships on Medicaid and consumer-directed programs available in all of the home and community-based care waivers.
Timeline: On-going

[37] Ibid. Recommendation 2, Priority 3, October 2005.

FOCUS AREA FOUR: ACCESS

Goal One: ***Empower older adults and their families to make informed decisions about, and be able to easily access, a comprehensive array of information, referral, intake, assessment, and eligibility determination services.***

Objective 1: ***Increase access to information.***

Strategy 1: Improve and maximize 211 services and Adult Resources for Care and Help (ARCH - Colorado's name for the Aging and Disability Resource Center grant) as entry points into a system where linkages are used.
Timeline: September 2008

Strategy 2: Continue the pilot project expansion of ARCH to new regions within the State to strengthen regional or community-based systems of support through which care is coordinated and older adults access the services they need in a more central way and with fewer burdens on them.[38]
Timeline: September 2008

Strategy 3: Remove barriers to access and services, enhance system development, and identify gaps in services using the Adult Resources for Care and Help (ARCH) Regional Advisory Council model.
Timeline: On-going

Strategy 4: Review pilot expansion of ARCH (ADRC).
Timeline: October 2007, 2008, 2009, 2010

Strategy 5: Integrate and link existing websites to increase access.
Timeline: September 2009

Strategy 6: Promote knowledge among older adults and their families concerning long-term care planning and resources such as www.longtermcare.gov.
Timeline: On-going

[38] *Colorado Governor's White House Conference on Aging, Solutions Forum, From Strengths and Needs to Action, Report to Colorado Citizens,* Recommendation 6, Priority 3, October 2005.

Goal Two: *Continue to implement recommendations of the Strengths and Needs Assessment and other regional assessments to coordinate and improve transportation services.*

Objective 1: *Strengthen regional partnerships to create, sustain, or improve affordable, accessible, reliable, and safe transportation for older adults.*

Strategy 1: Use data contained within the *Strengths and Needs Assessment of Older Adults in the State of Colorado* and *United We Ride* to build regional transportation partnerships.
Timeline: October 2007, 2008, 2009, and 2010

Strategy 2: Review twice-yearly transportation summaries developed by AAAs on increased activity and coordination of transportation options in region.
Timeline: October 2007, 2008, 2009, 2010: April 2008, 2009, 2010, and 2011

Strategy 3: Promote transportation options for geographically isolated older adults[39] and low-income minority older adults.[40]
Timeline: October 2007, 2008, 2009, and 2010

Strategy 4: Provide best practices to the AAAs on *Volunteer Driver Program* and the *Travel Assessment and Training Program.*
Timeline: December 2007

Strategy 5: Continue active participation with the *United We Ride – Colorado Interagency Coordinating Council for Human Service Transportation.*
Timeline: On-going

Strategy 6: Serve on the *Governor's Senior Transportation Subcommittee.*
Timeline: On-going

Strategy 7: Serve on Colorado Department of Transportation's *5310/5311 Grant Review Board.*
Timeline: August 2008, 2009, 2010, and 2011

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[39] *Colorado Governor's White House Conference on Aging, Solutions Forum, From Strengths and Needs to Action, Report to Colorado Citizens,* Recommendation 5, Priority 3, October 2005.
[40] *Colorado Governor's White House Conference on Aging, Solutions Forum, From Strengths and Needs to Action, Report to Colorado Citizens,* Recommendation 9, Priority 2, October 2005.

FOCUS AREA FIVE: ELDER RIGHTS

Goal One: Ensure the rights of older adults and prevent their abuse, neglect, and exploitation

Objective 1: ***Increase education and information on Elder Rights***

Strategy 1: Strengthen partnerships between the State Unit on Aging, Adult Protective Services, the Colorado Long-Term Care Ombudsman, the Colorado Coalition for Elder Rights and Adult Protection, law enforcement personnel and other state, local and private agencies to share resources for the prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder abuse, neglect, and exploitation.
Timeline: January, April, July, and October 2008, 2009, 2010, and 2011

Strategy 2: Review printed and on-line information to ensure it is understandable and accessible to older adults.
Timeline: October 2007, 2008, 2009, and 2010

Strategy 3: Present annual conferences to reinforce and build upon the personal strengths of older adults by educating older adults, service providers and Adult Protective Services case workers about ways they can protect themselves against financial exploitation.[41]
Timeline: August 2008, 2009, 2010, and 2011

Strategy 4: Continue collaboration with Colorado Attorney General and District Attorney offices to alert older adults on fraudulent practices.
Timeline: On-going

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41 Ibid. Recommendation 4, Priority 3, October 2005.

FOCUS AREA SIX: EMERGENCY PREPAREDNESS

Goal One: ***Expand State partnerships and involvement with emergency planning and preparedness.***

Objective 1: ***Increase ability to identify older adults who are part of populations needing specialized help.***

Strategy 1: Annually update Emergency Plans submitted by Area Agencies on Aging.
Timeline: August 2008, 2009, 2010, and 2011

Strategy 2: Continue to include Emergency Planning in all Area Plans.
Timeline: 2010

Strategy 3: Participate in scheduled meetings of *State All-Hazard Committee.*
Timeline: Scheduled meetings 2008 2009, 2010, and 2011

Strategy 4: Coordinate with local, state and federal agencies to identify persons at-risk.
Timeline: December 2008

Strategy 5: Communicate information, and heighten awareness of emergency planning among older adults.
Timeline: On-going

FOCUS AREA SEVEN: MEDICARE AND MEDICAID SERVICES

Goal One: ***Involvement with the Medicaid rebalancing of LTC systems as envisioned under the Deficit Reduction Act.***

Objective 1: ***Continue partnership on Medicare and Medicaid issues.***

Strategy 1: In Colorado, this goal properly falls within the sphere of the Department of Health Care Policy and Financing (HCPF). SUA will monitor major efforts of HCPF in this regard.
Timeline: On-going

Strategy 2: Collaborate with the Department of Health Care Policy and Financing and Division of Insurance to implement the *Long-Term Care Insurance Partnership* of the *Deficit Reduction Act.*
Timeline: On-going

Goal Two: ***Support the Administration on Aging's partnership with CMS.***

Objective 1: ***Help older adults avail themselves of benefits under the Medicare Modernization Act (MMA).***

Strategy 1: Share CMS updates, information, and promotional materials for distribution to AAAs and older adults.
Timeline: On-going

Strategy 2: Participate in webinars and teleconferences.
Timeline: On-going

Strategy 3: Participate in enrollment services for Medicare beneficiaries on the Limited-Income Subsidy and the Part D coverage.
Timeline: On-going

Strategy 4: Improve and maximize 211 services and Adult Resources for Care and Help (ARCH - Colorado's name for the Aging and Disability Resource Center grant) as entry points into a system where linkages are used.
Timeline: September 2008

Section Twelve: Funding, Financial and Service Projections

Intrastate Funding Formula

The *Older Americans Act* requires the State Unit on Aging to allocate funding according to an Intrastate Funding Formula (IFF). The State Unit on Aging and the Colorado Association of Area Agencies on Aging (C4A) develop the IFF cooperatively.

Determination of the Intrastate Funding Formula begins with reviews of past expenditures and projections of future needs. The Division collects fiscal data on Area Agencies on Aging (AAAs) spending of allocations by program area. The Division reviews the expenditures and compares those expenditures to AAA's annual plans.

The Division receives additional data entered into the SAMS database by AAAs and contracted service providers. Annually, the information collected from all sixteen Area Agencies on Aging is compiled by SAMS and reported to AoA through NAPIS.

Changes in demographics are determined through demographic information provided by the State Demographer's Office and SAMS reporting. 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.

Some of the major assumptions implicit in the review of the Intrastate Funding Formula, its factors, and the effect of the distribution of funds on the service delivery system across the State are:

- Weights assigned to the formula factors should represent the emphasis and priority placed on specific characteristics.
- Funding formula factors are derived from quantifiable data and based on the most recent data (2005) from the State Demographer's Office.
- Older adults receive services based on historical patterns of service delivery. The potential effect of proposed changes on older adults who receive Title III services is considered.
- The low revenue generating potential of rural areas necessitates a greater dependence on the Title III service system to meet these service needs.
- Additional resources are allocated to older adults in greatest economic and social need, minority older adults, and those older adults aged 75 and over.

Based upon our review of the formula, the State Unit on Aging and the Colorado Association of Area Agencies on Aging (C4A) approved the formula without changes August 11, 2005. Due to a statewide election with significant economic consequences in November 2005, the IFF was reviewed a second time in January 2006 and re-approved on February 10, 2006.

The 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.[42]

The allocations for each Area Agency on Aging derived because of this formula (broken down into Administration, Part B, Part C-1, Part C-2, Part D and Part E) may be found in the chart titled "AAA Allocations Title III FFY 2007 on the following page.

The Intrastate Funding Formula will be reviewed throughout the course of the *State Plan*. The Department assures it will spend for each fiscal year of the *State Plan* not less than the amount expended for such services for fiscal year 2000.

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[42] The State Demographer's Office provides the State Unit on Aging annual updates of the population figures cited. In 2007, the State Unit on Aging received updated information for the year 2005. This information was used to review the Interstate Funding Formula.

SUMMARY

Region	*AAA Allocations Title III FFY 2007*					
	Total Federal/State Administration	**Total Services Federal/State Part B**	**Total Services Federal/State Part C-1**	**Total Services Federal/State Part C-2**	**Total Services Federal/State Part D**	**Total Services Federal/State Part E**
1 Northeast	$34,504	$106,015	$117,892	$60,983	$7,345	$41,475
2A Larimer County	$60,132	$183,165	$203,685	$105,361	$13,516	$76,319
2B Weld County	$57,831	$176,239	$195,983	$101,377	$12,961	$73,192
3A Denver Region	$484,845	$1,461,506	$1,625,236	$840,696	$115,883	$654,369
3B Boulder County	$52,251	$157,531	$175,179	$90,616	$12,477	$70,454
4 Pikes Peak	$127,662	$386,460	$429,755	$222,302	$29,775	$168,136
5 East Central	$19,113	$59,680	$66,366	$34,330	$3,639	$20,548
6 Lower Arkansas	$31,038	$95,579	$106,286	$54,979	$6,510	$36,761
7 Pueblo	$62,364	$189,885	$211,157	$109,226	$14,053	$79,354
8 South-Central	$32,798	$100,878	$112,179	$58,027	$6,934	$39,154
9 San Juan	$41,287	$126,435	$140,599	$72,728	$8,978	$50,697
10 District 10	$47,677	$145,673	$161,992	$83,795	$10,516	$59,386
11 Assoc Govts of NW	$65,882	$200,475	$222,934	$115,319	$14,900	$84,137
12 Northwest Colorado	$24,824	$76,871	$85,483	$44,218	$5,014	$28,312
13 Upper Arkansas	$32,947	$101,328	$112,679	$58,286	$6,970	$39,358
14 Huerfano-Las Animas	$19,861	$61,933	$68,873	$35,626	$3,820	$21,566
TOTAL	**$1,195,016**	**$3,629,653**	**$4,036,278**	**$2,087,869**	**$273,291**	**$1,543,218**

Minimum Proportion of Part B

Section 307(a) of the *Older Americans Act* requires the minimum proportion of the funds received by each Area Agency on Aging to carry out Part B that will be expended (in the absence of a waiver) under sections 306(c) or 316) by each Area Agency on Aging to provide access, in-home, and legal assistance categories of services. In Colorado, the percentages of Titles III allocations are:

25%	Access
15%	In-Home
3%	Legal Assistance

In 2004, the Division of Aging and Adult Services conducted the *Strengths and Needs Assessment.* The *Strengths and Needs Assessment* demonstrates that transportation is a fundamental need, especially in rural areas. (For a further discussion, please refer to Section Seven *Unmet Needs* of this document.) The aging of the population, especially those 85 years of age or older, reveals the increasing importance of in-home services. Fifteen percent of older adults interviewed in the *Strengths and Needs Assessment* identified legal issues as constituting either a minor or a major problem for them.

Data Reporting Systems

The 2006 reauthorization of the *Older Americans Act* directed the Administration on Aging 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;
  - (A) the number of older adult centers which received such funds; and
  - (B) the extent which each area agency on aging . . . satisfied the requirements. . ."

The Department collects fiscal data on Area Agency on Aging spending of the allocations by program area. The Department reviews the expenditures and compares those expenditures to the AAA's annual plans. This information may be used to re-direct funding to appropriate areas to meet deficiencies or to address future programmatic needs. At the end of the year, the information collected from all sixteen Area Agencies on Aging is compiled and reported to the Administration on Aging through the National Aging Program Information System (NAPIS) that includes all required data elements.

Data extracted from SAMS is used to determine current as well as future needs. 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).

Current needs may be determined through analysis of actual results versus plans. Changes in demographics determined through SAMS reporting are used in addition to demographic information provided by the State Demographer's Office of the Department of Local Affairs, to determine future needs.

Rural Expenditures

Among the methods used to meet the special needs of rural and low-income minority individuals at both the State and Area Agency level is the use of contractual language that specifies targeting by providers and translation of information in other languages.

During the *Strengths and Needs Assessment,* an extraordinary effort ensured a representative sample of persons by region, income level, gender and ethnicity. Each region used the *Strengths and Needs Assessment,* as well as focus groups and other outreach methods, to determine the unique services needs of rural and low-income minority subgroups within the State. Annual plans are submitted to the State by the Area Agencies on Aging. Within these plans, AAAs identify the costs of services, categories of consumers who access the services, and projected costs of providing such services (including the cost of providing access to such services) for each fiscal year of the plan. The determination of service costs in rural settings is made at the AAA level. The Intrastate Funding Formula incorporates a rural factor for the allocation of funds. The following table reflects rural expenditures of services from the NAPIS report.

Rural Expenditures Derived from NAPIS – 2006

Service	Expenditures	Total Consumers	Rural Total	Rural Percent	Rural Expenditures
Personal Care	$158,851.00	242	77	32%	$50,544
Homemaker	$609,432.85	916	507	55%	$337,317
Chore	$146,020.68	173	155	90%	$130,828
Home Delivered Meals	$4,485,515.58	7,490	3,155	42%	$1,889,426
Adult Day Care / Health	$97,469.00	75	12	16%$	$15,595
Case Management	$2,862.00	60	58	97%	$2,767
Assisted Transportation	$177,733.85	721	395	55%	$97,372
Congregate Meals	$5,882,894.34	21,428	10,518	49%	$2,887,637
Nutrition Counseling	$29,575.75	349	302	87%	$25,893

STATE PLAN ON AGING FISCAL PROJECTIONS

SERVICES	2008 Estimate Federal Funding	2008 Estimate Non-Federal Funding	2009 Estimate Federal Funding	2009 Estimate Non-Federal Funding	2010 Estimate Federal Funding	2010 Estimate Non-Federal Funding	2011 Estimate Federal Funding	2011 Estimate Non-Federal Funding
Personal Care	$ 207,966	$ 30,700	$ 206,850	$ 30,842	$ 206,279	$ 30,974	$ 205,137	$ 30,851
Homemaker	$ 333,747	$ 117,330	$ 332,489	$ 117,034	$ 332,901	$ 116,744	$ 331,734	$ 115,703
Chore	$ 241,926	$ 419,672	$ 242,455	$ 425,992	$ 242,994	$ 431,376	$ 243,544	$ 437,823
Home Delivered Meals	$ 2,017,680	$1,032,679	$ 2,003,911	$1,028,402	$ 2,018,564	$1,024,992	$ 2,006,130	$1,010,523
Adult Day Care	$ 13,870	$ 100,299	$ 7,055	$ 101,990	$ 13,584	$ 103,535	$ 7,385	$ 99,294
Case Management	$ 345,320	$ 221,985	$ 349,778	$ 225,577	$ 354,331	$ 229,241	$ 358,977	$ 232,982
Congregate Meals	$ 2,334,068	$1,715,281	$ 2,274,119	$1,710,894	$ 2,321,967	$1,706,951	$ 2,266,864	$1,655,265
Nutrition Counseling	$ 18,897	$ 688	$ 19,036	$ 685	$ 19,175	$ 682	$ 19,326	$ 639
Assisted Transportation	$ 211,494	$ 131,539	$ 211,480	$ 134,539	$ 211,467	$ 139,039	$ 211,454	$ 144,039
Transportation	$ 1,030,351	$ 737,845	$ 1,031,079	$ 739,299	$ 1,031,945	$ 740,796	$ 1,032,946	$ 742,263
Legal Assistance	$ 178,671	$ 76,977	$ 178,527	$ 77,925	$ 179,935	$ 79,047	$ 179,531	$ 79,518
Nutrition Education	$ 54,426	$ 5,137	$ 53,424	$ 5,065	$ 52,172	$ 5,029	$ 53,073	$ 3,898
Information & Assistance	$ 272,598	$ 48,021	$ 282,357	$ 48,093	$ 288,438	$ 48,178	$ 294,844	$ 48,281
Outreach	$ 173,225	$ 16,952	$ 172,181	$ 16,833	$ 171,610	$ 16,703	$ 170,580	$ 16,190
Counseling	$ 12,500	$ 3,645	$ 10,116	$ 3,564	$ 12,281	$ 3,421	$ 10,106	$ 1,100
Education	$ 52,360	$ 5,954	$ 52,639	$ 6,027	$ 52,940	$ 6,104	$ 53,257	$ 6,185
Health Promotion	$ 203,280	$ 94,540	$ 204,317	$ 94,771	$ 203,443	$ 95,143	$ 204,416	$ 94,716
Ombudsman Activities	$ 1,002,240	$ 136,706	$ 1,011,282	$ 138,925	$ 1,023,923	$ 141,211	$ 1,034,161	$ 142,285
Screening	$ 36,192	$ 2,200	$ 36,294	$ 2,212	$ 36,404	$ 2,224	$ 36,522	$ 2,236
Material Aid	$ 60,638	$ 11,483	$ 60,723	$ 11,629	$ 60,803	$ 11,778	$ 60,875	$ 11,930
Reassurance	$ 53,917	$ 68,008	$ 52,347	$ 69,014	$ 52,789	$ 70,042	$ 53,237	$ 71,090
NFCSP Information to Caregivers	$ 156,183	$ 40,055	$ 159,077	$ 40,929	$ 159,924	$ 41,879	$ 162,515	$ 41,585
NFCSP Assistance to Caregivers	$ 282,320	$ 80,897	$ 283,135	$ 81,142	$ 283,987	$ 81,391	$ 284,873	$ 81,131
NFCSP Individual Counseling	$ 294,352	$ 97,808	$ 280,111	$ 93,254	$ 280,920	$ 93,710	$ 281,770	$ 94,179
NFCSP Respite Care	$ 726,149	$ 199,265	$ 737,318	$ 181,399	$ 739,034	$ 180,349	$ 735,791	$ 176,994
NFCSP Supplemental Services	$ 59,834	$ 9,549	$ 60,205	$ 9,698	$ 60,618	$ 9,847	$ 61,053	$ 9,996
TOTAL	**$ 10,374,203**	**$5,405,215**	**$ 10,312,304**	**$5,395,734**	**$ 10,412,428**	**$5,410,386**	**$ 10,360,101**	**$5,350,696**

STATE PLAN ON AGING SERVICE PROJECTIONS

SERVICES	2008 Estimate		2009 Estimate		2010 Estimate		2011 Estimate	
	Units	Undup. Clients	Units	Undup. Clients	Units	Undup. Clients	Units	Undup. Clients
Personal Care	11,443	220	11,189	218	11,050	215	10,904	213
Homemaker	29,362	772	30,172	759	30,149	748	31,090	738
Chore	5,903	331	6,586	334	9,239	341	10,879	346
Home Delivered Meals	926,594	7,668	903,284	7,584	885,077	7,531	868,564	7,480
Adult Day Care	21,829	55	21,916	55	22,014	54	22,124	54
Case Management	350	116	337	121	327	121	320	122
Congregate Meals	956,100	22,351	941,918	22,070	930,349	21,866	919,747	21,642
Nutrition Counseling	501	266	500	267	499	268	496	268
Assisted Transportation	114,327	2,797	113,838	2,795	113,399	2,790	113,006	2,777
Transportation	239,328	8,818	237,109	8,753	235,630	8,751	234,917	8,754
Legal Assistance	5,807	154	5,687	149	5,480	144	5,381	139
Nutrition Education	5,304	54,152	4,965	51,535	4,653	49,048	4,374	46,676
Information & Assistance	66,668	30,999	66,333	31,446	66,278	31,917	66,518	32,483
Outreach	44,579	4,039	43,855	3,968	43,173	3,881	42,598	3,803
Counseling	3,753	1,513	3,616	1,439	3,483	1,369	3,356	1,303
Education	7,177	53,761	6,851	51,733	6,546	49,840	6,259	48,106
Health Promotion	37,972	6,872	37,568	6,856	37,398	6,853	37,247	6,858
Ombudsman Activities	6,560	-	6,511	-	6,309	-	6,224	-
Screening	6,612	1,360	6,419	1,337	6,242	1,292	6,076	1,251
Material Aid	7,394	649	7,450	640	7,513	633	7,577	627
Reassurance	82,614	689	82,166	678	81,739	667	81,332	655
NFCSP Information to Caregivers	32,152	26,442	31,909	25,921	31,910	25,867	31,925	25,837
NFCSP Assistance to Caregivers	14,811	17,153	14,766	16,852	14,796	16,600	14,839	16,380
NFCSP Individual Counseling	12,264	5,803	12,046	5,749	11,911	5,749	11,775	5,750
NFCSP Respite Care	64,113	1,157	64,373	1,177	64,339	1,163	64,340	1,152
NFCSP Supplemental Services	1,009	179	1,015	184	1,019	188	1,021	188
TOTAL	**2,283,840**	**46,989**	**2,251,519**	**46,546**	**2,227,313**	**45,784**	**2,206,610**	**45,043**

Prioritization of Services

As part of the preparation for the prioritization of services, the State Unit on Aging and Area Agencies on Aging reviewed the strengths and expressed needs of Colorado older adults identified in the *Strengths and Needs Assessment.*

Preference is 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. These preferences are assured through specific contractual language in contracts with providers.

Because there is insufficient funding to address all needs of older adults within the State, services are prioritized along two levels of priority. (For further information on these programs, please refer to Section Six *Current Programs* in this document.)

Level One Priority (Basic Services to Maintain Independence)

- Elder Abuse Prevention Program
- In-Home Service Program
- Legal Assistance Program
- National Family Caregiver Support Program
- Nutrition Services Program
- Transportation Service Program
- Information and Assistance Programs

Level Two Priority: (Additional Self Sufficiency Services)

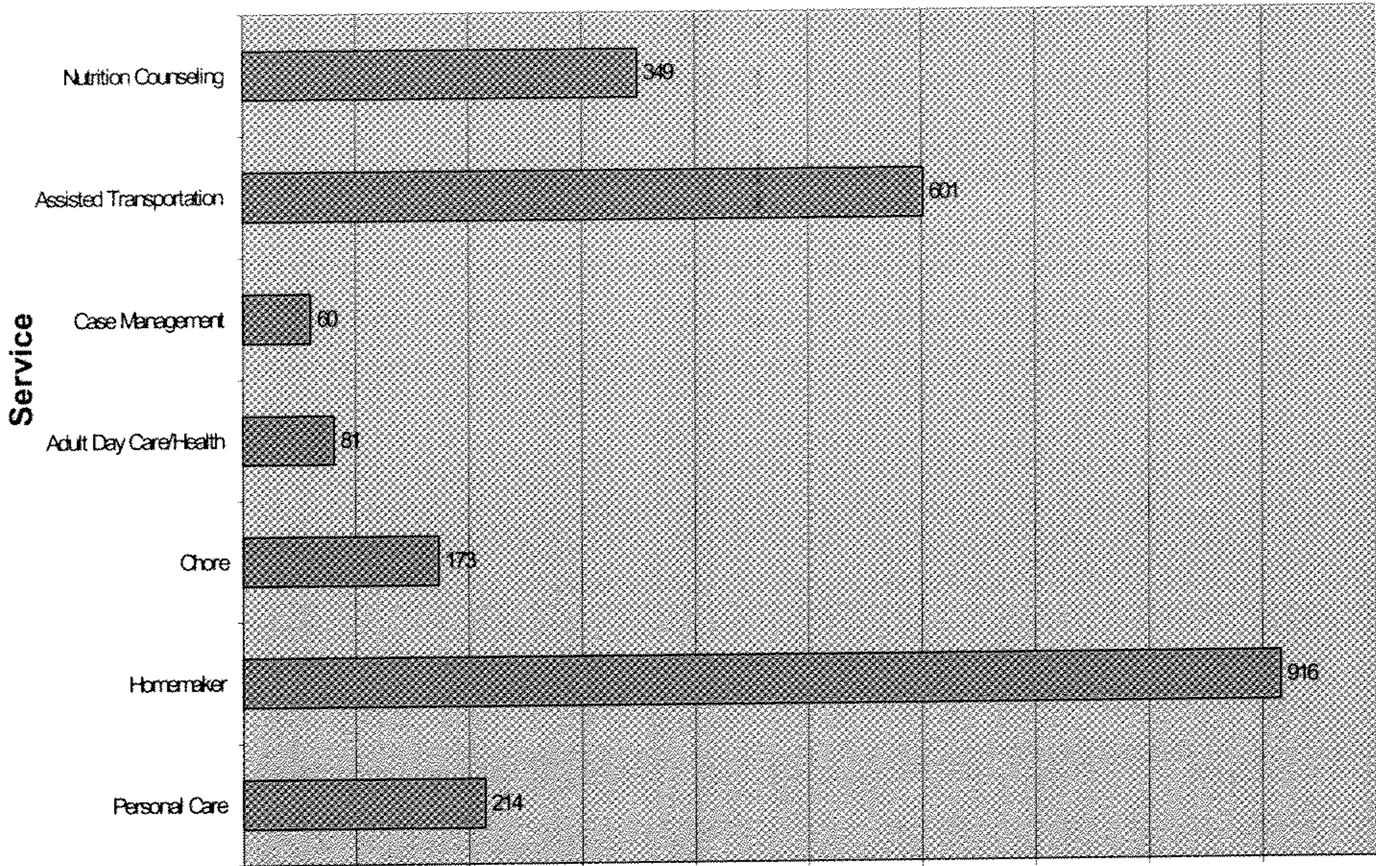
- Disease Prevention and Health Promotion Program
- Senior Community Service Employment Program

Competitive Financing and Services

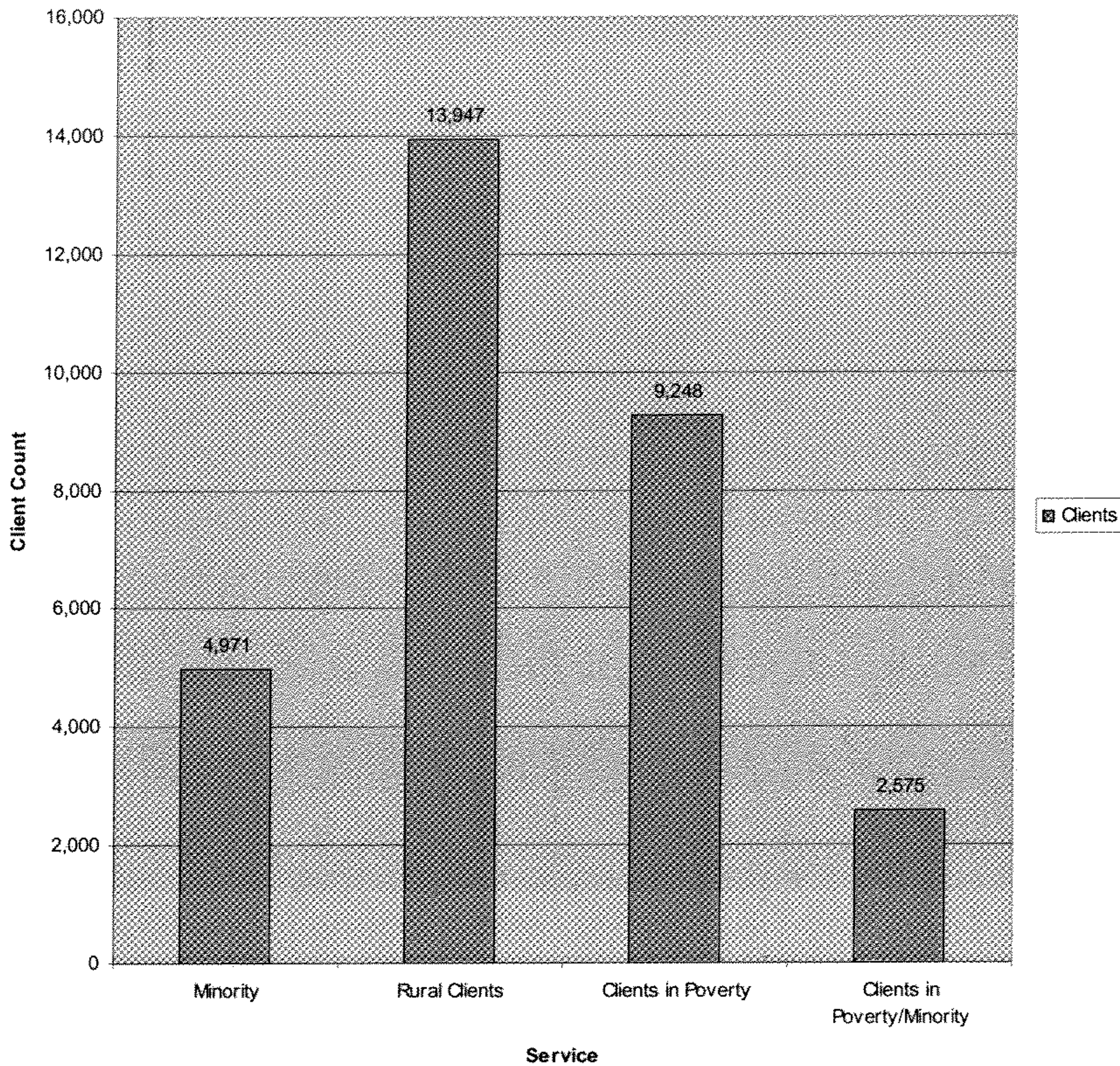
Providers hired by Area Agencies on Aging are solicited through publicly promulgated Requests for Proposals (RFPs). These RFPs allow for a detailed review of services to be provided with attention to both quality and cost. Language is inserted into RFPs requesting information on how the provider will give preference and priority to identified groups of consumers. Providers compete with each other in the identification of services and cost of service provision. Generally, a large number of proposals are received and reviewed.

In extraordinary cases, where there is only one vendor who can reasonably provide that a service, exceptions are made to sole source providers. In these cases, sole source justification determines that costs are fair and reasonable, and that there are no actual or potential conflicts of interest.

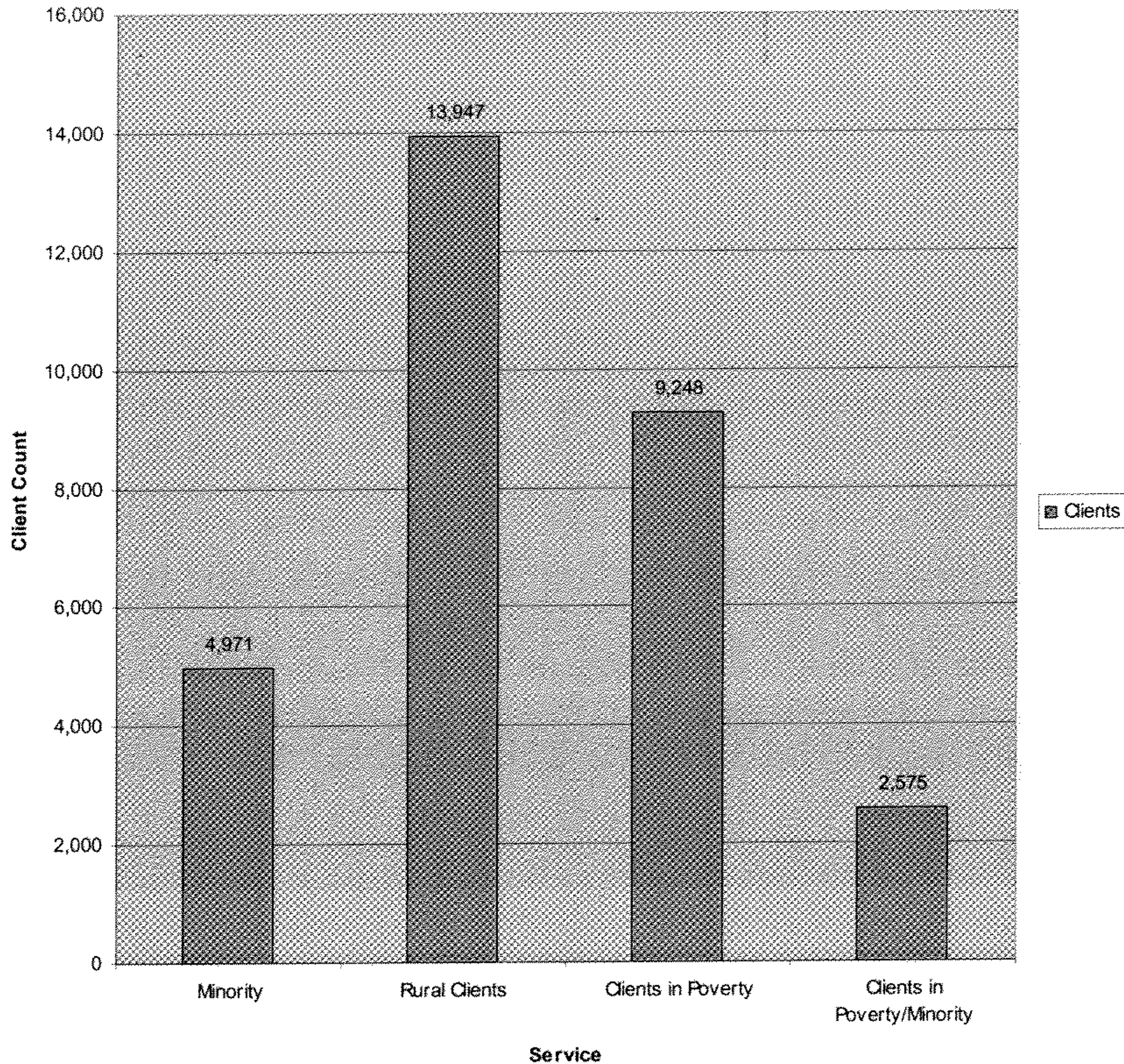
Number of Registered Consumers by Service



In Federal Fiscal Year 2006, there were an additional 21,678 individuals who received congregate meals and 7,489 individuals who received home delivered meals.

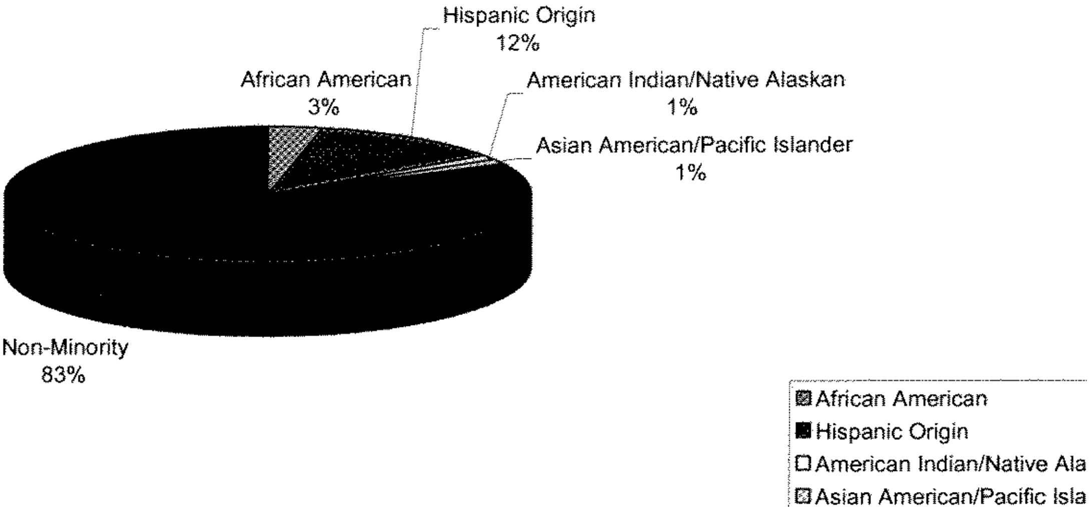


A registered consumer is an unique individual who has received Title III funded services, and where certain demographic information has been collected including but not limited to: ethnicity, ethnic race, gender, living situation, poverty status, rural status, nutrition risk status, and the number of impairments with activities of daily living and instrumental activities of daily living. The above information is provided by the consumer and is not a requirement to receive a Title III funded service.



A registered consumer is an unique individual who has received Title III funded services, and where certain demographic information has been collected including but not limited to: ethnicity, ethnic race, gender, living situation, poverty status, rural status, nutrition risk status, and the number of impairments with activities of daily living and instrumental activities of daily living. The above information is provided by the consumer and is not a requirement to receive a Title III funded service.

Registered Consumer Minority Status



Section Thirteen: Appendices

Appendix One:

Listing of *State Plan on Aging* Assurances and Required Activities, *Older Americans Act*, As Amended in 2006.

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

ASSURANCES

Sec. 305(a) - (c),
ORGANIZATION

(a)(2)(A) 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)(B) 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)(E) 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 older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State Plan;

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

(a)(2)(G)(ii) 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.

(c)(5) 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.

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

Sec. 306(a), AREA PLANS

(2) 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, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);
(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and
(C) legal assistance;
and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—
(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;
(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and
(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);
(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—
(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;
(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older

individuals residing in rural areas in accordance with their need for such services; and
(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and
(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--
(I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
(II) describe the methods used to satisfy the service needs of such minority older individuals; and
(III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) 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--
(I) older individuals residing in rural areas;
(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
(IV) older individuals with severe disabilities;
(V) older individuals with limited English proficiency;
(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(VII) older individuals at risk for institutional placement; and
(4)(C) 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.

(5) 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, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:
in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental

health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) 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.

(11) 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.

(13)(A) 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.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--
(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and
(ii) the nature of such contract or such relationship.

(13)(C) 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 non-governmental contracts or such commercial relationships.

(13)(D) 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 non-governmental contracts or commercial relationships.

(13)(E) 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.

(14) 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.

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

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

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

(7)(B) The plan shall provide assurances that--
(i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
(ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
(iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and

this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

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

(11)(A) The plan shall provide assurances that area agencies on aging will--
(i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
(ii) include in any such contract provisions to assure that any recipient of funds under division (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
(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

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

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

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

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

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

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

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

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

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

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

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

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

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

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—
(A) identify individuals eligible for assistance under this Act, with special emphasis on—
(i) older individuals residing in rural areas;
(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
(iv) older individuals with severe disabilities;
(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

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

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--
(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;
(B) are patients in hospitals and are at risk of prolonged institutionalization; or
(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

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

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

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

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

(23) The plan shall provide assurances that demonstrable efforts will be made--
(A) to coordinate services provided under this Act with other State services that benefit older individuals; and
(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

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

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

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

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

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

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

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

(i) public education to identify and prevent elder abuse;
(ii) receipt of reports of elder abuse;
(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;
(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and
(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--
(i) if all parties to such complaint consent in writing to the release of such information;
(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
(iii) upon court order.

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(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.

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

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

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

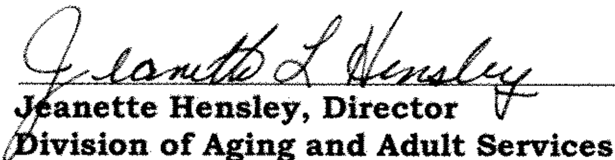
(5) The State agency:

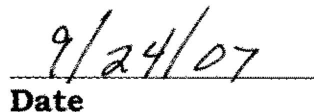
(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;
(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); 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 Section 316.

(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.

(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.



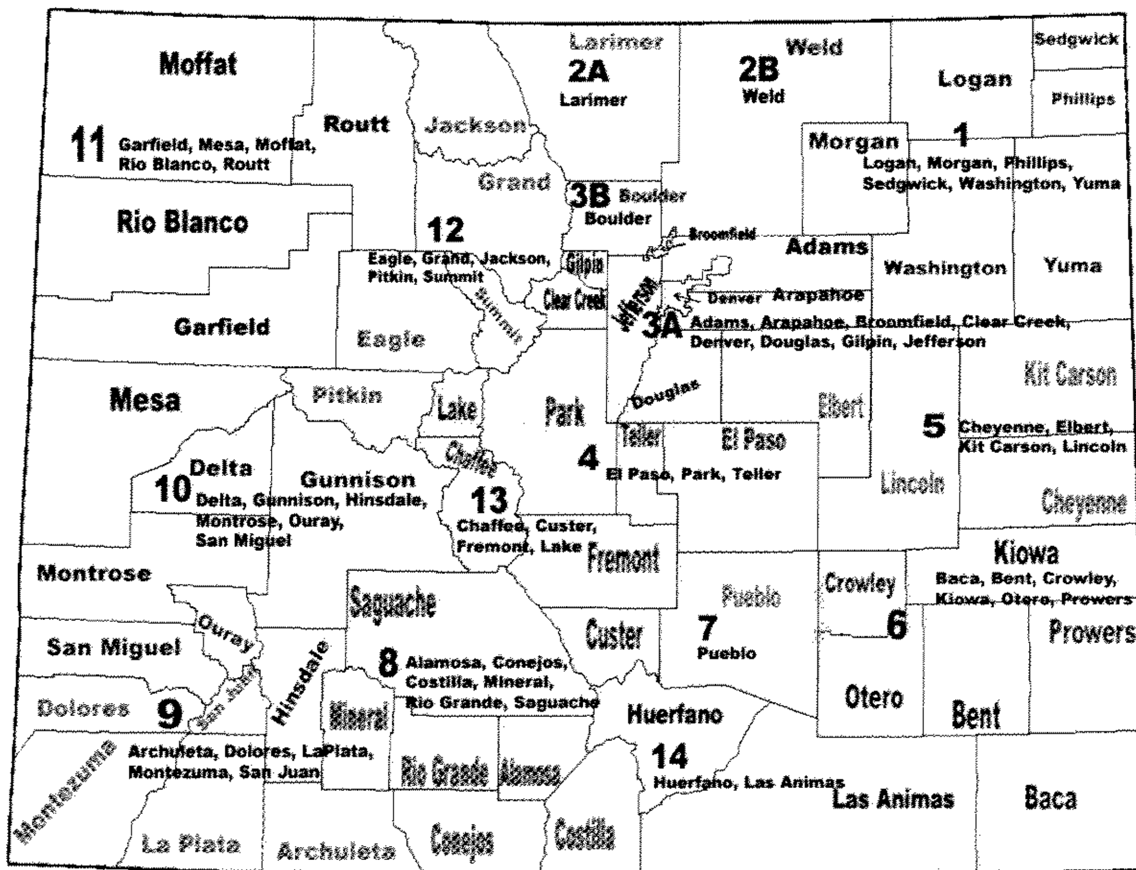


Jeanette Hensley, Director | **Date**
Division of Aging and Adult Services

Appendix Two:
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.

State of Colorado Area Agencies on Aging



Map Modified from State Cartographer Original by Steve Evans, Aging and Adult Services, CDHS, 2007.

Appendix Three:
Abbreviations and Acronyms

AAA	Area Agency on Aging
AAS	Aging and Adult Services (State of Colorado)
ADL	Activities of Daily Living (basic activities that support survival, including eating, bathing, toileting, dressing, and transferring out of a bed or a chair.)
AoA	Administration on Aging
APS	Adult Protective Services
ADRC	Aging and Disabilities Resource Center
ARCH	Adult Resources for Care and Help (Colorado's name for ADRC)
B-NICE	Biological-Nuclear, Incendiary, Chemical, Explosive
CADPP	Colorado Aging Disaster Preparedness Plan
CCERAP	Colorado Coalition for Elder Rights and Adult Protection
CCOA	Colorado Commission on Aging
CDHS	Colorado Department of Human Services
CMS	Centers for Medicare and Medicaid Services
CY	Calendar Year
DD	Developmental Disabilities
DRI	Dietary Reference Intake
FFY	Federal Fiscal Year
HCBS	Home and Community Based Services
HCPF	Health Care Policy and Financing
HEI	Healthy Eating Index
HIPAA	Health Insurance Portability and Accountability Act
I&A	Information and Assistance
IADL	Instrumental Activities of Daily Living (indicators of functional well-being that measure the ability to perform more complex tasks like ADLs. Includes tasks like preparing one's own meals, doing light housework, managing own money, using the telephone, and shopping for personal items.)
IFF	Intrastate Funding Formula
IHS	Indian Health Service
LEAP	Low-Income Energy Assistance Program
LEPC	Local Emergency Planning Commission
LTC	Long-term Care

MMA	Medicare Modernization Act
MR/DD	Mental Retardation/Developmental Disabilities
NAPIS	National Aging Program Information System
NFCSP	National Family Caregiver Support Program
OAA	*Older Americans Act*
PSA	Planning and Service Area
RD	Registered Dietician
RFP	Request for Proposals
SAMS	Social Assistance Management System
SCSEP	Senior Community Service Employment Program
SEP	Single Entry Point
SFY	State Fiscal Year
SUA	State Unit on Aging